



AGENDA ITEM #12  
May 18, 2010

**WORKSESSION**

**MEMORANDUM**

May 17, 2010

TO: County Council

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

SUBJECT: **Worksession: FY11 Operating Budget: Department of Health and Human Services (Items considered jointly with the ED Committee, such as Early Childhood and School Health, are Agenda Item #13)**

***Those expected for this worksession:***

Uma Ahluwalia, Director, Department of Health and Human Services  
John Kenney, Chief, Aging and Disability Services  
Raymond Crowel, Chief, Behavioral Health and Crisis Services  
Kate Garvey, Chief, Children, Youth, and Family Services  
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services  
Nadim Khan, Chief, Special Needs Housing  
Sherry White, DHHS Chief Operating Officer  
Kim Mayo, DHHS Management and Budget  
Beryl Feinberg, Office of Management and Budget  
Trudye-Ann Durace, Office of Management and Budget  
Pooja Bharadwaja, Office of Management and Budget

**SUMMARY OF HHS COMMITTEE RECOMMENDATIONS**

**The HHS Committee held worksessions on April 12, April 15, April 19, April 26, April 28, and May 5. The Committee recommends approval of the Executive's recommendations with the following changes:**

Funding \$112,000 through the reconciliation list to provide additional funding for transition to a single patient navigator system for people whose primary language is not English. The \$112,000 would be combined with \$460,060 included in the Executive's budget. DHHS would issue a RFP during FY11 and would transition to the new service model by FY12.

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***HHS Committee recommendations continued:***

Funding \$1,520 through the reconciliation list to restore full funding to the Caribbean Help Center contract.

Funding \$489,310 through the reconciliation list to reduce the Executive's 7% across-the-board reduction to contracts to 5%. These contracts are funded by the General Fund and were not cut for a specific policy or program reason but as an across-the-board cut to achieve the Executive's overall budget allocation for DHHS. They provide services to vulnerable populations and most are non-profit organizations. The Committee is concerned about the impact of the economic downturn on the county's human service partners and the reduction in State funding.

Funding \$165,000 through the reconciliation list to reduce the Executive's 7% reduction to the county supplement to organizations that provide services to the developmentally disabled (DD Supplement) to 5%.

Funding \$70,000 through the reconciliation list to increase the funding for respite care. DHHS and The ARC agree that funds can be added to the larger contract for respite services and The ARC can provide respite house services for adults as needed at their Twinbrook group home.

Funding \$86,880 through the reconciliation list to reduce the county supplement to residential treatment providers by 5% instead of 14% as recommended by the County Executive.

Funding \$25,000 through the reconciliation for the Mental Health Association for the suicide hotline and emergency crisis preparedness. The suicide hotline has seen a tremendous increase in use in the last year and may lose some State funding.

Funding \$462,340 through the reconciliation list to provide the Montgomery Cares program with 70,000 primary care visits at a reimbursement rate of \$62. This recommendation includes a shifting of funds from specialty care and medications/community pharmacy in order to provide for 70,000 visits. The 70,000 is based on FY10 projections for patient visits. Primary care visits are the most critical component of this program that provides medical care to the uninsured.

Funding \$183,300 through the reconciliation list for three new eligibility workers. These workers will be in the central service eligibility unit. They would provide additional resources to determine whether Montgomery Cares patients are eligible for Medicaid or other programs such as Food Stamps. This will better use county funding and could free up capacity in Montgomery Cares to serve new patients within the dollars available. Federal Financial Participation revenues of \$91,650 will offset ½ the cost of the new positions.

Funding \$15,000 through the reconciliation list for the KAMMSA Clinic. This would provide for a transition year with the expectation that no funds, other than those provided to all Montgomery Cares clinics, would be provided in FY12.

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***HHS Committee recommendations continued:***

Not approving Montgomery Cares individual clinic requests reviewed by HHS Committee, as first priority should be given to the overall Montgomery Cares program. (The County Executive has recommended funding two clinic requests as Community Grants; they will be considered by the full Council along with other County Executive-recommended Community Grants)

Funding \$229,330 through the reconciliation list to restore funding to Community Vision (with a 5% funding reduction.) While the Committee understands the issues faced by the Department in finding reductions, the Committee does not believe this is a real reduction but rather will result in a shifting of demand to other organizations that are not being funded to take on the extra demand from this vulnerable population.

**SUMMARY OF KEY ISSUES BY SERVICE AREA**

**Administration/Office of Community Affairs**

***1. 7% Across-the-Board Reduction to contracts***

In order to meet overall budget targets, the Executive is recommending an across-the-board reduction to DHHS General Fund contracts that are not being changed for a specific policy or scope-of-service reason. These contracts are listed in the service area sections of this memo.

<b>Summary of Cost of General Fund Contracts</b> that were reduced by 7% (does not include contracts reduced by a different amount as a specific budget decision or DD Supplement or County supplement for residential providers)			
	<b>FY10 General Fund Contract</b>	<b>7% Reduction</b>	<b>5% Reduction</b>
<b>Administration and Office of Community Affairs</b>	\$ 1,092,072	\$ 76,445	\$ 54,604
<b>Aging and Disabilities</b>	\$ 2,720,778	\$ 190,454	\$ 136,039
<b>Behavioral Health and Crisis Services</b>	\$ 4,441,675	\$ 310,917	\$ 222,084
<b>Children, Youth, and Families</b>	\$ 10,686,193	\$ 748,034	\$ 534,310
<b>Public Health</b>	\$ 582,722	\$ 40,791	\$ 29,136
<b>Special Needs Housing (NOT HIF)</b>	\$ 4,942,181	\$ 345,953	\$ 247,109
<b>TOTAL</b>	<b>\$ 24,465,621</b>	<b>\$ 1,712,593</b>	<b>\$ 1,223,281</b>
<b>Need to restore for 5% reduction</b>	<b>\$ 489,312</b>		
<b>Need to restore for 3.5% reduction</b>	<b>\$ 856,297</b>		

The Committee is concerned about the impact of this reduction on HHS service providers, most of whom are non-profit organizations that are serving vulnerable populations and

have small operating margins. Many of these organizations have also been impacted by State cuts and a decline in donations.

**The HHS Committee is recommending that this across-the-board reduction be 5% instead of 7%. This requires additional funding of \$489,310.** If the Council approves this funding through the reconciliation list, Council staff will work with the Department on a budget provision that will allow the Department to distribute these funds to the appropriate contracts (this would be similar to provisions that have been used in previous years when a 1% or 2% increase has been provided to eligible contracts.)

## ***2. Patient Navigation/ Medical Interpretation***

The Committee reviewed the reductions to the Minority Health Initiatives (summary © 29-30). The reductions are generally to outreach and health promotion, which was reduced throughout the Department. The one place where this varies is the reductions to the patient navigator systems and medical interpretation services where the Department feels there can be efficiencies gained by having one structured information and referral function instead of one for the AAHI, one for the LHI, and one in Montgomery Cares. The Council received testimony and correspondence voicing concerns and objections to this proposal and the reduction in funding.

The Committee reviewed information from CASA de Maryland, which has operated the bilingual health service line for the LHI since FY2003. CASA says that staff are able to refer people who call to more than 700 community resources and provide information on more than just medical services. In FY09, the information line received 3,594 calls. Almost 90% of the people who called used the line only once but many used it multiple times. CASA made 6,968 referrals. Most calls were for medical or dental referrals. CASA surveyed a sample of 10% of these calls to ask about satisfaction with the service; in most cases 85% to 95% of those surveyed responded that they were very satisfied. During this same time period, CASA provided 3,455 interpreting sessions for 2,226 individuals. Most sessions were provided at Mercy Health Clinic and Mobile Med.

The Asian American Health Initiative Health Information Line can provide information on child care assistance, health care services, immunizations, financial assistance, disability and senior services, and mental health and substance abuse services. The line is available Monday-Friday from 8:00 a.m. to 5:00 p.m. Languages that are available include Chinese, Hindi, Korean, and Vietnamese and arrangements can be made to use language service if other languages are needed. Patient Navigators are certified medical interpreters that can accompany clients to medical appointments. Testimony provided to the Council stated that the program has provided patient navigation services to 1,254 patients and that each “navigator” has a patient pool of 220 or more. Almost all clients surveyed rated the services as highly satisfactory.

**At its April 12<sup>th</sup> worksession, the HHS Committee reviewed the services currently provided through the Asian American Health Initiative, Latino Health Initiative, and the Primary Care Coalition (Montgomery Cares) to assist residents in connecting with medical services and interpretation between patients and health care providers.**

**Councilmember Navarro shared her concern that people using the current systems have a level of trust in these systems and might stop asking for help through information**



**and referral if it becomes one faceless system. Councilmember Trachtenberg said that these are critical services because language improves access and access improves care. Councilmember Leventhal shared his concern that, while he thinks it is critical the county look at service delivery models, there has not been adequate planning for making a change that will not impact the end user.**

In a follow-up meeting with Councilmember Leventhal and Councilmember and Council staff, the DHHS Director provided the Department's proposal on a transition that would move forward if the Executive's reduced funding for FY11 is approved by the Council (© 31-34). The information on © 33 lists the advantages and limitations of the proposal. The proposal assumes that the current LHI vendor will continue to provide medical interpretation services. The vendor and county have not yet agreed to this change. The administration of AAHI services would be brought in house as the current vendor has indicated they cannot provide services at the reduced funding. Both vendors have expressed a willingness to work on a transition if some additional funding is available in FY11.

**At its May 5<sup>th</sup> worksession, the Committee reviewed the follow-up information and recommends that \$112,000 be funded through the reconciliation list to provide for a better transition to a patient navigation and medical interpretation system that is administered through a single contract.** The \$112,000 would be combined with the \$195,110 from the Asian American Health Initiative, the \$187,710 from the Latino Health Initiative, and the \$77,230 from Montgomery Cares to provide \$572,050 to fund a new contract (that will be the result of a RFP issued during FY10) and provide for a transition period. The funds will be budgeted centrally in the Office of Community Affairs instead of in the minority health initiatives and Montgomery Cares as has been past practice.

**With the exception of the additional funding for the patient navigator and the addition of \$1,520 to restore full funding to the contract of the Caribbean Help Center,** the HHS Committee recommends the approval of the Executive's other recommendations to the Office of the Director, the Office of Chief Operating Officer, and the Office of Community Affairs.

## **Aging and Disability Services**

### ***1. "DD Supplement"***

Montgomery County has chosen to provide a county supplement to providers of services to the Developmentally Disabled in recognition of the higher cost of providing services in Montgomery County. The county DD Supplement is not a direct supplement to a specific employee's pay but rather a payment to assist the entire organization in meeting its costs. The FY10 total pool of funds for the DD Supplement (including ISS and FSS) is \$8,425,430. These funds are allocated to all DD providers in the same proportion as State funding as State funding takes into account the number of clients, severity of disability, and services required. Testimony from InterACC/DD (©51-52) notes that the organization pays its employees an average of \$12 per hour but the State funding pays at a rate of \$8.97.

For FY11, the March 15<sup>th</sup> budget recommended reducing the overall amount of funding by \$643,400 about 7.5% (including FSS and ISS reductions). This was comprised of the elimination of a supplement to organizations providing services as a part of the Individual Support Services and Family Support Services programs and a 4.7% reduction to the “regular DD Supplement.”

The Committee noted the testimony that states that in addition to the proposed reductions, funds have not been added to reflect any expansion of services by the DD providers and that annualization of FY10 expansions would previously have resulted in \$300,000 in additional DD Supplement funding. FY11 expansions would previously have added another \$300,000. InterAcc has requested the Council fund this \$600,000 in expansion costs.

**As a part of his April 22<sup>nd</sup> budget amendments, the Executive recommended an additional \$181,900 to the “regular” DD Supplement to bring the overall reduction to 7%.**

**The HHS Committee members all shared their appreciation for the good work done by these providers and the fact that these kinds of reductions would not be considered if it were not for the dire financial situation the county is in. While the Committee wishes it did not have to agree to any reduction, the Committee is recommending approval of a 5% reduction to the “regular” DD Supplement. Given the Executive’s April 22<sup>nd</sup> amendment, this requires \$165,000 be restored to the budget through the reconciliation list.**

## ***2. Reduce maximum number of in-home aide hours to 14 per week***

Prior to FY09, the Department was able to provide in-home assistance to both those people who need assistance with daily tasks (the in-home aide program) as well as people who needed occasional help with heavy housework (chore services). As a part of the FY09 Savings Plan, the Chore Services program was eliminated. This reduction was sustained for FY10 for a savings of \$150,000 and continues in FY11. As a part of the FY09 original budget actions, the maximum number of hours for in-home aide services was reduced from 20 hours to 15 hours per week for about 120 clients. Some existing clients retained the higher hours of service. The Council added \$100,000 to the Department’s budget to provide some flexibility for exceptional cases. The net reduction was \$371,960.

For FY11, the Executive is recommending that all in-home care clients be limited to a maximum of 14 hours per week. The expected savings is \$350,000. There will be an impact from this reduction, about 40 clients are receiving the maximum 20 hours per week, but the Department believes that necessary services can be provided in the 14 hours allowed. When the Committee discussed this issue in FY09 it was noted that many other jurisdictions in the area limit service to four to 6 hours per week. The State of Maryland allows services to be provided up to a maximum of 20 hours but there is no minimum. The average in-home aide earns about \$9.50 per hour and will also be impacted by this change if they are unable to find additional hours elsewhere. The Commission on Aging and the Commission on People with Disabilities are requesting the Council restore \$100,000 of the FY11 reduction so some clients with critical needs can continue to receive up to 20 hours of service.

At the April 15<sup>th</sup> session, the Committee was told that 325 households are served by this program and about 120 have been impacted by the reduction in hours. All but 28 of the clients have accepted their revised plan and the others are going through the appeals process. On average clients receive 6 to 8 hours of care per week. The Committee asked whether people with means are required to pay for the service. The Committee was provided with the sliding scale for services that is based on income and household size and some clients do pay the full cost. The Committee said this is another area where they regret a cut must be made but the Department is proposing to provide service in line with State requirements. The HHS Committee recommends approval.

### ***3. Respite Care***

The Executive has recommended eliminating \$159,000 of funding that has previously been used to fund a respite house. The Council has received testimony from The ARC of Montgomery County that highlights the overall reductions and the unmet need for respite care (the budget notes that in FY10 it is estimated that 700 requests for respite care will not be met). The ARC proposed that for about \$70,000 they could use two bedrooms in an existing group home for respite care which would reduce the cost associated with the use of a separate home.

At its April 15<sup>th</sup> session, the HHS Committee asked whether, if funds could be restored, it would be better to restore them specifically for the respite house or whether it should be provided to increase the total funding available for respite care.

At its May 5<sup>th</sup> session, the Committee was told that DHHS had further discussions with The ARC and reached a consensus decision that any additional funding the Council appropriates for respite care can be put into the general respite care services fund (i.e., not specifically into a respite care home). DHHS will not have a separate contract with The ARC for a respite home. However, requests for respite care in an ARC home will be accommodated in their Twinbrook Group Home using the general respite funds provided.

**The HHS Committee recommends placing \$70,000 on the reconciliation list to increase the funds for respite care. As needed, these funds will be used to provide respite care at a respite house.**

**With the exceptions of additional funding for the DD Supplement and respite care,** the HHS Committee recommends approval of the Executive's other recommendations for Aging and Disability Services including the Community Support Network for People with Disabilities, Assessment and Continuing Case Management, Assisted Living Services, Home Care Services, Home and Community based Waiver Services, the Aging and Disability Resource Unit, Ombudsman Services, Respite Care, Senior Community Services, the Senior Nutrition Program, and administration.

## Behavioral Health and Crisis Services

### ***1. Reduce housing subsidy to six providers of residential rehab with no impact on client service.***

For FY11, the Executive is proposing a 14% reduction (\$137,530) to the overall amount of money that will be available to provide a county subsidy to providers of residential services. The Department has provided the following information on the background for this county subsidy:

The subsidy is based on the size of the provider (number of beds) in existence since 1998. Residential rehabilitation is funded by the state fee-for-service system. Our county is the only Core Service Agency that provides a subsidy to providers to help defray the higher housing/housing maintenance costs in Montgomery County and the subsidy reductions should not have an impact on the number of clients served. Because of the multiple funding streams it was felt that a larger reduction would not adversely affect our current capacity. The reductions were determined by the bed capacities of the vendors.

<b>Vendor</b>	<b>Bed Capacity</b>	<b>Bed %</b>	<b>FY10 Budget</b>	<b>FY10 %</b>	<b>Total Reduction</b>	<b>Reduction %</b>	<b>FY11 Revised</b>	<b>FY11 %</b>
Family Services, Inc.	76	22%	200,081	20%	28,643	14%	171,438	20%
Rock Creek Foundation	30	9%	75,790	7%	13,507	18%	62,283	7%
Community Connections Inc.	12	4%	60,633	6%	4,277	7%	56,356	6%
Guide Program Inc.	10	3%	33,147	3%	4,277	13%	28,870	3%
St. Luke's House	103	30%	312,442	31%	42,318	14%	270,124	31%
Threshold Services	109	32%	330,435	33%	44,510	13%	285,925	33%
	<b>340</b>		<b>1,012,528</b>		<b>137,530</b>	<b>14%</b>	<b>874,998</b>	

The Council received testimony and a substantial amount of correspondence from people concerned about this reduction to the support for residential services and the expectation that it will have an impact on these organizations' ability to provide quality services and meet the overall costs associated with residential treatment in Montgomery County, even if it does not result in an actual reduction in the number of residential beds available. (Testimony from Threshold Services is attached at ©61 as a representative sample.) They note that when fiscal times were better, there were not substantial increases to this support and now there is a substantial reduction.

**The HHS Committee recommends funding \$86,900 through the reconciliation list to reduce the county supplement to residential treatment providers by 5% instead of 14% as recommended by the County Executive.**

- 2. Eliminate Funds for Wheaton Public Inebriate Initiative Team (PIIT) (\$197,750)***
- 3. Move \$150,000 of Silver Spring PIIT Funding to Integrated PIIT/Homeless Outreach and shift \$150,000 of funding to grant funding.***

The FY10 approved budget included funding for two Public Inebriation Initiative Teams (PIIT); continuation of the Silver Spring-Long Branch Team and the creation of a Wheaton PIIT. The PIIT provides outreach services to people who are drunk in public.. The PIIT can directly take them to a de-tox or treatment bed if they agree to use such services.

The Wheaton PIIT was never establish and is counted as a savings in the FY10 Savings Plan for DHHS. The FY11 also assumes no funding. **The HHS Committee and Council discussed this issue during worksessions on the FY10 Savings Plan and, while they regret that it cannot be funded since public drunkenness has been identified as a problem in the Wheaton CBD, recommends approval.**

The second part of the Executive's recommendation is to reduce the funding for the Silver Spring-Long Branch PIIT by eliminating the treatment/-de-tox bed and combining the remaining funding with funds that are currently in a contract with Volunteers of America and issue a new RFP for outreach services for homeless people, public inebriates, and homeless people living in encampments. The value of the new RFP would be \$380,000. Because all the services would be provided by contract, there is a reduction of 1.5 WYs in DHHS. This recommendation is also related to the reduction to the Community Vision Program, which is discussed in Special Needs Housing Services.

Director Ahluwalia told the Committee that the Department believes the Silver Spring PIIT has been very beneficial and that there have been no issues with the performance of Volunteers of America, the current vendor for homeless outreach. These funding decisions were made in order to reduce the overall amount of funding while retaining outreach services and trying to expand the scope of services to address the issue of homeless encampments. The Silver Spring/Long Branch PIIT (but without a reserved treatment bed) would be abolished in January 2011 at which time the new contract would be in place. Under the new proposal, outreach workers would have to call around for an appropriate bed which could increase hospital stays for those who need de-tox services.

The Council received testimony from the Volunteers of America stating that in the past two years their outreach workers have helped to serve 626 homeless men and women connecting them to serves to address mental illness and medical services. They further note that their outreach workers work flexible hours and are available to provide services at off-hours in all parts of the county. They further note that without these types of services, mentally ill homeless people are more likely to become involved with the correctional system which is far more costly to the county.

**The HHS Committee recommends approval of the Executive's recommendation regarding the abolishment of the Silver Spring/Long Branch PIIT (with regret) and the combining of funds in order to fund a new scope of services for outreach to the homeless population (including encampments) and public inebriates. The vendor will be selected through a RFP. The Committee discussed how the transition might work and that if there was a need to have some non-competitive funding to the current vendor, this should be considered. The Committee also discussed that this change should be discussed with the business communities in Silver Spring/Long Branch and Wheaton to see if there is a possibility for a partnership to address the problem of public inebriation in these business communities.**

**The Committee is also recommending a restoration of funding to Community Vision. This is discussed in the section on Special Needs Housing.**

**With the exception of additional funding for residential treatment providers and an additional \$25,000 for the Mental Health Association hotline and crisis preparedness, The HHS Committee is recommending approval of the Executive's other recommendations for Behavioral Health and Crisis Services including Behavioral Health Planning and Management, Behavioral Health Specialty Services, Behavioral Health Community Support Services, Criminal Justice/Behavioral Health Services, Outpatient Addiction Services, Victim Assistance and Sexual Assault Programs, Child and Adolescent Mental Health Services, 24-Hour Crisis Services, Mental Health Service for Persons with Disabilities, the Abused Persons Program, and administration.**

### **Children, Youth, and Family Services**

(Items reviewed jointly with the ED Committee are discussed in Agenda Item #13 for this session)

**The Committee recommended approval (2-0, Councilmember Navarro absent) of the Executive's recommendations for Child Welfare Services, Juvenile Justice Services: Crossroads Youth Opportunities Center (YOC) contract reduction (3-0) and all other adjustments, Positive Youth Development, Income Supports, Child and Adolescent School and Community Based Services, and Service Area Administration.**

The Committee's review of contracts in Child and Adolescent School and Community Based Services excluded those involving public/private partnerships whose primary services are educational in nature and involve collaboration with the school system. Those contracts were jointly reviewed by the HHS and Education Committees along with the following service area programs: Conservation Corps, Early Childhood Services, Services to Children with Special Needs, Child Care Subsidies, and Linkages to Learning.

The Committees requested updates on the following issues:

- The anticipated services impact of the funding reduction to the Crossroads Youth YOC contract after the vendor selection and contract negotiations are finalized.
- The impact on services resulting from the 7% reduction to contracts in Juvenile Justice Services and Child and Adolescent School and Community Based Services, after contracts are finalized.

The Committee also requested follow up data measuring youth improvement in mental health, self-sufficiency, and conflict resolution outcomes for Crossroads services.

## Public Health Services

### *1. Montgomery Cares*

For FY11, the County Executive is recommending \$9,480,455 for the Montgomery Cares program. This is a reduction of \$1,017,547 from the FY10 approved funding of \$10,498,002. A table provided at © 98 shows the adjustments that were made to FY10 funding over the course of the fiscal year and the allocation for FY11. The Executive's FY11 assumptions (© 99) include:

- Serving 23,000 unduplicated patients during FY11,
- Patients will have an average of 2.7 visits,
- The budget will fund 62,100 primary care visits,
- The reimbursement rate will be cut from \$62 to \$55 per visit,
- Medications are budgeted to average \$90 per patient,
- The allocation for specialty care being reduced by \$45,000 from the FY10 original budget,
- \$205,000 previously budgeted to fund eligibility services has been shifted to Community Health Services – it has not been reduced,
- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000,
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

The Council received testimony from several people regarding the proposed reductions to Montgomery Cares. This packet includes the testimony from Mr. Dick Bohrer on behalf of the Montgomery Cares Advisory Board (© 100-101), and Mr. Dick Pavlin on behalf of the Montgomery Cares Clinics (© 102-103). The Advisory Board says that:

- The clinics are projecting they will see 26,000 patients in FY10 and expect to have capacity to serve 30,000 patients in FY11 as opposed to the 23,000 assumed by the Executive.
- The clinics cannot sustain an 11% reduction in the reimbursement rate.
- The budget should provide \$4.5 million for primary care visits which is based on serving 30,000 patients who average 2.4 visits with a reimbursement rate of \$62. This is \$1 million more than allocated by the Executive.
- Medications should be funded at \$2.23 million which assumed a cost of \$75 for 30,000 patients.
- Outpatient Specialty Services can be funded at \$450,000. This is \$165,000 less than the Executive's allocation.
- Montgomery Care should be funded at the same overall level as it was in FY10.

The clinics are concerned that:

- The 23,000 patients assumed is far too low and will result in clinics having to exclude new patients or tell returning patients they can no longer care for them.
- Patients who cannot be served by the clinics will overburden other parts of the health care system -- emergency rooms.
- The reduction in the reimbursement rate will cause some clinics to face financial instability.
- The true cost of a primary care visit is \$133 to \$160. The clinics have used county funds to leverage funds to cover the full cost.
- The proposed cuts could threaten the integrity of the Montgomery Cares safety net.

On April 28<sup>th</sup>, the Montgomery Cares Advisory Board was provided with data through March 2010.

	Actual Visits Through March 2010	Straight Projection (3 quarters = 75% of total)	Projection based on 3 year avg (3 quarters = 72% of total)	Executive's FY11 Recommended
Primary Care Clinics	49,109	65,479	68,207	59,400
Homeless Medical Clinics	1,839	2,452	2,554	2,700
Total	50,948	67,931	70,761	62,100

FY10 reimbursement for primary care clinic visit = \$62

FY11 reimbursement for primary care clinic visit = \$55

FY10 and FY11 reimbursement for homeless clinic primary care visit = \$115

**The Executive's recommendation contains adequate funds to meet the expected need for homeless clinic primary visits. It does not provide funding to cover the projected number of primary care clinic visits.**

Council staff provided the Committee with tables that showing the money that would have to be added to the Executive's budget to fund 68,000 or 70,000 visits at different reimbursement rates. Council staff also shared that in staff's opinion a reduction to \$55 dollars per visit is too large a reduction for some of the clinics to absorb. As was discussed during the HHS Committee's review of a report on Montgomery Cares by John Snow, Inc., the clinics have different capacities to cover costs through other resources.

Because Council staff also recognized that the Council would almost certainly not be able to add to the budget the \$922,340 needed to fund 70,000 visits at \$62 per visits, Council staff provided the Committee with options for increasing the number of primary care visits and the reimbursement rate that reduce the net cost by redirecting money from other parts of the Montgomery Cares budget. These options require a change in policy for the community pharmacy which may include directing patients to use low cost programs in private pharmacies and a reduction to the allocation for specialty care.



**The HHS Committee recommends Option #1**

- Fund 70,000 visits at \$62 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To “Support for Primary Care Visits”	\$ 922,340
From “Specialty Services”	- 165,000
From “PCC Administration”	- 10,000
From “Community Pharmacy/Medbank”	- 285,000
Additional Funding	\$ 462,340

**The Committee agreed that funding an adequate number of primary care visits and keeping the reimbursement rate at \$62 per primary care visits are the most critical components of the program. The Committee asked to return to this issue in the fall to review any changes that have been made or proposed regarding the policy for funding medications/community pharmacy. The Committee will also have further review of how services are provided for the behavioral health program that is a part of Montgomery Cares.**

**The Committee discussed with DHHS Director Ahluwalia other options that were considered by the Department to offset costs of this program such as requiring all clinics to charge a co-pay or having an annual membership fee of \$10 to \$25. It was noted that some of the clinics that already charge a co-pay are having problems collecting them from patients and the all volunteer clinics may not be able to charge a co-pay. It is not clear that the data systems needed to have a membership fee are in place and what kind of a burden this would place on the clinics. The Committee members did not object to the idea of a membership fee but do not want to see something like this rushed without understanding the impacts on clinics and patients.**

**The Committee also wants to pursue, in coordination with Congressman Van Hollen, a forum on the impacts of health care reform with perhaps one session for clinics and other health care providers and one for the general public.**

***Montgomery Cares – Other Recommended Reductions***

**The HHS Committee recommends approval of the other reductions that are included in the Executive’s FY11 recommendation (in addition, patient navigation/medical interpretation funds will be shifted to the Office of Community Affairs to be pooled with other funds for these purposes):**

- A \$45,000 reduction to specialty care from the FY10 original budget (the \$165,000 is in addition to this amount),
- Shifting \$205,000 previously budgeted in Montgomery Cares to fund eligibility services to Community Health Services – this is not a reduction to services,

- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

## ***2. Eligibility Screeners***

At the March 4<sup>th</sup> session, the Committee discussed the issue of eligibility screening and the fact that not all Montgomery Cares patients are screened to see if they might be eligible for Medicaid. Director Ahluwalia told the Committee that she was hopeful some State grant funding would be awarded to the County to fund the additional positions needed to have a full screening program. This funding was not awarded.

Council staff asked the Department to provide information on the cost of enhancing the eligibility units. The Department has provided the following response:

When fully staffed, we expect a staff complement of 12 individuals to implement the Montgomery Cares eligibility effort.

In FY10 there are three eligibility positions in the Montgomery Cares budget - 2 Income Assistance Program Specialists (IAPS) and 1 Principal Administrative for a total cost (including benefits) of \$195,467. For FY11 these positions have been moved to the Service Eligibility Unit (SEU) in Community Health Services.

There are three additional IAP positions vacancies in the SEU which have been committed to the Montgomery Cares eligibility screening effort. Total cost in the CE Recommended budget (including benefits) for these three positions is \$205,458.

We are seeking grant support for 6 additional eligibility staff. They would be constituted as two eligibility teams. Each team will include 1 IAPS and 2 Client Assistance Specialists. The total personnel cost for these six positions is estimated to be \$366,528.

The FFP reimbursement for eligibility staff (IAPS & CAS positions) is 50% of salary and fringe for each position funded by the County general fund. The net cost to the County is estimated to be \$214,138.

Each of the six new positions is estimated to cost about \$62,000 with a net cost to the county of \$31,000 after FFP reimbursement.

**The HHS Committee recommends the Council provide \$183,300 through the reconciliation list to fund three new eligibility workers. These workers will be in the central service eligibility unit. They would provide additional resources to determine whether Montgomery Cares patients are eligible for Medicaid or other programs. This will better use county funding and free up capacity to serve new patients within the dollars available. FFP revenues of \$91,650 will offset ½ the cost of the new positions.**

**With the exception of the additional funds for Montgomery Cares and three new eligibility workers,** the HHS Committee recommends the Executive's other recommendations for Public Health Services including Health Care for the Uninsured, Communicable Disease and Epidemiology, Community Health Services, Dental Services, Environmental Health Regulatory Services, Health Care and Group Residential Facilities, Health Promotion and Prevention, Cancer and Tobacco Prevention, STD/HIV Prevention and Treatment Programs, Tuberculosis Programs, Women's Health Programs, Public Health Emergency Preparedness and Response, and administration. *(School Health Services were reviewed by the joint HHS and ED Committee.)*

## **Special Needs Housing**

### ***1. Reduce Homeless Outreach Services without Reducing Shelter Beds or Emergency Assistance (Community Vision)***

The Executive is recommending a \$367,540 reduction that is described as reducing homeless outreach services but, as noted in the section on Behavioral Health and Crisis Services, is a reduction to the Community Vision program and the current Silver Spring Public Inebriation Initiative Team (PIIT) and an effort by the Department to have outreach workers who will also reach out to homeless people living in encampments.

**Community Vision** – The FY10 budget includes \$527,000 to fund a contract with Interfaith Works to provide a daytime program for homeless people. The program is located in the Silver Spring business district. The program serves people living in local shelters as well as homeless who are not residing in a county shelter with assessment and case management, vocational services including classes in job readiness, computer skills, and financial literacy. Classes in art and creative writing are offered as are discussion groups and sessions on nutrition. Testimony from Ms. Fox-Morrill that provides data on those who have been served through Community Vision is attached at © 122-123 and information on Community Vision programming is attached at © 124-127. Meals are provided in partnership with Shepherds Table. The testimony states that in 2009, Community Vision served 850 unduplicated people and provided intake assessments for 662 individuals. It notes that long term job placement, internships, and follow-up services were provided to 67 people.

For FY11, the Executive is recommending that Community Vision funding be cut by 48.5%. Funding for FY11 would be \$271,329. The Department expected that with this reduced funding the shelter beds that are currently provided could be continued along with some case management. However, the vocational training and other daytime classes would not receive county support. Director Ahluwalia told the Committee that, given the magnitude of the budget reductions, programs that are not aligned with core HHS services (such as ESOL, computer literacy, and vocational training) have been cut unless they are a part of specific grant or State funding. Interfaith Works said that they could not continue to serve as the vendor if the funding is limited to beds and case management and that they cannot provide a viable program if funds are cut by 48%. Interfaith Works notes that the programming is a large part of what creates an overall positive and safe atmosphere/facility and it is not clear what services will be required if only shelter is provided. The Council received testimony voicing concern that if Community

Vision does not continue, the demand on other non-profits serving the homeless will increase at a time when they are also experiencing reductions in funding.

**The HHS Committee recommends restoring \$229,330 through the reconciliation list to restore funding to Community Vision with a 5% funding reduction. While the Committee understands the issues faced by the Department in finding reductions, the Committee does not believe this is a real reduction but rather will result in a shifting of demand to other organizations that are not being funded to take on the extra demand. Community Vision is a successful program that is providing structure and services to vulnerable people who will be out on the streets during the day if services are not provided. In a worst case scenario, the burden will be shifted to emergency rooms or the jail. While the Committee is not tied to any one vendor, there must be adequate funding in the budget to provide for a program that will serve the homeless population in Silver Spring during the daytime hours.**

**With the exception of this additional funding for Community Vision, the HHS Committee is recommending the Executive's other recommendations for Special Needs Housing including Rental and Energy Assistance Programs, Shelter Services, Permanent Supportive Housing Services, Housing Stabilization Services, and administration.**

## **BACKGROUND on COMMITTEE WORKSESSIONS**

### **1. DEPARTMENT OVERVIEW**

#### **EXPENDITURES**

For FY11 (March 15<sup>th</sup>), the County Executive is recommending an appropriation of \$246,759,450 for the Department of Health and Human Services. This is a decrease of \$21,811,340, or 8.1% from the FY10 original approved budget. General Fund expenditures are reduced by \$20,515,920, or 10.6%. Grant Fund expenditures are reduced by \$1,295,420, or 0.9%. There is a net decrease of 27 full-time and 3 part-time positions. Workyears are reduced by 115.4, or 7.3%. The FY11 recommended budget has 68 fewer full-time positions 148 fewer workyears than the FY09 budget. The following table provides an overview of departmental budget trends since FY09. **Note: The Executive's April 22<sup>nd</sup> expenditures adjustments included an additional reduction of \$181,900 in DHHS from a further reduction to the county supplement to providers of services to the developmentally disabled (operating expense).**

<b>Expenditures DHHS Operating Budget in \$000's</b>	<b>FY09 Actual</b>	<b>FY10 Budget</b>	<b>FY10 Estimated</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
<b>GENERAL FUND:</b>					
Personnel Costs	103,362	107,313	105,661	101,767	-5.2%
Operating Expense	86,451	86,761	82,282	71,791	-17.3%
Capital Outlay	276	-			na
<b>SUBTOTAL</b>	<b>190,089</b>	<b>194,074</b>	<b>187,943</b>	<b>173,558</b>	<b>-10.6%</b>
<b>GRANT FUND:</b>					
Personnel Costs	42,465	42,648	42,746	42,988	0.8%
Operating Expense	30,750	31,848	32,709	30,213	-5.1%
Capital Outlay					na
<b>SUBTOTAL</b>	<b>73,215</b>	<b>74,496</b>	<b>75,455</b>	<b>73,201</b>	<b>-1.7%</b>
<b>DEPARTMENT TOTAL</b>	<b>263,304</b>	<b>268,570</b>	<b>263,398</b>	<b>246,759</b>	<b>-8.1%</b>

## REVENUES

DHHS has substantial revenues that are credited to the General Fund and the Grant Fund. As the Committee works through the different service areas, many of the changes to specific grants will be mentioned. Attached at © 14-19 is a memo updating the Council on State reductions and attached at © 20-23 is the memo the Committee reviewed last fall.

There is an estimated 45% reduction in the revenues that are credited to the General Fund. The main changes are the elimination of Purchase of Care from the Maryland State Department of Education (MSDE) (\$7.1 million reduction budget to budget), Federal Financial Participation funds (\$6.3 million budget to budget), and Core Health Services funding (\$1.7 million budget to budget.) MSDE previously used DHHS as a conduit for paying for purchase of care but is now directly paying for these services. FFP revenues are reduced for many reasons including the removal of costs that had been erroneously included and decisions by the Federal Department of Health and Human Services that other programs such as Assisted Living and Transitional Housing can no longer be included for reimbursement. Two programs that received FFP reimbursements, the Assertive Community Action Team and the Audiology program, were eliminated from the county budget. Lastly, the Maryland Department of Human Resources implemented a new time study method which resulted in a reduction of what can be claimed. The Core Health Services funding was reduced \$1.6 million by the State as a part of last year's budget actions and is noted in the November memo from Director Ahluwalia (© 21). These changes are all carrying through to FY11.

Revenues - DHHS GENERAL Fund (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>TOTAL</b>	<b>35,117</b>	<b>34,028</b>	<b>24,678</b>	<b>18,673</b>	<b>-45.1%</b>
<b>Revenues with a greater than 10% change:</b>					
Purchase of Care MSDE	7,134	7,100	4,100	0	100.0%
Marriage Licenses/Battered Spouse	249	300	250	250	-16.7%
Core Health Services	6,435	5,257	3,601	3,601	-31.5%
Medicaid: School Health	27	62	30	30	-51.6%
MA Reimburse AERS	199	167	180	190	13.8%
Nursing Home Reimburse	647	500	600	625	25.0%
Living Facilities: Licenses	201	181	200	200	10.5%
Federal Financial Participation (FFP)	12,451	12,923	8,562	6,595	-49.0%
FFP: Public Health	1,242	1,672	1,242	1,242	-25.7%
FFP: Health Start	-	197	150	150	-23.9%
MA: Long Term Care	517	476	631	631	32.6%
Conservation Corp Fees	91	50	50	15	-70.0%
Child/Adoles Outpatient	6	4	6	6	50.0%
In-Home Aide Svcs Fees	11	8	7	7	-12.5%
Sexual Assault Victim Counseling	13	14	12	11	-21.4%
Adult Mental Health Fees	9	5	5	6	10.0%

The Grant Fund revenues presented in the operating budget book are dated as this information was developed last winter when the budget was submitted. As the Committee is aware from discussions with Director Ahluwalia, the State has cut several funding sources. Some of the largest reductions are from the Developmental Disabilities Administration (\$517,740); the Alcohol and Drug Abuse Administration (\$379,430); Senior Outreach Response Team (\$387,640); Community Mental Health Services and Administration grants (\$818,720). It is expected that most of these will carry over to FY11. Not all are reflected in the budget book.

DHHS GRANT Fund Revenues (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>TOTAL</b>	<b>108,965</b>	<b>108,525</b>	<b>100,736</b>	<b>92,507</b>	<b>-14.8%</b>
<b>Revenues with a greater than 10% change:</b>					
CDC Breast/Cervical Cancer Screening	634	555	675	675	21.6%

DHHS GRANT Fund Revenues (in \$000s)	FY09 Actual	FY10 Budget	FY10 Estimated	FY11 Recommend	Change FY10 Budget to FY11 Rec
<b>Revenues with a greater than 10% change (continued from previous page):</b>					
Childhood Injury Prevention	3	3	4	4	<b>16.7%</b>
CRF Tobacco Education	910	272	272	204	<b>-25.0%</b>
CRF Ed/Screening/Training	797	883	883	663	<b>-24.9%</b>
Head Start: Extended Year Summer	70	92	92	25	<b>-72.8%</b>
HIV/STD Minority Outreach	240	262	262	332	<b>26.7%</b>
Imp Pregnancy Outcomes	121	140	140	120	<b>-14.3%</b>
SR Ombudsman Grant	263	263	263	188	<b>-28.5%</b>
Refugee Resettlement	214	180	180	305	<b>69.4%</b>
Ryan White I (AIDS)	1,719	1,579	1,579	2,035	<b>28.9%</b>
Ryan White II (AIDS)	809	811	811	933	<b>15.0%</b>
Senior Outreach Team	1,215	1,432	1,191	1,191	<b>-16.8%</b>
School Based Health Ctr	253	194	261	261	<b>34.5%</b>

## DEPARTMENT WIDE INCREASES

The FY11 budget includes \$2.4 million in cost increases for things like retirement and group insurance rate changes that are not specific to programs. The following table summarizes these changes for the whole department. These costs are generally included in the “Miscellaneous Adjustments” included for each service area.

<b>General Fund Changes (not specific to a program):</b>	
Retirement Adjustment	\$ 1,091,040
Group Insurance Adjustment	\$ 643,900
Annualization of FY10 Personnel Costs	\$ 479,900
Benefit/Retirement Cost to Supplement HB669 Positions	\$ 223,000
Risk Management Adjustment	\$ 154,650
Printing and Mail Adjustment*	\$ (208,300)
Motorpool Rate Adjustment	\$ (111,760)
Furlough Days	\$ (2,897,190)
<b>Net Change without furlough savings</b>	<b>\$ 2,272,430</b>
<b>Net Change with furlough savings</b>	<b>\$ (624,760)</b>

\*includes \$168,470 from paper and printing reduction initiative

## 2. ADMINISTRATION and SUPPORT SERVICES

(Excerpt from Executive’s March 15<sup>th</sup> budget at © 26-28)

This service area provides department-wide administration and is home to the Office of Community Affairs. For FY11, the main structural change is that the Office of Disparities Reduction, which was created two years ago but never fully staffed, has been eliminated and the functions that would be handled by the Office, which included the three Minority Health

Initiatives, have been transferred to the Office of Community Affairs. The following two tables provide an overview of the budget and workyear trends for this service section.

<b>Administration and Support Services Expenditures in \$000's</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Office of the Director	2,743	3,321	2,571	-22.6%
Office of the Chief Operating Officer	18,662	18,560	16,037	-13.6%
Office of Disparities Reduction	3,857	3,815	-	-100.0%
Office of Community Affairs	3,584	3,458	6,549	89.4%
<b>TOTAL</b>	<b>28,846</b>	<b>29,154</b>	<b>25,157</b>	<b>-13.7%</b>

<b>Administration and Support Services Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Office of the Director	22.2	20.1	14.8	-26.4%
Office of the Chief Operating Officer	85.1	84.4	79.9	-5.3%
Office of Disparities Reduction	6.5	7.5	-	-100.0%
Office of Community Affairs	14.9	13.4	21.6	61.2%
<b>TOTAL</b>	<b>128.7</b>	<b>125.4</b>	<b>116.3</b>	<b>-7.3%</b>

## **A. Office of the Director**

The Executive's Recommended Budget specifies the following changes to the Office of the Director's budget.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Shift existing compliance officer position from DHHS to General Services to address ADA issues	\$ (156,420)	-1.0	General
Add new HIPPA compliance officer position to DHHS to replace shifted positions	\$ 130,000	1.0	General
Abolish a Vacant Community Outreach Manager Position and use \$60,000 of savings to fund Intergovernmental Relations legislative position (FY10 actions)	\$ (71,460)	-1.0	General
Shift the Conservation Corp lease costs to the Leases Non-Departmental Account*	\$ (133,180)	0.0	General
Transfer staff from DHHS to the MC311 Call Center	\$ (391,920)	-5.0	General

\*recommendation regarding Conservation Corp is included in Children, Youth, and Families Services.

### ***1. Shift Compliance Officer to General Services and hire new Compliance Officer for DHHS***

The combination of these two items is a net decrease of \$26,420 to the DHHS budget but is an overall addition to County Government. The Executive has determined that the employee that has been the DHHS Compliance Officer has the skill set needed to work on Project Civic Access in the Department of General Services and has transfer the position on July 1. DHHS



needs a compliance officer and a new position has been created for this purpose. This position will be exempt from the hiring freeze. **The HHS Committee recommends approval.**

## ***2. Abolish Vacant Community Outreach Manager and fund Intergovernmental Relations Position***

This change has already occurred. During FY10, reductions in the Office of Intergovernmental Relations were going to result in not having a staff person in Annapolis to focus on health and human services issues. DHHS felt that it was critical to have dedicated staff given the range of issues and funding changes that are taking place and decided to abolish a vacant Community Outreach Manager position and use a portion of the savings to fund the intergovernmental relations needs. There is a net savings of \$71,460 to the General Fund. **The HHS Committee recommends approval.**

## ***3. Transfer Staff to MC311 Call Center***

This change has already occurred (November 2009). The savings to DHHS is \$391,920 and 5.0 workyears but the costs have been shifted to the MC311 call center so there is no net change government-wide. **The Committee discussed how HHS calls are being handled by the MC311 Call Center and that the remaining information and referral staff in the department are the staff that are providing intake services for certain programs. The HHS Committee recommends approval.**

## **B. Office of the Chief Operating Officer**

The Executive's Recommended Budget specifies 10 operating expense reductions totaling \$878,640 for the Office of the Chief Operating Officer. There are no position changes.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Decrease Costs for HIPAA Information Technology Equipment	\$ (5,220)	0.0	General
Decrease Costs for Miscellaneous Computer Equipment Funding	\$ (10,000)	0.0	General
Decrease Costs for Consultant Services	\$ (18,730)	0.0	General
Decrease Costs for IT Funding for Software Maintenance	\$ (23,000)	0.0	General
Decrease Costs for Temporary Clerical Services	\$ (40,000)	0.0	General
Decrease Costs for Training	\$ (40,000)	0.0	General
Decrease Costs for IT Application Integration Framework Maintenance Funding	\$ (75,000)	0.0	General
Decrease Costs for IT Contractual Services	\$ (180,000)	0.0	General
Reduce Broker Contract Services	\$ (227,460)	0.0	General
Decrease Miscellaneous Operating Expenses	\$ (259,230)	0.0	General

Council staff noted that as a part of the FY10 budget actions, the COO's budget for Miscellaneous IT expenses and equipment purchases was reduced by \$220,000, miscellaneous operating expenses were reduced by \$20,000 and the funding for broker contract services was reduced by \$101,350 for a total savings in these areas of \$341,350. This means that over two years there will be reduction of \$1.22 million in these categories.

With the exception of the \$227,460 reduction in broker services, the Department has identified that these are all reductions that will have no service impacts. Council staff noted that the \$75,000 in IT maintenance funding is specific to costs associated with a hardware system that is being retired.

The Department believes that the broker contract savings can be achieved. The reduction will not have a direct client service impact but does impact the ability of the COO to backfill staff from Financial Operations that has been assigned to work on ERP issues.

**The HHS Committee recommends approval.** The Audit Committee, joined by Councilmember Leventhal, is receiving periodic updates on the efforts to improve contract monitoring and will have further discussion about the appropriate level of resources for this purpose.

### C. Office of Community Affairs

The Executive's Recommended Budget specifies 15 changes in expenses totaling \$502,760 for the Office of Community Affairs.

	Dollars	WY	Fund
Create a Program Aide position in Head Start	\$ 26,370	0.7	Grant
African American Health Program - eliminate contractual services for data analysis	\$ (45,290)	0.0	General
African American Health Program - reduce outreach and mini-grants to community organizations	\$ (89,000)	0.0	General
Asian American Health Initiative - reduce patient navigator program	\$ (104,410)	0.0	General
Asian American Health Initiative - eliminate clerical support	\$ (15,370)	0.0	General
Latino Health Initiative - eliminate annual Asthma Forum in the Asthma Management Program	\$ (2,420)	0.0	General
Latino Health Initiative - eliminate Health Careers Component of the Latino Youth Wellness Program	\$ (15,000)	0.0	General
Latino Health Initiative - eliminate bilingual information line and reduce medical interpretation services in the System Navigator Program	\$ (119,410)	0.0	General
Decrease funding for clothing closet in Gaithersburg	\$ (3,000)	0.0	General
Eliminate State General Funds Grant	\$ (4,330)	0.0	General
Reduce funding for after school program in Rosemary Hills (Silver Spring Team)	\$ (5,000)	0.0	General

<b>Office of Community Affairs (continued)</b>	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Decrease funding for case management and information referral services (Catholic Charities)	\$ (11,500)	0.0	General
Decrease funding for employment, training, and supportive services contract (CASA de Maryland)	\$ (11,500)	0.0	General
Decrease funding for community outreach, training, and education services (Impact, DHHS, AAHP)	\$ (12,000)	0.0	General
Eliminate ESOL funding from DHHS budget (ESOL to be funded through MCAEL)	\$ (90,900)	0.0	General

\*The HHS Committee recommendation for Head Start is included in Agenda Item #13. The recommendation for the after school program in Rosemary Hills is included in Children, Youth, and Families Services.

### ***1. Minority Health Initiatives***

The Executive's budget recommends reductions to the African American Health Program (AAHP), the Asian American Health Initiative, and the Latino Health Initiative. The following table shows the FY10 approved and FY11 recommended budget amounts (not including savings plan or impacts of furloughs.)

	<b>FY10 Approved</b>	<b>FY11 Recommend</b>	<b>% change FY10 to FY11</b>
African American Health Program	1,560,983	1,415,021	(9.4%)
Asian American Health Initiative	719,415	592,662	(17.6%)
Latino Health Initiative	1,568,585	1,358,386	(13.4%)

The following summarizes the major changes to each:

#### **AAHP:**

- Reduction of \$45,290 for contractual services for data analysis (continuation FY10 savings plan)
- Reduction of \$89,000 to the contract with Betah Associates. It is expected that the reduction will be taken in outreach and the awarding of mini-grants. \$1,124,710 will remain for the Betah contract.
- Reduction of \$730 (7%) to the contract for Sneakers and Pearls program currently provided by the Florence Crittenden Center. Leaves in place \$9,674 for this program.

#### **AAHI:**

- Reduction of \$104,405 to system navigator contractor. Leaves in place \$195,105 in place for these services.
- Reduction of \$20,870 to the contract with the Primary Care Coalition for minority health outreach and education programs. Leaves \$277,460 in place for these services.
- Reduction of \$15,370 which eliminates contractual clerical support.

**LHI:**

- Reduction of \$119,410 for the system navigator program that is currently a contract with CASA de Maryland. Leaves in place \$187,715 for these services.
- Reduction of \$4,880 to the Asthma Management Program. Leave in place \$64,894 for these services currently provided through a contract with the Primary Care Coalition. Notes that the reduction will eliminate the Annual Asthma Forum.
- Reduction of \$6,500 to the Health Promoters Program. Leaves in place \$86,394 for these services that are current provided through a contract with the Primary Care Coalition.
- Reduction of \$26,440 to the Latino Youth Wellness Program which is currently provided through a contract with Identity, Inc. Leaves in place \$351,279 for these services.
- Reduction of \$10,090 to the Career Transition Center for the Foreign-Trained Professional Nurses Program.

DHHS has provided a summary of the recommended changes to the Minority Health Initiatives which is attached at © 29-30. The summary acknowledges that these reductions will have impacts but that they are generally to outreach and health promotion, which was reduced throughout the Department. The one place where this varies is the reductions to the patient navigator systems where the Department feels there can be efficiencies gained by having one structured information and referral function instead of one for the AAHI, one for the LHI, and one in Montgomery Cares.

The Council has received testimony and correspondence voicing concerns and objections to the proposal to consolidate these services and reduce their overall funding.

Information from CASA de Maryland, which has operated the bilingual health service line for the LHI since FY2003, points out that those operating this line are able to refer to more than 700 community resources and provide information on more than just medical services. In FY09, the information line received 3,594 calls. Almost 90% of the people who called used the line only once but many used it multiple times. CASA made 6,968 referrals. Most calls were for medical or dental referrals. CASA surveyed a sample of 10% of these calls to ask about satisfaction with the service; in most cases 85% to 95% of those surveyed responded that they were very satisfied. During this same time period, CASA provided 3,455 interpreting sessions for 2,226 individuals. Most sessions were provided at Mercy Health Clinic and Mobile Med.

The information on the website for the Asian American Health Initiative indicates that the Health Information Line can provide information on child care assistance, health care services, immunizations, financial assistance, disability and senior services, and mental health and substance abuse services. The line is available Monday-Friday from 8:00 a.m. to 5:00 p.m. Languages that are available include Chinese, Hindi, Korean, and Vietnamese and arrangements can be made to use language service if other languages are needed. Patient Navigators are certified medical interpreters that can accompany clients to medical appointments. Testimony provided to the Council stated that the program has provided patient navigation services to 1,254 patients and that each “navigator” has a patient pool of 220 or more. Almost all clients surveyed rated the services as highly satisfactory.

**At its April 12<sup>th</sup> worksession, the HHS Committee reviewed the services currently provided through the Asian American Health Initiative, Latino Health Initiative, and the**

**Primary Care Coalition (Montgomery Cares) to assist residents in connecting with medical services and interpretation between patients and health care providers.**

**Councilmember Navarro shared her concern that people using the current systems have a level of trust in these systems and might stop asking for help through information and referral if it becomes one faceless system. Councilmember Trachtenberg said that these are critical services because language improves access and access improves care. Councilmember Leventhal shared his concern that, while he thinks it is critical the county look at service delivery models, there has not been adequate planning for making a change that will not impact the end user. The Committee agreed they had concerns about the timing and implementation of the transition and asked that two options show on the reconciliation list; (1) restoration of the entire reduction (\$223,820), and (2) restoration of ½ the reduction (about \$112,000).**

In a follow-up meeting with Councilmember Leventhal and Councilmember and Council staff, the DHHS Director provided the Department's proposal on a transition that would move forward if the Executive's reduced funding for FY11 is approved by the Council (© 31-34). The information on © 33 lists the advantages and limitations of the proposal. The proposal assumes that the current LHI vendor will continue to provide medical interpretation services. The vendor and county have not yet agreed to this change. The administration of AAHI services would be brought in house as the current vendor has indicated they cannot provide services at the reduced funding. Both vendors have expressed a willingness to work on a transition if some additional funding is available in FY11.

**At its May 5<sup>th</sup> worksession, the Committee reviewed the follow-up information and recommends that \$112,000 be funded through the reconciliation list to provide for a better transition to a patient navigation and medical interpretation system that is administered through a single contract. The \$112,000 would be combined with the \$195,110 from the Asian American Health Initiative, the \$187,710 from the Latino Health Initiative, and the \$77,230 from Montgomery Cares to provide \$572,050 to fund a new contract (that will be the result of a RFP issued during FY10) and provide for a transition period. The funds will be budgeted centrally in the Office of Community Affairs instead of in the minority health initiatives and Montgomery Cares as has been past practice.**

## ***2. ESOL for Korean Association of Maryland Metro Area through MCAEL***

The Executive's March 15<sup>th</sup> budget eliminates \$90,900 in funds that were made available in FY10 for English language instruction, computer training, and social services from the DHHS budget. The intent is that this organization would seek funding through MCAEL, just like other organizations providing community based ESOL. At its April 12<sup>th</sup> session, Director Ahluwalia informed the Committee that DHHS will continue to provide \$25,000 to this organization for social services, which should not have been eliminated. **The HHS Committee recommends approval.** It was noted that the ED Committee will review the overall amount of funding available to MCAEL in FY11.

### 3. Caribbean Help Center

The Department's budget includes about \$2.18 million in savings from an across the board 7% reductions to General Fund (as opposed to Grant Fund) contracts. Included in this reduction is a \$1,520 reduction to the \$21,650 contract with the Caribbean Help Center.

**The HHS Committee recommends that \$1,520 be funded through the reconciliation list to provide full funding to this organization. Councilmember Navarro told the Committee that this organization operates in an extremely thin margin and the demand for services has increased since the hurricane disaster in Haiti.**

### 4. 7% Reductions to Contracts in the Office of Community Affairs

As noted in the previous item, the Executive's March 15<sup>th</sup> budget includes an across the board 7% reduction to General Fund contracts. The impact of these reductions is not yet known.

<b>Office of Community Affairs</b>	<b>FY10 General Fund Contract</b>	<b>7% Reduction (CE)</b>	<b>FY11 Proposed Funding</b>
Florence Crittenden - Sneakers and Pearls program for Teen Girls	\$ 10,508	\$ 730	\$ 9,778
Career Transition Center - Foreign Trained Professional Nurses Program	\$ 144,128	\$ 10,090	\$ 134,038
Primary Care Coalition - LHI Health Promoters Program	\$ 92,894	\$ 6,500	\$ 86,394
Interfaith Works - Gaithersburg Clothing Closet	\$ 49,492	\$ 3,460	\$ 46,032
CASA de Maryland - employment training and support services to low-income, limited English proficient residents	\$ 374,094	\$ 26,190	\$ 347,904
Catholic Charities - case management and referral for families in crisis	\$ 185,518	\$ 12,990	\$ 172,528
Language Learning Enterprises - telephone language services for the Police Department	\$ 140,000	\$ 9,800	\$ 130,200
Interpreter Services Contract for County Government	\$ 40,000	\$ 2,800	\$ 37,200
Translation Services for County Government	\$ 40,000	\$ 2,800	\$ 37,200
Manna Food Center - distribute free food to hungry and low-income residents	\$ 191,585	\$ 13,410	\$ 178,175
Caribbean Help Center - social services to Caribbean and African immigrants	\$ 21,650	\$ 1,520	\$ 20,130
MC Maryland Bar Foundation - Pro Bono legal services	\$ 49,733	\$ 3,480	\$ 46,253

\*Committee has recommended full funding for Caribbean Help Center

In addition to these contracts, the Department has recommended a \$7,000 reduction to the Office of Community Affairs' \$92,275 contract with IMPACT Silver Spring (The Executive has also recommended two Community Grants for IMPACT Silver Spring totaling \$274,360 that are in the Community Grants NDA). It was explained to the Committee that this is a specific reduction for certain outreach services, but that it would leave in place the contract for community involvement and leadership. While it is approximately a 7% reduction, it is a specific reduction, rather than one of the across the board cuts.

**The HHS Committee is recommending that this across the board reduction be reduced to 5% rather than 7% by funding \$489,310 through the reconciliation list. The Committee is concerned about reducing funds to the county's non-profit partners who are being asked to do more and face increasing demand at the same time that donations are declining because of the recession. The Committee will meet with the Department in the fall to understand what the impact on services has been from this overall reduction in funding.**

**This memo will show in each program section, the contracts that were identified by the Executive for a reduction.**

#### ***5. Miscellaneous Adjustment – Administration and Support***

There are net miscellaneous adjustments of -\$1.67 million for this service area. As can be seen in the following table the largest adjustments are due to the elimination of the Office of Disparities Reduction. In the COO's office, the two largest reductions are related to removing HB669 debt service from DHHS and placing it in the debt service budget (\$629,000) and the transfer of the FY10 1% adjustment from the COO's Office where it was appropriated to the services areas. **The HHS Committee recommends approval.**

Miscellaneous Adjustments - Office of the Director	\$ 126,680	0.7	General and Grant
Miscellaneous Adjustments - Office of the Chief Operating Officer	\$ (1,643,970)	-3.5	General and Grant
Miscellaneous Adjustments - Office of Disparities Reduction (eliminated)	\$ (3,815,040)	-7.5	General and Grant
Miscellaneous Adjustments - Office of Community Affairs	\$ 3,660,390	7.5	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (1,671,940)</b>	<b>\$ (2.8)</b>	General and Grant

### 3. AGING and DISABILITY SERVICES

(Excerpt from the Executive March 15<sup>th</sup> Budget is attached at © 36-39. As background, attached at © 40-43 are excerpts from the Commission on People with Disabilities 2009 Annual Report, at © 44-48 testimony from the Commission on Aging, and at © 49-50 testimony from the Commission on People with Disabilities)

#### Overview

For FY11, Aging and Disabilities Services is organized into 11 program areas. The following tables show the changes in dollars and workyears for the program area since FY09. Overall from the FY10 original budget to the FY11 recommended budget funding is proposed to decrease by \$1.38 million (3.6%) and workyears by 5.5 workyears (3.4%).

<b>Aging and Disabilities Services Expenditures in \$000's</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Community Support Network for People with Disabilities	16,127	16,453	15,786	-4.1%
Assessment and Continuing Case Management Services	6,085	6,157	6,157	0.0%
Assisted Living Services	2,078	1,973	2,005	1.6%
Community /Nursing Home Medical Assistance and Outreach	2,658	-	-	na
Home and Community Based Waiver Services	-	-	1,340	na
In-Home Aide Services/Home Care Services	4,722	4,615	4,328	-6.2%
Information and Assistance/Aging and Disability Resource Unit	945	994	1,000	0.6%
Ombudsman Services	651	664	633	-4.7%
Respite Care	1,196	1,036	806	-22.2%
Senior Community Services	3,767	3,936	2,378	-39.6%
Senior Nutrition Program	1,686	2,291	2,337	2.0%
Service Area Administration	473	487	456	-6.4%
<b>TOTAL</b>	<b>40,388</b>	<b>38,606</b>	<b>37,226</b>	<b>-3.6%</b>



<b>Aging and Disabilities Services Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Community Support Network for People with Disabilities	44.3	43.4	42.7	-1.6%
Assessment and Continuing Case Management Services	54.4	54.2	52.0	-4.1%
Assisted Living Services	6.8	6.8	6.7	-1.5%
Community /Nursing Home Medical Assistance and Outreach	32.9	-	-	na
Home and Community Based Waiver Services	-	-	12.8	na
In-Home Aide Services/Home Care Services	16.9	16.9	16.4	-3.0%
Information and Assistance/Aging and Disability Resource Unit	9.8	9.8	9.7	-1.0%
Omsbudman Services	6.3	6.3	5.1	-19.0%
Respite Care	-	-	-	na
Senior Community Services	21.1	19.1	5.6	-70.7%
Senior Nutrition Program	2.9	4.4	4.5	2.3%
Service Area Administration	2.8	2.8	2.7	-3.6%
<b>TOTAL</b>	<b>198.2</b>	<b>163.7</b>	<b>158.2</b>	<b>-3.4%</b>

## **A. Community Support Network for People with Disabilities**

The Executive's recommended budget identifies three specific items that result in a net reduction of \$253,240 to the General Fund and \$59,560 to the Grant fund. Total FY11 recommended funding for this program is \$15,785,900 and 42.7 workyears. This program area coordinates a wide range of services for people (adults and children) with disabilities including employment, services for the visually impaired, autism waiver services, and funding for community based and residential services.

<b>Aging and Disabilities:</b>	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Shift Program Manager from ISS Grant to Service Coordination Grant	\$ 19,750	1.0	Grant
Shift Program Manager from the ISS Grant	\$ (79,310)	-1.0	Grant
Eliminate County DD Supplement to ISS and FSS Providers (continues FY10 Savings Plan)	\$ (253,240)	0.0	General

### **1. Shift Program Manager from ISS Grant to Service Coordination Grant**

### **2. Shift Program Manager from ISS Grant (same position)**

This was a FY10 mid-year change. A position was shifted from the Individual Support Services Grant to the Service Coordination Grant. The total cost of this position is about \$100,000 which was able to be covered in total by the Service Coordination Grant. There is no impact to the General Fund. **The HHS Committee recommends approval.**

### ***3. Eliminate County Supplement for Providers to People in the Individual Support Services (ISS) and Family Support Services (FSS) Programs***

This reduction is a continuation of a policy change approved as a part of the FY10 Savings Plan Round 2. The FY10 Savings Plan amount is \$60,000; the \$253,240 is the estimated annualized cost. Until FY10, the providers serving about 220 clients in the Individual Support Services and Family Support Services program received a share of the county's supplement to providers of services to the developmentally disabled ("DD Supplement"). At the Committee worksession on the Round 2 Savings Plan the Committee heard from both Director Ahluwalia and Mr. Weins of InterAcc that for these two programs services, that may include transportation, tuition, equipment and other ancillary items, are funded as a package for the client. While the local agencies receiving the DD supplement have benefited from having these funds, they are not as necessary as they are for other providers who are providing services in group homes, day programs, or out of other facilities. There are currently 12 providers who serve ISS and FSS clients. For some it is a small portion of the funding they receive, for a few it is the majority of their caseload and they will receive a significant reduction in DD Supplement funds. **The HHS Committee recommends approval.**

### ***4. Reduce the non-FSS/ISS DD Supplement by \$390,145***

The FY10 total pool of funds for the DD Supplement (including ISS and FSS) is \$8,425,430. These funds are allocated to all DD providers in the same proportion as State funding as State funding takes into account the number of clients, severity of disability, and services required. While Montgomery County has chosen to provide a county supplement in recognition of the higher cost of providing services in Montgomery County, the State payment is a full payment to the client. The county DD Supplement is not a direct supplement to a specific employee's pay but rather a payment to assist the entire organization in meeting its costs. That said; testimony from InterACC/DD (© 51-52) notes that the organization pays its employees an average of \$12 per hour but the State funding pays at a rate of \$8.97.

For FY11, the March 15<sup>th</sup> budget recommended reducing the overall amount of funding by \$643,400 about 7.5% (including FSS and ISS reductions). This is a bit more than 7% because some providers have a majority of ISS and FSS clients and all this funding was eliminated. For the remaining "regular" DD Supplement the reduction will be 4.7% (as shown below). As in previous years, the Council would approve the total amount of funding which is then allocated by DHHS to providers based on the State formula.

FY10 DD Supplement Funding – Includes ISS/FSS	\$8,425,430
Less ISS/FSS Funds	<u>253,250</u>
Revised FY10 Base DD Funding	\$8,172,180
FY11 to Base DD Funding	<u>390,150</u>
FY11 DD Supplement Funding	\$7,782,030

March 15<sup>th</sup> % Reduction to "regular" DD Supplement from revised FY10 base = 4.7%

Council staff shared with the Committee that the testimony received correctly states that funds have not been added to reflect any expansion of services by the DD providers and that annualization of FY10 expansions would previously have resulted in \$300,000 in additional DD Supplement funding. FY11 expansions would previously have added another \$300,000. InterAcc has requested the Council fund this \$600,000 in expansion costs.

As a part of his April 22<sup>nd</sup> budget amendments, the Executive recommended an additional \$181,900 to the “regular” DD Supplement to bring the overall reduction to 7%.

The HHS Committee members all shared their appreciation for the good work done by these providers and the fact that these kinds of reductions would not be considered if it were not for the dire financial situation the county is in. While the Committee wishes it did not have to agree to any reduction, the Committee is recommending approval of a 5% reduction to the “regular” DD Supplement. Given the Executive’s April 22<sup>nd</sup> amendment, this requires \$163,440 be restored to the budget through the reconciliation list.

#### ***5. Contracts in Community Support Network impacted by the 7% reduction.***

The following table provides the Committee with information on contracts in this program area that will be impacted by the 7% reduction but are not specifically noted in the budget book. The list does not include contracts for the DD Supplement (discussed in Item #4) nor contracts where the service is tied to a specific clients and only carries over from year to year if that specific client is being served. As previously noted, the HHS Committee is recommending that these contracts be reduced by 5% instead of 7% as recommended by the Executive.

Purpose and Vendor(s):	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
<b>Community Support Network:</b>				
ARC of MC for the Building for After All program	\$ 54,127	\$ 3,750	\$ 50,377	-6.9%
Columbia Lighthouse for the Blind services to the visually impaired	\$ 89,931	\$ 6,300	\$ 83,631	-7.0%
Independence Now senior support services	\$ 54,846	\$ 3,800	\$ 51,046	-6.9%
Lt Joseph P Kennedy Institute medical day program	\$ 348,408	\$ 23,390	\$ 325,018	-6.7%
Metropolitan Washington Ear media services for the visually impaired	\$ 54,795	\$ 3,800	\$ 50,995	-6.9%
Potomac Community Resources support services to people with developmental disabilities	\$ 70,902	\$ 4,910	\$ 65,992	-6.9%
Regency Cab taxi cab services	\$ 5,000	\$ 350	\$ 4,650	-7.0%
TransCen supportive employment services	\$ 32,801	\$ 2,270	\$ 30,531	-6.9%
<b>Mentoring:</b>				
Best Buddies	\$ 30,935	\$ 2,170	\$ 28,765	-7.0%

## B. Assessment and Continuing Case Management

The Executive is recommending two specific changes in this program which provides multi-disciplinary assessments, care planning, and case management to frail seniors and adults with disabilities. This program area includes Adult Protective Services, Adult Evaluation and Review Services (AERS), and the public guardianship program. Total recommended funding is \$6.157 million with 52 workyears.

	Dollars	WY	Fund
Abolish Full Time PAA - Assessment and Continuing Case Management Services	\$ (49,800)	-1.0	General
Abolish Full Time OSC - Assessment and Continuing Case Management Services	\$ (88,500)	-1.0	General

### *1. Abolish Full-time Principal Administrative Aide*

### *2. Abolish Full-time Office Services Manager*

These are vacant positions and are recommended for abolishment. They provided support to the case management and guardianship programs. The work has been and will continue to be redistributed among remaining staff. **The HHS Committee recommends approval.**

### *3. Contracts reduced by 7%*

The following contracts are recommended to be reduced by 7% by the Executive and 5% by the HHS Committee.

	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
<b>Assessment and Continuing Care:</b>				
Jewish Social Service Agency escorted transportation	\$ 6,000	\$ 420	\$ 5,580	-7.0%
Winter Growth Inc. escorted transportation	\$ 1,000	\$ 70	\$ 930	-7.0%

## C. Assisted Living Services

The Executive is not recommending any specific changes to this program area that provides subsidies and case management to low-income seniors who live in group homes or in adult foster care homes. Total funding for the program area is \$2.005 million and 6.7 workyears. Council staff recommends approval.

As a part of the FY10 budget actions, the Council approved both a reduction in the grant monies expected from the State for Senior Assisted Living and \$50,000 reduction in General Fund monies that are used to provide up to a \$625 per month county supplement for those in the Senior Assisted Living program. This program serves clients who live in a licensed assisted

living facility of 16 beds or less, are 62 years of age or older, meet financial and physical eligibility requirements, and have a history of county residency. The average age of someone in this program is 85. The FY10 savings were projected because the State had frozen new admissions into this program. The April 2 memo from Director Ahluwalia on changes to State Aid shows only a small reduction to this grant (\$1,770) and notes that the freeze on admissions was extended to February 2010 but that new clients are now being placed. **At the April 15<sup>th</sup> session, the Committee was told that the Department has recently placed 15 people in this program. The program serves 35 people; there are 20 on the wait list.**

**The HHS Committee recommends approval.**

#### **D. Home Care Services**

The Executive is recommending a reduction of \$350,000 to this program which provides in home assistance to senior and adults with disabilities that need help with daily tasks in order to remain independent and live in the community. Total funding for the program area is \$4,327,680 and 16.4 workyears.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Reduce Maximum Number of Hours for Home Health Care from 20 to 14 (for current clients receiving between 16 and 20 hours	\$ (350,000)	0.0	General

##### ***1. Reduce maximum number of in-home aide hours to 14 per week***

Prior to FY09, the Department was able to provide in-home assistance to both those people who need assistance with daily tasks (the in-home aide program) as well as people who needed occasional help with heavy housework (chore services). As a part of the FY09 Savings Plan, the Chore Services program was eliminated. This reduction was sustained for FY10 for a savings of \$150,000 and continues in FY11. As a part of the FY09 original budget actions, the maximum number of hours for in-home aide services was reduced from 20 hours to 15 hours per week for about 120 clients. Some existing clients retained the higher hours of service. The Council added \$100,000 to the Department's budget to provide some flexibility for exceptional cases. The net reduction was \$371,960.

For FY11, the Executive is recommending that all in-home care clients be limited to a maximum of 14 hours per week. The expected savings is \$350,000. There will be an impact from this reduction, about 40 clients are receiving the maximum 20 hours per week, but the Department believes that necessary services can be provided in the 14 hours allowed. When the Committee discussed this issue in FY09 it was noted that many other jurisdictions in the area limit service to four to 6 hours per week. The State of Maryland allows services to be provided up to a maximum of 20 hours but there is no minimum. The average in-home aide earns about \$9.50 per hour and will also be impacted by this change if they are unable to find additional hours elsewhere.

Included in this packet is testimony from the Commission on Aging (© 44-48) and the Commission on People with Disabilities (© 49-50). Both of these Commissions are requesting

the Council restore \$100,000 of the FY11 reduction to all some clients with critical needs to continue to receive up to 20 hours of service.

At the April 15<sup>th</sup> session, the Committee was told that 325 households are served by this program and about 120 have been impacted by the reduction in hours. All but 28 of the clients have accepted their revised plan and the others are going through the appeals process. On average clients receive 6 to 8 hours of care per week. The Committee asked whether people with means are required to pay for the service. The Committee was provided with the sliding scale for services that is based on income and household size and some clients do pay the full cost. The Committee said this is another area where they regret a cut must be made but the Department is proposing to provide service in line with State requirements.

**The HHS Committee recommends approval.**

## **2. Contracts reduced by 7%**

The following contracts are recommended to be reduced by 7% by the Executive and 5% by the HHS Committee.

	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
<b>Home Care/Personal Care Services:</b>				
Korean American Senior Citizen Association	\$ 26,795	\$ 1,880	\$ 24,915	-7.0%

## **E. Home and Community Based Waiver Services**

The Executive is recommending the addition of a full-time Social Worker to this program area which coordinates the Medicaid long-term care waiver. The waiver allows the funding of services in the community in order to avoid the need for placement in a nursing home. Total funding for this program area is \$1.34 million and 12.8 workyears. This is a new program area for FY11. Staff was previously budgeted in the Senior Community Services program.

	Dollars	WY	Fund
Create a full-time Social Worker Position in Medicaid Waiver program for older adults (cost offset by reducing operating expenses)	\$ 2,000	1.0	Grant

The new position is grant funded. Department has identified operating expense savings to offset all but \$2,000 of the cost of this additional position. **The HHS Committee recommends approval.**

## **F. Aging and Disability Resource Unit**

The Executive is not recommending any specific changes to this program. The program has been renamed for FY11 and used to be identified as Information and Assistance. Total

funding is recommended to be \$1 million and 9.7 workyears. It was noted that even though this unit used to be called information and referral, it provides intake for Adult Protective Services. **The HHS Committee recommends approval.**

## G. Ombudsman Services

The Executive is recommending a reduction of \$74,900 and one Community Health Nurse in this program that investigates and resolves complaints in nursing homes and assisted living facilities.

	Dollars	WY	Fund
Abolish full-time Community Health Nurse - Ombudsman Services	\$ (74,900)	-1.0	Grant

The April memo from Director Ahluwalia notes that this reduction of State funds has occurred during FY10 and that the loss of the position is likely to impact the number of unresolved complaints and reduce the amount of volunteer training. The program handles about 300 complaints per year. The Department will make sure a nurse is available to address medical and care issues with ombudsman volunteers.

The Commission on Aging is recommending restoration of this position. The Commission notes that the county has 193 group homes and 34 nursing homes and that the current staff of 3.5 professional ombudsmen, one Program Manager, and one clerical position will not be able to address this workload.

**The HHS Committee recommends approval. The HHS Committee discussed with the Department the relationship between this program and the inspections of nursing homes and assisted living that is handled by Public Health Services. It was clarified that the Ombudsman staff have no enforcement authority and so there is not duplication of services. More information is provided in the section on Public Health Services.**

## H. Respite Care

The Executive is recommending a reduction to the Respite Care program that is a result of eliminating the contract for the respite care house. While this specific reduction is a reduction to General Fund expenditures, the April memo from Director Ahluwalia notes that the State has reduced its funding by \$51,590 during FY10 and that this reduction will carry over to FY11. Total funding for the respite care program is \$806,380 for FY11.

	Dollars	WY	Fund
Eliminate contract for respite care home due to underutilization	\$ (159,000)	0.0	General

In addition to the respite house, respite care is provided through three contracts with the ARC of Montgomery County, the largest of which funds a respite care consortium of providers.

The Executive is recommending reducing each of these contracts by 7%; the HHS Committee recommends they be reduced by 5%.

<b>Respite Care:</b>	<b>FY10 General Fund Contract</b>	<b>7% Reduction (CE)</b>	<b>FY11 Proposed Funding</b>	<b>% Reduction from FY10</b>
ARC of Montgomery County	\$ 5,880	\$ 410	\$ 5,470	-7.0%
ARC of Montgomery County	\$ 161,129	\$ 11,280	\$ 149,849	-7.0%
ARC of Montgomery County	\$ 709,428	\$ 49,660	\$ 659,768	-7.0%

The Council has received testimony from the ARC of Montgomery County (© 52a) that highlights the overall reductions and the unmet need for respite care (the budget notes that in FY10 it is estimated that 700 requests for respite care will not be met) and provides an alternative proposal for the respite house. The ARC proposes that for about \$70,000 they could use two bedrooms in an existing group home for respite care which would reduce the cost associated with the use of a separate home. The respite would be available 7 days per week from Memorial Day to Labor Day and weekends throughout the year. DHHS has told Council staff that operationally this could work but that this alternate respite home could only serve adults (over 18) as the full-time residents are adults. DHHS also notes that the majority of respite home requests are for adults.

**At its April 15<sup>th</sup> session, the HHS Committee asked whether, if funds could be restored, it would be better to restore them specifically for the respite house or whether it should be provided to increase the total funding available for respite care.**

**At its May 5<sup>th</sup> session, the Committee was told that DHHS had further discussions with The ARC and reached a consensus decision that any additional funding the Council may appropriate for respite care for the contract DHHS has with The ARC can be put into the general respite care services fund (i.e., not specifically into a respite care home). DHHS will not have a separate contract with the ARC for a respite home. However, requests for respite care in an ARC home will be accommodated in their Twinbrook Group Home using the general respite funds provided.**

**The HHS Committee recommends placing \$70,000 on the reconciliation list to increase the funds for respite care. As needed, these funds will be used to provide respite care at a respite house.**



## I. Senior Community Services

For FY11, the Executive is recommending two specific reductions to this program area that provides a variety of services that help seniors remain independent and active in the community such as legal services, senior transportation to recreations centers and to grocery shopping, and health insurance counseling. Funding of \$2.378 million and 5.6 workyears is recommended for FY11.

	Dollars	WY	Fund
Eliminate information technology grant	\$ (3,540)	0.0	Grant
Reduce Senior Bus Service to Recreation Centers, Meal Programs, and Grocery Shopping by 5 sites	\$ (165,490)	0.0	General

### 1. Information Technology Grant

This item reflects an adjustment to the Senior Information and Assistance Grant. \$84,230 in grant funding is expected in FY11. **The HHS Committee recommends approval.**

### 2. Reduce Senior Bus Transportation

The Executive is recommending a reduction of \$165,490 from reducing senior transportation services. The budget would provide about \$568,000 from the General Fund and assumes \$20,000 is available in grant funding. The proposal is expected to eliminate (© 52b):

The Monday route to the Damascus Center  
The Monday route to the Longwood Center  
The Tuesday route to the Potomac Center  
The Wednesday Route to the Schweinhaut Center  
One of two Wednesday routes to the Gaithersburg Center  
One of two Thursday routes to Holiday Park  
One of two Thursday routes to Gaithersburg  
Both Friday routes to Long Branch Center  
The Friday route to the Damascus Center  
One of two Friday routes to the East County Center

The HHS Committee discussed with the Department that these changes need to be carefully coordinated with reductions to recreation centers and senior centers. **The HHS Committee recommends approval.**

### 3. Contracts reduced by 7%

The following contracts are recommended by the Executive to be reduced by 7% and by the HHS Committee to be reduced by 5%.

	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
<b>Senior Community Programs:</b>				
Alzheimer's Association for education and training for public and private county workplaces.	\$ 92,200	\$ 6,450	\$ 85,750	-7.0%
Interages, Inc inter-generational programming for at-risk youth	\$ 56,240	\$ 3,940	\$ 52,300	-7.0%
JESSA Medical Supply assistive devices to increase the independence of the frail elderly	\$ 24,999	\$ 1,750	\$ 23,249	-7.0%
Jewish Community Center independence skill building for blind seniors	\$ 3,951	\$ 280	\$ 3,671	-7.1%
Jewish Council for the Aging on the job training for low income seniors	\$ 39,674	\$ 2,780	\$ 36,894	-7.0%
Mental Health Association - visits to homebound seniors	\$ 84,339	\$ 5,900	\$ 78,439	-7.0%
Mental Health Association - money management for disabled seniors	\$ 80,278	\$ 5,620	\$ 74,658	-7.0%
Senior Connection of Montgomery County	\$ 106,751	\$ 7,470	\$ 99,281	-7.0%
University of Maryland Cooperative Extension Service - counseling on insurance, prescription drugs, medical billing, etc.	\$ 100,443	\$ 7,030	\$ 93,413	-7.0%

## J. Senior Nutrition Program

The Executive's budget shows two specific changes to this program in FY11. The budget indicates that this year, senior nutrition programs will serve about 5,500 seniors. Total funding for the program is \$2.337 million and 4.5 workyears.

	Dollars	WY	Fund
Increase funds for delivered meals to those with HIV/AIDS, Cancer, and other life-challenging illnesses	\$ 36,000	0.0	General
Reduce Senior Nutrition Meal Program Funds	\$ (25,000)	0.0	General

### *1. Increase funds for delivered meals to those with HIV/AIDS*

The budget includes additional funding for this purpose. The vendor will be selected through a bid process. **The HHS Committee recommends approval and said that they expect the increased service to be provided in response to an RFP but by a Montgomery County organization.**

### *2. Reduce senior nutrition meal program funds*

The budget notes a \$25,000 reduction in this program area but there is also a 7% reduction that is being taken across all contracts which results in a \$28,120 reduction to meal services and a 7% reduction to grocery delivery services. **The HHS Committee recommends these contracts be reduced by 5% instead.**

	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
<b>Senior Nutrition:</b>				
Colesville Meals on Wheels	\$ 6,000	\$ 420	\$ 5,580	-7.0%
Gaithersburg Meals on Wheels for home delivered meals	\$ 25,926	\$ 1,810	\$ 24,116	-7.0%
Gaithersburg Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 8,000	\$ 560	\$ 7,440	-7.0%
Jewish Social Service Agency Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 3,000	\$ 210	\$ 2,790	-7.0%
Meals on Wheels of Central Maryland	\$ 18,060	\$ 1,260	\$ 16,800	-7.0%
Wheaton Meals on Wheels for home delivered meals for people with disabilities under 60 years old	\$ 5,000	\$ 350	\$ 4,650	-7.0%
Nutrition Inc. congregate and home delivered meals	\$ 255,325	\$ 17,870	\$ 237,455	-7.0%
Nutrition Inc. congregate meals	\$ 36,000	\$ 2,520	\$ 33,480	-7.0%
Nutrition Inc. home delivered meals for people with disabilities under 60 years old	\$ 21,000	\$ 1,470	\$ 19,530	-7.0%
Orient Express delivered meals to the homebound	\$ 12,000	\$ 840	\$ 11,160	-7.0%
Rockville Meals on Wheels home delivered meals for people with disabilities under 60 years old	\$ 2,000	\$ 140	\$ 1,860	-7.0%
Washington D.C. Meals on Wheels home delivered meals for people with disabilities under 60 years old	\$ 15,475	\$ 1,090	\$ 14,385	-7.0%
Top Banana home delivered groceries	\$ 72,140	\$ 5,050	\$ 67,090	-7.0%

**The Committee discussed with the Department the need to look at how meals can be provided when seniors who depend on the senior centers for a meal. The Department will be looking at providing a boxed meal that seniors could take with them.**

## **K. Service Area Administration**

The Executive is not recommending any specific changes to this program that includes service wide administration. FY11 funding is \$455,750 and 2.7 workyears. **The HHS Committee recommends approval.**

## L. Miscellaneous Adjustments

	Dollars	WY	Fund
Miscellaneous Adjustments - Comm Support Network	\$ (354,460)	-0.7	General and Grant
Miscellaneous Adjustments - Assessment and Continuing Case Management Services	\$ 138,090	0.0	General and Grant
Miscellaneous Adjustments - Assisted Living Svcs	\$ 32,140	0.0	General and Grant
Miscellaneous Adjustments - Home Care Services	\$ 62,920	-0.5	General and Grant
Miscellaneous Adjustments - Home and Community Based Waiver Services	\$ 1,338,090	11.8	General and Grant
Miscellaneous Adjustments - Aging and Disability Resource Unit	\$ 5,850	-0.1	General and Grant
Miscellaneous Adjustments - Ombudsman Services	\$ 44,500	-0.2	General and Grant
Miscellaneous Adjustments - Respite Care	\$ (70,050)	0.0	General and Grant
Miscellaneous Adjustments - Senior Community Services	\$ (1,389,570)	-13.5	General and Grant
Miscellaneous Adjustments - Senior Nutrition Program	\$ 34,890	0.1	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ (31,710)	-0.1	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (189,310)</b>	<b>\$ (3.2)</b>	

**The HHS Committee recommends approval.**

## 4. Behavioral Health and Crisis Services

(Excerpt from the Executive's March 15<sup>th</sup> budget at © 54-58)

### Overview

For FY11, the Executive is recommending an overall decrease of about \$3 million (7%) in funding for Behavioral Health and Crisis Services. Workyears are proposed to decrease by 13.5 (6.4%). While there are substantial reductions in county funding from the General Fund, as noted in the April memo from Director Ahluwalia, there have also been State reductions totaling almost \$1.6 million for mental health services and treatment of substance abuse and addiction. They include:

- Alcohol and Drug Abuse Administration Grant (\$379,430)
- Senior Outreach Response Team (\$387,640)
- Community Mental Health Grant Services (\$412,850)
- Community Mental Health Grant Administration (\$405,880)

The following tables provide an overview of dollar and workyear changes. Note that there is a shift of workyears and dollars from mental health services for seniors to the behavioral

health planning and management program which accounts for much, but not all of the reduction to services to seniors and people with disabilities.

<b>Behavioral Health and Crisis Services Expenditures in \$000's</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Behavioral Health Planning and Manag	8,226	7,512	7,791	3.7%
Behavioral Health and Specialty Services	2,787	2,756	2,488	-9.7%
Behavioral Health Comm Support Services	5,624	7,475	6,910	-7.6%
Criminal Justice Behavioral Health Srvs	2,355	2,463	2,473	0.4%
Outpatient Addiction Services (OAS)	5,855	4,037	3,844	-4.8%
Victims Assistance/Sexual Assault Srvs	2,586	2,614	2,582	-1.2%
Child/Adolescent Mental Health Srvs	3,273	3,382	3,043	-10.0%
24-Hour Crisis Center	5,149	4,300	4,090	-4.9%
Seniors/Persons w Disabilities Mental Hlth	1,934	1,855	619	-66.6%
Partner Abuse Services	3,346	3,252	3,002	-7.7%
Service Area Administration	601	584	552	-5.5%
<b>TOTAL</b>	<b>41,736</b>	<b>40,230</b>	<b>37,394</b>	<b>-7.0%</b>

\*Portion of reduction to Mental Health Services for Seniors and Persons with Disabilities is from the shift of staff (5WYs) to Behavioral Health System Planning and Management and is accounted for in the miscellaneous adjustments

<b>Behavioral Health and Crisis Services Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Behavioral Health Planning and Manag	18.8	13.7	18.8	37.2%
Behavioral Health and Specialty Services	22.5	21.4	17.5	-18.2%
Behavioral Health Comm Support Services	22.5	21.4	20.9	-2.3%
Criminal Justice Behavioral Health Srvs	19.2	19.2	18.5	-3.6%
Outpatient Addiction Services (OAS)	30.3	29.2	30.8	5.5%
Victims Assistance/Sexual Assault Srvs	19.2	18.4	18.4	0.0%
Child/Adolescent Mental Health Srvs	17.3	17.2	16.1	-6.4%
24-Hour Crisis Center	43.1	37.5	34.1	-9.1%
Seniors/Persons w Disabilities Mental Hlth	11.0	10.0	2.0	-80.0%
Partner Abuse Services	18.8	17.8	15.4	-13.5%
Service Area Administration	3.9	3.9	3.7	-5.1%
<b>TOTAL</b>	<b>226.6</b>	<b>209.7</b>	<b>196.2</b>	<b>-6.4%</b>

## A. Behavioral Health Planning and Management

The Executive is recommending five specific changes in this program that houses services required of DHHS as the State-mandated local mental health authority. This program area provides programming for people with serious persistent mental illness and serious emotional illness and the development of the continuum of care that is focused on recovery and allowing people to live in the least restrictive clinically appropriate setting. FY11 funding is recommended to be \$7.791 million and 18.8 workyears are recommended. The program data indicates that the same number of people will be provided with outpatient treatment (7,776) in FY11 as were in FY09 and are estimated to be in FY10. The Committee has previously discussed the growing need for mental health services for people of all ages and as a result of the

stress from the economic downturn. Attached at © 59-60 is testimony provided by the Saint Mark Coalition for Mental Health on the impacts of the overall funding reductions to the county's mental health system. (The Council also received testimony from many individual members of the Coalition.)

	Dollars	WY	Fund
Reduce funding for attachment and bonding studies and crisis stabilization services for Child Welfare	\$ (18,790)	0.0	General
Reduce the Consumer Special Needs Fund	\$ (19,670)	0.0	General
Reduce the Pharmacy Assistance Services Budget	\$ (30,000)	0.0	General
Reduce Computer Training for Adults and service 10-15 fewer clients annually	\$ (47,370)	0.0	General
Reduce Costs for Vocational Training, Travel, and Contracts based on historical spending	\$ (50,000)	0.0	General
Reduce housing subsidy to six providers of residential rehab with no impact on client service	\$ (137,530)	0.0	General

### ***1. Reduce funding for attachment and bonding studies and crisis stabilization services for Child Welfare Services***

In FY10, the Council approved a reduction of \$28,900 in funding for these services, leaving a budget of \$40,000 in FY10. DHHS reports that to date in FY10 about \$19,500 has been spent and no services have been denied. The Department expects that this reduction can be taken for FY11 with no reduction or denial of service based on experience in FY09 and FY10.

**The HHS Committee recommends approval.**

### ***2. Reduce Consumer Special Needs Fund***

This proposed reduction is to the Consumer Special Needs Fund which provides support to consumers for miscellaneous items that are not covered by other reimbursements, such as eyeglasses and uncovered dental work. For FY10, the DHHS budget includes \$30,060 for this purpose. For FY11, after the proposed reduction, \$10,390 will be available. The Department expects that this amount will be sufficient for FY11. **The HHS Committee recommends approval.**

### ***3. Reduce Pharmacy Assistance Services Budget***

DHHS has shared that in FY09 there was a \$48,000 surplus (total expenditures \$188,561) in the pharmacy program and a similar surplus is projected in FY10. The Department does not believe that there will be increased need in FY11 and believes the reduced funding will be sufficient. **The HHS Committee recommends approval.**

### ***4. Reduce Computer Training for Adults with Mental Illness and serve 10-15 fewer clients annually (\$47,370)***

This item is listed as a reduction in computer training but is the elimination of the contract with the Computer Learning and Resource Center. The Council has received testimony from representatives of CLARC as well as follow-up correspondence sharing their concern that

the reduction is not adequately described and does not share the actual impact of this reduction. The information notes that:

- CLARC is a job training and computer literacy program for individuals who have experienced serious and persistent mental illness.
- CLARC has been partially funded by the County Government since 1992.
- The fund would eliminate the software trainer/employment specialist position which would impact 80 to 128 students annually.
- The program is culturally competent and ADA compliant.
- Students are referred by local hospital psychiatric units, homeless shelters, the Crisis Center, social workers, case managers, and other students.
- Over the last four years over 300 Montgomery County residents have received computer training at CLARC (129 in the last year); 48 students have maintained full-time or part-time employment for more than 3 years; 17 have obtained full-time jobs that are “substantial”.

**The Committee heard from the Director that in order to meet the Department’s overall budget target, outreach, prevention, and vocational services were given a lower priority and generally not funded. This is one of the reasons that Community Vision’s funding was cut so substantially by the County Executive. It is clear that the impact of this reduction is more than 10 to 15 people but it is also unclear that the restoration of this program would be the highest priority in health and human services. DHHS has said that State funding of between \$150,000 and \$160,000 will still be available to this organization.**

**The HHS Committee recommends approval.**

***5. Reduce costs for vocational training (\$10,000), travel (\$5,000), and contracts (\$35,000) based on historical spending (total \$50,000)***

The Department believes that based on historical spending, its can reduce spending in these categories in FY11. **The HHS Committee recommends approval.**

***6. Reduce housing subsidy to six providers of residential rehab with no impact on client service.***

For FY11, the Executive is proposing a 14% reduction (\$137,530) to the overall amount of money that will be available to provide a county subsidy to providers of residential services. The Department has provided the following information on the background for this county subsidy:

The subsidy is based on the size of the provider (number of beds) in existence since 1998. Residential rehabilitation is funded by the state fee-for-service system. Our county is the only Core Service Agency that provides a subsidy to providers to help defray the higher housing/housing maintenance costs in Montgomery County and the subsidy reductions should not have an impact on the number of clients served. Because of the multiple funding streams it was felt that a larger reduction would not adversely affect our current capacity.

The reductions were determined by the bed capacities of the vendors.

The following table shows the distribution of the FY10 funding and how the proposal for FY11 would leave the distribution of the total funding at the same percentage as in FY10. For example, Family Services, Inc. received 20% of the total subsidy budget in FY10 and would receive 20% of the funding in FY11

Vendor	Bed Capacity	Bed %	FY10 Budget	FY10 %	Total Reduction	Reduction %	FY11 Revised	FY11 %
Family Services, Inc.	76	22%	200,081	20%	28,643	14%	171,438	20%
Rock Creek Foundation	30	9%	75,790	7%	13,507	18%	62,283	7%
Community Connections Inc.	12	4%	60,633	6%	4,277	7%	56,356	6%
Guide Program Inc.	10	3%	33,147	3%	4,277	13%	28,870	3%
St. Luke's House	103	30%	312,442	31%	42,318	14%	270,124	31%
Threshold Services	109	32%	330,435	33%	44,510	13%	285,925	33%
	<b>340</b>		<b>1,012,528</b>		<b>137,530</b>	<b>14%</b>	<b>874,998</b>	

The Council has received testimony and a substantial amount of correspondence from people concerned about this reduction to the support for residential services and the expectation that it will have an impact on these organizations' ability to provide quality services and meet the overall costs associated with residential treatment in Montgomery County, even if it does not result in an actual reduction in the number of residential beds available. (Testimony from Threshold Services is attached at © 61 as a representative sample.) They note that when fiscal times were better, there were not substantial increases to this support and now there is a substantial reduction.

**The HHS Committee recommends funding \$86,900 through the reconciliation list to reduce the county supplement to residential treatment providers by 5% instead of 14% as recommended by the County Executive.**

#### ***7. Contracts Reduced by 7%***

These contracts are recommended by the County Executive to be reduced by 7% and by the HHS Committee to be reduced by 5%.



	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
<b>BH Planning and Management</b>				
Adventist Health Care - Outpatient mental health services	\$ 4,086	\$ 290	\$ 3,796	-7.1%
Affiliated Sante Group - Outpatient mental health services	\$ 40,000	\$ 2,800	\$ 37,200	-7.0%
Affiliated Sante Group - Consumer run drop-in center	\$ 31,620	\$ 2,210	\$ 29,410	-7.0%
Family Services, Inc - services to referred families	\$ 28,900	\$ 2,020	\$ 26,880	-7.0%
Family Services, Inc - outpatient mental health services	\$ 47,500	\$ 3,330	\$ 44,170	-7.0%
Housing Opportunities Commission - for support services for mentally ill adults	\$ 25,000	\$ 1,750	\$ 23,250	-7.0%
Korean Community Service Center of Greater Washington - mental health services, referrals, and health fairs for persons with limited English	\$ 45,450	\$ 3,150	\$ 42,300	-6.9%
Mental Health Association - Shelter Plus Care	\$ 46,240	\$ 3,240	\$ 43,000	-7.0%
National Alliance for the Mentally Ill - parent education and training program	\$ 5,254	\$ 360	\$ 4,894	-6.9%
Reginald Lourie Center - therapeutic nursery for emotionally disturbed pre-schoolers	\$ 51,611	\$ 3,610	\$ 48,001	-7.0%
Reginald Lourie Center - outpatient mental health services	\$ 4,541	\$ 320	\$ 4,221	-7.0%
St. Luke's House - outpatient mental health services	\$ 55,716	\$ 3,900	\$ 51,816	-7.0%
St. Luke's House - vocational training and education services	\$ 41,616	\$ 2,910	\$ 38,706	-7.0%
St. Luke's House - housing facilitator and case management	\$ 90,014	\$ 6,300	\$ 83,714	-7.0%
St. Luke's House - residential rehabilitation services	\$ 20,000	\$ 1,400	\$ 18,600	-7.0%
Threshold Services - outpatient mental health	\$ 80,000	\$ 5,600	\$ 74,400	-7.0%
Vesta, Inc - outpatient mental health services	\$ 68,511	\$ 4,800	\$ 63,711	-7.0%

## B. Behavioral Health Specialty Services

The Executive is recommending two specific changes to this program that provides assessment, diagnostic evaluation, psychotropic medication evaluation, medication management, individual, family, and group therapy, and case management services. The program has been working to increase service to English limited clients and those with specialized cultural needs. The program also provides immediate (but brief) case management, therapy, and medication services to people being discharged from a hospital or jail until they can be linked into the

community outpatient system. Funding is recommended to be \$2.488 million and 17.5 workyears.

	Dollars	WY	Fund
Abolish part-time Principal Administrative Aide - Behavioral Health Specialty Services	\$ (28,300)	-0.5	General
Abolish full-time Therapist II position in Access to Care Program	\$ (135,310)	-1.0	General

### ***1. Abolish Part-Time Principal Administrative Aide – Behavioral Health Specialty Services***

This position is vacant and the work will be handled by other staff in the program. **The HHS Committee recommends approval.**

### ***2. Abolish Full-Time Therapist II – Access to Care Program***

This position is currently vacant. The position provided clinical assessments to clients to with serious mental illness and addiction issues. There will continue to be 5.5 Therapist workyears in this section who will handle the work. Depending on demand, the Department expects that some clients will not be able to be seen in the same day but would be seen within two or three days. **The HHS Committee recommends approval.**

### ***3. Contracts reduced by 7%***

The following contracts are recommended by the County Executive by 7% and 5% by the HHS Committee.

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
<b>Specialty Services</b>				
Atlantic Diagnostic Laboratories - Lab Services	\$ 7,000	\$ 490	\$ 6,510	-7.0%
Family Service Foundation	\$ 22,585	\$ 1,580	\$ 21,005	-7.0%
Physician Sales and Services - medical supplies	\$ 1,924	\$ 130	\$ 1,794	-6.8%
Primary Care Coalition - MedBank Pharmacy	\$ 40,000	\$ 2,800	\$ 37,200	-7.0%

## **C. Behavioral Health Community Support Services**

The Executive's budget shows two specific reductions for this program area that houses Community Case Management Services, the Urine Monitoring Program, and the Program/Contract Monitoring Unit. Program/Contract Monitoring ensures compliance by certified providers that provide de-tox services, outpatient and intensive outpatient treatment, residential halfway houses and long-term residential care for people with addiction or co-occurring disorders. The proposed FY 11 funding is \$6.910 million and 20.9 workyears.

	Dollars	WY	Fund
Reduce Level 1 Outpatient Substance Abuse Treatment Services and serve 3 to 4 fewer clients	\$ (13,600)	0.0	
Reduce the Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant	\$ (303,740)	0.0	Grant

***1. Reduce Level 1 Outpatient Substance Abuse Treatment Services and serve 3 to 4 fewer clients***

The Department has made this recommendation in order to meet the overall budget requirements. The budget book notes that the number of people served in Level 1 Outpatient Treatment is declining. In FY08, 734 people were served. In FY09, this dropped to 571. It is projected that in FY11, 540 people will be served. **The HHS Committee recommends approval.**

***2. Reduce Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant***

The reduction in ADAA grant funding has resulted in the following reductions:

- A reduction of \$112,630 to contracts with Level 1 service providers Suburban Hospital and Counseling Plus (this is in addition to 7% reductions in General Fund contracts with these providers). The services providers may be able to cover some of their costs through direct billing to Medicaid. Until there is experience, the full impact is unknown.
- A reduction of \$116,690 in laboratory services in the Urine Monitoring Program. Some of these costs are now being directly billed to the Department of Correction and Rehabilitation.
- A \$50,430 reduction to the contract for the Avery Road Combined Care Program. Again, the vendor will be able to recoup some costs through direct billing to Medicaid and PAC and some of the remaining ADAA funds will be used to cover those who have no insurance and are not Medicaid or PAC eligible.
- A reduction of \$14,000 at the Avery Road Treatment Center. The expectation is that this reduction will come from operating expenses for things like equipment leases and maintenance. Council staff notes that the \$15,000 reduction to facility maintenance that was made in FY10 has also carried over into FY11. The impact of this reduction is that facility maintenance and equipment replacement/repair and upkeep needed due to normal wear and tear are being deferred.

*Other contract reductions for Level 1 and residential services are shown in the Section E of this memo – Outpatient Addictions Services.*

## D. Criminal Justice Behavioral Health Services

The Executive is not recommending any specific changes to this program that provide the Clinical Assessment and Triage Services Team (CATS), Community Re-Entry Services (CRES) program, and the Jail Addiction Service (JAS) program to people being booked into (CATS), released from (CRES), or residing at (JAS) the county jail. Funding of \$2.473 million and 18.5 workyears is recommended. **The HHS Committee recommends approval.**

## E. Outpatient Addiction Services

The Executive is recommending one technical adjustment and two specific changes to this program area that provides comprehensive outpatient treatment, treatment and case management for Drug Court clients, and medication assisted treatment to county residents. Recommended funding is \$3.843 million and 30.8 workyears.

	Dollars	WY	Fund
Add 2.5 WYs to the Adult Drug Court by shifting operating expenses to personnel costs	\$ -	2.5	Grant
Eliminate the contract for Acudetox Services	\$ (13,750)	0.0	General
Abolish a full-time Therapist II position in Outpatient Addiction Services	\$ (145,080)	-1.0	General

### *1. Add 2.5 WYs to the Adult Drug Court by shifting operating expenses to personnel costs*

This is a technical change that aligns the budget with the actual expenditures for this grant. **The HHS Committee recommends approval.**

### *2. Eliminate contract for Acudetox Services*

This reduction will eliminate this program. Last year the Council approved a reduction in the cost of the program because county employees had completed training and could provide services with the oversight of an Acudetox supervisor. This reduction will eliminate the funds for the contract supervisor. The vendor has agreed to continue to supervise the effort until the current supplies run out at which time the services will cease. **The HHS Committee recommends approval.**

### *3. Abolish Full-time Therapist II in Outpatient Addiction Services*

This is a vacant position and work will be addressed by those remaining in the program. However, this reduction could result in fewer clients being seen in the course of the year. **The HHS Committee recommends approval.**

### *4. Contracts Reduced by 7%*

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Outpatient Addictions Services</b>	<b>FY10 General Fund Contract</b>	<b>Reduction</b>	<b>FY11 Proposed Funding</b>	<b>% Reduction from FY10</b>
Cardinal Health - pharmacy and related healthcare product distribution services	\$ 10,000	\$ 700	\$ 9,300	-7.0%
Counseling Plus - Level 1 Substance Abuse Services for adults	\$ 30,000	\$ 2,100	\$ 27,900	-7.0%
Elizabeth Nyang, Ed.D. - Level 1 Substance Abuse Services for adults	\$ 24,000	\$ 1,680	\$ 22,320	-7.0%
Chrysalis House - halfway house for women	\$ 41,682	\$ 2,920	\$ 38,762	-7.0%
Family Health Center - Level 1 Substance Abuse Services for adults	\$ 20,321	\$ 1,420	\$ 18,901	-7.0%
Maryland Treatment Center - substance abuse counseling	\$ 230,120	\$ 16,110	\$ 214,010	-7.0%
Montgomery General Hospital - Level IV medically managed de-tox	\$ 10,000	\$ 700	\$ 9,300	-7.0%
Powell Recovery Center (residential and outpatient services)	\$ 137,472	\$ 9,620	\$ 127,852	-7.0%
Powell Recovery Center (residential and outpatient services)	\$ 227,527	\$ 15,930	\$ 211,597	-7.0%
Resources for Human Development - Avery Road combined care program	\$ 211,345	\$ 14,790	\$ 196,555	-7.0%

### **5. Funding left for Level 1 Treatment**

The following table shows the decrease in funding for Level 1 Substance Abuse Treatment Services.

<b>FUNDING FOR LEVEL 1 SERVICES</b>			
<b>FY10</b>		<b>FY11</b>	
<b>Funding Source</b>	<b>Amount</b>	<b>Funding Source</b>	<b>Amount</b>
County	\$125,955	County	\$ 105,955
ADAA	\$277,121	ADAA	\$ 158,121
	<b>\$403,076.00</b>		<b>264,076.00</b>

The Committee discussed the overall reductions to substance abuse and addictions funding, in particular Level 1 Outpatient Services which have the potential to keep people from requiring more intensive and expensive treatment services, the testimony received from the Alcohol and Other Drug Abuse Advisory Council © 62-63 notes that for every \$1 that goes to treatment, it is estimated that \$7 in health care and criminal justice related costs are saved, and the testimony from Ms. Barbara Pearlman regarding substance abuse prevention and treatment for young people was data from the Department of Health and Mental Hygiene (© 64) on the number of Montgomery County residents treated in 2009. In total, 7,295 people of all ages were treated in Maryland certified programs.

## F. Victims Assistance and Sexual Assault Program

The Executive is recommending three specific changes to this program which provides information, referral, psychiatric services, court accompaniment, and other services to victims of sexual assault and other crimes. Total funding is recommended to be \$2.582 million and 18.4 workyears.

	Dollars	WY	Fund
Add ARRA grant award for part-time Client Assistant position in Victim Assistance and Sexual Assault Program	\$ 21,610	0.3	Grant
Increase Victims Compensation Fund Match	\$ 9,910	0.0	General
Eliminate clinical counseling and staff consultation services to victims who are adults that were molested as children	\$ (58,270)	0.0	General

### ***1. Add ARRA grant award for Part-time Client Assistant in Victim Assistance and Sexual Assault Program***

The Silver Spring Courthouse Victim Assistance Grant ended on June 30, 2009. The ARRA-Silver Spring Courthouse grant was awarded to fund a part-time Victim Assistant position. The ARRA grant of \$22,142 and will be in effect until December 31, 2010. This is a term position which will be terminated when the grant ends. **The HHS Committee recommends approval.**

### ***2. Increase Victims Compensation Fund Match***

This provides the required funding for the Victims Compensation Fund. **The HHS Committee recommends approval.**

### ***3. Eliminate Clinical Counseling and Staff Consultation Services to Victims Who are Adults that Were Molested as Children***

This reduction will eliminate the contract with the Maryland Institute to provide therapy to adults who were molested as children. Council staff asked why the Department would want to eliminate services to this group and noted that the contract was to serve up to 30 people per year.

The Department has replied that they will make every effort to have these victims' needs met by linking them to services in the private sector. At the time this contract was executed, the skills to treat this population did not exist in the private sector. This has changed. The clients who are in individual therapy with the Maryland Institute contractors will undergo a process of termination from now until end of June. Those with insurance will be transferred to the private sector. Those indigent clients who need further treatment will be transitioned to a VASAP therapist. The AMAC groups will continue; however, VASAP will run fewer groups during the year.

FY11 funding has been prioritized to focus on consumers who are facing active cases of sexual assault or violence with an emphasis on getting victims the supports they need and providing short-term services. **The HHS Committee recommends approval. Councilmember Trachtenberg asked the Committee to return to this issue in the fall as she is concerned that there are not as many resources in the private mental health system for this type of treatment as the Department believes.**

#### **4. Contracts reduced by 7%**

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Victim Assistance</b>	<b>FY10 General Fund Contract</b>	<b>Reduction</b>	<b>FY11 Proposed Funding</b>	<b>% Reduction from FY10</b>
Casa de Maryland - Human trafficking outreach and legal services	\$ 65,813	\$ 4,610	\$ 61,203	-7.0%
J&E Associates - batterer group and individual counseling for Abused Persons Program	\$ 259,270	\$ 18,150	\$ 241,120	-7.0%
National Center for Children and Families - Betty Ann Krahne Center	\$ 1,078,975	\$ 75,530	\$ 1,003,445	-7.0%

### **G. Child and Adolescent Mental Health Services**

The Executive has noted seven specific changes in this program that provides comprehensive mental health treatment to children, youth, and their families through Child and Adolescent Mental Health Services, the Home-based Treatment Team, and the System of Care Development and Management Team. FY11 recommended funding is \$3.043 million and 16.1 workyears.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Enhance services to Haitians and other French-Speaking Immigrants	\$ 30,000	0.0	General
Reduce contract funding for substance abuse and mental health services that will result in serving five fewer children and their families	\$ (5,300)	0.0	General
Decrease administrative, training, and professional development operating funds	\$ (8,000)	0.0	General
Reduce the N*Common Program which supports mental health services to diverse populations	\$ (17,350)	0.0	General
Reduce family support, education, and advocacy programs	\$ (27,200)	0.0	General
Abolish a part-time Therapist II position in Child and Adolescent Mental Health Services	\$ (50,010)	-0.5	General
Eliminate child and adolescent mental health services psychiatric contract	\$ (188,000)	0.0	General

***1. Enhance Services to Haitians and other French-speaking Immigrants and Reduce funding for N\*Common – Net change to N\*Common +\$12,650***

This is a combination of two of the items listed in the budget book. The Executive had wanted to increase services to Haitian's living in Montgomery County in light of the earthquake disaster and thus added \$30,000 to enhance the N\*Common program which is providing mental health services to French speaking immigrants. Unfortunately, in order to meet budget targets, the Department also reduced the base funding for this program. The result is a \$12,650 increase for these efforts. **The HHS Committee recommends approval.**

***2. Reduce contract funding for substance abuse and mental health services that will result in serving five fewer children and their families***

The Department is recommending a 10% reduction to the contract with the Jewish Social Service Agency for the provision of mental health and substance abuse treatment services to low to moderate income children and their families. \$47,700 will remain in place. This is expected to reduce service to five children and their families. **The HHS Committee recommends approval.**

***3. Decrease administrative, training, and professional development operating funds***

The Department believes it can reduce costs in several operational areas within this program. **The HHS Committee recommends approval.**

***4. Reduce family support, education, and advocacy programs***

This reduction is to the contract with the Federation of Families for Children's Mental Health which is a family organization that provides education, advocacy, and support to families with children who access the public mental health system. In FY09, the organization received \$300,000 in funding. In FY10, the Council approved a reduction of \$30,960. If the FY11 reduction is approved, the organization will receive \$241,840 from the county. There is no requirement that the county fund these types of services, however many clients have found the services of a family organization particularly helpful.

In the testimony the Council received (© 65-66), the Federation noted that because of rule changes an organization like theirs can become a Medicaid provider though the waiver program but they need adequate infrastructure funding to be able to provide these services.

**The HHS Committee recommends approval of this reduction and asked the Department work with the Federation to determine how best to use the available county funding to be able to apply for the Medicaid waiver so that they may provide more comprehensive and reimbursable services.**



**5. Abolish part-time Therapist II position in Child and Adolescent Mental Health Services**

The elimination of this position will leave the program with a complement of nine full-time Therapists and one part-time Therapist who will handle the existing workload. **The HHS Committee recommends approval.**

**6. Eliminate child and adolescent mental health services psychiatric contract**

This position has been vacant since FY09 so there will be not impact in the level of service from FY10 to FY11. It is expected that the staff psychiatrists who are able to meet the current need. While need is growing it is the over all capacity of the program that will dictate the length of the waiting list. There has been a small waiting list for services for Spanish speaking clients. The Department is revising its intake and screening processes to minimize the waiting time for services. **The HHS Committee recommends approval. Councilmember Trachtenberg commented that she understands that this position has been vacant for sometime and that it is easier to eliminate funding for a vacant position than it is for something else but that she would like the Committee to have a follow-up discussion on the Department's strategy for providing psychiatric services to children.**

**7. Contract reduced by 7%**

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
<b>Child and Adolescent Mental Health</b>				
Collaboration Council - wrap around services	\$ 800,000	\$ 56,000	\$ 744,000	-7.0%

**H. 24-Hour Crisis Center**

The Executive is recommending three specific changes for this program that provides telephone, walk-in, mobile crisis outreach, and residential services to people experiencing a situational, emotional, or mental crisis. For FY11 the Executive is recommending funding of \$4.090 million and 24.1 workyears.

	Dollars	WY	Fund
Eliminate Crisis Preparedness Contractual Services	\$ (37,510)	0.0	General
Eliminate funds for Wheaton Public Inebriate Initiative Team (PIIT) that was never started (eliminated in FY10 Savings Plan)	\$ (197,750)	-2.0	General
Move \$150,000 of total funding for the Silver Spring PIIT to fund an integrated PIIT/Homeless Outreach program and replace \$150,000 in General Funds with grant funding.	\$ (150,000)	-1.5	General

***1. Eliminate Crisis Preparedness Contractual Services (\$37,510)***

The county has a contract with the Mental Health Association to organize and keep active a cadre of about 100 mental health professionals that can be called to assist in emergency or other unusual situations. This volunteer team was called on during the sniper incident, assisted the Crisis Center with families that were evacuated after Hurricane Katrina, and was ready to assist people if they had to be evacuated because of the Lake Needwood dam. They can also be called on to assist in the public schools. The Mental Health Association is responsible for checking credentials, keeping volunteer information, and providing training during the year. The proposed reduction will eliminate this funding.

**The Committee discussed this issue at their April 26<sup>th</sup> and May 5<sup>th</sup> sessions. The Department said that this is an important resource but it believes that it can assist with keeping the database current during FY11 and that there will be a volunteer training at the end of FY10 and if another can occur at the beginning of FY12 it should be possible to keep the effort going. In addition, the Office of Emergency Preparedness and Homeland Security will be looking for grant funds. However, the Department is concerned that MHA may lose \$25,000 for its suicide hotline which has seen a tremendous increase in use in the last year. The HHS Committee agreed to place \$25,000 on the reconciliation list for MHA for continued funding of the suicide hotline and in support of the emergency crisis contract.**

***2. Eliminate Funds for Wheaton Public Inebriate Initiative Team (PIIT) (\$197,750)***

***3. Move \$150,000 of Silver Spring PIIT Funding to Integrated PIIT/Homeless Outreach and shift \$150,000 of funding to grant funding.***

The FY10 originally approved budget included funding for two Public Inebriation Initiative Teams (PIIT); continuation of the Silver Spring-Long Branch Team and the creation of a Wheaton PIIT. The PIIT provides outreach services to people who are drunk in public and can directly take them to a de-tox or treatment bed if they agree to use such services.

The Wheaton PIIT was never establish and is counted as a savings in the FY10 Savings Plan for DHHS. The FY11 also assumes no funding. **The HHS Committee discussed this issue during worksessions on the FY10 Savings Plan and, while they regret that it cannot be funded since public drunkenness has been identified as a problem in the Wheaton CBD, recommends approval.**

The second part of the Executive's recommendation is to reduce the funding for the Silver Spring-Long Branch PIIT by eliminating the treatment/-de-tox bed and combining the remaining funding with funds that are currently in a contract with Volunteers of America and issue a new RFP for outreach services for homeless people, public inebriates, and homeless people living in encampments. The value of the new RFP would be \$380,000. Because all the services would now be provided by contract, there is a reduction of 1.5 WYs in DHHS. This recommendation is also related to the reduction to the Community Vision Program, which is discussed in Special Needs Housing Services.

Director Ahluwalia told the Committee that the Department believes the Silver Spring PIIT has been very beneficial and that there have been no issues with the performance of

Volunteers of America, the current vendor for homeless outreach (© 66a-66b). These funding decisions were made in order to reduce the overall amount of funding while retaining outreach services and trying to expand the scope of services to address the issue of homeless encampments. The Silver Spring/Long Branch PIIT (but without a reserved treatment bed) would be abolished in January 2011 at which time the new contract would be in place.

**The Department reviewed the following data regarding the homeless outreach services provided by Volunteer of America and the Silver Spring PIIT.**

**Volunteers of America** – Since July of 2006, Volunteers of America has served as the vendor for Homeless Outreach Services. FY10 funding for this contract is \$262,570. The sources of funds for the contract are \$150,710 in State funding and \$111,860 in county funding from the General Fund. The grant funds do not require any specific county match. The contract expires at the end of FY10.

The Council received testimony from the Volunteers of America stating that in the past two years their outreach workers have helped to serve 626 homeless men and women connecting them to serves to address mental illness and medical services. They further note that their outreach workers work flexible hours and are available to provide services at off-hours in all parts of the county. They further note that without these types of services, mentally ill homeless people are more likely to become involved with the correctional system which is far more costly to the county.

**Volunteers of America Montgomery County Homeless Outreach Services Statistical report**

	FY09	FY10 (as of 3/31/10)
Total # served	391	355
# Connected to Behavioral Health Treatment	178	147
# Connected to Permanent Housing	6	5
# Connected to Entitlements (TDAP, PAC, MA,	69	55
# Connected to vocational / employment services	6	11
# Connected to Emergency/Transitional Shelter	67	42

**Silver Spring/Long Branch PIIT** – The PIIT was established to be more than an outreach effort. A treatment bed was reserved so that a PIIT outreach worker would have immediate access to a de-tox/treatment bed if the inebriated person did not need to stay at a hospital for medical treatment and agreed to treatment. Under the new proposal, outreach workers would now have to call around for an appropriate bed which could increase hospital stays for those who need de-tox services. The Department has provided the following data on the PIIT. The data indicates that the vast majority of encounters did not end with the use of a treatment bed but that 80 did and of those 69% went on to de-tox and 31% went on for further treatment. The data on

the next page shows that the PIIT has had most of its encounters with people in downtown Silver Spring rather than Long Branch.

- **ARTC Beds**

- FY10 (thru 3/10), 80 admitted to Sobering Beds
- 55 (69%) admitted to detox (average LOS – 3.3 days)
- 25 (31%) admitted to ICF (average LOS – 15 days)

	FY'10 YEAR TO DATE
<b>Gender</b>	
Male	2127
Female	397
Totals	2524

<b>Race</b>	
Latino	1171
African Am	1007
White	293
African	43
Other	10
Totals	2524

<b>Location</b>	
Long Branch/Crossroads/Takoma Park	884
Progress Place/Silver Spring	1479
WAH/HC	161
Totals	2524

<b>Source</b>	
PIIT	2334
E/R	126
Community Programs	48
Merchants	3
Police/EMS	13
Totals	2524

<b>Complaint</b>	
Public Drinking/Intoxication	605
Homeless/Sleeping	509
Program Follow-up	607
Public Safety	803
Totals	2524

<b>Disposition</b>	
Admitted to ARTC	53
Referred to Access/CC	3
Transport	73

Referred to EMS/Police	12
Other (Arouse-Observe)	91
Outreach/Counseling	2292
Totals	2524

### **Hypothermia**

Provide blankets	21
Transport to Shelter	7
Cold Weather Clothing	3
Totals	31

### **Contacts**

Once	1889
Two or more	635
Totals	2524

The HHS Committee recommends approval of the Executive's recommendation regarding the abolishment of the Silver Spring/Long Branch PIIT (with regret) and the combining of funds in order to fund a new scope of services for outreach to the homeless population (including encampments) and public inebriates that would be selected through a RFP. The Committee discussed how the transition might work and that if there was a need to have some non-competitive funding to the current vendor, this should be considered. The Committee also discussed that this change should be discussed with the business communities in Silver Spring/Long Branch and Wheaton to see if there is a possibility for a partnership to address the problem of public inebriation in these business communities.

The Committee is also recommending a restoration of funding to Community Vision. This is discussed in the section on Special Needs Housing.

#### **4. Contracts reduced by 7%**

The following contracts are recommended by the County Executive by 7% and 5% by the HHS Committee.

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
<b>24 Hour Crisis Services</b>				
Barwood Cab - emergency transportation	\$ 280	\$ 20	\$ 260	-7.1%
Mental Health Association - 24 hour hotline	\$ 113,412	\$ 7,860	\$ 105,552	-6.9%
Regency Cab - victims of domestic violence	\$ 4,500	\$ 320	\$ 4,180	-7.1%
Regency Cab - emergency transportation	\$ 23,820	\$ 1,670	\$ 22,150	-7.0%
Westwood Valent - laundry and dry cleaning	\$ 4,000	\$ 280	\$ 3,720	-7.0%

#### **I. Mental Health Services for Seniors and Persons with Disabilities**

The Executive is showing one specific change to this program – a reduction in the Department of Mental Health and Hygiene SORT grant. The overall program provides outreach

mental health services for seniors who cannot or will not access office based services as well as working with stressed caregivers. The program also provides mental health services to people who are hearing impaired. FY11 proposed funding is \$618,500 and 2 workyears.

	Dollars	WY	Fund
Reduce SORT Grant for Hospital Diversion Program by abolishing four positions and eliminating operating budget for Therapeutic Foster Care (Program never implemented)	\$ (241,660)	-3.0	Grant

### ***1. Reduced SORT Grant***

This grant was reduced in FY10 and positions have been held vacant. The reduction abolishes a part-time Psychiatric Nurse, one full-time and one part-time Therapist, and one Income Assistance Specialist. The contract for therapeutic foster care was never put in place so there will not be a reduction in service. Any triage and evaluation staffing needed for the population that would have been served by the program will be handled by the Crisis Center. **The HHS Committee recommends approval.**

### ***2. Contracts reduced by 7%***

The following contracts are recommended by the County Executive by 7% and 5% by the HHS Committee.

Senior Mental Health	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Affiliated Sante Group - prevention and early intervention services for county residents aged 60 or older	\$ 90,811	\$ 6,360	\$ 84,451	-7.0%
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 123,114	\$ 8,620	\$ 114,494	-7.0%
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 3,179	\$ 220	\$ 2,959	-6.9%
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 99,737	\$ 6,980	\$ 92,757	-7.0%
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 1,773	\$ 120	\$ 1,653	-6.8%
Jewish Social Service Agency - mental health services for the hearing impaired	\$ 72,206	\$ 5,050	\$ 67,156	-7.0%

## J. Abused Persons Program

The Executive is recommending three two specific changes to this program that provides community education, crisis intervention, safety planning, legal advocacy, ongoing counseling, and emergency shelter to victims of partner abuse and their minor children. For FY11 proposed funding is \$3.002 million and 15.4 workyears.

	Dollars	WY	Fund
Reduce Funding for legal immigration contractual services in Partner Abuse Services	\$ (4,780)	0.0	General
Abolish full-time Office Services Coordinator in Abused Persons Program	\$ (51,900)	-1.0	General
Abolish a full-time Therapist II position in Abused Persons Program	\$ (90,400)	-1.0	General

### *1. Reduce Funding for legal immigration contractual services in Partner Abuse Services*

The Department proposes a 10% reduction in the contract with Catholic Charities for these services. \$42,980 will remain in the budget for FY11. **The HHS Committee recommends approval.**

### *2. Abolish full-time Office Services Coordinator in the Abused Persons Program*

This position is currently vacant. Other staff will handle the existing workload. **The HHS Committee recommends approval.**

### *3. Abolish Full-time Therapist II position in the Abused Persons Program*

The Council approved the reduction of one Therapist in the Abused Persons Program as a part of the FY10 budget (the position was vacant). After this reduction there will be a complement of two Supervisor Therapists and seven full-time Therapist II's. Two positions are currently vacant. One of these is the proposed abolishment. An offer has been made and accepted for remaining position. There is not a waiting list for victim counseling services. **The HHS Committee recommends approval.**

## K. Service Area Administration

The Executive is not recommending any specific changes to this program that includes service wide administration. FY11 proposed funding is \$552,470 and 3.7 workyears. **The HHS Committee recommends approval.**

	Dollars	WY	Fund
Eliminate temporary services funding in BHCS Chief's Office	\$ (10,280)	0.0	General
Abolish a full-time Administrative Specialist III in BHCS Chief's Office	\$ (105,000)	-1.0	General

**1. Eliminate temporary services funding in BHCS Chief's Office**

This will eliminate the funding for temporary services that are used throughout the service area. **The HHS Committee recommends approval.**

**2. Abolish a full-time Administrative Specialist III in BHCS Chief's Office**

This is a filled position in the Chief's office. Work will be absorbed by other staff in the service area. **The HHS Committee recommends approval.**

**L. Miscellaneous Adjustments**

Miscellaneous Adjustments - Behavioral Health Planning and Management	\$ 581,810	5.1	General and Grant
Miscellaneous Adjustments - Behavioral Health Specialty Programs	\$ (104,600)	-2.4	General and Grant
Miscellaneous Adjustments - Behavioral Health Community Support Services	\$ (247,260)	-0.5	General and Grant
Miscellaneous Adjustments - Criminal Justice/Behavioral Health Services	\$ 10,030	-0.7	General and Grant
Miscellaneous Adjustments - Outpatient Addiction Services	\$ (34,040)	0.1	General and Grant
Miscellaneous Adjustments - Victim Assistance and Sexual Assault Programs	\$ (5,160)	-0.3	General and Grant
Miscellaneous Adjustments - Child and Adolescent Mental Health Services	\$ (72,870)	-0.6	General and Grant
Miscellaneous Adjustments - 24-Hour Crisis Center	\$ 175,110	0.1	General and Grant
Miscellaneous Adjustments - Mental Health Services for Seniors and Persons with Disabilities	\$ (994,860)	-5.0	General and Grant
Miscellaneous Adjustments - Abused Persons Program	\$ (103,050)	-0.4	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ 83,770	0.8	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (711,120)</b>	<b>\$ (3.8)</b>	

**The HHS Committee recommends approval.**

**5. Children, Youth and Family Services**

(Excerpt from the Executive's March Budget at © 68-72)

This service area provides protection, prevention, intervention, and treatment services for children and their families and education, support, and financial assistance for parents, caretakers, and individuals. For FY11, the Executive is recommending funding for the service area of \$61,758,390, an \$8,342,150 or 12% decrease from FY10 budget.



The following two tables provide an overview of the budget and workyears for this service area.

<b>Children, Youth, and Families Expenditures</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Child Welfare Services	\$ 22,126,340	\$ 22,084,190	\$ 21,401,680	-3.09%
Conservation Corps	\$ 843,450	\$ 856,730	\$ 400,000	-53.31%
Linkages to Learning	\$ 5,175,820	\$ 5,200,520	\$ 4,801,920	-7.66%
Juvenile Justice Services	\$ 4,881,060	\$ 5,016,680	\$ 4,053,960	-19.19%
Positive Youth Development	\$ -	\$ -	\$ 1,829,000	
Early Childhood Services	\$ 2,845,410	\$ 2,868,020	\$ 3,075,470	7.23%
Parent Support Services	\$ 621,450	\$ 633,570	\$ -	-100.00%
Infants and Toddlers	\$ 2,282,050	\$ 3,555,430	\$ 3,529,960	-0.72%
Child Care Subsidies	\$ 10,861,960	\$ 10,577,230	\$ 3,789,970	-64.17%
Income Supports	\$ 15,025,440	\$ 15,415,290	\$ 15,332,020	-0.54%
Child and Adolescent School and Community Based Services	\$ 3,632,800	\$ 3,522,020	\$ 3,168,730	-10.03%
Service Area Administration	\$ 361,310	\$ 370,860	\$ 375,680	1.30%
<b>TOTAL</b>	<b>\$ 68,657,090</b>	<b>\$ 70,100,540</b>	<b>\$ 61,758,390</b>	<b>-11.90%</b>

<b>Children, Youth, and Families Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Child Welfare Services	211.0	209.6	202.7	-3.29%
Conservation Corps	27.3	27.2	3.7	-86.40%
Linkages to Learning	5.6	5.6	5.4	-3.57%
Juvenile Justice Services	18.7	17.7	12.3	-30.51%
Positive Youth Development	-	-	5.8	
Early Childhood Services	14.8	13.3	13.1	-1.50%
Parent Support Services	0.0	0.0	0.0	
Infants and Toddlers	9.9	9.9	10.8	9.09%
Child Care Subsidies	26.0	22.7	22.3	-1.76%
Income Supports	140.7	147.2	145.5	-1.15%
Child and Adolescent School and Community Based Services	4.2	4.2	3.1	-26.19%
Service Area Administration	2.9	2.9	2.7	-6.90%
<b>TOTAL</b>	<b>461.1</b>	<b>460.3</b>	<b>427.4</b>	<b>-7.15%</b>

## A. Child Welfare Services

For FY11, the Executive recommended a total of \$21,401,680 and 202.7 workyears, which is a net decrease of \$682,510 and 6.9 workyears from the FY10 approved level.

The Executive recommended the following adjustments to Child Welfare Services.

	Dollars	WY	Fund
Shift 5 Split-funded FT Social Worker II positions to State HB669	\$ -	3.1	Grant
Shift Child Welfare Funds for Institutional Clothing Allowance to HB669	\$ (12,670)	0	General
Decrease Cost: Child Welfare Medical Supplies	\$ (15,000)	0	General
Shift Funding for Weekend and Holiday Coverage to HB669	\$ (62,800)	0	General
Abolish a FT social Worker III	\$ (90,300)	-1	General
Abolish a Medical Doctor Physician III Position	\$ (225,380)	-1	General
Shift Funding for 5 County General Fund Social Worker Positions to HB669	\$ (244,090)	-3.1	General

### ***1. Shift Funds for Institutional Clothing Allowance to HB669***

These expenses are not fully covered by State HB669 maintenance funds. There is no service impact. The Committee reviewed this adjustment as a part of the FY10 Savings Plan, Round 2.

### ***2. Decrease Cost: Child Welfare Medical Supplies***

This item is a continuation of an adjustment made in the FY10 Savings Plan, Round 2. The Department reports that there is no service impact.

### ***3. Shift Funding for Weekend and Holiday Coverage to HB669***

This item is a continuation of an adjustment made in the FY10 Savings Plan, Round 2. The Department reports that there is no service impact.

### ***4. Abolish Full Time Social Worker III Position***

The Executive is recommending the abolishment of a vacant Social Worker III position. The position performed the ombudsman function, which will be covered by other Child Welfare staff.

### ***5. Abolish a Medical Doctor Physician III Position***

The position recommended for abolishment performs a variety of functions in Public Health. A minimal amount of time is spent in Child Welfare Services performing physical examination for children who are going into out of home placements. The Department has said the existing public health staff can absorb the functions of this position.

### ***6. Shift Funding for 5 County General Fund Social Worker II Positions to State HB669***

The State Department of Human Resources has provided additional funding for Child Welfare positions as part of the Department's HB669 allocation.

## **7. Recommended Contract Adjustments**

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Vendor Name</b>	<b>FY10 Contract (GF portion)</b>	<b>7%</b>	<b>Estimate d FY11</b>	<b>Service</b>
Center for Adoption Support & Education	204,000	14,280	189,720	Post-Adoption
Family Services, Inc.	175,724	12,300	163,424	Families
Mental Health Association	65,396	4,530	60,866	Bridges to PALS
Primary Care Coalition	535,128	37,460	497,668	Child Advocacy Center

## **8. Performance Measures**

Council staff notes that the program is making progress in reducing the number of children placed in out-of-home care. The Department has placed a focus on reducing the number of children placed in out-of-home care by increasing the involvement of relatives in children's lives coupled with providing parent support through Departmental and community resources. There is an estimated 5% reduction in placements for FY10 and a target of 10% reduction for FY10.

Along with the number of new out of home placements, the number of calls to the screening unit and the number of investigations in Child Welfare are at a 12-month low. See © 79. The Department noted that the very low number of calls to the screening unit in February 2010 was likely an anomaly as the number of calls increased in March 2010.

## **9 Child Assessment Center (Tree House) Update**

The Tree House is a private-public partnership that provides a single location for services in Montgomery County to children who are sexually or physically abused. Service data attached at © 80 includes the number of clients served, demographic information, and services provided.

Because the Tree House had been previously supported with federal, state and foundation sources and is a good candidate for attracting outside funding, the Committee has been interested in hearing about the Department's efforts to pursue outside funding. The Department reports that the Treehouse received a \$12,000 Federal ARRA grant for the period November 23, 2009-September 30, 2010. These funds are being used to add hours for child sex abuse therapy and will continue to be administered through the Primary Care Coalition contract.

## **B. Juvenile Justice Services**

**The HHS Committee recommended approval of the Executive's proposed adjustments for Juvenile Justice Services.**

**The Committee requested an update on the anticipated service impact resulting from the reduction to the Crossroads Youth YOC contract after the vendor selection and**

**contract negotiations are finalized. Councilmember Trachtenberg requested data measuring participant improvement in mental health, self-sufficiency and conflict resolution outcomes.**

The Executive's budget recommends \$4,053,960 and 12.3 workyears for Juvenile Justice Services in FY11, a net decrease of \$962,720 and 5.4 workyears compared to approved FY10 levels. The adjustments that are being recommended for Juvenile Justice Services include:

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Add Up County Youth Opportunity Center Grant	\$ 450,000	0	General
Replace Grant Funds with County General Funds for Family Intervention Specialist Social Worker III Position	\$ 107,740	1	General
Decrease Miscellaneous Operating Expenses for Substance Abuse Prevention Program	\$ (10,000)	0	General
Reduce Substance Abuse Prevention Funding	\$ (22,330)	0	General
Reduce Crossroads Youth Opportunity Center Contractual Funding	\$ (100,000)	0	General
Eliminate the Community Supervision Grant	\$ (143,870)	0	General
Eliminate the Gang Prevention Coordination Assistance Grant	\$ (197,360)	0	General

### ***1. Add Upcounty Youth Opportunity Center Grant***

The Department received federal U.S. Department of Justice grant funds for new Upcounty Youth Opportunity Center (YOC). The term of the grant is 7/1/09-6/30/12. Linguistically and culturally appropriate prevention and intervention services will target youth ages 16 to 22 who are involved in gangs or at risk for joining gangs.

The Department reports that the RFP for the Upcounty YOC was issued on December 21, 2009, and there were 4 applications. Contract negotiations with a selected vendor are in process, and services are anticipated to start on July 1, 2010.

### ***2. Replace Grant Funds with County General Funds for Family Intervention Specialist Social Worker III Position***

The Executive is recommending that County general funds to replace Community Mental Health grant funds for a Family Intervention Specialist Social Worker III position. The position works within a DJS/HHS Violence Prevention Team to provide case management, treatment and referral services to the most at-risk youth, ages 14-18 in the County's Juvenile Justice System, returning the community from residential placement.

Abolishing the position would increase the risk of these youth becoming involved in violent incidents in the community.

### ***3. Decrease Miscellaneous Operating Expenses for Substance Abuse Prevention Program***

#### ***4. Reduce Substance Abuse Prevention Funding***

The Executive recommends shifting substance abuse prevention services from Health Promotion and Prevention in Public Health Services to Juvenile Justice Services. Reductions to these services include a decrease to miscellaneous operating expenses and reduction of funding to substance abuse prevention mini-grants. Mini-grants typically range between \$700-1500 and support activities like after-prom events and substance abuse prevention workshops, discussions, and presentations.

#### ***5. Reduce Crossroads Youth Opportunity Center Contractual Funding***

The Executive is recommending a \$100,000 reduction to the Crossroads YOC contract. This reduction leaves \$448,992 for services in FY11. The County currently contracts with Identity, Inc. to deliver services at the Crossroads YOC.

The Department explained that contract was selected for reduction because the service was going out for bid creating the possibility for program transition and a new negotiation of services. There is currently a waiting of about 10 youth for mental health counseling and an increase in younger, middle-school-aged youth seeking services. Updates previously reported to the Committee are attached at © 74.

**At the initial Committee discussion, Committee Chair Leventhal requested data that correlates gang activity with services provided by the Youth Opportunities Center or that shows measurable program outcomes.** In response to the Committee's request for information, the Department provided information attached at © 84-86 that reports 237 clients served by the center in the current fiscal year as of March 31. The Department reported that participants are showing reductions in criminal, violent, and risky behavior, and gang activity. The Department also said that there are demonstrated improvements in the areas of mental health, self sufficiency, and conflict resolution. Key outcomes reported include:

- 3% (8 youth) have been expelled. Five were successfully re-enrolled. 119 youth served were enrolled in high school as of January 2010.
- 12 youth had been rearrested (as of 1/31/10). Based on FY09 information, program participants have a significant arrest rate (39.4%) prior to coming to the program.
- 35 of the 77 fully active gang members have been transitioning out of gang lifestyle.
- 37 youth have been enrolled in the GED program.
- 22 youth have participated in job readiness training and 6 youth have gotten new jobs. Almost all youth have been unemployed prior to engagement at the center.
- 35 youth are pursuing tattoo removal.
- 5 youth have been relocated to another jurisdiction for safety reasons as they seek to leave gang life.

The data reported shows that the program is serving at-risk and gang involved youth and helping them enroll in educational programs, transition out of gangs, and gain job readiness skills. Councilmember Trachtenberg requested data measuring youth improvement in mental health, self-sufficiency and conflict resolution outcomes.

Council staff summarized the following quarterly gang crime data by district for the Committee's review.

	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	Missin g	Total
<b>FY08</b>								
1 <sup>st</sup> Quarter	24	15	<b>23</b>	19	3	45	0	129
2 <sup>nd</sup> Quarter	27	11	<b>34</b>	18	8	44	0	142
3 <sup>rd</sup> Quarter	13	13	<b>23</b>	16	4	10	0	79
4 <sup>th</sup> Quarter	12	9	<b>23</b>	20	4	8	0	76
FY08 Average	19	12	<b>25.75</b>	18.25	4.75	26.75	0	106.5

<b>FY09</b>								
1 <sup>st</sup> Quarter	16	8	<b>12</b>	23	5	12	0	76
2 <sup>nd</sup> Quarter	16	5	<b>12</b>	9	4	18	2	66
3 <sup>rd</sup> Quarter	12	2	<b>21</b>	13	6	11	0	65
4 <sup>th</sup> Quarter	7	2	<b>13</b>	12	5	14	0	53
FY09 Average	12.75	4.25	<b>14.5</b>	14.25	5	13.75	0	65
<b>% Change from FY08 and FY09</b>	-32.9%	-64.6%	<b>-43.7%</b>	-21.9%	5.3%	-48.6%		-39.0%

There has been a 43.7% decrease in gang-related crime incidents in the 3<sup>rd</sup> District -- the area served by the Crossroads YOC. It is unclear, however, to what extent this reduction results from the services provided through Crossroads or other factors. Council staff notes that there were higher reductions in gang crime incidents in the 2<sup>nd</sup> and 6<sup>th</sup> Districts for the same period.

The Department also reports that there is \$25,000 in additional earmark funding for substance abuse services for youth at the Crossroads YOC, and this funding may reduce the impact of the recommended reduction.

#### ***6. Eliminate the Community Supervision Grant***

State Department of Juvenile Services funds have been terminated for this program which partially supported the Choice Program administered through a contract with the University of Maryland, Baltimore County. The program provided intensive community supervision for DJS involved youth in need of supervision and monitoring and are on probation. The goal of the program was to reduce the number of youth who needed to be committed to a residential program. These youth will no longer receive this level of supervision in addition to their probation.

There is a corresponding reduction to the County match dollars for this grant in the Child and Adolescent Services highlighted later in this packet.

## **7. Eliminate Gang Prevention Coordination Assistance Program Grant**

The one-time-only Federal Office of Justice Program grant funds have expired. The funds were used to assist in the coordination of community-based activities that focus on gang prevention and youth violence in three communities: Long Branch, Wheaton/Kennedy Cluster, and Germantown.

## **8. Recommended Contract Adjustments**

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Vendor Name</b>	<b>FY10 Contract (GF portion)</b>	<b>7%</b>	<b>Estimated FY11 Contract</b>	<b>Service</b>
YMCA - Quebec Terrace - SA prevention	36,911	2,560	34,351	Contract moved to CYF from PHS; FY10 amt should have been \$36,546. FY11 amt corrected and includes 1% IA
Family Support Center	45,765.00	3,200	42,565	Substance abuse prevention for youth
KHI Services, Inc.	131,672	9,220	122,452	Level I Outpatient
Maryland Treatment Center	167,256	11,710	155,546	Day Treatment Program
Montgomery County				
Collaboration Council	205,000	14,350	190,650	Wrap-around
Suburban Hospital, Inc.	131,672	9,220	122,452	Level I Outpatient

## **9. Positive Youth Development**

Council staff notes that a new program area is included in the CYF FY11 budget for Positive Youth Development. This program area was originally included in Juvenile Justice Services and is intended to focus on positive youth development and gang prevention and intervention for youth at-risk of gang involvement and those already involved in gang activity. Key program elements include a Youth Violence Prevention Coordinator, Youth Opportunity Center, High School Wellness Center, and the Street Outreach Network. Council staff understands that any adjustment to these programs, aside from the 7% contract reductions, is reflected in the Juvenile Justice Services section.

## **10. Recommended Contract Adjustments**

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Vendor Name</b>	<b>FY10 Contract (GF portion)</b>	<b>7%</b>	<b>Estimated FY11 Contract</b>	<b>Service</b>
Identity, Inc.	568,125	39,770	528,355	HS Wellness Center
Identity, Inc.	321,546	22,510	299,036	After school
Pride Youth Services	70,368	4,930	65,438	Youth Opportunity Center

## D. Income Supports

The Executive is recommending \$15,332,020 and 145.5 workyears for this program in FY11, which is a decrease of \$83,270 and 1.7 workyears from FY10 approved levels. The only adjustment is made to the miscellaneous adjustments, which includes the shift of 1.0 workyear from Child and Adolescent School and Community Based Services to provide additional clerical support.

The Department reports that its Income Support staff is working very hard to meet the increased needs in the community and all required timelines.

The HHS Committee recently received a briefing on the impacts of the economic downturn on County residents' need for public assistance, and information provided on the growth in caseload for income supports is attached at © 87-90. In general, public assistance caseloads and applications for assistance have grown continuously since FY07.

## E. Child and Adolescent Services

The Executive is recommending \$3,168,730 and 3.1 workyears for this program in FY11, which is a net decrease of \$353,290 and 1.1 workyears compared to FY10 approved levels. This program area delivers a variety of services through contracts with many different partners in the community.

The Executive recommends the elimination of two contracts:

	Dollars	WY	Fund
Eliminate Runaway Prevention Program Contract	\$ (37,500)	0	General
Eliminate County Match for the Community Supervision Grant	\$ (75,000)	0	General
Reduce George B. Thomas Learning Academy Saturday School Program Funding	\$ (150,000)	0	General

### ***1. Eliminate Runaway Prevention Program Contract***

The Executive is recommending the elimination of this contract because of low services numbers. The program provides therapeutic counseling services for youth who exhibit at-risk behaviors for running away and/or having a history of running away. Services include individual, group, and family therapy, crisis intervention, clinical case management and referral services.

In FY09, 12 youth were served. In the first half of FY10, 11 youth were served. The Department has suggested that the Regional Youth Service Centers and the Child and Adolescent Mental Health Clinic could serve some of the youth that participate in this program.



## ***2. Eliminate County Match for Community Supervision Grant***

As mentioned earlier in the Juvenile Justice Services section, the Community Supervision grant is being eliminated. Thus, the corresponding County match dollars will not be required.

## ***3. Additional Contract Reduction with in DHHS Office of Community Affairs***

The Executive is also recommending a \$5,000 reduction to the contract with the Silver Spring Team for Children & Families, Inc. for an 4-day per week afterschool program for middle school youth in the Rosemary Hills area. The \$5,000 reduction is approximately 5% of the total FY10 contract of \$95,814. The lowered funding may reduce the number of activities offered at the afterschool site.

## ***4. Additional Contract Adjustments***

These contracts are recommended by the Executive to be reduced by 7% and by 5% by the HHS Committee.

<b>Vendor Name</b>	<b>FY10 Contract (GF portion)</b>	<b>7%</b>	<b>Estimated FY11 Contract</b>	<b>Service</b>
African Immigrant & Refugee Foundation	21,650	1,520	20,130	Tutoring and mentoring
Asian American LEAD	125,000	8,750	116,250	After school
Community Bridges, Inc.	170,016	11,900	158,116	Jump Start Girls Adelante
Court Appointed Special Advocate	109,428	7,580	101,848	Court advocacy for Child Welfare Services youth
Family Learning Solutions, Inc.	54,668	3,830	50,838	Academic support and mentoring
Latin American Youth Center	60,000	4,200	55,800	Prevention, early intervention and diversion
Latin American Youth Center	140,000	9,800	130,200	Prevention, early intervention and diversion
Maryland Vietnamese Mutual Associaton	70,000	4,900	65,100	Educational program
Washington Youth Foundation	47,286	3,310	43,976	After school
Washington Youth Foundation	70,000	4,900	65,100	Mentoring
YMCA	57,423	4,020	53,403	Project HOME

The contracts administered by DHHS through Child and Adolescent School and Community Based Services that involve collaboration with the school system are being reviewed jointly with the Education Committee.

## F. Service Area Administration

The Executive is recommending \$375,680 and 2.7 workyears for this program area in FY11, which is an increase of \$4,820 and a decrease of .2 workyear compared to FY10 approved levels. All increases are classified as miscellaneous changes.

## G. Miscellaneous Adjustments

	Dollars	WY	Fund
Miscellaneous Adjustments-Child Welfare Services	\$ (32,270)	-4.9	General and Grant
Miscellaneous Adjustments-Conservation Corps	\$ 36,360	0.6	General
Miscellaneous Adjustments-Linkages to Learning	\$ (320,960)	-0.2	General
Miscellaneous Adjustments-Juvenile Justice Services	\$ (1,046,900)	-6.4	General and Grant
Miscellaneous Adjustments-Positive Youth Development	\$ 1,829,000	5.8	General and Grant
Miscellaneous Adjustments-Early Childhood Services	\$ 534,150	-0.2	General and Grant
Miscellaneous Adjustments-Parent Support Services	\$ (633,570)	0	General
Miscellaneous Adjustments-Infants and Toddlers	\$ (470)	0.2	General and Grant
Miscellaneous Adjustments-Child Care Subsidies	\$ (21,260)	-0.4	General
Miscellaneous Adjustments-Income Supports	\$ (83,270)	-1.7	General and Grant
Miscellaneous Adjustments-Child and Adolescent School and Community Based Services	\$ (90,790)	-1.1	General
Miscellaneous Adjustments-Service Area Administration	\$ 4,820	-0.2	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ 174,840</b>	<b>-8.5</b>	

## 6. PUBLIC HEALTH SERVICES

(Excerpt from Executive's March Budget at © 92-97. School Health Services is included in Agenda Item # 13)

For FY11, Public Health Services is organized into 14 program areas. The following tables show the changes in dollars and workyears for the program area since FY09. Overall from the FY10 original budget to the FY11 recommended budget funding is proposed to decrease by \$4.89 million or 7% and workyears by 53 workyears or 9.3%.

As noted in the memos summarizing State reductions, Public Health has been the recipient of a \$1.6 million reduction in Core Health Revenues, a \$67,990 reduction in Tobacco Prevention funds, a \$264,680 reduction in cancer screening and prevention, a \$153,510 reduction to support the AIDS diagnostic and evaluation unit, \$45,130 reduction to the Nutrition Risk Reduction, and \$20,000 to the improved pregnancy outcome grant.

<b>Public Health Services Expenditures in \$000's</b>	<b>FY09 Budget*</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Health Care For the Uninsured	12,676	11,875	12,857	8.3%
Communicable Disease and Epidemiology	1,750	1,440	1,740	20.8%
Community Health Services	10,437	12,949	11,592	-10.5%
Dental Services	2,259	1,977	1,905	-3.6%
Environmental Health and Regulatory Svcs	3,140	3,104	2,980	-4.0%
Health Care and Residential Facilities	1,332	1,351	1,345	-0.4%
Health Promotion and Prevention	1,368	1,265	186	-85.3%
Cancer and Tobacco Prevention	2,241	1,289	982	-23.8%
STD/HIV Prevention and Treatment	6,295	6,257	6,705	7.2%
School Health Services	20,820	21,255	19,197	-9.7%
Tuberculosis Services	2,199	2,146	1,826	-14.9%
Women's Health Services	5,106	4,236	2,811	-33.6%
Public Health Emergency Preparedness	1,977	2,050	2,047	-0.1%
Service Area Administration	1,372	1,293	1,419	9.7%
<b>TOTAL</b>	<b>72,972</b>	<b>72,487</b>	<b>67,592</b>	<b>-6.8%</b>

\*Health Care for the Uninsured was created for FY11 – previously most services were in a program called Health Partnership and Planning which has been eliminated.

<b>Public Health Services Workyears</b>	<b>FY09 Budget*</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Health Care For the Uninsured	16.6	15.5	15.0	-3.2%
Communicable Disease and Epidemiology	14.2	12.2	14.4	18.0%
Community Health Services	100.4	133.0	115.7	-13.0%
Dental Services	15.1	14.0	14.6	4.3%
Environmental Health and Regulatory Svcs	30.8	29.7	28.2	-5.1%
Health Care and Residential Facilities	10.7	10.7	10.2	-4.7%
Health Promotion and Prevention	7.7	5.7	1.9	-66.7%
Cancer and Tobacco Prevention	7.0	4.0	3.0	-25.0%
STD/HIV Prevention and Treatment	41.7	43.1	40.8	-5.3%
School Health Services	237.4	240.1	206.9	-13.8%
Tuberculosis Services	19.9	19.8	16.9	-14.6%
Women's Health Services	17.6	16.2	20.4	25.9%
Public Health Emergency Preparedness	11.2	11.2	11.0	-1.8%
Service Area Administration	6.6	6.6	10.3	56.1%
<b>TOTAL</b>	<b>537</b>	<b>562</b>	<b>509</b>	<b>-9.3%</b>

## A. Health Care for the Uninsured

The Executive's recommended budget identifies 7 specific reductions totaling \$1,252,780 to programs that provide health care for the uninsured.

	Dollars	WY	Fund
Decrease Cost of Care for Kids without services reduction (continuation of FY10 Savings Plan)	\$ (80,000)	0.0	General
Abolish full-time Executive Administrative Aide Position - Health Care for the Uninsured	\$ (90,070)	-1.0	General
Reduce Cost of Maternity Partnership Program due to Lower Enrollment	\$ (117,750)	0.0	General
Reduce Costs in Montgomery Cares and fund based on service to 23,000 patients	\$ (365,000)	0.0	General
Reduce Montgomery Cares primary care reimbursement rate from \$62 to \$55 (11%)	\$ (415,800)	0.0	General
Eliminate FY10 grant to Proyecto Salud for adult primary care - fund through Montgomery Cares reimbursements only	\$ (94,790)	0.0	General
Eliminate FY10 grant to Mobile Medical Care for adult primary care - fund through Montgomery Cares reimbursements only	\$ (89,370)	0.0	General

### ***1. Care for Kids***

The Care for Kids program provides health care services to children below the age of 19 if their family's income is below 250% of the federal Poverty Level and they do not qualify for the Maryland Children's Health Program (MCHIP). For FY11, the Executive is recommending an \$80,000 reduction in the program. This is a continuation of the FY10 Savings Plan. As was noted in the FY10 Round 2 Savings Plan, the Department expects to achieve savings in the Care for Kids program by directing children, as appropriate, to school based health centers and the high school wellness center which have capacity to provide a medical home for more Care for Kids clients. The Council concurred with this Savings Plan change. **The HHS Committee recommends approval.**

### ***2. Maternity Partnership***

The Council has approved reductions to the funding for this program in both FY09 and FY10 based on a decline in usage. While it is not clear why the decline continues, hospitals are not reporting an increase people coming to the emergency to give birth who have not had prenatal care, it is decreasing none the less. One reason for the decline may be the restoration of Medicaid benefits for pregnant women of any age through Managed Care Organizations.

The FY10 budget is based on the assumption that the program will serve 2,286 women in FY11. The Department told the Committee that in March enrollment was 210 pregnant women. The FY10 projection for Maternity Partnership is now 2,106 through June 30, based on enrollment through March (1,476) plus usual surge increase for April, May and June (630). The Executive's proposed budget assumes 2,136 women will be enrolled in FY11. The budget document notes that 94% of women who are enrolled in the Maternity Partnership program give birth to healthy birth weight babies. **The HHS Committee recommends approval.**

### **3. *Montgomery Cares***

For FY11, the County Executive is recommending \$9,480,455 for the Montgomery Cares program. This is a reduction of \$1,017,547 from the FY10 approved funding of \$10,498,002. A table provided at © 98 shows the adjustments that were made to FY10 funding over the course of the fiscal year and the allocation for FY11. The Executive's FY11 assumptions (© 99) include:

- Serving 23,000 unduplicated patients during FY11,
- Patients will have an average of 2.7 visits,
- The budget will fund 62,100 primary care visits,
- The reimbursement rate will be cut from \$62 to \$55 per visit,
- Medications are budgeted to average \$90 per patient,
- The allocation for specialty care being reduced by \$45,000 from the FY10 original budget,
- \$205,000 previously budgeted to fund eligibility services has been shifted to Community Health Services – it has not been reduced,
- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000,
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

The Council received testimony from several people regarding the proposed reductions to Montgomery Cares. This packet includes the testimony from Mr. Dick Bohrer on behalf of the Montgomery Cares Advisory Board (© 100-101), and Mr. Dick Pavlin on behalf of the Montgomery Cares Clinics (102-103). The Advisory Board says that:

- The clinics are projecting they will see 26,000 patients in FY10 and expect to have capacity to serve 30,000 patients in FY11 as opposed to the 23,000 assumed by the Executive.
- The clinics cannot sustain an 11% reduction in the reimbursement rate.
- The budget should provide \$4.5 million for primary care visits which is based on serving 30,000 patients who average 2.4 visits with a reimbursement rate of \$62. This is \$1 million more than allocated by the Executive.
- Medications should be funded at \$2.23 million which assumed a cost of \$75 for 30,000 patients.
- Outpatient Specialty Services can be funded at \$450,000. This is \$165,000 less than the Executive's allocation.
- Montgomery Care should be funded at the same overall level as it was in FY10.

The clinics are concerned that:

- The 23,000 patients assumed is far too low and will result in clinics having to exclude new patients or tell returning patients they can no longer care for them.

- Patients who cannot be served by the clinics will overburden other parts of the health care system -- emergency rooms.
- The reduction in the reimbursement rate will cause some clinics to face financial instability.
- The true cost of a primary care visit is \$133 to \$160. The clinics have used county funds to leverage funds to cover the full cost.
- The proposed cuts could threaten the integrity of the Montgomery Cares safety net.

On April 28<sup>th</sup>, the Montgomery Cares Advisory Board was provided with data through March 2010.

	Actual Visits Through March 2010	Straight Projection (3 quarters = 75% of total)	Projection based on 3 year avg (3 quarters = 72% of total)	Executive's FY11 Recommended
Primary Care Clinics	49,109	65,479	68,207	59,400
Homeless Medical Clinics	1,839	2,452	2,554	2,700
Total	50,948	67,931	70,761	62,100

FY10 reimbursement for primary care clinic visit = \$62

FY11 reimbursement for primary care clinic visit = \$55

FY10 and FY11 reimbursement for homeless clinic primary care visit = \$115

**The Executive's recommendation contains adequate funds to meet the expected need for homeless clinic primary visits. It does not provide funding to cover the projected number of primary care clinic visits.**

**Council staff provided the Committee with the following tables that shows the money that would have to be added to the Executive's budget to fund 68,000 or 70,000 visits at different reimbursement rates. These tables do not assume that any funding is redirected from other categories within Montgomery Cares.**

**Primary Care Clinic Visits** – Executive's Recommendation includes \$3,417,660 for primary care visits (\$3,267,000 for 59,400 visits and \$150,660 not yet allocated. Council staff is assuming all \$3,417,660 will be allocated to primary care visits.)

68,000 visits would be the same as the projected number of visits in FY10.

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
68,000 visits	\$3,740,000	\$3,944,000	\$4,080,000	\$4,216,000
Additional Funds Required	\$322,340	\$526,340	\$662,340	\$798,340

70,000 visits would provide for some growth in visits in FY11.

	\$55 (11%)	\$58 (7%)	\$60 (3%)	\$62 (0%)
70,000 visits	\$3,850,000	\$4,060,000	\$4,200,000	\$4,340,000
Additional Funds Required	\$432,340	\$642,340	\$782,340	\$922,340

Council staff also shared that in staff's opinion a reduction to \$55 dollars per visit is too large a reduction for some of the clinics to absorb. As was discussed during the HHS Committee's review of a report on Montgomery Cares by John Snow, Inc., the clinics have different capacities to cover costs through other resources.

Because Council staff also recognized that the Council would almost certainly not be able to add to the budget the \$922,340 needed to fund 70,000 visits at \$62 per visits, Council staff provided the Committee with the following options for increasing the number of primary care visits and the reimbursement rate that reduce the net cost by redirecting money from other parts of the Montgomery Cares budget. Council staff said that these options require a change in policy for the community pharmacy which may include directing patients to use low cost programs in private pharmacies. Council staff recognized that in the past the Committee has not wanted to change current policy; however, the policy is not being applied consistently and some clinics are asking patients to use a private pharmacy for medications.

**Council staff recommendation – Option #1**

- Fund 70,000 visits at \$62 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To "Support for Primary Care Visits"	\$ 922,340
From "Specialty Services"	- 165,000
From "PCC Administration"	- 10,000
<u>From "Community Pharmacy/Medbank"</u>	<u>- 285,000</u>
Additional Funding	\$ 462,340

**Council staff recommendation – Option #2**

- Fund 70,000 visits at \$60 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To "Support for Primary Care Visits"	\$ 782,340
From "Specialty Services"	- 165,000
From "PCC Administration"	- 10,000
<u>From "Community Pharmacy/Medbank"</u>	<u>- 285,000</u>
Additional Funding	\$ 322,340

**Council staff recommendation – Option #3**

- Fund 68,000 visits at \$60 per visit
- Reallocate \$165,000 from Specialty Care per the suggestion of the MCAB
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by 15% (\$1.9 million in FY11 budget for medications)

To "Support for Primary Care Visits"	\$ 662,340
From "Specialty Services"	- 165,000
From "PCC Administration"	- 10,000
<u>From "Community Pharmacy/Medbank"</u>	<u>- 285,000</u>
Additional Funding	\$ 202,340

**Council staff recommendation – Option #4**

- Fund 68,000 visits at \$60 per visit
- Reduce allocation for Specialty Care by 10%.
- Reduce PCC Administration by \$10,000 (total reduction of 7%)
- Reduce funds for medications by the amount needed to offset remainder needed to fund primary care visits.

To "Support for Primary Care Visits"	\$ 662,340
From "Specialty Services"	- 207,470
From "PCC Administration"	- 10,000
<u>From "Community Pharmacy/Medbank"</u>	<u>- 444,870</u>
Additional Funding	\$ 0

**The HHS Committee recommends the Council approve \$462,340 through the reconciliation list to fund 70,000 visits at \$62 as described in Option #1. The Committee agreed that funding an adequate number of primary care visits and keeping the reimbursement rate at \$62 per primary care visits are the most critical components of the program. The Committee asked to return to this issue in the fall to review any changes that have been made or proposed regarding the policy for funding medications/community pharmacy.**

**The Committee discussed with DHHS Director Ahluwalia other options that were considered by the Department to offset costs of this program such as requiring all clinics to charge a co-pay or having an annual membership fee of \$10 to \$25. It was noted that some of the clinics that already charge a co-pay are having problems collecting them from patients and the all volunteer clinics may not be able to charge a co-pay. It is not clear that the data systems needed to have a membership fee are in place and what kind of a burden this would place on the clinics. The Committee members did not object to the idea of a membership fee but do not want to see something like this rushed without understanding the impacts on clinics and patients.**

**The Committee also wants to pursue, in coordination with Congressman Van Hollen, a forum on the impacts of health care reform with perhaps one session for clinics and other health care providers and one for the general public.**



### ***Montgomery Cares – Other Recommended Reductions***

**The HHS Committee recommends the other reductions that are included in the Executive's FY11 recommendation** (in addition, patient navigation/medical interpretation funds will be shifted to the Office of Community Affairs to be pooled with other funds for these purposes):

- A \$45,000 reduction to specialty care from the FY10 original budget (the \$165,000 is in addition to this amount),
- Shifting \$205,000 previously budgeted in Montgomery Cares to fund eligibility services to Community Health Services – this is not a reduction to services,
- Administrative reductions that include cuts to: PCC admin (\$30,000); HHS Admin (\$7,000); Clinic IT support for CHL Care (\$30,000); and evaluations (\$87,500),
- Behavioral health services will be reduced by \$20,000 and funding for behavioral health emergency medication will be reduced by \$6,000
- Clinic cultural competency support will be reduced by \$30,000, and
- Funds will not be provided to the clinics for over the counter medications (\$60,000).

### ***Montgomery Cares - Behavioral Health Program***

The Committee requested information on the number of patients served through the behavioral health program, the number of encounters with these patients and the number of referrals to outside services. The Committee agreed to return and discuss how these services are being delivered and whether there may be a more cost-effective model that could increase the number of people served within the same dollars.

<b>Unduplicated Patients</b>	<b>FY08</b>	<b>FY09</b>	<b>FY10 YTD</b> (7-1-09 to 3-31-10)
Holy Cross -- Silver Spring	208	273	288
Holy Cross -- Gaithersburg (opened Spring 2009)			35
Mercy Clinic	119	262	229
Proyecto Salud	199	288	289
<b>Total</b>	<b>526</b>	<b>823</b>	<b>841</b>

<b>Encounters (Visits)</b>	<b>FY08</b>	<b>FY09</b>	<b>FY10 YTD</b> (7-1-09 to 3-31-10)
Holy Cross -- Silver Spring	1,030	859	664
Holy Cross -- Gaithersburg (opened Spring 2009)			60
Mercy Clinic	279	948	699
Proyecto Salud	557	912	860
<b>Total</b>	<b>1,866</b>	<b>2,719</b>	<b>2,283</b>

<b>Referrals for Follow-up</b>	<b>FY08</b>	<b>FY09</b>	<b>FY10 YTD (7-1-09 to 3-31-10)</b>
Holy Cross -- Silver Spring	169	234	250
Holy Cross -- Gaithersburg (opened Spring 2009)			125
Mercy Clinic	79	185	129
Proyecto Salud	151	198	176
<b>Total</b>	<b>399</b>	<b>617</b>	<b>680</b>

#### ***4. Eligibility Screeners***

At the March 4<sup>th</sup> session, the Committee discussed the issue of eligibility screening and the fact that not all Montgomery Cares patients are screened to see if they might be eligible for Medicaid. Director Ahluwalia told the Committee that she was hopeful some State grant funding would be awarded to the County to fund the additional positions needed to have a full screening program. This funding was not awarded.

Council staff asked the Department to provide information on the cost of enhancing the eligibility units. The Department has provided the following response:

When fully staffed, we expect a staff complement of 12 individuals to implement the Montgomery Cares eligibility effort.

In FY10 there are three eligibility positions in the Montgomery Cares budget - 2 Income Assistance Program Specialists (IAPS) and 1 Principal Administrative for a total cost (including benefits) of \$195,467. For FY11 these positions have been moved to the Service Eligibility Unit (SEU) in Community Health Services.

There are three additional IAP positions vacancies in the SEU which have been committed to the Montgomery Cares eligibility screening effort. Total cost in the CE Recommended budget (including benefits) for these three positions is \$205,458.

We are seeking grant support for 6 additional eligibility staff. They would be constituted as two eligibility teams. Each team will include 1 IAPS and 2 Client Assistance Specialists. The total personnel cost for these six positions is estimated to be \$366,528.

The FFP reimbursement for eligibility staff (IAPS & CAS positions) is 50% of salary and fringe for each position funded by the County general fund. The net cost to the County is estimated to be \$214,138.

Each of the six new positions is estimated to cost about \$62,000 with a net cost to the county of \$31,000 after FFP reimbursement.

**The HHS Committee recommends the Council provide \$183,300 through the reconciliation list to fund three new eligibility workers. These workers will be in the central service eligibility unit. They would provide additional resources to determine whether Montgomery Cares patients are eligible for Medicaid or other programs. This will**

**better use county funding and free up capacity to serve new patients within the dollars available. FFP revenues of \$91,650 will offset ½ the cost of the new positions.**

#### ***5. KAMMSA Clinic***

The Executive's recommendation for FY11 does not include \$30,000 in funding that has been provided to the Korean Community Service Center of Greater Washington to operate a community clinic in partnership with Mobile Med Service Alliance. The Council has received testimony asking for restoration of this funding. The testimony notes that this alliance provided medical care to 225 patients in FY09 who were primarily Korean speaking with limited English proficiency.

At the April 12<sup>th</sup> session, the Committee discussed the Executive's recommendation. The Committee was told that the Korean Community Service Center not only helped with referrals and medical interpretation but also with scheduling and recruiting doctors and volunteers. The Committee agreed to place the \$30,000 on the reconciliation list but also voiced their concern about this one clinic receiving funds in addition to the per visit primary reimbursement through Montgomery Cares. The Committee noted that it would probably be very difficult to restore this amount of funding. There are other specialty clinics that do not receive separate monies from the county. In addition, separate grants to Proyecto Salud and Mobile Med have been eliminated from the FY11 budget. At the May 5<sup>th</sup> session, the Committee discussed Council staff's recommendation that \$15,000 be funded. This would provide a transition year (similar to the transition funds for the patient navigator). Starting in FY12, the KAMMSA clinic would need to restructure so that the only county funding would be the base funding available through Montgomery Cares. It was noted that there are other special clinics, such as the PanAsian clinic that do not receive special funds.

**The HHS Committee recommends \$15,000 be funded through the reconciliation list in FY11. This would provide for a transition year and the expectation is that no special funds, in addition to base funding available to all Montgomery Cares clinics, would be provided in FY12.**

#### ***6. Under One Roof Clinic***

The Under One Roof Clinic has been co-located with Outpatient Addictions Services since 2008. The mission of the clinic is to provide one place where those in addiction treatment can also address their other primary health needs. **The Under One Roof Clinic received a grant from the Maryland Health Care Resources Commission in order to open, however these grant funds are no longer available. The Department plans to close the clinic June 30<sup>th</sup>.**

Under One Roof Grant Funding	
FY 07	98,371.00
FY 08	164,762.00
FY 09	151,720.00
FY 10	77,002.00
TOTAL	\$491,854

The Department has also noted that only about 10% of the patients served at the Under One Roof Clinic are also Outpatient Addictions Services clients. The Clinic has served about 150 patients at the Gude Men's Shelter. The Department will serve these clients through the contract for services to healthcare for the homeless and will redirect other clients to other Montgomery Cares sites. **The HHS Committee agreed with the Department's decision but asked that the Department discuss this change with the Alcohol and Other Drug Advisory Board. The Committee was also told that the new building for Outpatient Addiction Services will have clinic space but that any new program will be a model that is coordinated with Medicaid and PAC.**

***7. Eliminate FY10 Grants to Proyecto Salud (\$94,790) and Mobile Medical Care (\$89,370) for adult primary care.***

The Executive's budget recommends eliminating these two grants and funding these clinics only through per encounter reimbursements. As was discussed last year, these contracts pre-dated the policy shift to a per-encounter reimbursement. **The HHS Committee recommends approval.**

***8. Council Grant Requests considered as a part of the Budget Review of Montgomery Cares (This section provided by Peggy Fitzgerald-Bare, Council Grants Manager)  
Community Services Grants***

The Council received 7 grant applications from primary health care providers reviewed as part of the Committee's discussion of the Montgomery Cares program. One of the purposes of the Montgomery Cares program is to develop a coordinated and more systematic delivery of primary health care to uninsured individuals. In order for the Council and the program itself to be able to assess clinic provider needs, system needs, and set funding priorities, clinic provider funding requests should be considered through the Montgomery Cares program.

The Montgomery Cares Advisory Board reviewed the clinic requests and the Board's recommendations are contained on © 108-111.

Of particular importance, the Board writes, **"Although we were impressed with the scope of all of the proposals, and found each to have merit in providing services to the uninsured in the County, there remains a strong Board consensus that in consideration of the budget cuts to the Montgomery Cares program, we respectfully suggest that funds are allocated to direct primary care services instead of allocated to individual clinics and projects."**

The following clinics submitted requests:

1. **Holy Cross Hospital: \$50,000** for a full time case manager to work with uninsured patients and facilitate coordination with patients, primary care providers, specialty services and others to improve health status.
2. **Mary's Center for Maternal and Child Care: \$50,000** for purchase of diabetic supplies and a portion of the salary of the Family Support Worker (Family Support Worker funding to be considered as Executive-recommended Community Grant).
3. **Mobile Medical Care: \$101,000** for continuation of funding for Nurse Practitioner at Germantown clinic.
4. **Mobile Medical Care: \$131,300** for continuation of a Volunteer Coordinator and a Specialty Care Coordinator.
5. **Muslim Community Center: \$20,000** for domestic violence counseling and prevention. (to be consider as an Executive-recommended Community Grant)
6. **Primary Care Coalition: \$11,000** for maintenance fees that will permit the MeDHIX Health Information Exchange to continue to facilitate electronic transfer of patient information from clinics to hospitals and specialists, including a web accessible, secure summary of a patient's electronic medical record.
7. **Spanish Catholic Center of Catholic Charities: \$100,000** to assist with renovations in the relocation of the Langley Park Medical Clinic to the McCarrick Center in Wheaton.

**The HHS Committee recommends: Do not approve Montgomery Cares individual clinic requests reviewed by HHS Committee, as first priority should be given to the overall Montgomery Cares program.** (The County Executive has recommended funding two clinic requests as Community Grants; they will be considered by the full Council along with other County Executive-recommended Community Grants and are not part of this recommendation.)

### ***Community Service Grants***

The Executive's Community Grants NDA includes six Community Service Grants. These are grants under \$20,000 that are reviewed by an advisory board.

CASA de Maryland for identification care printer and card readers	\$10,000
MC Coalition for the Homeless for kitchen cabinets, sink, etc.	\$15,500
Rebuilding Together* Montgomery County for a storage unit	\$ 5,050
Red Wiggler Community farm for chairs and computer equipment	\$ 5,000
Spanish Catholic Center for dental equipment	\$12,730
Teen Connection of Takoma Park for medical/exam room equipment	\$15,740

## B. Communicable Disease and Epidemiology

The Executive is recommending two specific changes in this program which investigates and manages issues regarding communicable diseases such as rabies, Hepatitis A, B, and C, Lyme Disease, H1N1, and other diseases proscribed by law. Educational programs are provided. This program is also responsible for the medical screening of people who enter the county with refugee status. Total recommended funding is \$1.74 million with 14.4 workyears.

	Dollars	WY	Fund
Enhance Refugee Resettlement program due to increase in MONA grant	\$ 125,370	0.0	Grant
Abolish part-time Community Health Nurse - Communicable Disease	\$ (43,340)	-0.5	General

### 1. Increase in MONA Grant

This grant reimburses the county for costs associated with assessments done in the refugee resettlement clinic. The increase is due to the shift of two positions to the grant which have higher salaries than were budgeted in FY10. It is not an impact on the General Fund. **The HHS Committee recommends approval.**

### 2. Abolish part-time Community Health Nurse

This is the abolishment of a vacant part-time Community Health Nurse for fiscal reasons. Work will be handled by remaining staff. **The HHS Committee recommends approval.**

## C. Community Health Services

The Executive is recommending two specific changes for this program which provides preventive health services to uninsured or underinsured people of all ages, nurse management of targeted populations, and housing the service eligibility unit for screening and access to local, State, and Federal programs. As previously noted, eligibility staff that was budgeted in Montgomery Cares has been transferred to this program as the Department views eligibility screening as a departmental function.

	Dollars	WY	Fund
Abolish full-time Manager III - Community Health Services	\$ (162,070)	-1.0	General
Abolish 2 full-time Community Health Nurses - Community Health Services	\$ (186,040)	-2.0	General

### 1. Abolish Full-Time Manager III

This position is being abolished because of the loss of the Under One Roof Clinic. **The HHS Committee recommends approval.**

## **2. Abolish Two Full-Time Community Health Nurses – Community Health Services**

These are both filled positions but it is expected that the employees will be placed in other currently vacant positions. These positions are located at the Silver Spring Health Center and provide services including immunizations, case management, and education programs as needed. **The HHS Committee recommends approval.**

### **D. Dental Services**

The Executive is recommending a \$100,000 reduction to this program which funds dental services for adults, seniors, children, and the maternity partnership program.

	Dollars	WY	Fund
Reduce Dental Services for approximately 430 Adults/Seniors	\$ (100,000)	0.0	General

The following table shows the funding and clients served in all programs in this area.

DENTAL PROGRAM FUNDING					
Program	FY10 CC Approved Budget	FY09 Clients Served	FY10 Estimated Clients Served	FY11 Estimated Clients Served	FY11 CE Rec Budget
Maternity Dental Services (Budget includes funding for Adult & Maternity Dental)	1,253,598	492	550	550	1,193,805
Adult Dental Services		738	774	829	
Children Dental Services	302,560	2,033	2,000	2,000	302,060
Senior Dental Services	474,091	788	754	739	459,886
Less Lapse	(53,171)				(50,627.00)
TOTALS	1,977,078	4,051	4,078	4,118	1,905,124

The above table shows that even with a reduction in funding, it is expected that more adults will be served in FY11 than in FY10. During the Savings Plan worksession, the Committee heard from the Department that staff shortages in this program has slowed the ability to refer and see clients for service. The staff issues have been resolved and more people are able to be scheduled for service. The \$100,000 will reduce the number that could have been served in FY11 but not the actual number served when compared to FY10. In addition to the \$100,000 identified in the budget book, there will be an \$8,740 (7%) to the contract for dental supplies. **The HHS Committee recommends approval.**

### **E. Environmental Health and Regulatory Services**

Last year, the Committee discussed the wide range of inspections and other duties that must be provided by the staff in this program. They include restaurant and farm market

inspections and inspections of swimming pools, group homes, private educational facilities, hotels, and motels. The county's rat control program is also in this program. The Committee discussed last year whether fees should be raised but agreed that the burden would be placed on businesses that were already being significantly impacted by the economic downturn. Total recommended funding for this program is \$2.98 million and 28.2 workyears.

For FY11, the Executive is recommending only one specific change with a reduction of \$30,000 included in the budget for West Nile Virus Surveillance.

	Dollars	WY	Fund
Reduce Cost of West Nile Virus Surveillance (continuation of FY10 Savings Plan)	\$ (30,000)	0.0	General

This is a continuation of a reduction approved as a part of the FY10 Savings Plan. **The HHS Committee recommends approval.** The Committee asked whether the Department had considered adjusting fees but the Department said that they did not think fees should be adjusted at this time.

The Committee also asked for an update on how county staff is working with Farmer's Markets on inspections and regarding recent changes to rules regarding the sale of wine. The Department told the Committee that they are working cooperatively and that previous complaints were not a problem during the last season.

## F. Health Care and Group Residential Facilities

The Executive is not recommending any specific changes to this program that inspects and licenses nursing homes, large assisted living facilities, adult day care centers, and small assisted living facilities and group homes for children, elderly, mentally ill, and developmentally disabled people. Total recommended funding is \$1.35 million and 10.2 workyears.

The Committee asked whether there is any duplication of services between the Health Care and Group Residential Facilities program that inspects and licenses facilities (in Public Health) and the Ombudsman program (in Aging and Disabilities).

The Department has provided a memo with information on each program (© 112-117). The bottom line of the information is that, while there is a county license requirement, it is not in addition to State inspection requirements and therefore there is no additional work being done by the employees in Public Health in terms of inspections. The Ombudsman program does not have any enforcement authority and therefore is not duplicative of the investigative authority in Public Health.

At the May 5<sup>th</sup> session, Council staff provided the Committee with two observations: (1) Chapter 25 of the County Code that has the local requirements for nursing homes and other



facilities appears to be terribly out of date and some provisions have been superseded by the State, and (2) the Department makes very strong statements about any budget reduction in either of these categories and that it “would place residents at substantial risk of abuse and neglect leading to pain, morbidity, and mortality...” Given that the State has already reduced the grant for the Ombudsman program and it has been absorbed, Council staff suggests that it be clarified that reductions to date have not done so and that if the State makes further reductions, they will also have to be absorbed in a manner that is consistent with State rules and protects people’s well-being. The Director agreed that this language was too strong and that the county is meeting and will comply with all State rules to protect those in these facilities.

**The HHS Committee recommends approval.**

## **G. Health Promotion and Prevention**

The Executive is recommending six specific changes to this program which provides a wide range of prevention programming and assists community groups in addressing issues such as obesity, alcohol and tobacco use, family violence, shaken baby syndrome, and parenting skills for at-risk families. The total recommended funding for this program is \$186,080 and 1.9 workyears for FY11. This is over an 80% reduction from the FY10 budget. As has been previously noted, there have been significant reductions to funding for health promotion and prevention both from the State and the county.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Increase in Childhood Prevention Injury Grant	\$ 500	0.0	Grant
Eliminate Nutrition Risk Reduction Grant	\$ (45,130)	0.0	Grant
Abolish full-time Principal Administrative Aide - Health Promotion and Prevention	\$ (66,130)	-1.0	General
Decrease Miscellaneous Operating Expenses	\$ (91,600)	0.0	General
Eliminate GOSPEL program (some elements of the program will be done by the African American Health Program)	\$ (125,050)	1.0	General
Reduce a full-time Manager III from 1 WY to 0.2 WYs Health Promotion and Prevention	\$ (127,930)	-0.8	General

The Department has provided the following information on what FY11 funding will provide:

Health Promotion & Prevention	
Staffing	
Manager III - .20WY	
Community Health Nurse II - 1.0WY	
Program Specialist I - 1.0WY	
Program Services & Activities	
PHS will consider addressing one or more health prevention focus areas such as: - childhood obesity prevention/intervention - preconception health education for young women - breast cancer awareness outreach - screenings for breast, colon or prostate cancer	
Health Promotion Staff will continue support other health promotion activities, but at a reduced level, such as: the car seat safety awareness program (which is managed by Fire and Rescue,) injury prevention outreach and awareness activities, and participate	
Continued management of the Improved Pregnancy Outcome Grant activities which includes staffing the Fetal and Infant Mortality Review Board	
Continued management of the Minority Infant Mortality Reduction Grant activities.	
<b>Total FY 11 CE Recommended</b>	<b>186,080</b>

***1. Increase funding for Childhood Prevention Injury Grant (+\$500) and eliminate funding from the Nutrition Risk Reduction Grant (-\$45,130)***

Both of these items are in response to changes in the availability of grant funding. **The HHS Committee recommends approval.**

***2. Abolish Full-time Principal Administrative Aide***

This is a filled position that is being abolished in order to meet overall budget targets. Program duties will be handled by other staff. **The HHS Committee recommends approval.**

***3. Decrease Miscellaneous Operating***

The Department estimates it can save \$91,600 in several operating expense categories in order to meet budget targets. **The HHS Committee recommends approval.**

#### **4. Eliminate G.O.S.P.E.L. Program (some elements may be provided through the African American Health Initiative)**

The following is a description of this program when the Committee last discussed it as a part of the FY09 operating budget -- *G.O.S.P.E.L. - Glorifying Our Spiritual and Physical Existence for Life* - is an outreach program to 11 African American church congregations throughout Montgomery County. The health outreach focuses on health disparities, especially those disparities related to tobacco use or exposure. The program was developed in collaboration with the Montgomery County Black Ministers' Conference. The program was originally started with Cigarette Restitution grant funds that supported a full time coordinator position and operating funds.

Because grant funding was no longer available, this program was shifted to the General Fund. The Executive has proposed its elimination in FY11 in order to meet overall budget targets. While it is a highly regarded program, it is an outreach and prevention program. These types of programs have generally been eliminated from the DHHS budget. **The HHS Committee recommends approval.**

#### **5. Reduce Manager III from 1.0 WYs 0.2 WYs and abolish position during FY11**

This position is being abolished for fiscal reasons but it is expected that it will become vacant shortly after FY11 begins. Therefore funding is included for 0.2 WYs. **The HHS Committee recommends approval.**

### **H. Cancer and Tobacco Prevention**

The Executive has noted three specific items in the budget document that reflect changes in available State funding.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Reduce Miscellaneous Operating funded by Cigarette Restitution Funds	\$ (10,000)	0.0	Grant
Reduce Tobacco Prevention and Educations funded by Cigarette Restitution Funds	\$ (70,760)	-1.0	Grant
Reduce cancer Prevention, Education, Screening, and Treatment funded by Cigarette Restitution Funds	\$ (209,070)	-0.5	Grant

These reductions are not new for FY11 but reflect the implementation of changes that have been made due to last year's reduction in Cigarette Restitution Funds. The Department has provided the following information.

The Cancer Screening and the Tobacco Prevention Programs were reduced by 30% and 25% respectively in September 2009. DHMH indicated that the Board of Public Works cut the program due to declining revenues. As a result of reductions, the Tobacco program lost one position. For FY10 this severely affected our efforts for continuing success, resulting in the loss of 8 contractual work years that supported tobacco prevention minority initiatives, the loss of the enforcement officer, and 8 vendors that provided services to youth, teens, and minorities. The focus of the program now is smoking cessation through the few vendors that have contracts. The operation of these programs and services were

performed not only by government and contract positions, but also vendors and nonprofits partners who were adversely impacted. This fiscal year there have been fewer outreach and education activities, a very limited number of smoking cessation classes.

The Cancer program reduced the funding of a contractual Nurse Case Manager, funding for outreach, and reduced the current contracts for colonoscopy services. This fiscal year there has been less outreach and fewer education activities and smoking cessation classes. Colonoscopies and prostate screenings have been reduced considerably. The number of colonoscopies was reduced from 250 in FY09 to 200 in FY10, and prostate screenings were reduced from 150 in FY09 to 92 in FY10. Almost a quarter of the colonoscopies being done are recalls, limiting the number of new clients seen.

**The HHS Committee recommends approval.**

## **I. STD/HIV Prevention and Treatment Program**

For FY11, the Executive is recommending funding of \$6.705 million and 40.8 WYs. The county has seen an increase in the funds awarded through the Ryan White Grants.

	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Increase in Ryan White Emergency AIDS Services Grant	\$ 456,600	0.0	Grant
Increase in Ryan White Consortia Services	\$ 121,990	0.0	Grant
Increase in Housing Opportunities for People with AIDS (HOPWA) Grant (\$452,220 to \$525,300)	\$ 73,080	0.0	Grant
Add HIV Outreach to Minority Populations	\$ 69,840	0.0	Grant
Abolish a full-time Principal Administrative Aide - STD/HIV	\$ (46,990)	-1.0	General
Eliminate AIDS Diagnostic and Evaluation Grant	\$ (153,510)	-1.0	Grant

### ***1. Increase Ryan White Emergency AID Services Grant (+\$456,600) and Ryan White Consortia Services (+\$121,990)***

The county has received an increase in funds available through Ryan White Parts A&B. The programs support the following services areas at Dennis Avenue Health Center:

- Ambulatory medical
- Medical Case management
- Nutritional Therapy
- Oral Health
- Emergency Financial Assistance (utilities rental, food)
- Mental Health
- Substance Abuse counseling
- Transportation
- AIDS pharmaceutical Assistance
  - The Ryan White Part A&B grants supports services for 640 total service clients.
  - The Ryan White Parts A&B supports 16.45 work years (staff)

There are 640 clients under care for a variety of services including primary medical care, medical and psychosocial case management, dental, nutrition support and other supportive services. The funding for Ryan White Part A run through February 2011 and is a competitive grant. The funding for Ryan White Part B runs through June 2011 and is formula based. **The HHS Committee recommends approval.**

## ***2. Increase Grant Funds for Housing Opportunities for People with AIDS (+\$73,080)***

The Department has told Councils staff that with this additional money the county has progressed from providing rental subsidies for 38 units (73 individuals housed) in July 2009 to subsidizing 43 units (83 individuals housed) in September 2009 and currently. There is not a formal waiting list for HOPWA subsidies. Although there are always individuals and families seeking rental subsidies through HOPWA program, turnover is infrequent. When a vacancy occurs it is filled based on client needs as determined by the HIV Case Managers. Determining factors considered relative to need include, but are not limited to: health status, current housing situation, income, family situation, availability of other resources, and ability to live independently. **The HHS Committee recommends approval.**

## ***3. Abolish Full-time Principal Administrative Aide***

This is a vacant position and is being abolished for fiscal reasons. **The HHS Committee recommends approval.**

## ***4. Eliminate AIDS Diagnostic and Evaluation Grants***

The AIDS Diagnostic and Evaluation Unit grant was eliminated in July 2009. The impact of this change has affected only program administration. Funding in Ryan White Part B grant continues to support the same level of direct services to the clients. AIDS Diagnostic and Evaluation is the initial diagnostic visit for HIV Primary Medical Care Services. DHHS continues to report to the state and county on these clients. **The HHS Committee recommends approval.**

## **J. Tuberculosis Services**

The Executive is not recommending any specific changes to this program in FY11. The program tests people for exposure to TB and treats active cases. They identify people at risk for TB and perform contact studies to determine who may have been exposed to an infected person. FY11 funding is \$1.85 million and 16.9 WYs. **The HHS Committee recommends approval.**

## **K. Women's Health Services**

The Executive is recommending two specific changes to this program for FY11, both related to grant funding. However, there is a large miscellaneous change to this program in part because Project Deliver and the Maternity Partnership program have been shifted to Healthcare for the Uninsured. The Administrative Care Coordination Team, which assists children and pregnant women who have medical assistance was moved into this program.

	Dollars	WY	Fund
Increase in CDC Early Detection and Control Breast and Cervical Cancer Grant (\$555,160 to \$675,160)	\$ 120,000	0.0	Grant
Reduction in Improved pregnancy outcome grant from \$139,540 to \$119,540	\$ (20,000)	0.0	Grant

### ***1. CDC early Detection and Control Breast and Cervical Cancer Grant***

For FY11, there will be \$675,160 to increase the screening and treatment services that can be provided to women through county programs. **The HHS Committee recommends approval.**

### ***2. Improved Pregnancy Outcome Grant***

The Improved Pregnancy Outcomes (IPO) grant funds the work of the Fetal Infant Mortality Review (FIMR) Board and the Community Action Team (CAT). These two groups consist of invited volunteer health care providers and community members. The FIMR group (primarily health professionals) reviews prenatal records of fetal and infant deaths and makes recommendations to help reduce morbidity and mortality. The CAT group develops an annual action agenda to address local identified needs. The grant supports a half-time contractual nurse who gathers the perinatal health information and a half-time program coordinator who plans and staffs the meetings. They both contribute to required reports to DHMH. With the reduced funding, \$119,540 remains for these efforts. **The HHS Committee recommends approval.**

## **L. Public Health Emergency and Preparedness Response**

The Executive is not recommending any specific changes to this program which is responsible for planning and readiness for disasters, including bio-terrorism threats. Staff coordinates with other departments and agencies for planning and exercises. FY11 recommended funding is \$2.04 million and 11 WYs. The Committee asked for and received additional information on the mandatory services this area must provide and the split between General Funds (\$667,660) and Grant Funds (\$1,379,340). **The HHS Committee recommends approval.**

## **M. Service Area Administration**

The Executive is not recommending any specific changes to this program that includes service wide administration and health planning. FY11 funding is \$1.4 million and 10.3 WYs. **The HHS Committee recommends approval.**

## **N. Contracts to be reduced by 7%**

These contracts are recommended to be reduced by 7% by the Executive and 5% by the HHS Committee.

<b>Public Health Services</b>				
<i>Does not include Montgomery Cares/Maternity Partnership/Care for Kids/Dental that are policy-funding decisions</i>	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
Dental Services and supplies	\$ 194,330	\$ 13,610	\$ 180,720	-7.0%
Language Learning Enterprises	\$ 43,000	\$ 3,010	\$ 39,990	-7.0%
Mary's Center - reproductive health services	\$ 11,000	\$ 770	\$ 10,230	-7.0%
Planned Parenthood - reproductive health services	\$ 62,000	\$ 4,340	\$ 57,660	-7.0%
Primary Care Coalition - Care for Kids - Teen Pregnancy Contract	\$ 29,000	\$ 2,030	\$ 26,970	-7.0%
Posz Inc - Pharmacy services for HIV/AIDS patients	\$ 25,000	\$ 1,750	\$ 23,250	-7.0%
Dental Services for Early Head Start	\$ 14,592	\$ 1,020	\$ 13,572	-7.0%
Mobile Med - contractual nurses for Head Start	\$ 48,000	\$ 3,360	\$ 44,640	-7.0%
Community Health Consulting - SOS Program	\$ 45,000	\$ 3,150	\$ 41,850	-7.0%
Teen Connection - reproductive health services	\$ 110,800	\$ 7,760	\$ 103,040	-7.0%

## O. Miscellaneous Adjustments

	Dollars	WY	Fund
Miscellaneous Adjustments - Health Care for the Uninsured	\$ 2,235,500	0.5	General and Grant
Miscellaneous Adjustments - Communicable Disease and Epidemiology	\$ 217,880	2.7	General and Grant
Miscellaneous Adjustments - Community Health Services	\$ (1,009,040)	-14.3	General and Grant
Miscellaneous Adjustments - Dental Services	\$ 28,040	0.6	General and Grant
Miscellaneous Adjustments - Environmental Health and Regulatory Services	\$ (93,950)	-1.5	General and Grant
Miscellaneous Adjustments - Health Care and Group Residential Facilities	\$ (5,450)	-0.5	General and Grant
Miscellaneous Adjustments - Health Promotion and Prevention	\$ (623,920)	-1.0	General and Grant
Miscellaneous Adjustments - Cancer and Tobacco Prevention	\$ (16,920)	0.5	General and Grant
Miscellaneous Adjustments - STD/HIV Prevention and Treatment	\$ (72,720)	-0.3	General and Grant
Miscellaneous Adjustments - Tuberculosis Services	\$ (320,210)	-2.9	General and Grant
Miscellaneous Adjustments - Women's Health Services	\$ (1,524,820)	4.2	General and Grant
Miscellaneous Adjustments - Public Health Emergency Preparedness and Response	\$ (3,210)	-0.2	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ 125,530	3.7	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (1,063,290)</b>	<b>\$ (8.5)</b>	

**The HHS Committee recommends approval.**

## 7. SPECIAL NEEDS HOUSING

(An excerpt from the Executive's March budget is attached at © 119-121. Housing First items were reviewed by the Council on May 10<sup>th</sup>)

For FY11, Special Needs Housing is organized into 5 program areas. The following tables show the changes in dollars and workyears for the program areas since FY09. Overall the FY11 recommended budget funding is proposed to decrease by \$361,310 (2%) and by 1.9 workyears (3.4%) from the FY10 approved. These changes do not include proposed changes to the HIF that impact the level of service in Housing First programs.



<b>Special Needs Housing Services Expenditures in \$000's</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Rental and Energy Assistance	7,994	5,286	5,041	-4.6%
Shelter Services	5,930	5,997	5,468	-8.8%
Permanent Supportive Housing Services	1,811	1,748	2,048	17.2%
Housing Stabilization Services	4,893	4,713	4,829	2.5%
Service Area Administration	295	247	240	-2.8%
<b>TOTAL</b>	<b>20,923</b>	<b>17,991</b>	<b>17,626</b>	<b>-2.0%</b>

<b>Special Needs Housing Services Workyears</b>	<b>FY09 Budget</b>	<b>FY10 Budget</b>	<b>FY11 Recommend</b>	<b>Change FY10 Budget to FY11 Rec</b>
Rental and Energy Assistance	12.5	12.5	11.4	-8.8%
Shelter Services	2.8	2.8	2.6	-7.1%
Permanent Supportive Housing Services	10.2	9.6	9.3	-3.1%
Housing Stabilization Services	30.2	29.5	29.3	-0.7%
Service Area Administration	1.8	1.8	1.7	-5.6%
<b>TOTAL</b>	<b>57.5</b>	<b>56.2</b>	<b>54.3</b>	<b>-3.4%</b>

With regards to State funding reductions, the April memo from Director Ahluwalia notes that there is a \$27,000 reduction to funding for emergency and transitional housing services that will reduce funding to Bethesda Cares, Carroll House, Dorothy Day Place, and the Wells Robertson House. This is in addition to the 7% reduction that is being applied by the Executive to the General Fund contracts for these programs.

There has also been an \$82,350 reduction to HB669 Special Needs Housing funds which will impact the HOC Housing Counselor Program, Homeless Women's Grant, and Service Linked Housing (Tanglewood and Resident Advocate) Program.

#### **A. Rental and Energy Assistance Program**

The Executive's recommended budget includes only one specific change to this program which administers the Maryland Energy Assistance Program (MEAP) and the Electric Universal Services Program (EUSP) for those qualifying for energy assistance. The program also administers the Rental Assistance Program (RAP), Housing Initiative Program (HIP – formerly SHRAP) and the Partnership for Permanent Housing.

<b>Special Needs Housing</b>	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Increase County Energy Reimbursement Program payment to reflect energy tax increase	\$ 129,500	0.0	General

The Department has provided the following update on applications for MEAP and EUSP and the number of grants issued for FY08 through FY10 (estimated). There is a 20% increase in applications from last year and 38% increase since FY09. It is estimated that 9,600 households will receive MEAP assistance in FY10, a 60% increase since FY09.

# UPDATE:

Households submit one application for both MEAP (Maryland Energy Assistance Program) and EUSP (Electric Universal Service Program). MEAP helps with heating bills. EUSP helps with electric bills. Households can receive a grant from either program or both, depending on their housing situation and utility expense responsibility.

	<b>FY10 7/1/09- 3/31/10</b>	<b>FY09 7/1/08- 4/15/09</b>	<b>FY10 estimated</b>	<b>FY09</b>	<b>FY08</b>	<b>Estimated Change 2009- 2010</b>
Applications Received	11,350	9,880	12,500	10,437	9044	+20%
<b><u>Number of Grants Issued</u></b>						
<b>MEAP</b>	6567	4,958	9600	7,826	5976	+23%
<b>EUSP</b>	6425	4,921	9500	7,583	6419	+25%
<b>Electric Arrearage</b>	1081	630	1400	801	504	+75%

<b><u>Grant Funds Issued</u></b>						
<b>MEAP*</b> (Federal Low Income Home Energy Assistance (LIHEAP) funds & County Tax Rebate)	\$1,893,060 Average grant \$288	\$1,983,507	\$2,764,800	\$3,000,977	\$1,961,010	-8%
<b>EUSP</b> (Commercial and residential rate payer fees)	\$3,310,680 Average grant \$515	\$2,884,992	\$4,892,500	\$4,568,290	\$3,271,872	+7%
<b>Electric Arrearage</b>	\$1,634,455 Average grant \$1,512	\$841,575	\$2,116,800	\$1,114,079	\$464,833	+90%

\*In FY08 1,600 additional households were eligible for MEAP, but did not receive a grant due to LIHEAP funding shortfall.

	<b>Original FY10 Request</b>	<b>FY10 Original Approved</b>	<b>Additional FY10 Funds Requested for Staff and OE</b>	<b>Total F10 Administrative Funds</b>
<b>Administrative Funding</b>	\$731,598	\$731,598	\$7,550 (outreach activates)	\$739,148

State Funds 6 FY merit staff, temp staff and operating expense to determine application eligibility and operating costs

### ***1. County Energy Rebate Program***

The County Executive's March 15<sup>th</sup> budget includes \$129,500 in additional funding for the County's energy rebate based on his March 15<sup>th</sup> recommendation regarding an increase in the fuel/energy tax. The base budget includes \$350,000 to provide a \$50 rebate to 7,000 households that are eligible for MEAP. The \$479,500 being recommended would provide a \$68.50 rebate to 7,000 households.

The county energy rebate was initiated by the Council in December 2003 through a special appropriation. The appropriation provided \$160,000 to the Department of Health and Human Services to provide each MEAP household with an estimated \$40 rebate which was intended to offset the increase in the fuel/energy tax that became effective July 1, 2003. The rebate is not required by law or regulation.

**The HHS Committee recommends approval as recommended by the Executive.**

### **B. Shelter Services**

The Executive is recommending two specific changes in this program which

<b>Special Needs Housing</b>	<b>Dollars</b>	<b>WY</b>	<b>Fund</b>
Increase cost of SuperNofa program from addition of Samaritan Initiative	\$ 34,000	0.0	General
Reduce Homeless Outreach Services - No reduction to shelter beds or emergency assistance	\$ (367,540)	0.0	General

#### ***1. Samaritan Initiative – HUD Super Nofa Program***

This funding will be used by the Montgomery County Coalition for the Homeless' affiliate organization, Coalition Homes, which purchased a commercial property in downtown Bethesda that has been converted to 32 Personal Living Quarter (PLQ) units. This project will provide permanent supportive housing for homeless individuals as they exit homelessness. Funds of \$34,000 are being used to leverage MCCH's HUD grant which supports 8 of the PLQ units designated specifically for chronically homeless individuals. As part of the Housing First initiative, additional funding of \$432,000 from the Housing Initiative Fund will also be used to support rent and case management costs for the remaining 24 units. **The HHS Committee recommends approval.**

#### ***2. Reduce Homeless Outreach Services without Reducing Shelter Beds or Emergency Assistance (Community Vision)***

The Department is recommending a \$367,540 reduction that is described as reducing homeless outreach services but, as noted in the section on Behavioral Health and Crisis Services, is also to a reduction to the current Silver Spring Public Inebriation Initiative Team (PIIT) and an

effort by the Department to have outreach workers who will also reach out to homeless people living in encampments.

**Community Vision** – The FY10 budget includes \$527,000 to fund a contract with Interfaith Works to provide a daytime program for homeless people. The program is located in the Silver Spring business district. The program serves people living in local shelters as well as homeless who are not residing in a county shelter with assessment and case management, vocational services including classes in job readiness, computer skills, and financial literacy. Classes in art and creative writing are offered as are discussion groups and sessions on nutrition. Testimony from Ms. Fox-Morrill that provides data on those who have been served through Community Vision is attached at © 122-123 and information on Community Vision programming is attached at © 124-127. Meals are provided in partnership with Shepherds Table. The testimony states that in 2009, Community Vision served 850 unduplicated people and provided intake assessments for 662 individuals. It notes that long term job placement, internships, and follow-up services were provided to 67 people.

For FY11, the Department is recommending that Community Vision funding be cut by 48.5%. Funding for FY11 would be \$271,329. The Department expected that with this reduced funding the shelter beds that are currently provided could be continued along with some case management. However, the vocational training and other daytime classes would not receive county support. Director Ahluwalia told the Committee that, given the magnitude of the budget reductions, programs that are not aligned with core HHS services (such as ESOL, computer literacy, and vocational training) have been cut unless they are a part of specific grant or State funding. Interfaith Works said that they could not continue to serve as the vendor if the funding is limited to beds and case management and that they cannot provide a viable program if funds are cut by 48%. Interfaith Works notes that the programming is a large part of what creates an overall positive and safe atmosphere/facility and it is not clear what services will be required if only shelter is provided. The Council received testimony voicing concern that if Community Vision does not continue, the demand on other non-profits serving the homeless will increase at a time when they are also experiencing reductions in funding.

<b>Community Vision FY09 &amp; FY10 Statistics</b>		
<b>Clients Served</b>	<b>FY 2009</b>	<b>FY 2010 as of 3/31/2010</b>
<b>Total Client Served</b>	<b>662</b>	<b>621</b>
Clients engaged in intensive case management services	155	131
Clients pre-screened and referred to basic services	194	140
Clients served on an outreach basis	313	350
<b>Services Rendered</b>	<b>FY 2009</b>	<b>FY 2010 as of 3/31/2010</b>
Number of clients connected to Behavioral Health Treatment	41	46
Number of Clients connected to Permanent Housing	25	19
Number of clients connected to entitlements	10	35
Number of clients connected to vocational/employment services	132	87
Number of clients connected to emergency/transitional shelter	79	48

**The HHS Committee recommends restoring \$229,330 through the reconciliation list to restore funding to Community Vision with a 5% funding reduction. While the Committee understands the issues faced by the Department in finding reductions, the Committee does not believe this is a real reduction but rather will result in a shifting of demand to other organizations who are not being funded to take on the extra demand. Community Vision is a successful program that is providing structure and services to vulnerable people who will be out on the streets during the day if services are not provided. In a worst case scenario, the burden will be shifted to emergency rooms or the jail. While the Committee is not tied to any one vendor, there must be adequate funding in the budget to provide for a program that will serve the homeless population in Silver Spring during the daytime hours.**

### **C. Permanent Supportive Housing Services**

The Executive is not recommending any specific changes to this program area in the DHHS budget. There are significant reductions to the HIF funding for rental assistance and Housing First programming. **The HHS Committee recommends approval of the DHHS funding for this program. The Council reviewed the reductions to HIF funding at its May 10<sup>th</sup> session.**

### **D. Housing Stabilization Services**

The Executive is not recommending any specific changes to this program in DHHS. This program focuses on crisis intervention. **The HHS Committee recommends approval of the DHHS funding for this program. The Council reviewed the reductions to HIF funding at its May 10<sup>th</sup> session.**

### **E. Services Area Administration**

The Executive is not recommending any specific changes to this program that includes service wide administration. FY11 funding is \$240,030 and 1.7 workyears. **The HHS Committee recommends approval.**

### **F. Contracts Reduced by 7%**

These contracts are recommended to be reduced 7% by the Executive and 5% by the HHS Committee.

<b>Special Needs Housing</b>				
	FY10 General Fund Contract	7% Reduction (CE)	FY11 Proposed Funding	% Reduction from FY10
<b>Shelter Services</b>				
Bethesda Cares - case manager for homeless outreach program	\$ 57,412	\$ 4,020	\$ 53,392	-7.0%
Bethesda Cares - meals for lunch program for the homeless	\$ 35,560	\$ 2,510	\$ 33,050	-7.1%
Catholic Charities - Bethesda Mens Shelter for 15 chronically homeless men	\$ 73,311	\$ 5,130	\$ 68,181	-7.0%
Catholic Charities - Dorothy Day Shelter for 20 homeless women with mental health, substance abuse, and co-occurring disorders	\$ 397,812	\$ 27,850	\$ 369,962	-7.0%
City of Gaithersburg - Wells Robertson transitional shelter for 12 people in substance abuse recovery	\$ 9,614	\$ 670	\$ 8,944	-7.0%
Community Ministries - Chase Shelter for Men (transitional shelter for 36 men in recovery	\$ 250,329	\$ 17,520	\$ 232,809	-7.0%
Interfaith Works - Severe Weather Refuge (daytime hours)	\$ 73,311	\$ 5,130	\$ 68,181	-7.0%
Interfaith Works - Sophia House and Wilkens community based shelters for 30 homeless women	\$ 488,457	\$ 34,190	\$ 454,267	-7.0%
MC Coalition for the Homeless - Men's Emergency Shelter	\$ 794,722	\$ 51,040	\$ 743,682	-6.4%
Rockville Presbyterian Church - Rainbow Shelter - winter shelter for homeless women	\$ 14,768	\$ 1,030	\$ 13,738	-7.0%
Shepherds Table - meal program for homeless and low income people	\$ 125,167	\$ 8,760	\$ 116,407	-7.0%

<b>Permanent Supportive Housing Services</b>	<b>FY10 General Fund Contract</b>	<b>7% Reduction (CE)</b>	<b>FY11 Proposed Funding</b>	<b>% Reduction from FY10</b>
Dwelling Place (leasing costs only) transitional program for families	\$ 12,762	\$ 890	\$ 11,872	-7.0%
Housing Opportunities Commission - McKinney funding for permanent housing for 47 disabled families and 33 individuals	\$ 268,860	\$ 18,820	\$ 250,040	-7.0%
Housing Opportunities Commission - McKinney funding for permanent housing for 12 individuals	\$ 30,862	\$ 2,160	\$ 28,702	-7.0%
Housing Opportunities Commission - McKinney funding for permanent housing for 25 families and 35 individuals	\$ 19,781	\$ 1,380	\$ 18,401	-7.0%
Interfaith Works - Welcome Homes program for elderly homeless women	\$ 237,500	\$ 16,220	\$ 221,280	-6.8%
Interfaith Works - Welcome Homes program for mentally ill women	\$ 177,744	\$ 12,440	\$ 165,304	-7.0%
Mental Health Association - Shelter Plus Care Program case management	\$ 92,190	\$ 6,450	\$ 85,740	-7.0%
MC Coalition for the Homeless - Seneca Heights houses 40 individuals and 17 families	\$ 553,956	\$ 38,780	\$ 515,176	-7.0%
MC Coalition for the Homeless - Home First - permanent housing for 34 chronically homeless individuals	\$ 101,493	\$ 7,060	\$ 94,433	-7.0%
MC Coalition for the Homeless - Safe Havens Program - houses 15 men and 23 women	\$ 229,798	\$ 16,090	\$ 213,708	-7.0%
MC Coalition for the Homeless - Hope Housing permanent housing for 40 participants (leverage HUD funds)	\$ 91,558	\$ 6,410	\$ 85,148	-7.0%
Interfaith Works - Men's Transitional Shelter	\$ 212,966	\$ 14,910	\$ 198,056	-7.0%
Stepping Stones Shelter	\$ 215,766	\$ 15,100	\$ 200,666	-7.0%
MC Coalition for the Homeless - Partnership for Permanent Housing II	\$ 223,210	\$ 15,630	\$ 207,580	-7.0%
National Center for Children and Families - case manager for HUD funded rapid rehousing	\$ 78,617	\$ 5,500	\$ 73,117	-7.0%

<b>Housing Stabilization Services</b>	<b>FY10 General Fund Contract</b>	<b>7% Reduction (CE)</b>	<b>FY11 Proposed Funding</b>	<b>% Reduction from FY10</b>
<b>Purpose and Vendor(s):</b>				
Interfaith Works - emergency assistance grants to small non-profit agencies and congregations	\$ 56,547	\$ 3,960	\$ 52,587	-7.0%
Mid-County United Ministries - emergency assistance grants	\$ 18,108	\$ 1,270	\$ 16,838	-7.0%

## G. Miscellaneous Adjustments

	Dollars	WY	Fund
Miscellaneous Adjustments - Rental and Energy Assistance	\$ (370,970)	-1.1	General and Grant
Miscellaneous Adjustments - Shelter Services	\$ (194,980)	-0.2	General and Grant
Miscellaneous Adjustments - Permanent Supportive Housing	\$ 300,130	-0.3	General and Grant
Miscellaneous Adjustments - Housing Stabilization Services	\$ 115,900	-0.2	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ (7,350)	-0.1	General and Grant
<b>NET MISCELLANEOUS ADJUSTMENTS</b>	<b>\$ (157,270)</b>	<b>\$ (1.9)</b>	

**The HHS Committee recommends approval.**



# Health and Human Services

## MISSION STATEMENT

The Department of Health and Human Services assures delivery of a full array of services to address the somatic and behavioral health, economic and housing security and other emergent needs of Montgomery County residents. To achieve this, the Department (directly and/or via a network of community partners) develops and implements policies, procedures, programs and services that: 1) offer customer-focused direct care and supports; 2) maximize financial and staffing resources to deliver services through effective management, coordination and pursuit of strategic funding opportunities; 3) pilot and evaluate innovative approaches to service delivery and systems integration; and 4) develop, enhance, and maintain a broad network of community-based organizations, public, and private agencies to promote and sustain partnerships, which increase the availability of needed services.

## BUDGET OVERVIEW

The Department facilitates much of the delivery of direct services through partnerships with private providers. Approximately 80 percent of the Department's General Fund operating expenditures consist of contracts with service providers.

## ORGANIZATION

The Department of Health and Human Services provides an array of public health and human services that address the needs of children, families, individuals, and seniors. At its core, the Department's mission, responsibility, and focus support the goals of safety, well-being and self sufficiency. The programs supporting the outcomes are: the provision of public health programs that protect the health of the general public and address the health care needs of specific populations; the administration of protection programs and systems that provide for the safety and well-being of children and vulnerable adults; and the provision of programs and services that meet basic needs including income supports, food, shelter, and personal care.

The Department also provides supportive services that include intervention programs, including psychosocial, behavioral and physical health services, early intervention and prevention, and self-sufficiency that assist individuals and families in achieving their maximum level of readiness and self-reliance. These programs and services are designed to assist families to be healthy, safe, and strong.

As a department that provides services to clients across the lifespan, it is imperative to have a strong focus on integrating practice and supporting a seamless continuum. Clients, both as individuals and as families, have multiple needs and often access multiple services through the Department. Building a "No Wrong Door" approach will provide services to customers in a seamless and integrated way to minimize duplication and improve outcomes.

The Department's FY11 budget reflects the critical resources necessary to implement the core goals identified in the strategic plan and to maintain the broad range of services and programs it administers.

## ACCOMPLISHMENTS AND INITIATIVES

To assure healthy and sustainable communities:

- The FY11 budget sustains access to health care for 23,000 patients. In the five years since the Montgomery Cares program began, the program has grown from approximately 8,000 patients to over 21,000 patients, and patient visits have grown from 26,000 to over 56,000 visits per year.
- The Dedicated Administrative Care Coordination Team (DACCT) was created in March 2009 to provide care coordination to pregnant women with Medical Assistance to replace the Healthy Start Case Management Program, which was no longer funded by the Federal government.
- The Department will continue in its aggressive Tuberculosis (TB) program to respond to the high TB rate in the County through TB prevention, treatment, case management and education. In the past year, over 72,000 residents received services at the Communicable Disease Programs.
- Sustain the Maternity Partnership Program for approximately 2,100 pregnant women.
- Continuation of funding for a satellite Sexually Transmitted Disease (STD) clinic in the Germantown area.

To assure affordable housing in an inclusive community:

- Funding for the match for the SuperNofa Samaritan Initiative to provide shelter and housing services for homeless individuals.
- Continuation of the Housing First Program. The goal of Housing First is to rapidly place homeless individuals and families in permanent housing, and reduce the time spent in homeless shelters.

To assure vital living for all of our residents:

- Continued funding for the Emergency Safety Net Program to address the growing needs of residents, in response to the downturn of the economy. This initiative is a collaboration between Impact Silver Spring, Family Services, Catholic Charities, HHS, the Community Foundation, and Interfaith Works. The Program focuses on meeting the needs of individuals and galvanizing the community to support their neighbors.
- Continued funding of the Adult Day Care Subsidy Program (ADC) for frail and/or disabled adults, whose family caregivers often are experiencing acute stress and burden. ADC funding allows these individuals to remain safely in the community with maximum independence and safety.
- In October 2009, in partnership with the Commission on People with Disabilities, the Office of Human Resources, and HHS, the Montgomery County QUEST Intern Partnership was launched. The QUEST Intern Partnership will complement the existing Customized Employment Public Intern Project.
- The Department implemented two new service components, "Medication Group" and "Caregiver's Group" in the Adult Behavioral Health Program in FY10 to enhance the services to those clients who have difficulty attending and keeping appointments.
- The Department expanded Voluntary Income Tax Assistance (VITA) services from two downcounty sites, opening a third site in FY09 in partnership with the City of Rockville. In tax year 2008, free income tax assistance was provided to 1,171 residents, a 70% increase from the previous year.
- Additional funding to increase the reimbursement rate for the County Energy Tax Rebate Program based on increased energy costs.
- Continuation of the African American Health Program, Asian American Health Initiative, and Latino Health Initiative to address disparities.
- Continuation of the program that provides supplemental funding to providers of services to the developmentally disabled.

To assure that children are prepared to live and learn:

- In FY09, more than 187,043 Early Childhood services were provided to young children, their families and caregivers through DHHS, MCPS and a wide array of private non-profit community based partners.
- The Montgomery County Infants and Toddlers Program received an additional \$4.3 million in Federal Stimulus money for FY10 and FY11. This money will equip an additional regional site, ensure mandated services, support the expansion of early intervention, and support services to include eligible children three years to kindergarten entry age.
- A Visitation House opened in the Spring of 2009, which enables children separated from their families due to involvement in the child welfare system to have family visits in a home-like atmosphere. Acquiring the house was the result of a strong collaboration among County agencies, the Courts, and several community groups.
- The Tree House (Child Assessment Center), a public-private partnership, that provides multidisciplinary assessments for children who have been maltreated, earned national accreditation as a child advocacy center. In FY09, services were provided to 899 child victims of maltreatment.
- In FY09, 57 adoptions were finalized, exceeding the State's target. Many of the adoptions included several sibling groups and teenagers.
- 83% of students receiving ongoing individual/family therapy maintained or improved their attendance and improved their classroom conduct.

- In FY09, 230 youth were served at the Northwood High School Wellness Center and 169 youth participated in positive youth development groups that focus on Latino youth, African American youth, and a multi ethnic youth group. In addition, in FY09, 248 high risk and gang involved youth were served at the Crossroads Youth Opportunity Center.
- Secured Federal funding for the establishment of an Up County Youth Opportunity Center. This Center will serve an additional 100 to 150 youth who are gang involved or at risk for involvement.

To assure safe streets and secure neighborhoods:

- From December 2004 through October 2009, 143 individuals have been served in the Adult Drug Court Program; 55 of those individuals successfully completed the Program, and 71 are currently enrolled.
- The Crisis Center provides crisis services to all Montgomery County residents. During FY09, the Crisis Center intervened in over 60,000 crisis situations. A total of 5,580 persons were served through the Crisis Centers walk-in services that are available 24 hours a day, 7 days a week. Included in this number were over 350 students referred by the County public schools for assessment and referrals related to self injurious threats and behaviors, or threats to harm the school community. During FY09, the Crisis Center provided mobile crisis outreach to 1,050 county residents in the community.

To provide a responsive and accountable county government:

- Provide one-time only grants for non-profit organizations to help achieve a safe, healthy, and self-sufficient community (See Non-Departmental Accounts - Community Grants).
- Continuation of the "no wrong door/customer service initiative" to improve the intake and screening process resulting in better customer access to the full range of services offered by HHS and improved customer satisfaction.

## **PRODUCTIVITY ENHANCEMENTS**

### **Administration and Support**

- In FY09, the African American Health Program implemented a multifunctional data system for the Start More Infants Living Equally Healthy (SMILE) program, which is more efficient for the staff nurses and allows timelier and efficient data access for analysis and reporting.

### **Children, Youth, and Family Services**

- Kennedy Cluster Project – A Memorandum of Understanding (MOU) among Montgomery County Government, Montgomery County Public Schools, the States Attorney's Office, the State Department of Juvenile Services, and the Montgomery County Police Department has been established to assist in the work of the Kennedy Cluster Project. This MOU allows information sharing to help students and their families with the ultimate goal to help close the achievement gap for African American students.
- The Income Supports Program's greatest challenge in FY09 was the increased workload resulting from changes in the economy. The total application volume increased 17.2% over FY08 and 38.3 % over FY07. Caseloads rose by 22% in one year. Income Supports has assumed supervisory responsibility for new staff at the Neighborhood Service Centers, training them to screen for DHHS services and to accept applications. County residents are also able to apply for benefits using a statewide online application system.

### **Aging and Disability Services**

- The Group Home Subsidy Program requires group homes to enroll before they can receive subsidy payments on behalf of clients. In FY10, the program initiated a single day, in person enrollment event. This allowed almost all enrollments to occur in one day.
- In FY09, a state of the art County website was developed for Veterans ([www.montgomerycountymd.gov/veterans](http://www.montgomerycountymd.gov/veterans)).

### **Public Health**

- The Public Health Service Area increased its ability to collect and analyze local health data by installing the Healthy Communities Network Web-based Platform Software, purchased with a grant from Kaiser Permanente, as the next step forward for the Community Health Improvement Process (CHIP).
- Leveraged County resources by successfully applying for Federal and State grants to help the County respond to the H1N1 flu outbreak for planning, tracking, and immunizing residents. Numerous clinics were set-up and a H1N1 FLU Hotline, deploying both staff and County Medical Reserve Corps volunteers to respond to the public's need to have current and correct local information about H1N1 flu vaccine and seasonal flu vaccine.

### Behavioral Health and Crisis Services

- Montgomery County has been one of four pilot sites in the State of Maryland, which has implemented comprehensive community based wraparound services for children and adolescents that meet the criteria for residential treatment center level of care but can be served safely in the community with a plan of care. After three years of work on the application, the application to the Center for Medicare and Medicaid for a Psychiatric Residential Treatment Center (PRTC) waiver had been granted, effective April 2009. Since that time, the Montgomery County Child and Adolescent Mental Health Services has been working with local partners to enroll providers and children and families into the waiver services.
- The Abused Persons Program (APP) and Crisis Center (CC) initiated the Lethality Assessment Protocol for First Responders during FY09. This Program in partnership with the Montgomery County Police Department (MCPD) and municipal police departments trains officers to screen domestic violence calls for lethality and place high danger victims in immediate contact with the CC/APP hotline. The project increased victim referrals to the program by 21% (number of victims served is equal to 399 individuals) in FY09, which was managed with only the addition of a small private grant to current resources.

### Special Needs Housing

- Developed and piloted a uniform assessment tool for use by homeless intake staff in FY09. This tool centrally gathers client background information at the point of intake and identifies housing barriers, which enables staff to accurately identify the services and housing supports that will be most effective in rapidly exiting families from homelessness. As a result, resources are targeted more effectively and earlier in the assistance process, thereby reducing the length of time in homelessness.

In addition, this department's Capital Improvements Program (CIP) requires Current Revenue funding.

## LINKAGE TO COUNTY RESULT AREAS

While this program area supports all eight of the County Result Areas, the following are emphasized:

- ❖ **A Responsive, Accountable County Government**
- ❖ **Affordable Housing in an Inclusive Community**
- ❖ **Children Prepared to Live and Learn**
- ❖ **Healthy and Sustainable Neighborhoods**
- ❖ **Vital Living for All of Our Residents**

## DEPARTMENT PERFORMANCE MEASURES

Performance measures for this department are included below, with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY10 estimates incorporate the effect of the FY10 savings plan. The FY11 and FY12 targets assume the recommended FY11 budget and FY12 funding for comparable service levels.

Measure	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
<b>Multi-Program Measures</b>					
Percentage of child and adolescents served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness	N/A	94	93.5	93.5	93.5
Percentage of client cases needing assistance within three or more Service Areas for which effective team functioning is documented	30	68	79	73	74
Percentage of senior and/or disabled clients who avoid institutional placement after receiving case management services	92.3	91.6	92	92	92
Percentage of client cases reviewed that demonstrate beneficial impact from services received <sup>1</sup>	80	89	90	90	90
Percentage of client cases needing assistance within three or more Service Areas for which effective team formation is documented	50	82	86	78	78
Percentage of new Request for Proposals (RFPs) that include performance measures related to beneficial impact and customer satisfaction <sup>2</sup>	NA	90	100	100	100
Percentage of adults served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness <sup>3</sup>	82	83	82.5	80	80

<sup>1</sup> Figures shown are based on a qualitative assessment by experienced reviewers of a small sample of HHS cases, and are not representative of HHS as a whole. This measure also has composite quantitative submeasures.

<sup>2</sup> Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

<sup>3</sup> As demonstrated by: Increased/retained employment; increased success in school; increased stability in housing; increased outcomes for those receiving evidence-based practices; or decreased arrest rates.

## PROGRAM CONTACTS

Contact Sherry D. White of the Department of Health and Human Services at 240.777.1151 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this department's operating budget.

## BUDGET SUMMARY

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
<b>COUNTY GENERAL FUND</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	77,852,048	79,510,990	77,965,010	73,358,455	-7.7%
Employee Benefits	25,509,857	27,802,110	27,696,010	28,408,445	2.2%
<b>County General Fund Personnel Costs</b>	<b>103,361,905</b>	<b>107,313,100</b>	<b>105,661,020</b>	<b>101,766,900</b>	<b>-5.2%</b>
Operating Expenses	86,450,614	86,761,250	82,282,480	71,791,530	-17.3%
Capital Outlay	275,840	0	0	0	—
<b>County General Fund Expenditures</b>	<b>190,088,359</b>	<b>194,074,350</b>	<b>187,943,500</b>	<b>173,558,430</b>	<b>-10.6%</b>
<b>PERSONNEL</b>					
Full-Time	845	811	811	781	-3.7%
Part-Time	299	303	303	301	-0.7%
Workyears	1,155.9	1,132.6	1,132.6	1,016.4	-10.3%
<b>REVENUES</b>					
Administrative Case Management	0	0	0	69,120	—
Purchase of Care - MSDE	7,134,206	7,100,000	4,100,000	0	—
Comprehensive Case Management	0	0	0	3,490	—
Health Clinic Fee - Adult Immunizations	52,256	47,000	0	0	—
STD Clinic Service Fee/Donation	15,829	12,060	12,060	12,360	2.5%
Adult Mental Health Clinic Fee	42,311	40,850	0	0	—
Miscellaneous	4,665	0	0	0	—
Marriage Licenses-Battered Spouses	248,566	300,000	250,000	250,000	-16.7%
Core Health Services Funding	6,435,846	5,256,800	3,601,470	3,601,470	-31.5%
Medicaid Reimbursement: School Health	27,436	62,000	30,000	30,000	-51.6%
Medicaid Reimbursement: Child & Adolescent Service	267,439	250,000	250,000	250,000	—
Medicaid Reimbursement: Child Special Services	208	0	0	0	—
STEPS	73,685	80,000	80,000	80,000	—
MA Reimbursement: LTC Waiver AERS	198,755	167,180	180,000	190,000	13.6%
MA Crisis Center: ACT	213,102	0	0	0	—
FFP: MA Hospital Reimbursement	501,515	0	0	0	—
Medicaid Reimbursement: Behavioral Hlth Case Man.	0	0	20,000	30,000	—
Nursing Home Reimbursement	647,383	500,000	600,000	625,000	25.0%
Health Inspections: Swimming Pools	491,395	440,000	440,000	440,000	—
Medicaid Reimbursement: Obstetrics	858,189	850,000	850,000	850,000	—
Medicare: Flu Clinic	3,327	0	0	0	—
Medicaid Form Distribution	9,184	9,180	9,180	9,180	—
Health Inspections: Restaurant	1,421,338	1,400,000	1,420,000	1,420,000	1.4%
Medicaid Reimbursement: TASC Assess. & Urinalysis	217,828	167,000	167,000	167,000	—
Medicaid Reimbursement: Outpatient Addictions Svc	98,675	80,000	80,000	80,000	—
Health Inspections: Living Facilities - Licenses	200,912	180,690	200,000	200,000	10.7%
Health Inspec: Living Facilities - Environmental	78,196	75,770	76,750	76,750	1.3%
Federal Financial Participation (FFP)	12,450,984	12,923,090	8,561,840	6,595,030	-49.0%
Health Inspections: Miscellaneous	30,050	30,030	31,380	31,380	4.5%
Medicaid & Medicare Reimb: Mental Health	115,721	120,000	130,000	130,000	8.3%
Federal Financial Participation: Public Health	1,242,238	1,672,130	1,242,000	1,242,000	-25.7%
FFP - Adult Mental Health	40,045	0	0	0	—
Federal Financial Participation - Healthy Start	0	197,080	150,000	150,000	-23.9%
MA Long Term Care Waiver	516,996	475,870	631,390	631,390	32.7%
Electronic Amusement Licenses	41,590	45,430	41,520	41,520	-8.6%
Conservation Corps Fees	90,654	50,000	50,000	15,000	-70.0%
Birth Search Adoption Fee	1,162	0	0	0	—
Child and Adolescent-Outpatient Programs	5,996	3,500	6,000	6,000	71.4%
MA Hospital Fees	453,132	525,620	525,620	525,620	—
In-Home Aide Service Fees	10,941	8,100	7,250	7,250	-10.5%
Death Certificate Fees	260,368	250,000	260,000	260,000	4.0%

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
HIV Clinic Service Fees/Donations	12,463	13,600	12,450	12,450	-8.5%
Health Clinic Fees - Pregnancy Testing	8,505	4,500	0	0	—
TB Testing Donations	39,485	32,490	33,000	33,000	1.6%
Health Clinic Fees	1,322	0	0	0	—
Statement of Age Card	424	410	410	410	—
Health Clinic Fees - Dental	41,615	45,980	45,980	45,980	—
Health Clinic Fees - School Health Services Center	13,685	16,250	14,980	14,980	-7.8%
Rabies Vaccine Fee	86,491	80,000	80,000	80,000	—
Sexual Assault Victim Counseling	13,380	13,500	11,500	11,000	-18.5%
Partner Abuse Program	12,680	14,000	12,000	12,500	-10.7%
Outpatient Addiction Service Fees	5,703	2,000	2,000	2,000	—
Adult Mental Health Fees	8,872	5,000	5,000	5,500	10.0%
Addictions Services Coordination Fees	19,687	22,000	20,000	20,000	-9.1%
Autism Assessment Fee	350,975	459,600	407,130	416,100	-9.5%
<b>County General Fund Revenues</b>	<b>35,117,410</b>	<b>34,028,710</b>	<b>24,647,910</b>	<b>18,673,480</b>	<b>-45.1%</b>

## GRANT FUND MCG

### EXPENDITURES

Salaries and Wages	32,481,389	32,320,380	32,437,380	31,562,370	-2.3%
Employee Benefits	9,983,338	10,327,640	10,308,910	11,426,030	10.6%
<b>Grant Fund MCG Personnel Costs</b>	<b>42,464,727</b>	<b>42,648,020</b>	<b>42,746,290</b>	<b>42,988,400</b>	<b>0.8%</b>
Operating Expenses	30,749,750	31,848,370	32,708,680	30,212,570	-5.1%
Capital Outlay	0	0	0	0	—
<b>Grant Fund MCG Expenditures</b>	<b>73,214,477</b>	<b>74,496,390</b>	<b>75,454,970</b>	<b>73,200,970</b>	<b>-1.7%</b>

### PERSONNEL

Full-Time	568	561	561	564	0.5%
Part-Time	49	47	47	46	-2.1%
Workyears	453.1	444.5	444.5	445.3	0.2%

### REVENUES

Adult Drug Court Capacity Expan	111,562	300,000	300,000	300,000	—
Safe Kids	11,001	0	0	0	—
Under One Roof	157,204	0	0	0	—
Social Services State Reimbursement (HB669)	32,627,952	33,518,630	33,518,630	32,932,200	-1.7%
Addressing Cancer Hlth Disparities - CDBG	-33,604	0	0	0	—
HOC For Persons W/ AIDS (HOPWA)	451,271	452,220	452,220	525,300	16.2%
Gudelsky Foundation Grant	13,877	15,000	15,000	15,000	—
Infants and Toddlers (CLIG Part B 619)	0	9,000	9,000	9,000	—
Infants and Toddlers CLIG (Medicaid Revenue)	0	250,000	250,000	250,000	—
Infants and Toddlers CLIG (Impact Aide)	0	25,000	25,000	0	—
Casey Grant	309,999	250,000	250,000	250,000	—
Money Follows the Person	20,033	0	0	0	—
Opening Up W.I.D.E.	37,240	0	89,640	89,640	—
ARRA Part C - MCITP	0	0	587,110	0	—
ARRA JAG Recovery	0	0	60,010	0	—
ARRA - SS Courthouse VASAP	0	0	0	21,610	—
ARRA - CSBS Grant	0	0	763,340	0	—
Up County Youth Opportunity Center	0	0	0	450,000	—
ARRA Head Start Cola & QI Grant	0	0	64,840	0	—
Parent Locator - FFS	40,148	0	0	0	—
ARRA SS Courthouse VASAP	0	0	22,140	0	—
Disparities Self-Assesment Project	960	0	0	0	—
Administrative Care Coordination (EPSTD)	705,000	705,000	705,000	705,000	—
AIDS Diagnostic and Evaluation Unit	149,423	153,510	153,510	0	—
Alcohol and Drug Abuse Block Grant	4,730,800	4,768,060	4,768,060	4,464,320	-6.4%
Area Agency on Aging: III	3,216,210	2,730,270	2,730,270	2,862,530	4.8%
Asthma Management Grant	20,000	20,000	20,000	20,000	—
ATOD High Risk Kids	-3,109	0	0	0	—
Breast Cancer Outreach and Dx. Case Mgt.	247,892	258,720	258,720	258,720	—
CDC Breast and Cervical Cancer Screening	633,810	555,160	675,170	675,160	21.6%
Child Care Resource and Referral	458,415	448,000	448,000	448,000	—
Childhood Injury Prevention	2,930	3,000	3,500	3,500	16.7%
Children With Special Care Needs	74,548	74,920	74,920	74,920	—
Community Mental Health	5,158,860	5,458,540	5,458,540	4,128,820	-24.4%
Community Mental Health Grant Admin	0	0	0	1,091,110	—
Community Action Agency	429,468	446,790	446,790	473,520	6.0%

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
Community Services Block Grant: State Funds	4,329	4,330	0	0	—
Community Supervision Program	143,863	143,870	143,870	0	—
CRF: Addictions Treatment	-6,190	0	0	0	—
CRF: Tobacco Prevention and Education	909,609	271,970	271,970	203,980	-25.0%
CRF: Cancer Prevention, Educ., Screen, Training	796,620	883,450	883,450	662,670	-25.0%
DJJ Day Treatment	150,000	103,810	103,810	103,810	—
Domestic Violence Grant	182,000	182,000	182,000	182,000	—
Emergency Shelter & Nutrition: Homeless	265,470	269,900	269,900	269,900	—
Family Planning	436,072	546,790	546,790	546,790	—
Foster Care Court Improvement	0	0	25,820	0	—
Federal Block Grant Homeless	596,572	596,790	596,790	596,790	—
Geriatric Evaluation	2,852	2,860	2,860	2,860	—
Head Start: DFR and Health	1,074,151	1,100,790	1,127,160	1,127,160	2.4%
Head Start: Extended Year Summer	69,934	91,640	91,640	25,000	-72.7%
Hepatitis B Immunization Action Plan	362,911	314,500	314,500	314,500	—
High Intensity Drug Trafficking Area (HIDTA)	-7,869	0	0	0	—
HIV Local Prevention Initiative	244,535	230,000	230,000	246,710	7.3%
HIV Positive Women's Health Program	111,438	128,910	128,910	125,910	-2.3%
HIV/STD Minority Outreach	239,598	262,210	262,210	332,050	26.6%
Improved Pregnancy Outcome	121,393	139,540	139,540	119,540	-14.3%
Individual Support Services-Single Point of Entry	762,035	960,000	960,000	880,690	-8.3%
Infants and Toddlers Mead Family Grant	956,751	2,083,610	2,083,610	2,083,610	—
Infants and Toddlers State Grant	2,125,458	959,100	959,100	959,100	—
IT Grant	1,000	3,540	3,540	0	—
Judith P Hoyer Module One Enhancement	5,073	0	0	0	—
Lead Poisoning Prevention	17,842	15,000	15,000	15,000	—
SR Ombudsman Grant	263,350	263,350	263,350	188,430	-28.4%
MA Waiver Admin and Case Management	215,863	215,870	215,870	217,870	0.9%
McKinney III: Public Housing	-1,103	0	0	0	—
McKinney: PATH	88,261	115,590	115,590	115,590	—
MD Children's Health Prog. Outreach & Eligibility	1,254,470	1,353,650	1,353,650	1,353,650	—
Medicaid Fraud and Abuse Education (CMM)	15,629	15,630	15,630	15,630	—
Nutrition: Risk Reduction	45,121	45,130	45,130	0	—
Oral Cancer Prevention	14,346	15,000	15,000	15,000	—
Refugee Resettlement: MONA	214,105	179,990	179,990	305,360	69.7%
Ryan White I: Emergency AIDS Services	1,719,017	1,578,610	1,578,610	2,035,210	28.9%
Ryan White II: Consortia Services	808,660	811,010	811,010	933,000	15.0%
Senior Care Grant - Gateway II	551,569	620,620	620,620	612,080	-1.4%
Senior Group Assisted Housing	295,051	325,360	325,360	323,590	-0.5%
Senior Guardianship Program	43,910	43,910	43,910	43,910	—
Senior Health Insurance Counseling (SHICAP)	71,704	66,460	66,460	66,460	—
Senior Information and Assistance	84,229	88,670	88,670	84,230	-5.0%
Senior Outreach Team (SORT)	1,215,123	1,432,300	1,190,650	1,190,640	-16.9%
Seniors State Nutrition Program (Meals Grant)	123,959	123,960	123,960	123,960	—
Service Coordination	3,755,113	4,010,800	4,010,800	4,030,550	0.5%
Sexual Assault: Rape Crisis Service	144,091	145,000	145,000	145,000	—
Stop Domestic Violence Now	44,323	29,430	37,000	37,000	25.7%
Substance Abuse Prevention (ADAA-Public Health)	482,239	483,390	485,740	483,390	—
Surplus Food Distribution (TEFAP)	43,315	35,000	35,000	35,000	—
TB Control: Nursing	305,284	331,930	331,930	331,930	—
Teenage Pregnancy & Parenting	14,998	15,000	15,000	15,000	—
Traffic Safety Education and Prevention	86,380	0	0	0	—
Victims of Crime: VOCA	313,278	327,520	327,520	327,520	—
Vulnerable Elderly Initiative VEPI	53,627	53,630	53,630	53,630	—
Sexual Assault: Prevention & Awareness	22,398	23,000	23,000	23,000	—
Grow Up Great Head Start	16,578	0	0	0	—
Early Childhood Mental Health	171,919	0	0	0	—
SS Courthouse Victim Assistant Project	23,881	0	0	0	—
Emergency Preparedness - PH (CDC)	821,904	929,340	929,340	929,340	—
NACCHO Advanced Practice CTR Grant	279,271	450,000	450,040	450,000	—
School Based Health Center	252,532	193,750	261,270	261,280	34.9%
Gang Prevention Initiative	645,923	197,360	197,360	0	—
Senior Health Management	21,782	0	0	0	—
Early Childhood Mental Health Consultant	0	150,000	150,000	150,000	—
Adult Drug Court	88,399	89,700	89,700	89,780	0.1%

	Actual FY09	Budget FY10	Estimated FY10	Recommended FY11	% Chg Bud/Rec
Pre-Trial DV Offenders	17,647	0	0	0	—
Gang Prevention Coordination Assist	69,119	0	0	0	—
Komen-PCC Quality Improvement Mini-Grant	12,570	0	0	0	—
<b>Grant Fund MCG Revenues</b>	<b>73,847,172</b>	<b>74,496,390</b>	<b>76,087,670</b>	<b>73,833,450</b>	<b>-0.1%</b>
<b>DEPARTMENT TOTALS</b>					
<b>Total Expenditures</b>	<b>263,302,836</b>	<b>268,570,740</b>	<b>263,398,470</b>	<b>246,759,400</b>	<b>-8.1%</b>
<b>Total Full-Time Positions</b>	<b>1,413</b>	<b>1,372</b>	<b>1,372</b>	<b>1,345</b>	<b>-2.0%</b>
<b>Total Part-Time Positions</b>	<b>348</b>	<b>350</b>	<b>350</b>	<b>347</b>	<b>-0.9%</b>
<b>Total Workyears</b>	<b>1,609.0</b>	<b>1,577.1</b>	<b>1,577.1</b>	<b>1,461.7</b>	<b>-7.3%</b>
<b>Total Revenues</b>	<b>108,964,582</b>	<b>108,525,100</b>	<b>100,735,580</b>	<b>92,506,930</b>	<b>-14.8%</b>

## FY11 RECOMMENDED CHANGES

	Expenditures	WYs
<b>COUNTY GENERAL FUND</b>		
<b>FY10 ORIGINAL APPROPRIATION</b>	<b>194,074,350</b>	<b>1132.6</b>
<b>Changes (with service impacts)</b>		
Add: Funds to Develop Transition for a Non-profit to Manage the Conservation Corps [Conservation Corps]	250,000	0.0
Add: Public Inebriate Team - Operating Expense [24-Hour Crisis Center]	77,250	0.0
Enhance: Increased Senior Nutrition Meals for those Affected by HIV/AIDs, Cancer, and Other Life-Challenging Illnesses [Senior Nutrition Program]	36,000	0.0
Enhance: Services to Haitian and Other French-Speaking Immigrants [Child and Adolescent Mental Health Services]	30,000	0.0
Reduce: Eliminate the Annual Asthma Forum in the Asthma Management Program, in the Latino Health Initiative [Office of Community Affairs]	-2,420	0.0
Reduce: Funding for Legal Immigration Contractual Services in Partner Abuse Services [Abused Persons Program]	-4,780	0.0
Reduce: Funding for Substance Abuse Prevention and Mental Health Contractual Services and Serve Five Fewer Children/Families [Child and Adolescent Mental Health Services]	-5,300	0.0
Reduce: Level I Outpatient Substance Abuse Treatment Services and Serve Three to Four Fewer Clients [Behavioral Health Community Support Svcs]	-13,600	0.0
Eliminate: Contract for Acudetox Services [Outpatient Addiction Services (OAS)]	-13,750	0.0
Reduce: Eliminate the Health Careers Component of the Latino Youth Wellness Program in the Latino Health Initiative [Office of Community Affairs]	-15,000	0.0
Eliminate: Learning Parties Interactive Sessions for Parents and Child Care Providers [Early Childhood Services]	-16,000	0.0
Reduce: N*COMMON Program - Mental Health Services to Diverse Populations [Child and Adolescent Mental Health Services]	-17,350	0.0
Reduce: Child Welfare Services Mental Health Funding - Attachment and Bonding Studies and Crisis Stabilization [Behavioral Health Planning and Management]	-18,790	0.0
Reduce: Substance Abuse Prevention Funding [Juvenile Justice Services]	-22,330	0.0
Reduce: Senior Nutrition Meal Program Funds [Senior Nutrition Program]	-25,000	0.0
Reduce: Family Support, Education, and Advocacy Services [Child and Adolescent Mental Health Services]	-27,200	0.0
Reduce: Eliminate the Runaway Prevention Program Contract [Child and Adolescent School and Community Based Services]	-37,500	0.0
Eliminate: Crisis Preparedness Contractual Services [24-Hour Crisis Center]	-37,510	0.0
Eliminate: Broker Contractual Services in the African American Health Program for Data Analysis [Office of Community Affairs]	-45,290	0.0
Reduce: Computer Training for Adults with Mental Illness and Serve 10-15 Fewer Adults Annually [Behavioral Health Planning and Management]	-47,370	0.0
Reduce: Eliminate Victims Clinical Counseling and Staff Consultation Services to Adults Molested as Children [Victims Assistance and Sexual Assault Program]	-58,270	0.0
Eliminate: Violence Prevention Contract [Linkages to Learning]	-75,780	0.0
Reduce: Crossroads Youth Opportunity Center Contractual Funding [Juvenile Justice Services]	-100,000	0.0
Reduce: Dental Services for Approximately 430 Adults/Seniors [Dental Services]	-100,000	0.0
Reduce: Patient Navigator Program in the Asian American Health Initiative [Office of Community Affairs]	-104,410	0.0
Reduce: Eliminate the Bilingual Information Line and Reduce Medical Interpretation Services in the System Navigator and Interpreter Program, in the Latino Health Initiative [Office of Community Affairs]	-119,410	0.0
Eliminate: G.O.S.P.E.L. Program and Absorb the Functions Under the African American Health Program [Health Promotion and Prevention]	-125,050	-1.0
Reduce: Abolish a Full-time Manager III Position to 0.2 WY [Health Promotion and Prevention]	-127,930	-0.8
Reduce: George B. Thomas Learning Academy Saturday School Program Funding [Child and Adolescent School and Community Based Services]	-150,000	0.0



	Expenditures	WYs
Reduce: Abolish a Full-time Manager III Position [Community Health Services]	-162,070	-1.0
Reduce: Bus Service for Seniors to Recreation Programming, Grocery Meals and Grocery Shopping (by 5 shopping sites, from 16 to 11) [Senior Community Services]	-165,490	0.0
Reduce: Abolish a Full-time and a Part-time Community Health Nurse II Positions [School Health Services]	-176,930	-1.6
Reduce: Abolish Two Full-time Community Health Nurse II Positions [Community Health Services]	-186,040	-2.0
Eliminate: Child and Adolescent Mental Health Service Psychiatric Contract [Child and Adolescent Mental Health Services]	-188,000	0.0
Reduce: Abolish a Medical Doctor Physician III Position [Child Welfare Services]	-225,380	-1.0
Reduce: Broker Contractual Services [Office of the Chief Operating Officer]	-227,460	0.0
Reduce: Individual Support Services (ISS) and Family Support Services (FSS) in the County Funded Supplement to Providers of Services to Developmentally Disabled Individuals (DD Supplement) [Community Support Network for People with Disabilities]	-253,240	0.0
Eliminate: Community-Based Part-day Pre-Kindergarten Contract [Early Childhood Services]	-262,700	0.0
Eliminate: The Wheaton Public Inebriate Initiative Team (PIIT) [24-Hour Crisis Center]	-275,000	-2.0
Reduce: Home Care Services Personal Care Hours from 20 to 14 Hours Per Week, Per Client for Clients Receiving 16 to 20 Hours Per Week [Home Care Services]	-350,000	0.0
Reduce: Montgomery Cares Program Based on Enrollment of 23,000 Patients [Health Care for the Uninsured]	-365,500	0.0
Reduce: Homeless Outreach Services Without Reducing Shelter Beds or Emergency Assistance [Shelter Services]	-367,540	0.0
Reduce: The Conservation Corps (\$-893,090) and Maintain Funds for the Program for Four Months (\$150,000), Plus Separately Identified Funds for Transition (\$250,000) [Conservation Corps]	-743,090	-24.1
Reduce: School Health Room Aide I and II Positions from .73 Workyear to .62 Workyear [School Health Services]	-1,541,340	-22.2
Reduce: General Fund Contract Services by 7%	-2,180,260	0.0
<b>Other Adjustments (with no service impacts)</b>		
Increase Cost: Retirement Adjustment	1,091,040	0.0
Increase Cost: Group Insurance Adjustment	643,900	0.0
Increase Cost: Annualization of FY10 Personnel Costs	479,900	0.0
Increase Cost: Benefits and Retirement Costs to County Supplement Portion of HB669 Positions	223,000	0.0
Increase Cost: Risk Management Adjustment	154,650	0.0
Increase Cost: HIPAA Compliance Officer Position [Office of the Director]	130,000	1.0
Increase Cost: Increase Reimbursement Rate to the County Energy Rebate Program to Reflect Energy Tax Rate Increase [Rental & Energy Assistance Program]	129,500	0.0
Replace: Grant Funds with General Fund Support for a Family Intervention Specialist (FIS) Social Worker III Position [Juvenile Justice Services]	107,740	1.0
Increase Cost: FY10 Midyear Miscellaneous Personnel Changes	89,840	1.7
Increase Cost: Annualization of FY10 Lapsed Positions	71,570	1.1
Increase Cost: SuperNofa - Samaritan Initiative [Shelter Services]	34,000	0.0
Increase Cost: School Based Health and Linkages to Learning Centers - Operating Budget Impact (CIP) [School Health Services]	15,000	0.0
Increase Cost: Victims Compensation Fund Match [Victims Assistance and Sexual Assault Program]	9,910	0.0
Increase Cost: Occupational Medical Services Adjustment	3,200	0.0
Decrease Cost: Miscellaneous Operating Expenses in Linkages to Learning and Positive Youth Development [Linkages to Learning]	-1,860	0.0
Decrease Cost: Contract for Clothing Center in Gaithersburg [Office of Community Affairs]	-3,000	0.0
Decrease Cost: Contract for After School Programs for Middle School Youth in the Rosemary Hills Area [Office of Community Affairs]	-5,000	0.0
Decrease Cost: HIPAA Information Technology (IT) Equipment Funding [Office of the Chief Operating Officer]	-5,220	0.0
Decrease Cost: Operating Expenses in the Care Coordination Budget - Administrative and Training and Professional Development Funding [Child and Adolescent Mental Health Services]	-8,000	0.0
Decrease Cost: Miscellaneous Computer Equipment Funding [Office of the Chief Operating Officer]	-10,000	0.0
Decrease Cost: Miscellaneous Operating Expenses for Substance Abuse Prevention Program [Juvenile Justice Services]	-10,000	0.0
Decrease Cost: Miscellaneous Operating Expenses in Cancer Restitution Funds Under Cancer and Tobacco Prevention Program [Cancer and Tobacco Prevention]	-10,000	0.0
Decrease Cost: Eliminate the Temporary Service Budget in Behavioral Health and Crisis Services (BHCS) Chief's Operating Expense budget [Service Area Administration]	-10,280	0.0
Decrease Cost: Case Management and Information and Referral Services Contract [Office of Community Affairs]	-11,500	0.0
Decrease Cost: Employment, Training, and Supportive Services Contract [Office of Community Affairs]	-11,500	0.0
Decrease Cost: Community Outreach, Training, and Education Services [Office of Community Affairs]	-12,000	0.0
Shift: Child Welfare Funds for Institutional Clothing Allowance to HB669 Grant Fund [Child Welfare Services]	-12,670	0.0
Decrease Cost: Child Welfare Medical Supplies [Child Welfare Services]	-15,000	0.0
Decrease Cost: Clerical Support in the Asian American Health Initiative [Office of Community Affairs]	-15,370	0.0
Decrease Cost: Consultant Services Funds [Office of the Chief Operating Officer]	-18,730	0.0
Decrease Cost: Consumer Special Needs Fund [Behavioral Health Planning and Management]	-19,670	0.0

	Expenditures	WYs
Decrease Cost: School Based Health Centers Contractual Medical Services Based on Historical Spending [School Health Services]	-20,000	0.0
Decrease Cost: Information Technology (IT) Funding for Software Maintenance [Office of the Chief Operating Officer]	-23,000	0.0
Decrease Cost: Abolish a Part-time Principal Administrative Aide Position [Behavioral Health Specialty Services]	-28,300	-0.5
Decrease Cost: Pharmacy Assistance Services Budget [Behavioral Health Planning and Management]	-30,000	0.0
Decrease Cost: West Nile Virus Surveillance [Environmental Health Regulatory Services]	-30,000	0.0
Decrease Cost: Printing and Mail Adjustment	-39,830	0.0
Decrease Cost: Temporary Clerical Services [Office of the Chief Operating Officer]	-40,000	0.0
Decrease Cost: Training Funds within Human Services [Office of the Chief Operating Officer]	-40,000	0.0
Decrease Cost: Abolish a Part-time Community Health Nurse II Position [Communicable Disease and Epidemiology]	-43,340	-0.5
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position [STD/HIV Prevention and Treatment Program]	-46,990	-1.0
Decrease Cost: Minority Outreach Contract in Early Childhood Services [Early Childhood Services]	-48,000	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position [Assessment and Continuing Case Mgmt Svcs]	-49,800	-1.0
Decrease Cost: Reduce the Budgets for Vocational Training, Travel, and Contract Expenses Based on Historic Actuals [Behavioral Health Planning and Management]	-50,000	0.0
Decrease Cost: Abolish a Part-time Therapist II Position [Child and Adolescent Mental Health Services]	-50,010	-0.5
Decrease Cost: Abolish a Full-time Office Services Coordinator (OSC) Position [Abused Persons Program]	-51,900	-1.0
Shift: Funding for Weekend and Holiday Coverage to State HB669 [Child Welfare Services]	-62,800	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide position [Health Promotion and Prevention]	-66,130	-1.0
Decrease Cost: Abolish a Full-time Community Outreach Manager Position and Retain \$60K to Cover the Shortfall Associated with a Reduced Intergovernmental Relations Legislative Position [Office of the Director]	-71,460	-1.0
Decrease Cost: Eliminate County Match for the Community Supervision Grant [Child and Adolescent School and Community Based Services]	-75,000	0.0
Decrease Cost: Information Technology (IT) Application Integration Framework (AIF) Maintenance Funding [Office of the Chief Operating Officer]	-75,000	0.0
Decrease Cost: Care For Kids Without Service Reduction [Health Care for the Uninsured]	-80,000	0.0
Decrease Cost: Abolish a Full-time Office Services Coordinator Position [Assessment and Continuing Case Mgmt Svcs]	-88,500	-1.0
Decrease Cost: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program [Office of Community Affairs]	-89,000	0.0
Decrease Cost: Absorb Contract for Adult Services Under Montgomery Cares Program [Health Care for the Uninsured]	-89,370	0.0
Decrease Cost: Abolish a Full-time Executive Administrative Aide Position [Health Care for the Uninsured]	-90,070	-1.0
Decrease Cost: Abolish a Full-time Social Worker III [Child Welfare Services]	-90,300	-1.0
Decrease Cost: Abolish a Full-time Therapist II Position [Abused Persons Program]	-90,400	-1.0
Decrease Cost: Eliminate the Contract for English for Speakers of Other Languages (ESOL) Classes and Support Services [Office of Community Affairs]	-90,900	0.0
Decrease Cost: Miscellaneous Operating Expenses [Health Promotion and Prevention]	-91,600	0.0
Decrease Cost: Absorb contract for Primary Care for Uninsured Adults under Montgomery Cares Program [Health Care for the Uninsured]	-94,790	0.0
Decrease Cost: Abolish A Full-time Administrative Specialist III Position in the Behavioral Health and Crisis Services (BHCS) Chief's Office [Service Area Administration]	-105,050	-1.0
Decrease Cost: Motor Pool Rate Adjustment	-111,760	0.0
Decrease Cost: Maternity Partnership Program due to Lower Enrollment [Health Care for the Uninsured]	-117,750	0.0
Decrease Cost: Increased Lapse	-128,500	0.0
Shift: The Conservation Corps Lease Cost to the Leases Non-Departmental Account (NDA) [Office of the Director]	-133,180	0.0
Decrease Cost: Abolish a Full-time Therapist II Position in the Access to Care Program [Behavioral Health Specialty Services]	-135,310	-1.0
Decrease Cost: The Housing Subsidy Paid to Six Providers of Residential Rehabilitation Programs with no Reduction to Client Service [Behavioral Health Planning and Management]	-137,530	0.0
Decrease Cost: Abolish a Full-time Therapist II Position [Outpatient Addiction Services (OAS)]	-145,080	-1.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort [24-Hour Crisis Center]	-150,000	-1.5
Shift: The Americans with Disabilities Act (ADA) Compliance Officer Position from the Department of Health and Human Services to the Department of General Services [Office of the Director]	-156,420	-1.0
Decrease Cost: Eliminate Respite Home Contract Due to Underutilization [Respite Care]	-159,000	0.0
Decrease Cost: Paper and Printing Reduction Initiative	-168,470	0.0
Decrease Cost: Information Technology (IT) Contractual Services [Office of the Chief Operating Officer]	-180,000	0.0
Shift: Funding for Five County General Fund Social Worker Positions to State HB669 [Child Welfare Services]	-244,090	-3.1
Decrease Cost: Miscellaneous Operating Expenses Throughout the Department [Office of the Chief Operating Officer]	-259,230	-1.0

	Expenditures	WYs
Decrease Cost: Elimination of One-Time Items Approved in FY10	-293,770	0.0
Shift: Transfer Positions to Staff MC311 Call Center [Office of the Director]	-391,920	-5.0
Decrease Cost: Reduce Reimbursement Rate from \$62 to \$55 per Encounter for Montgomery Cares Program [Health Care for the Uninsured]	-415,800	0.0
Decrease Cost: Furlough Days	-2,897,190	-40.2
Shift: Purchase of Care Child Care Subsidy payments to the State [Child Care Subsidies]	-6,766,000	0.0
<b>FY11 RECOMMENDED:</b>	<b>173,558,430</b>	<b>1016.4</b>
<b>GRANT FUND MCG</b>		
<b>FY10 ORIGINAL APPROPRIATION</b>	<b>74,496,390</b>	<b>444.5</b>
<b><u>Changes (with service impacts)</u></b>		
Enhance: Ryan White I - Emergency AIDS Services Grant [STD/HIV Prevention and Treatment Program]	456,600	0.0
Add: Up County Youth Opportunity Center Grant [Juvenile Justice Services]	450,000	0.0
Enhance: Refugee Resettlement (MONA) Grant [Communicable Disease and Epidemiology]	125,370	0.0
Enhance: Ryan White II - Consortia Services [STD/HIV Prevention and Treatment Program]	121,990	0.0
Enhance: Center for Disease Control (CDC) Early Detection and Control Grant - Breast and Cervical Cancer [Women's Health Services]	120,000	0.0
Add: Opening Up W.I.D.E (Wellness Initiative and Dental Enhancement) [School Health Services]	89,640	0.0
Enhance: HOPWA - Housing Opportunities for People With AIDS Grant [STD/HIV Prevention and Treatment Program]	73,080	0.0
Add: HIV Minority Outreach Activities [STD/HIV Prevention and Treatment Program]	69,840	0.0
Enhance: Create a Program Aide Position in the Head Start Grant [Office of Community Affairs]	26,370	0.7
Add: American Reinvestment and Recovery Act (ARRA) Grant Awarded to Fund a Part-time Client Assistant Position (0.3 WY) [Victims Assistance and Sexual Assault Program]	21,610	0.3
Enhance: Shift Operating Expenses to Personnel Costs and Create a Full-time Social Worker IV Position in Medicaid Waiver for Older Adults Program [Home and Community Based Waiver Services]	2,000	1.0
Enhance: Childhood Injury Prevention Grant [Health Promotion and Prevention]	500	0.0
Eliminate: The Information Technology (IT) Grant [Senior Community Services]	-3,540	0.0
Eliminate: State General Funds Grant [Office of Community Affairs]	-4,330	0.0
Reduce: Improved Pregnancy Outcome Grant [Women's Health Services]	-20,000	0.0
Eliminate: Nutrition Risk Reduction Grant [Health Promotion and Prevention]	-45,130	0.0
Reduce: Head Start Extended Year Services Supplemental Grant [Office of Community Affairs]	-66,640	0.0
Reduce: Cigarette Restitution Fund (CRF) - Tobacco, Prevention, and Education [Cancer and Tobacco Prevention]	-70,760	-1.0
Reduce: The Senior Ombudsman Grant and Abolish a Full-time Community Health Nurse II Position [Ombudsman Services]	-74,920	-1.0
Eliminate: The Community Supervision Grant [Juvenile Justice Services]	-143,870	0.0
Eliminate: AIDS Diagnostic and Evaluation Grant [STD/HIV Prevention and Treatment Program]	-153,510	-1.0
Eliminate: The Gang Prevention Coordination Assistance Grant [Juvenile Justice Services]	-197,360	0.0
Reduce: Cigarette Restitution Fund (CRF) - Cancer Prevention, Education, Screening, and Treatment [Cancer and Tobacco Prevention]	-209,070	-0.5
Reduce: The SORT Grant by \$241,660 in the Hospital Diversion Program by Abolishing Four Positions and Eliminating the Operating Budget for Therapeutic Foster Care [Mental Health Svcs: Seniors & Persons with Disabilities]	-241,660	-3.0
Reduce: The Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant [Behavioral Health Community Support Svcs]	-303,740	0.0
Reduce: The Community Mental Health Grant and Shift the Administrative Budget to Another Code in the Grant	-1,329,720	-9.0
<b><u>Other Adjustments (with no service impacts)</u></b>		
Shift: Eight (8.0) WYs and Grant Line Item Budgets in the Community Mental Health Administrative Grant - To a New Grant Code	1,091,110	8.0
Technical Adj: Miscellaneous Grant Changes	239,410	1.0
Shift: A Program Manager I Position from the Individual Support Services Grant to the Service Coordination Grant [Community Support Network for People with Disabilities]	19,750	1.0
Shift: Community Health Nurse Position to the Thornton Grant [Infants and Toddlers]	0	0.7
Shift: Funding for Five Split-funded Full-time Social Worker II Positions to State HB669 in Child Welfare [Child Welfare Services]	0	3.1
Shift: Operating Expense to Personnel Cost and add 2.5 WYs to the Montgomery County Adult Drug Court [Outpatient Addiction Services (OAS)]	0	2.5
Decrease Cost: School Based Health Center [School Health Services]	-15,220	0.0
Decrease Cost: Eliminate the Infants and Toddlers Consolidated Local Implementation Grant (CLIG) Impact Aide Grant [Infants and Toddlers]	-25,000	0.0
Shift: A Program Manager I Position from the Individual Support Services Grant [Community Support Network for People with Disabilities]	-79,310	-1.0
Decrease Cost: HB669 Grant - Largely due to a Technical Change for the Debt Service Payment as well as the Elimination of One-time Only Special Program Grants	-1,218,910	-1.0

	Expenditures	WYs
<b>FY11 RECOMMENDED:</b>	<b>73,200,970</b>	<b>445.3</b>

## FUNCTION SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Aging and Disability Services	38,606,440	163.7	37,226,080	158.2
Behavioral Health and Crisis Services	40,230,610	209.7	37,394,410	196.2
Children, Youth, and Family Services	70,100,540	460.3	61,758,390	427.4
Public Health Services	72,488,500	561.8	67,593,500	509.3
Special Needs Housing	17,990,810	56.2	17,629,500	54.3
Administration and Support	29,153,840	125.4	25,157,520	116.3
<b>Total</b>	<b>268,570,740</b>	<b>1577.1</b>	<b>246,759,400</b>	<b>1461.7</b>

## CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY10		FY11	
		Total\$	WYs	Total\$	WYs
COUNTY GENERAL FUND					
Intergovernmental Relations	County General Fund	60,000	0.4	0	0.0
Sheriff	Grant Fund MCG	0	0.0	34,870	0.5
Total		60,000	0.4	34,870	0.5

## FUTURE FISCAL IMPACTS

Title	CE REC.		(\$000's)			
	FY11	FY12	FY13	FY14	FY15	FY16
This table is intended to present significant future fiscal impacts of the department's programs.						
<b>COUNTY GENERAL FUND</b>						
<b>Expenditures</b>						
<b>FY11 Recommended</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>	<b>173,558</b>
No inflation or compensation change is included in outyear projections.						
<b>Annualization of Positions Recommended in FY11</b>	<b>0</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>	<b>-140</b>
The amount above reflects annualization of positions in the outyear.						
<b>401 Hungerford Drive Garage</b>	<b>0</b>	<b>-5</b>	<b>-10</b>	<b>-11</b>	<b>-11</b>	<b>-11</b>
These figures represent the impacts on the Operating Budget (maintenance and utilities) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Annualization of Contract for Non-profit to Manage the Conservation Corps</b>	<b>0</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>
These funds are needed to fully fund (\$500,000) the contract to manage the Conservation Corps program.						
<b>Annualization of Contract for the Integrated Public Inebriate Initiative Team (PIIT)/Homeless Outreach Effort</b>	<b>0</b>	<b>114</b>	<b>114</b>	<b>114</b>	<b>114</b>	<b>114</b>
All Operating Expenses - No Personnel Costs. These funds will be put toward the contract for the Integrated Public Inebriate Initiative Team (PIIT)/Homeless Outreach effort to allow for full funding of the contract.						
<b>Elimination of Remaining Funds for the County Managed Conservation Corps</b>	<b>0</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>	<b>-150</b>
<b>High School Wellness Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>852</b>	<b>1,705</b>	<b>1,705</b>
These figures represent the impacts on the Operating Budget (maintenance, utilities, staff) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Motor Pool Rate Adjustment</b>	<b>0</b>	<b>112</b>	<b>112</b>	<b>112</b>	<b>112</b>	<b>112</b>
<b>Restore Personnel Costs</b>	<b>0</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>	<b>2,897</b>
This represents restoration of funding to remove FY11 furloughs.						
<b>School Based Health &amp; Linkages to Learning Centers</b>	<b>0</b>	<b>242</b>	<b>598</b>	<b>1,082</b>	<b>1,082</b>	<b>1,082</b>
These figures represent the impacts on the Operating Budget (maintenance, utilities, staff) of projects included in the FY11-16 Recommended Capital Improvements Program.						
<b>Subtotal Expenditures</b>	<b>173,558</b>	<b>176,879</b>	<b>177,230</b>	<b>178,565</b>	<b>179,418</b>	<b>179,418</b>

## ANNUALIZATION OF PERSONNEL COSTS AND WORKYEARS

	FY11 Recommended		FY12 Annualized	
	Expenditures	WYs	Expenditures	WYs
Reduce: Abolish a Full-time Manager III Position to 0.2 WY [Health Promotion and Prevention]	-127,930	-0.8	-154,210	-1.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort [24-Hour Crisis Center]	-99,260	-1.5	-212,770	-3.0
<b>Total</b>	<b>-227,190</b>	<b>-2.3</b>	<b>-366,980</b>	<b>-4.0</b>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

MEMORANDUM

April 2, 2010

TO: The Honorable Nancy Floreen, President  
Montgomery County Council

FROM: Uma S. Ahluwalia, Director *Uma*

SUBJECT: Update — Department of Health and Human Services Fiscal Year 2010 Grant Reductions

This memo serves as an update to the November 12, 2009, memo that highlighted our Fiscal Year 2010 (FY) grant reductions. Since that time, we have received additional reductions and revised numbers from our grantors. Based on what we now know, approximately 86% of the reductions in FY10 will carry forward into FY11. Please also note that due to the timing of the official grant awards, all of these reductions are not reflected in the County Executive's Recommended Budget Book.

The total FY10 Grant Reductions for the department is \$3,290,870. In addition, in FY10 there was a \$1,655,330 reduction to Core Health Revenue for a total reduction of \$4,946,200. The following is a listing of our FY10 Grant reductions by service area.

▪ **Administration and Support**

**Head Start: Extended Year Services Supplemental Grant - (\$66,640)**

In FY09 this grant provided summer learning for 136 children in 8 classrooms. In FY10 this reduction will only provide services to 90 children in 5 classrooms.

**Community Service Block Grant: State General Funds - (\$4,330)**

These funds currently support the activities of the federally mandated Community Action Board of Directors. There is no impact with this reduction. The program has other grant funding that is available for use.

Office of the Director

▪ **Aging and Disability Services**

**Developmental Disabilities Administration (DDA) - (\$517,740)**

• **Service Coordination (\$453,540)**

This grant funds respite care, in home support, transportation, specialized equipment, summer camp and home accessibility and case management services for individuals to allow them to remain in their own homes. The plan is to reduce contracted services (which will include reduction of the contractors' staff) and operating funds. The department is in the process of meeting with DDA and Service Coordination Inc (the vendor that we use to provide resource coordination services for continuing clients). This reduction will result in increased caseloads and directly impact approximately 105 clients. As result of this reduction, there will be a reduction in the number of persons on the waiting list receiving case management services (approximately 80 clients); a reduction in the number of non Medicaid waived clients; and the elimination of crisis intervention funds (used for homeless or near homeless (approximately 25 clients).

• **Individual Services (\$64,200)**

The Individual Support Services Grant provides individuals with a developmental disability support services that assist them with remaining in the community. Currently there are 78 individuals in the grant and they each have their own allocation of funds depending upon the approved services by the State of Maryland, Developmental Disabilities Administration. The services can consist of day programs, nursing services, supportive equipment, transportation, therapies, respite and many more. Using an average of \$1,500 per client, this reduction will result in between 35 - 40 clients having reduced services.

The number of client visits will be reduced from four times to one time a year. This will also result in a reduction in the number of homeless clients served from fifteen to one or two at best.

**Respite Care - (\$51,590)**

This reduction represents a reduction in respite care hours from 139 to 130 per client per year.

**Senior Information and Assistance - (\$12,860)**

This grant provides a point of entry for most calls concerning available senior services. This grant was reduced statewide in mid-FY10. HHS will use Older Americans Act grant funds to offset this reduction.

**Senior Ombudsman Grant - (\$74,920)**

The Ombudsman program provides assistance to families and residents of licensed long-term care facilities and empowers residents and families to resolve their complaints. This reduction resulted in the abolishment of a Community Health Nurse position. Due to the loss of the full time nurse position there is likely to be some change in the number of

unresolved complaints, as well as a reduction in the amount of Ombudsman volunteer training. The program handles about 300 complaints per year, with staff involved in all cases, either directly or in collaboration with a volunteer. The Department will assure that a nurse is available as needed to provide training to Ombudsman volunteers on medical and care issues.

**Group Senior Assisted Housing - (\$1,770)**

This grant provides housing assistance subsidies for eligible low-income seniors. The grant also provides inspection of all facilities with fewer than 16 beds two times a year. Although the grant award was only reduced by \$1,770 in FY10, the Maryland Department of Aging (MDoA) extended a freeze on new admissions until February 2010, as a cost-saving measure. The program is working to place new clients. The program expects to return roughly \$65,000 to the State at year end.

**Senior Care Gateway - (\$8,550)**

This grant provides supportive services to clients -- adult day care, medications, personal hygiene items and similar services. The impact of this reduction is negligible. However, as a result of a State moratorium imposed on this program in September 2009, no new clients were enrolled until February 2010. The moratorium will create grant surplus, but the amount will not be known until the State provides updated spending authority.

▪ **Behavioral Health and Crisis Services**

**Alcohol and Drug Abuse Administration (ADAA) Grant - (\$379,430)**

This grant funds a wide variety of programs under one umbrella, Addiction Services Coordination. This reduction will reduce Level 1 contracts (impacting approximately 126 clients), and will shift lab services directly to the Department of Corrections. There is no impact with this shift because the Department of Corrections already has funds budgeted for the lab services. Previously we would bill them for these services from the grant but now we will just bill it directly to their index code. This reduction will impact contracts with Maryland Treatment Centers (Journeys), Avery Road Combined Care, Vanguard and Avery Road Treatment Center. This reduction will also require a delay in hiring a Spanish speaking therapist. The department is still determining the various impacts of the contract reductions.

**Senior Outreach Response Team Grant - (\$387,640)**

The grant funds the senior mental health outreach program, and partners with Crisis Center in the provision and authorization of hospital diversion services aimed at providing diversion to the most clinically appropriate least restrictive setting for the individuals it serves. This reduction would impact the SORT-Hospital Diversion program. The department will keep four therapist II positions (three vacant and one filled) in the Hospital Diversion project in FY10, eliminate therapeutic foster care and reduce the escorted



transportation contract budget. In addition, the State imposed a reduction that involves re-tasking Hospital Diversion dollars to the Uninsurable Inpatient Care. The department submitted a reduction proposal to the State that included, abolishing one Therapist II position; terminating the transportation contract and reducing one detoxification bed on January 1, 2010. The re-program of the Hospital Diversion project will be connected to locally funded programs in the Department of Health and Human Services. MHA funding provided for these services will leverage existing local funding of the Triage and Evaluation Beds, Mobile Crisis Team, and Access Team. The service impact should be minimal since the award reduction is caused by reprogramming.

**Community Mental Health Grant - (\$818,720)**

The grants funds the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). The primary function is to ensure that consumers in the Montgomery County receive quality mental health services.

- **Community Mental Health Grant Services - (\$412,850)**

The Family Intervention Specialist (FIS) funding ended due to the Department of Justice's elimination of this program. DHHS has secured other State funds for one position and is proposing to shift the other position to the General Fund. This reduction also impacts support to Outpatient Mental Health Clinic (OMHC) Providers, likely resulting in a reduction in the number of low income Medicare recipients served by the OMHC's

- **Community Mental Health Grant Administration - (\$405,880)**

This reduction will require the department to delay hiring of vacant position in FY10. There is no direct service impact. The majority of this reduction is a rollover reduction to our FY10 award.

- **Children Youth and Families**

- **Child Care Resource and Referral - (\$106,730)**

- Effective May 1, a part time vacant Program Specialist I and 1 filled Program Manager II position will no longer be funded by the grant. The state will be providing centralized LOCATE child care services from Baltimore for the entire State, so it will not be provided locally anymore. The term of this grant crosses fiscal years (May 1, 2010 – April 30, 2011)

- **Public Health**

- **Tobacco Prevention - (\$67,990)**

- This funding is for tobacco prevention and education activities. This reduction involved the abolishment of a filled Program Specialist II position. The incumbent transferred to a vacant position within DHHS.

**Cancer Screening and Prevention - (\$264,680)**

This funding is for Cancer Prevention, Education, Screening and Treatment services. This reduction impacted contractual funds for colonoscopies and prostate screenings. The number of colonoscopies was reduced from 250 in FY09 to 200 in FY10, and number of prostate screenings was reduced from 150 in FY09 to 92 in FY10.

**Patient Services Diagnostic and Evaluation Unit - (\$153,510)**

This is a separate state grant to support the AIDS Diagnostic and Evaluation Unit and was eliminated in July 2009. However, it was offset with program adjustments and funding from Ryan White Part B Grant so that no position was lost. The impact of this change has affected program administration while the direct services to the clients have remained the same. AIDS Diagnostic and Evaluation is the initial diagnostic visit for HIV Primary Medical Care Services.

**Nutrition Risk Reduction Grant - (\$45,130)**

This grant provides funding for a staff person to provide nutrition and physical education interventions for children. This grant elimination will result in the reduction of a partial workyear for a Program Manager position. This reduction was anticipated, so the budget for the African American Health Program was adjusted to absorb this shortfall without losing the Program Manager, who handles nutrition risk reduction activities, such as the Diabetes education classes.

**Improved Pregnancy Outcome - (\$20,000)**

These grant funds were for Childhood Lead Prevention services. The Department does not anticipate any significant impact from this reduction since the County receives an \$18,000 grant from MD Department of Environment, which is adequate to cover these services.

▪ **Special Needs Housing**

**Emergency and Transitional Housing Services - (\$27,000)**

This reduction will require the department to reduce contracts by 10% for Bethesda Cares, Bethesda House, Carroll House, Dorothy Day Place and Wells Robertson. This reduction may result in fewer shelter bed nights, or our contractors may absorb the reductions (and reduce other forms of assistance such as bus tokens).

**HB669 Special Projects for Special Needs Housing - (\$82,350)**

This reduction will reduce contracts by for the Housing Opportunities Commission (HOC) Housing Counselor Program, and will reduce the Homeless Women's Grant. This reduction will also eliminate the Service Linked Housing (Tanglewood and Resident Advocate) Program. For FY10, the department intends to use funds available as a result of shifting eligible expenses to the Housing Initiative Fund (HIF) to replace this shortfall.

- **Multiple Service Areas**

- HB669 Grant Lapse Savings - (\$199,280)**

- This reduction represents salary savings associated with not hiring non-critical positions

Once the FY11 State budget is enacted, the appropriate State Department will usually notify us of adjustments/reductions to our allocations by the Fall of 2010. Therefore, we are not likely to have a more complete picture of our state funding reductions until later into this calendar year and well into the second quarter of FY11.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County ExecutiveUma S. Ahluwalia  
Director

## MEMORANDUM

November 12, 2009

→ TO: Councilmember Duchy Trachtenberg, County Council

FROM: Uma S. Ahluwalia, Director *Uma*

SUBJECT: DHHS FY10 Grant Reductions

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COUNCIL  
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As you requested, below please find a listing of our FY10 Grant Reductions as of early November. The first section includes the reductions that were taken as a part of the August 2009 Board of Public Works (BPW) Reductions. The second section includes other significant reductions received outside of the August 2009 process. Please note that some of these reductions are preliminary and have not been accepted by the State. The total FY10 grant reduction (including the August 2009 BPW reductions and other major reductions) is approximately \$2.5 million. Including the \$1.6M reduction in Core Health revenue, the total FY10 reduction is approximately \$4.1 million.

As you know, we anticipate an even deeper round of reductions from the Board of Public Works on November 18.

**Reductions from the BPW - August 2009****Cancer Screening and Prevention (\$264,682)**

Reduction in contracts for Colonoscopies, Digital Rectal Exams/Prostate Specific Antigen tests and people/education about cancer

**Tobacco Prevention (\$67,995)**

This reduction will involve the abolishment of a filled Program Specialist II position. The Department is currently working with the incumbent to find a placement.

**Developmental Disabilities Administration (DDA) (\$517,738)****• Service Coordination (\$453,537)**

The plan is to reduce contracted services (which will include reduction of the contractors' staff) and reduction in operating funds. Meetings with DDA and Service Coordination, Inc., (the vendor that we use to provide resource coordination services for continuing clients) are underway. This reduction will likely result in increased caseloads; a reduction in the number

Office of the Director

of non Medicaid waived clients; the elimination of Purchase of Service funds; and a reduction in eligibility determination services. This reduction will also decrease the level of available funds for clients on the waiting list.

- **Individual Services (\$64,201)**

Individuals with developmental disabilities and no services are eligible for up to \$3,000 for items or service. Using an average of \$1,500 per client, this reduction will result in between 35-40 clients having reduced services. The number of client visits will be reduced to one time a year. This reduction will also result in a reduction in the number of homeless clients served.

**Respite Care (\$61,253)**

This reduction represents a reduction in respite care hours from 139 to 130 per client.

**Senior Information and Assistance (TBD)**

BPW reduced statewide grant by 3% in August 2009, but Maryland Department of Aging (MDoA) has not notified local Area Agencies on Aging (AAA) of its intentions. If MDoA passes the reduction down to the counties, Health and Human Services will attempt to replace the reduction with Older Americans Act grant funds.

**Community Mental Health Grant (\$241,659)**

This reduction would impact the SORT-Hospital Diversion program. The Department will keep three positions vacant in the Hospital Diversion project in FY10, eliminate therapeutic foster care and reduce the escorted transportation contract budget.

**Alcohol and Drug Abuse Administration (ADAA) Grant (\$233,197)**

This reduction will reduce Level 1 contracts (impacting approximately 70 clients), and will shift lab services directly to Department of Corrections. There is no impact with this shift because the Department of Corrections already has funds budgeted for the lab services. Previously we would bill them for these services from the grant but now we will just bill it directly to their index code.

<b>Total August 2009 BPW Grant Reductions =</b>	<b>\$1,386,524</b>
<b>August 2009 Core Health Revenue Reduction =</b>	<b>\$1,600,000</b>
<b>Total August 2009 Reductions to HHS=</b>	<b>\$2,986,524</b>

**Synopsis of Other Major Grant Reductions**

**Head Start: Extended Year Services Supplemental Grant (\$66,640)**

In FY09 this grant provided summer learning for 136 children in 8 classrooms. In FY10 this reduction will only provide services to 90 children in 5 classrooms.

**Senior Ombudsman Grant (\$74,922)**

This reduction resulted in the abolishment of a Community Health Nurse position. The elimination of this position will likely result in a reduction in the number of unresolved complaints and the number and level of training of the Ombudsman volunteers. The program currently handles about 800 complaints per year, with staff involved in all cases, either directly or in collaboration with a volunteer. The nurse provided training to volunteers on medical and care issues.

**Child Care Resource and Referral (\$38,523)**

This reduction will require that the Department hold a Program Specialist II position vacant. This reduction is still pending - the Department has not yet received the official FY10 Award.

**Patient Services DEU (\$153,510)**

The preliminary plan is to shift the Community Health Nurse position to another Public Health Grant. If this cannot be done, the position will have to be abolished.

**Nutrition Risk Reduction Grant (\$45,130)**

This reduction will result in the reduction of a partial workyear for a Program Manager position. This reduction was anticipated, so the budget for the African American Health Program was adjusted to absorb this shortfall.

**Community Mental Health Grant - SORT (\$128,805)**

This reduction is in addition to the August 2009 BPW reduction listed above. This reduction involves re-tasking Hospital Diversion dollars to the Uninsurable Inpatient Care model. The Department submitted a reduction proposal to the State that included, abolishing one Therapist II position; terminating the transportation contract, and reducing one detoxification bed on January 1, 2010. The re-program of the Hospital Diversion project will be connected to locally funded programs in Department of Health and Human Services (DHHS). Mental Health Administration funding provided for these services will leverage existing local funding of the Triage and Evaluation Beds, Mobile Crisis Team, and Access Team. The service impact should be minimal since the award reduction is caused by re-program.

**Community Mental Health Grant (CMHG) (\$358,772)**

- **CMHG Services (\$304,186)**

Family Intervention Specialist funding will end due to Department of Juvenile Services' elimination of this program. DHHS is using attempting to find alternative funding options for both positions. This reduction also impacts support to Outpatient Mental Health Clinic (OMHC) providers, likely resulting in a reduction in the number of low income Medicare recipients served by the OMHC's.

- CMHG Admin (\$54,586)

This reduction will require the department to delay hiring of vacant position in FY10.  
There is no direct service impact.

**ADAA Block Grant (\$109,415)**

This reduction is in addition to the reduction noted above. This reduction will impact contracts with Maryland Treatment Centers (Journeys), Avery Road Combined Care, Vanguard and Avery Road Treatment Center. This reduction will also require a delay in hiring a Spanish speaking therapist. The Department is still determining the various impacts of the contract reductions.

**Emergency & Transitional Housing Services (\$26,996)**

This reduction will require the Department to reduce contracts by 10% for Bethesda Cares, Bethesda House, Carroll House, Dorothy Day Place and Wells Robertson. This reduction may result in fewer shelter bed nights, or our contractors may absorb the reductions (and reduce other forms of assistance such as bus tokens).

**HB669 Special Projects for Special Needs Housing (\$112,847)**

This reduction will reduce contracts for the Housing Opportunities Commission's Housing Counselor Program, Service Linked Housing (Tanglewood and Resident Advocate) Programs and will reduce the Homeless Women's Grant. The Department intends to use funds available as a result of shifting eligible expenses to the Housing Initiative Fund to replace this shortfall.

**Total Other Major FY10 Grant Reduction= \$1,115,560**

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c: Timothy Firestine  
Joseph Beach  
Councilmember George Leventhal  
Councilmember Nancy Navarro

# Full Recommended Position Reductions

HHS	CLASS	Full-time	Part-time	Filled	Vacant	Grade	Represented
	MANAGER III	-2	0	-1	-1	M3	
	ADMINISTRATIVE SPEC III	-1	0	-1	0	23	
	COMMUNITY OUTREACH MGR	-1	0	0	-1	28	
	CONS/SVC CORPS CREW TRNR	-1	0	0	-1	18	x
	CONS CORPS ASST CREW LDR	-1	0	0	-1	S3	x
	PROGRAM MANAGER II	0	0	0	0	25	
	PROGRAM MANAGER I	-1	0	-1	0	23	
	PROGRAM SPECIALIST II	-1	0	0	-1	21	x
	PROGRAM SPECIALIST I	-1	0	0	-1	18	x
	HUMAN SERVICES SPEC	0	0	0	0	23	x
	INCOME ASST PROG SPEC II	-1	0	0	-1	20	x
	PSYCH NURSE CLIN SPEC	0	-1	0	-1	25	x
	COMM HEALTH NURSE II	-3	-1	-2	-2	23	x
	OCCUPATIONAL THERAPIST	-1	0	0	-1	23	x
	THERAPIST II	-4	-2	0	-6	24	x
	BEHAV HEALTH ASSOC CNSLR	-2	0	0	-2	20	x
	SOCIAL WORKER IV	-1	0	0	-1	25	
	SOCIAL WORKER III	-2	0	0	-2	24	x
	EXECUTIVE ADMIN AIDE	-1	0	-1	0	17	
	OFFICE SERVICES COORD	-2	0	0	-2	16	x
	PRINCIPAL ADMIN AIDE	-3	-1	-1	-3	13	x
	MED DOC III - PHYSICIAN	-1	0	-1	0	H3	



Administration and  
Office of Community  
Affairs  
(Minority Health  
Initiatives)

# Administration and Support

## 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 assure effective management and delivery of services.

## PROGRAM CONTACTS

Contact Sherry D. White of the HHS - Administration and Support at 240.777.1151 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Office of the Director

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

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,321,040</b>	<b>20.1</b>
Increase Cost: HIPAA Compliance Officer Position	130,000	1.0
Decrease Cost: Abolish a Full-time Community Outreach Manager Position and Retain \$60K to Cover the Shortfall Associated with a Reduced Intergovernmental Relations Legislative Position	-71,460	-1.0
Shift: The Conservation Corps Lease Cost to the Leases Non-Departmental Account (NDA)	-133,180	0.0
Shift: The Americans with Disabilities Act (ADA) Compliance Officer Position from the Department of Health and Human Services to the Department of General Services	-156,420	-1.0
Shift: Transfer Positions to Staff MC311 Call Center	-391,920	-5.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-126,680	0.7
<b>FY11 CE Recommended</b>	<b>2,571,380</b>	<b>14.8</b>

### Office of the Chief Operating Officer

This Office provides overall administration of the day-to-day operations of the Department, including direct service delivery, budget and fiscal management oversight, contract management, logistics and facilities support, human resources management, and information technology support and development.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>18,559,760</b>	<b>84.4</b>
Decrease Cost: HIPAA Information Technology (IT) Equipment Funding	-5,220	0.0
Decrease Cost: Miscellaneous Computer Equipment Funding	-10,000	0.0
Decrease Cost: Consultant Services Funds	-18,730	0.0
Decrease Cost: Information Technology (IT) Funding for Software Maintenance	-23,000	0.0
Decrease Cost: Temporary Clerical Services	-40,000	0.0
Decrease Cost: Training Funds within Human Services	-40,000	0.0
Decrease Cost: Information Technology (IT) Application Integration Framework (AIF) Maintenance Funding	-75,000	0.0
Decrease Cost: Information Technology (IT) Contractual Services	-180,000	0.0
Reduce: Broker Contractual Services	-227,460	0.0
Decrease Cost: Miscellaneous Operating Expenses Throughout the Department	-259,230	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,643,970	-3.5
<b>FY11 CE Recommended</b>	<b>16,037,150</b>	<b>79.9</b>

Notes: Miscellaneous adjustment includes the shift of 2.0 workyears from the Office of the Chief Operating Officer to the Office of the Director.

## Office of Disparities Reduction

This office has been eliminated. The functions are now incorporated within the Office of Community Affairs.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,815,040</b>	<b>7.5</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-3,815,040	-7.5
<b>FY11 CE Recommended</b>	<b>0</b>	<b>0.0</b>

## Office of Community Affairs

This office develops and implements outreach strategies and initiatives that aim at promoting self sufficiency and reducing disparities in ethnically and culturally diverse populations, through the work of the Community Action Agency and the Minority Program including, the African American Health Program, Latino Health Initiative, and the Asian American Health Initiative. The Office of Community Affairs develops strategies for service delivery that meet specific regional needs shaped by the size, diversity, and economic conditions of populations in different areas of the County. It also monitors and assures department-wide compliance with Limited English Proficiency (LEP) requirements, and has responsibility for the Head Start grant. The Head Start program is a collaborative effort of HHS, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage change in Latino Health Initiative Asthma Management Program participants' knowledge of how to properly handle the condition <sup>1</sup>	5	13	10	NA	NA
Percentage of individuals who accessed services as a result of contacting the Bilingual Information Line of the Latino Health Initiative <sup>2</sup>	85	82	80	0	0

<sup>1</sup> Funding for the Asthma Management Forum was eliminated in the FY11 CE Recommended budget.

<sup>2</sup> The clients previously served through the bilingual information line can be served by the Montgomery Cares Information and Referral Line.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,458,000</b>	<b>13.4</b>
Enhance: Create a Program Aide Position in the Head Start Grant	26,370	0.7
Reduce: Eliminate the Annual Asthma Forum in the Asthma Management Program, in the Latino Health Initiative	-2,420	0.0
Decrease Cost: Contract for Clothing Center in Gaithersburg	-3,000	0.0
Eliminate: State General Funds Grant	-4,330	0.0
Decrease Cost: Contract for After School Programs for Middle School Youth in the Rosemary Hills Area	-5,000	0.0
Decrease Cost: Case Management and Information and Referral Services Contract	-11,500	0.0
Decrease Cost: Employment, Training, and Supportive Services Contract	-11,500	0.0
Decrease Cost: Community Outreach, Training, and Education Services	-12,000	0.0
Reduce: Eliminate the Health Careers Component of the Latino Youth Wellness Program in the Latino Health Initiative	-15,000	0.0
Decrease Cost: Clerical Support in the Asian American Health Initiative	-15,370	0.0
Eliminate: Broker Contractual Services in the African American Health Program for Data Analysis	-45,290	0.0
Reduce: Head Start Extended Year Services Supplemental Grant	-66,640	0.0
Decrease Cost: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program	-89,000	0.0
Decrease Cost: Eliminate the Contract for English for Speakers of Other Languages (ESOL) Classes and Support Services	-90,900	0.0
Reduce: Patient Navigator Program in the Asian American Health Initiative	-104,410	0.0
Reduce: Eliminate the Bilingual Information Line and Reduce Medical Interpretation Services in the System Navigator and Interpreter Program, in the Latino Health Initiative	-119,410	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	3,660,390	7.5
<b>FY11 CE Recommended</b>	<b>6,548,990</b>	<b>21.6</b>

Notes: Miscellaneous adjustments include the shift of the Minority Health Programs from the Office of Disparities Reduction.

## PROGRAM SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Office of the Director	3,321,040	20.1	2,571,380	14.8
Office of the Chief Operating Officer	18,559,760	84.4	16,037,150	79.9
Office of Disparities Reduction	3,815,040	7.5	0	0.0
Office of Community Affairs	3,458,000	13.4	6,548,990	21.6
<b>Total</b>	<b>29,153,840</b>	<b>125.4</b>	<b>25,157,520</b>	<b>116.3</b>

**FY11 Minority Health Programs  
Update for Council Staff**

The approved funding levels for the three minority health programs at the beginning of FY10 were as follows:

<b>FY10 CC Approved - Minority Health Programs Budget</b>				
	<b>WY's</b>	<b>PC</b>	<b>OE</b>	<b>Total Budget</b>
African American Health Program	2.0	212,862.82	1,348,121.00	1,560,983.82
Latino Health Initiative	5.0	461,507.75	1,107,077.67	1,568,585.42
Asian American Health Initiative	1.0	105,544.98	613,870.00	719,414.98
General Operating Expenses			7,000.00	7,000.00
Lapse	-0.5	(40,949.76)		(40,949.76)
<b>TOTAL</b>	<b>7.5</b>	<b>738,965.79</b>	<b>3,076,068.67</b>	<b>3,815,034.46</b>
*LHI includes 20,000 in Grant Funds for the Asthma Management Grant				

As part of the FY10 savings plans the following reductions were approved by the County Council:

AAHP \$16,860 (Data management, General Expenses and Printing)  
LHI \$9,730 (Ama Tu Vida Health Festival, Steering Committee and Workshops, General Expenses and Printing)  
AAHI \$7,780 (General Expenses and Printing)

<b>FY11 CE Recommended - Minority Health Programs Budget</b>				
	<b>WY's</b>	<b>PC</b>	<b>OE</b>	<b>Total Budget</b>
African American Health Program	2.0	245,987.33	1,166,033.77	1,412,021.04
Latino Health Initiative	5.0	415,301.83	943,084.26	1,358,386.09
Asian American Health Initiative	1.0	102,047.29	490,614.71	592,662.00
Furlough		(21,123.49)		(21,123.49)
Lapse	-0.5			
<b>TOTAL</b>	<b>7.5</b>	<b>742,212.96</b>	<b>2,599,732.74</b>	<b>3,341,945.64</b>
*LHI includes 20,000 in Grant Funds for the Asthma Management Grant				

For FY 11, we utilized the same department criteria when reviewing programs for reductions and cutbacks and many of the minority health activities and programs fall into the those categories of prevention, health promotion and facilitation of access to care. We have reduced elements of programs that will have the least impact to direct services where possible and put data/evaluation on the back burner. Unfortunately, we acknowledge that FY11 proposed reductions will have an impact.

One area where integration made sense was in information, referral and navigation services. Currently there are three phone lines (LHI, AAHI and MCares) created to assist callers, especially those who are uninsured, to access primarily county funded health services. There are different

levels of navigation provided by the three lines, slightly different data collection and evaluation methods. Currently, the three lines have different target audiences, with the LHI/CASA Line focusing on Latinos, the AAHI/InfoTech Line focusing on Asians, and the MCares/PCC Line which provides services to the general public. The Department proposed to create savings in FY11 by:

1. Combining and standardizing the information and referral functions;
2. Reducing level of navigation thereby cutting back on call time;
3. Develop information and referral protocol with MC311;
4. Provide education to community via health promoters regarding health services for the uninsured
5. Continue to provide medical interpreting for patients at the safety net clinics.

We consider FY11 to be a transition year when we will review the interim structure with an eye toward planning for a more permanent model that will be able to handle the demand of multiple language communities.

The Department will also take a more centralized approach to data and program evaluation and as a result, has eliminated the data/evaluation funding for AAHP.

Additionally, all contracted services have been recommended for a minimum 7% reduction.

## **Proposed Transition Plan for Health Information and Navigation (I & N) and Medical Interpretation**

**FY11 (Based on current reductions w/no restoration)**

**Updated 4/21/10**

### **Changes due to Budget Reductions:**

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- LHI contract with CASA will eliminate the Information Line and maintain only the Medical Interpretation
- AAHI's PNP program will be restructured and brought in-house for administration and operation.
- MCares Line will remain in FY11 and will take on current Spanish speaking callers, as well as those referred through CASA while the current predominantly English-speaking caller base will be transferred to MC311.
- MC311 with its Tier 2 HHS specialists have the language and knowledge capability to handle info/referral to MCares clinics.

### **1. Transition Plan for the HHS Multilingual Information and Navigation Line:**

---

County resident calls to inquire about accessing health/human services. Alternately, current PNP and MCares #s will be routed to the main information line with language options (*see flowchart for details*)

- AAHI/PNP Information and Navigation Line will be brought in-house under AAHI, located at 1335 Piccard Dr.
- Asian language callers directed to appropriate Asian-language information specialists (approx. 8-10 = 2 FTE)
- The PCC MCares line staff person will incorporate MC 311 into their voice mail to ask English proficient speaking callers to call MC 311 for information regarding MCares clinics. The staff person will respond to Spanish speaking callers.
- There will be close working relations with MC 311 so that they can better triage callers and refer to MCares clinics.

All phone staff will collect the following basic info:

- Date of Call
- Name
- Phone
- Age
- Gender
- Race/ethnicity
- Geographic location of residence
- Limited English Proficiency: YES/NO
- Preferred Language
- Country of Origin
- Insurance Status
- Nature of Call

All three databases will be shared to create one integrated database to be used by all I& N specialists.

All I & N phone staff will provide the following basic assistance:

- Description of MCares program (type of services provided, any specialty care).
- Locate appropriate clinic for caller (based on location, language spoken, urgency and others)
- The requirements of the clinics- proof of address, proof of income, potential co-pay/sliding scale, hours of operation, location, directions, phone number etc.
- If necessary, help connect client, to clinics and conduct 3-way conversation with clinic staff to secure appointment.

## 2. Medical Interpretation

- Medical interpretation will continue to be provided via the current LHI sponsored medical interpretation services provided by the current vendor, CASA. MCares clinics called into a CASA phone number to request for interpreters for patients.
- Medical interpreting will be provided to Asian patients dependent on critical need. We will rely on PCC clinics to utilize the telephone interpretation line as necessary.
  - Assessment will be conducted by reviewing the data collected through triage to determine the urgency and need for the Asian callers to have medical interpreters at upcoming appointments. Since budget for Medical interpretation will be limited, there will be modifications to the existing Medical interpreters' component of the PNP. Only those in critical need will be provided with Medical interpreters using per diem interpreters.
  - AAHI/ Coordinator will work with the MCares clinics to identify ways to obtain block appointments for the Asian appointments. This way medical interpreters will be providing services to a group of clients (this will be similar to how CASA will provide medical interpretation)

## 3. Education & outreach to community regarding change of service in FY11:

- LHI and AAHI will utilize health promoters to educate community of how to access MCares clinics. Again, in FY11, there may not be a need to advertise a new phone number if calls can be rolled over.
- LHI will continue to provide medical interpreters for Spanish through CASA when MCares clinics call to make such requests
- PCC clinics front line staff (receptionists, intake workers) will need to be culturally and linguistically competent to serve a diverse population

## 4. Evaluation:

### I. Information Line:

With prior patient approval, program staff will **follow-up with random patient sample** to monitor client satisfaction and program success. A survey protocol will be developed and will be sent out to patients or random calls will be made.

**II. Interpreters:** Will administer surveys during appointments (paper surveys) to gather feedback from provider clinics and patients.



#### Advantages:

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- Standardizing data fields and basic assistance
- Integrated data base
- Standardizing data reporting
- Designed as a Tier III model capitalizing on MC 311's potential capability
- Improve information sharing on clinic appointment availability
- Share knowledge data bases that are created by MC311, PCC, HHS and Collaboration Council.
- Less expensive model with different approach

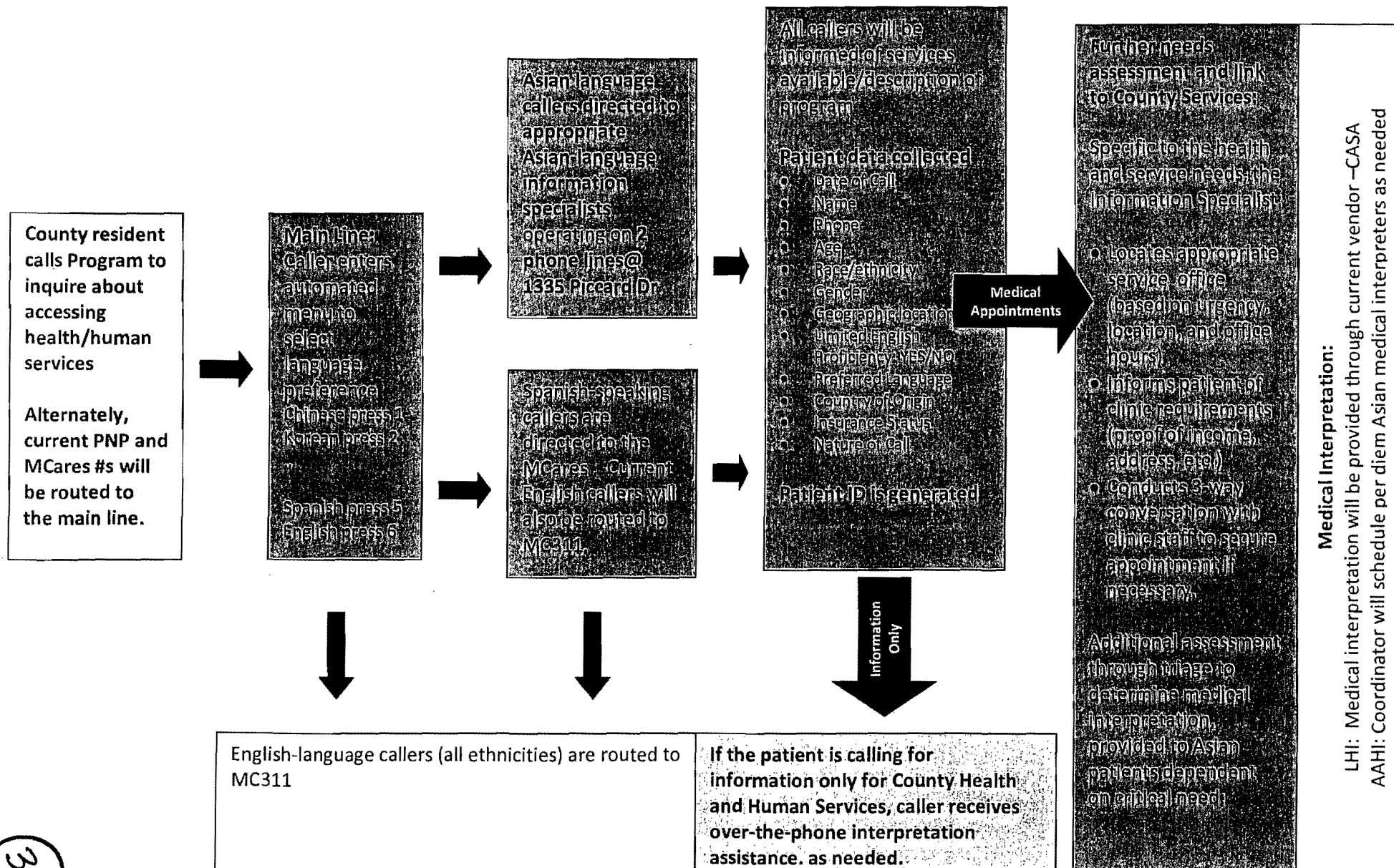
#### Limitations:

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- Hours of operation may be less than what is currently being provided by the three vendors
- Initially, there may be longer wait time for callers.
- Medical interpretation will be reduced.

# Multilingual Patient Navigator Program: FY 2011 Transitional Structure

The following chart details the early stages of the patient navigation transition process, including scheduling and assessment. The level of navigation will vary depending on a client's needs and English-language proficiency.



# Aging and Disability Services

# Aging and Disability Services

## FUNCTION

The staff of Aging and Disability Services shares the Montgomery County vision, where seniors, persons with disabilities, and their families are fully participating members of our Community. The mission of this service area is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities, which promote choice, independence, and inclusion.

## PROGRAM CONTACTS

Contact Jay Kenney of the HHS - Aging and Disability Services at 240.777.4565 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### ***Community Support Network for People with Disabilities***

This program area provides supported employment for adults with developmental disabilities; service coordination; services for people with visual and hearing impairments and physical disabilities; summer camp for children with multiple disabilities; crisis management and intervention; school-to-work transition assistance, and the Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver). This program area also provides financial assistance to State-funded providers who serve adults with developmental disabilities.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving supportive services	97	95	95	95	95

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>16,453,160</b>	<b>43.4</b>
Shift: A Program Manager I Position from the Individual Support Services Grant to the Service Coordination Grant	19,750	1.0
Shift: A Program Manager I Position from the Individual Support Services Grant	-79,310	-1.0
Reduce: Individual Support Services (ISS) and Family Support Services (FSS) in the County Funded Supplement to Providers of Services to Developmentally Disabled Individuals (DD Supplement)	-253,240	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-354,460	-0.7
<b>FY11 CE Recommended</b>	<b>15,785,900</b>	<b>42.7</b>

### ***Assessment and Continuing Case Mgmt Svcs***

This program area provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. Services include Adult Protective Services, Adult Evaluation and Review Services (AERS), Statewide Evaluation and Planning Services, Social Services to Adults, and the Public Guardianship Program.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Number on Social Services to Adults (SSTA) waiting list <sup>1</sup>	284	300	200	225	250

<sup>1</sup> The SSTA waiting list dropped in January 2010 due to a thorough review of all individuals on the wait list. A large number of individuals were removed because services were no longer needed.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>6,157,480</b>	<b>54.2</b>
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position	-49,800	-1.0
Decrease Cost: Abolish a Full-time Office Services Coordinator Position	-88,500	-1.0

	Expenditures	WYs
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	138,090	-0.2
<b>FY11 CE Recommended</b>	<b>6,157,270</b>	<b>52.0</b>

### Assisted Living Services

This program area provides subsidies and case management for low-income seniors who live in group homes for the frail elderly and adult foster care homes for frail seniors and adults with disabilities.

<b>FY11 Recommended Changes</b>	Expenditures	WYs
<b>FY10 Approved</b>	<b>1,972,680</b>	<b>6.8</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	32,140	-0.1
<b>FY11 CE Recommended</b>	<b>2,004,820</b>	<b>6.7</b>

### Home Care Services

Home Care Services was previously titled In-Home Aide Services. This program area provides personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical and/or mental impairments. In-home aide services prevent abuse, neglect, and exploitation of vulnerable adults, and enhance overall quality of life by providing personal care, chore assistance, therapeutic support, self-care education, and escorted transportation.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of clients served annually	489	473	469	473	473
Percentage of clients with no unmet personal care needs	96	95	95	95	95

<b>FY11 Recommended Changes</b>	Expenditures	WYs
<b>FY10 Approved</b>	<b>4,614,760</b>	<b>16.9</b>
Reduce: Home Care Services Personal Care Hours from 20 to 14 Hours Per Week, Per Client for Clients Receiving 16 to 20 Hours Per Week	-350,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	62,920	-0.5
<b>FY11 CE Recommended</b>	<b>4,327,680</b>	<b>16.4</b>

### Home and Community Based Waiver Services

Home and Community Based Waiver Services was previously budgeted in Senior Community Services program. This program area administers and operates the Home and Community Based Waiver for Older Adults (Medicaid Long-Term Care Waiver) that provides a continuum of services designed to allow frail seniors to live in the community, rather than in nursing homes.

<b>FY11 Recommended Changes</b>	Expenditures	WYs
<b>FY10 Approved</b>	<b>0</b>	<b>0.0</b>
Enhance: Shift Operating Expenses to Personnel Costs and Create a Full-time Social Worker IV Position in Medicaid Waiver for Older Adults Program	2,000	1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	1,338,090	11.8
<b>FY11 CE Recommended</b>	<b>1,340,090</b>	<b>12.8</b>

Notes: Miscellaneous adjustment includes the shift of the Home and Community Based Waiver from Senior Community Services to the newly created program.

### Aging and Disability Resource Unit

Aging and Disability Resource Unit was previously titled Information and Assistance. This program area assists seniors, persons with disabilities, and their families, in defining service needs, locating required services, and facilitating the application process to access services.

<b>FY11 Recommended Changes</b>	Expenditures	WYs
<b>FY10 Approved</b>	<b>994,490</b>	<b>9.8</b>

	Expenditures	WYs
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	5,850	-0.1
<b>FY11 CE Recommended</b>	<b>1,000,340</b>	<b>9.7</b>

### Ombudsman Services

This program area investigates and resolves complaints in nursing homes and assisted living facilities for seniors and people with disabilities made by residents, staff, and family members.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>663,680</b>	<b>6.3</b>
Reduce: The Senior Ombudsman Grant and Abolish a Full-time Community Health Nurse II Position	-74,920	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	44,500	-0.2
<b>FY11 CE Recommended</b>	<b>633,260</b>	<b>5.1</b>

### Respite Care

This program area provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behaviors and/or medical issues to give relief to families and other primary caregivers.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of unmet requests for service in Respite Care <sup>1</sup>	430	428	700	750	800
Percentage of customers with disabilities that remain in the community	85	90	90	90	90

<sup>1</sup> Estimated and projected increase is reflective of macro changes influencing demand in the community and only minimally linked to budget cuts. Greater awareness of respite services, along with growing populations of families in need, is contributing to growth in gap between demand and capacity to serve.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>1,035,430</b>	<b>0.0</b>
Decrease Cost: Eliminate Respite Home Contract Due to Underutilization	-159,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-70,050	0.0
<b>FY11 CE Recommended</b>	<b>806,380</b>	<b>0.0</b>

Notes: Miscellaneous adjustment includes the impact of department-wide contract reductions.

### Senior Community Services

This program area provides funds for services that help seniors to remain independent in the Community including: legal services; representative payee services; health insurance counseling; "visitor" services; grocery shopping; transportation to senior centers; subsidized employment, and socialization for seniors with visual impairments. Home and community based waiver services for older adults are now budgeted in the newly created Home and Community Based Waiver Program.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>3,936,280</b>	<b>19.1</b>
Eliminate: The Information Technology (IT) Grant	-3,540	0.0
Reduce: Bus Service for Seniors to Recreation Programming, Grocery Meals and Grocery Shopping (by 5 shopping sites, from 16 to 11)	-165,490	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,389,570	-13.5
<b>FY11 CE Recommended</b>	<b>2,377,680</b>	<b>5.6</b>

Notes: Miscellaneous adjustment includes the shift of the Home and Community Based Waiver from Senior Community Services to the newly created program.

### Senior Nutrition Program

Senior Nutrition Program was previously titled Senior Food Program. This program area provides lunches to seniors at sites around the County and provides home-delivered meals, nutrition education, and physical fitness activities. It is administered in cooperation with a variety of public, private, and nonprofit organizations.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Number of unduplicated customers served in Senior Food Program <sup>1</sup>	5,237	5,603	5,500	5,300	5,300

<sup>1</sup> Decline attributable to increased costs for meals.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,291,020</b>	<b>4.4</b>
Enhance: Increased Senior Nutrition Meals for those Affected by HIV/AIDs, Cancer, and Other Life-Challenging Illnesses	36,000	0.0
Reduce: Senior Nutrition Meal Program Funds	-25,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	34,890	0.1
<b>FY11 CE Recommended</b>	<b>2,336,910</b>	<b>4.5</b>

## Service Area Administration

This program area provides leadership and direction for the administration of Aging and Disability Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>487,460</b>	<b>2.8</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-31,710	-0.1
<b>FY11 CE Recommended</b>	<b>455,750</b>	<b>2.7</b>

## PROGRAM SUMMARY

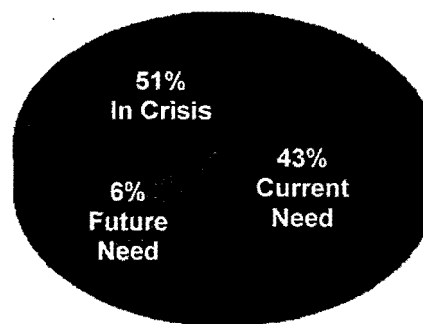
<b>Program Name</b>	<b>FY10 Approved</b>		<b>FY11 Recommended</b>	
	<b>Expenditures</b>	<b>WYs</b>	<b>Expenditures</b>	<b>WYs</b>
Community Support Network for People with Disabilities	16,453,160	43.4	15,785,900	42.7
Assessment and Continuing Case Mgmt Svcs	6,157,480	54.2	6,157,270	52.0
Assisted Living Services	1,972,680	6.8	2,004,820	6.7
Home Care Services	4,614,760	16.9	4,327,680	16.4
Home and Community Based Waiver Services	0	0.0	1,340,090	12.8
Aging and Disability Resource Unit	994,490	9.8	1,000,340	9.7
Ombudsman Services	663,680	6.3	633,260	5.1
Respite Care	1,035,430	0.0	806,380	0.0
Senior Community Services	3,936,280	19.1	2,377,680	5.6
Senior Nutrition Program	2,291,020	4.4	2,336,910	4.5
Service Area Administration	487,460	2.8	455,750	2.7
<b>Total</b>	<b>38,606,440</b>	<b>163.7</b>	<b>37,226,080</b>	<b>158.2</b>

# DEVELOPMENTAL DISABILITIES & MARYLAND MEDICAID WAIVERS

## Developmental Disabilities Administration (DDA) Community Services Waiting List

As of June, 2009, there are **19,016** individuals waiting for one of three basic services (residential, day and support services). **12,603** of those individuals have never received services. The number of people on the Waiting List for Community Services grew by **992** children and adults between July, 2008, and June, 2009. From the 19,016 individuals requesting services:

- 94% of those individuals need services now
- 51% of those individuals are in crisis
- 43% of those individuals have a current need
- 6% of those individuals have a future need



**DDA Community Services Waiting List**  
19,016 Individuals On The Waiting List



Thousands of families have already waited well over a decade for needed services and supports, and many caregivers are elderly. Families worry how much longer they can hold on. The number of people on the Community Services Waiting List has grown 96% between January 2004 and June 2009. From FY 2003 - FY 2010, there has been no substantial new funding for people on the DDA Community Services Waiting List, with the exception of funding for transitioning youth. As a result, the Waiting List has grown from 8,000 to over 19,000 children and adults.

Source: Developmental Disabilities Coalition

## Maryland State Medicaid Waiver Waiting Lists

Waiver	March 2008	September 2009
Older Adult	11,314 - State 464 from Montgomery County	14,793 - State 1,330 from Montgomery County
Living At Home Community Choice	1,937 - State 45 from Montgomery County	2,776 - State 239 from Montgomery County
Autism	2,364 - State 45 from Montgomery County	3,065 - State 616 from Montgomery County
Developmental Disabilities	18,024 - State 2,840 from Montgomery County	19,016 - State 2,733 from Montgomery County

Source: Department of Health and Mental Hygiene

## Developmental Disabilities Services: How Maryland Rates

Maryland ranks **43rd** in terms of spending on developmental disabilities services. Only eight states rank lower: Alabama, Colorado, Florida, Georgia, Kentucky, Nevada, Texas and Virginia. Maryland devotes **21% less** resources for community services than the average state and has one of the lowest Medicaid eligibility income limits in the country.

Source: Developmental Disabilities Coalition

## Community Support Network

The Community Support Network (CSN) is a unit within the Department of Health and Human Services, Aging and Disability Services that provides services and support to children and adults with developmental disabilities ages 3 years through adulthood. CSN provides individuals with supports that enable them to fully participate in all aspects of community life by assisting them in making choices, securing natural supports and services. In addition, CSN provides community education through quarterly newsletters, educational seminars and resource fairs. To learn more about their programs and services go to [www.montgomerycountymd.gov/ddcsn](http://www.montgomerycountymd.gov/ddcsn).

## Montgomery County Infants & Toddlers Program

The Montgomery County Department of Health and Human Services administers the Infant and Toddlers Program, which provides early intervention services to families with children, birth to 3 years old, who have or are at risk of having developmental delays. Information reflects the number of children receiving early intervention services annually for FY2008.

Total Served in FY08	3,825
New Referrals	2,252

Source: Montgomery County Infants and Toddlers Program



# WHO HAS A DISABILITY IN MONTGOMERY COUNTY, MD? AN OVERVIEW

The U.S. Census Bureau Census, 2000, estimated that there were 186,580 persons living in Montgomery County with a disability. Nationally, it is estimated people with disabilities make up 19.8% of the total population. According to a 2008 American Community Survey conducted by the U.S. Census Bureau, 12.1% of Americans self-reported as having a disability. These figures excluded individuals who reside in nursing homes or other institutions. The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job.

## Poverty, Unemployment & Disability Data Summary - Federal, State, Local

- In September 2009, the U.S. Department of Labor reported that the percentage of people with disabilities in the labor force was 22 compared with 70.5 for persons with no disability. The unemployment rate for those with disabilities was 16.2 percent, compared with 9.2 percent for persons with no disability, not seasonally adjusted.
- In October 2009, the Maryland Department of Disabilities reports that in Maryland approximately 850,000 individuals or 18% of the total population are classified as disabled, according to the 2000 Census. Unemployment for people with disabilities is approximately 60%.
- Among all adults age 21+, people with disabilities are almost 3 times more likely to be below the Federal Poverty Level (11.4% vs. 3.6%). In Montgomery County, 31% of working age adults (ages 18 - 54) with disabilities report that they are unemployed.

The discrepancy between data sources has to do with: a) definition of "unemployed" and b) age groups. Unemployed for Dept. of Labor statistics is defined in terms of those who are actively pursuing work. If someone is not attempting to work (i.e., voluntarily retired or infant/child), or has given up looking for work or are not legitimate candidates for work, then they do not show up in the percentages.

### Social Security Recipients (SSI)

As of December, 2008, there are **12,283** people receiving Supplemental Security Income (SSI) in Montgomery County.

People under 18	1,063
People 18 - 64	4,553
People 65 or older	6,667
<b>Total</b>	<b>12,283</b>
Social Security Insurance recipients also receiving Social Security Disability Insurance (SSDI)	3,062
<b>Total Amount of Payments</b>	<b>\$5,781,000</b>

Source: Social Security Administration, 2008

## 2008 Disability Characteristics - Montgomery County

Subject	Total
<b>Population under 5 years</b>	<b>66,211</b>
With a disability	109
<b>Population 5 to 17 years</b>	<b>162,246</b>
With a disability	5,997
With a hearing difficulty	1,057
With a vision difficulty	764
With a cognitive difficulty	4,505
With an ambulatory difficulty	779
With a self-care difficulty	1,588
<b>Population 18 to 64 years</b>	<b>598,557</b>
With a disability	30,135
With a hearing difficulty	7,420
With a vision difficulty	4,244
With a cognitive difficulty	11,941
With an ambulatory difficulty	12,659
With a self-care difficulty	5,746
With an independent living difficulty	9,766
<b>Population 65 years and over</b>	<b>114,056</b>
With a disability	32,389
With a hearing difficulty	13,041
With a vision difficulty	7,220
With a cognitive difficulty	6,958
With an ambulatory difficulty	19,753
With a self-care difficulty	7,920
With an independent living difficulty	16,230
<b>Total Population With A Disability</b>	<b>68,630</b>

Source: U.S. Census Bureau, American Community Survey, 2008

# MONTGOMERY COUNTY PUBLIC SCHOOLS SPECIAL EDUCATION

## Number of Montgomery County Public School Students with Disabilities Ages 3 - 21 Receiving Special Education Services

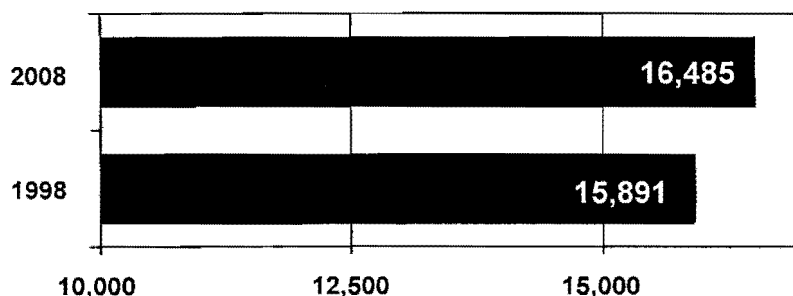
As of Oct. 31st, 2008, there were **16,485** students with disabilities enrolled in Special Education. This population makes up **11.8%** of the County's total school enrollment of 139,282 students.

Disability Type	# of Students 2007	# of Students 2008	% Between 2007 and 2008
Autism	943	1,308	+ 39%
Deaf	119	110	- 7%
Deaf-Blind	1	2	+ 100%
Developmental Delay	800	1,197	+ 49%
Emotional Disturbance	1,034	635	- 38%
Hearing Impairment	121	152	+ 26%
Mental Retardation	647	649	+ 0.3%
Multiple Disabilities	445	220	- 51%
Orthopedic Impairment	78	62	- 20%
Other Health Impairment	2,092	2,593	+ 24%
Specific Learning Disability	6,094	5,615	- 8%
Speech and Language Impairment	5,213	3,838	- 26%
Traumatic Brain Injury	46	31	- 33%
Visual Impairment	67	73	+ 9%
<b>Total</b>	<b>17,700</b>	<b>16,485</b>	

Source: Maryland State Department of Education - Special Education/Early Intervention Services Census Data 3/2009

## Montgomery County School Enrollment - Special Education Ages 3 to 21

Special Education enrollment has increased by 594 students over the last ten years.



Source: Maryland State Department of Education - Special Education/Early Intervention Services Census Data 3/2009

## Students with Disabilities By Race Compared with General Education Students by Race - Ages 3 to 21

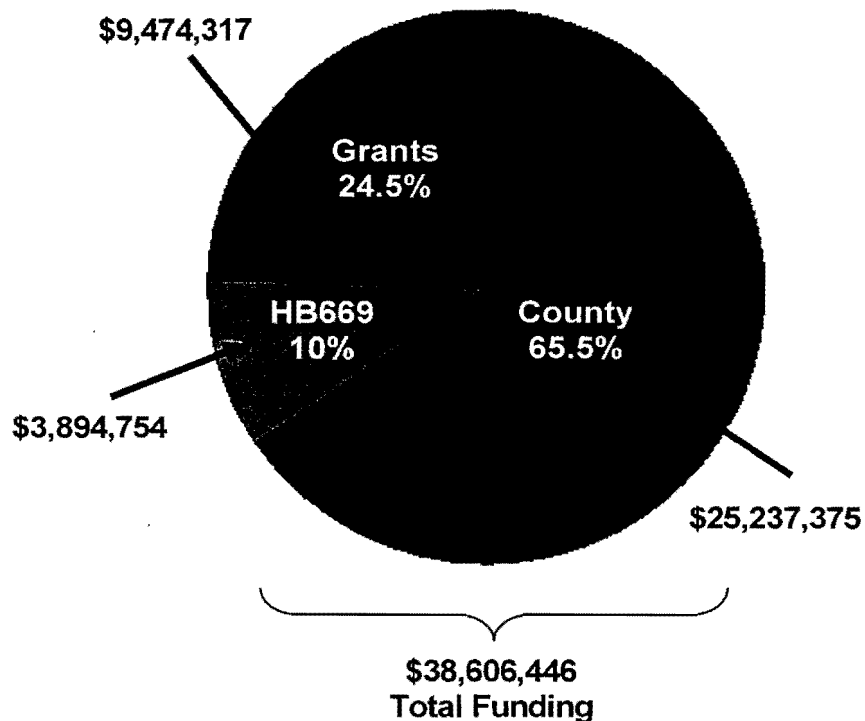
**SWD = Students with Disabilities / GE = General Education**

	Grand Total	American Indian/ Alaskan Native		Asian/Pacific Islander		African American		White		Hispanic	
		Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
<b>SWD</b>	16,485	48	0.3%	1,293	7.8%	4,720	28.6%	6,494	39.4%	3,930	23.8%
<b>GE</b>	139,282	401	0.3%	21,549	15.5%	32,172	23.1%	54,413	39.1%	30,747	22.1%

Source: Maryland State Department of Education - Special Education/Early Intervention Services Census Data 3/2009

## STATUS OF FY10 DHHS AGING AND DISABILITY SERVICES FUNDING

Program Area	Total Funding	From County	From HB669	From Grants
Service Area Administration	\$487,463	\$378,995	\$108,468	—
Community Support Network for People with Disabilities	\$16,453,163	\$11,476,588	\$5,775	\$4,970,800
Information and Assistance	\$994,491	\$375,302	\$75,810	\$543,380
Senior Community Services	\$3,936,279	\$2,925,232	—	\$1,011,047
Senior Food Program	\$2,291,021	\$689,925	—	\$1,601,097
Assessment and Continuing Case Services	\$6,157,478	\$3,416,466	\$2,019,992	\$721,020
Respite Care	\$1,035,430	\$823,589	\$211,841	—
In Home Aide Services	\$4,614,761	\$3,583,223	\$1,031,538	—
Assisted Living Services	\$1,972,684	\$1,256,607	\$441,330	\$274,747
Ombudsman Services	\$663,675	\$311,449	—	\$352,226
<b>Grand Total</b>	<b>\$38,606,446</b>	<b>\$25,237,375</b>	<b>\$3,894,754</b>	<b>\$9,474,317</b>





COMMISSION ON AGING

**BUDGET PRIORITIES FY11 – COUNTY COUNCIL TESTIMONY**

Good Evening,

My name is Elaine Binder, Chair of the Commission on Aging. Thank you for the opportunity to meet with you today.

The Commission on Aging (COA) advises the County Executive, County Council and the Departments of the County, State and federal governments on issues related to seniors residing in Montgomery County. Additionally, the COA is the advisory body to the Area Agency on Aging, as required under the Federal Older Americans Act. Consistent with our emphasis on all aspects of senior concerns, we have liaison relationships with the Montgomery County Departments of Recreation, Transportation, Libraries, Fire and Rescue, and the Housing Opportunities Commission, as well as the Commission on Health and the Vital Living Committee.

The Commission believes it is critical to ensure that the quality of life of older adults is such that they are able to live with dignity, independence, and respect. Our concern is for both the vulnerable and the vital older adult. We actively monitor and support those programs and services that allow vulnerable, needy older adults to live in healthy and safe environments. In addition, the Commission is committed to the continuation of programs that enable the more than 80% of seniors who are healthy and active to be engaged in the civic and cultural life of the County. The Commission strives to assure that Montgomery County develops and implements programs and services that reflect the changing needs of seniors. We respond creatively to the desire of active adults to *age in place* in our community, with ready access to recreation, life-long learning, transportation, affordable housing, employment, and meaningful volunteer opportunities. In essence our vision is that Montgomery County is the “community of choice for mature adults”

While we recognize that budgets are related to specific programs, we want to focus attention on the interconnected nature of programs and the total impact of cuts in individual programs on the lives of a single older adult. For example, reducing the hours of Home Health services and reducing Respite Care which assists both the individual and his/her caregiver can lead to the inability of this senior to remain at home – to *age in place*. The alternative may be placement in assisted living or nursing homes, where cost is significantly higher and care can be compromised due to lack of Ombudsman oversight.

Isolated older adults are more vulnerable to physical and mental deterioration, which limits their ability to age well in our community. Reducing transportation of an able senior to a Senior Center where she/he can engage in both physically and mentally stimulating programs and enjoy a healthy congregate meal leads to a socially isolating life, where even transportation for grocery shopping may not be available. Another example of the potential for social isolation is the combination of reducing public transportation, eliminating access to volunteer programs and closing or reducing library hours for the more vital senior.

The Commission believes in the cost effectiveness of programs that prevent such decline in the quality of life for seniors. Enabling older adults to live safely and healthily in their homes for as long as possible reduces the need for expensive treatment and care. While we are in the midst of a difficult economic situation, we must not lose sight of the long-term impact of shortsighted budget cutting. We must maintain core programs and the knowledge base of vital staff so that we can more easily rebuild once more resources are available.

### **Budget Priorities FY11**

The Commission supports the Recreation Department, whose programs are of great importance to the life and well being of seniors in our community.

Furthermore, the Commission is extremely concerned about the impact of proposed reductions in the Library budget, elimination of bus routes, and the virtual elimination of the Volunteer Center.

However, in this economic environment the Commission must focus attention and maintain its unqualified support for the critical programs of the Department of Health and Human Services (DHHS) which constitute the core safety net that sustains the vulnerable and needy seniors in our community. In this difficult period of budget crisis and spiraling costs for goods and services, it is essential that existing programs for the most vulnerable in our community be maintained at

current levels and, if reductions are absolutely necessary, that they are accomplished sparingly.

Our budget priorities are:

**In-Home Care Program: Restore \$100,000 in the In-Home Care Program.**

Restoring the \$100,000 to the In-Home Care Program would allow for the provision of more than 14 hours per week, on a case-by-case basis after an updated evaluation, for those 120 identified persons who would be adversely affected by the proposed reduction in hours per week from 20 to a maximum of 14.

This care would enable those seniors who are amongst the most frail and frequently have no other support mechanisms to remain at home safely rather than move to assisted living or nursing homes. This is actually a cost-savings measure. Comparing the savings derived from providing for these seniors at home with the expense of any single individual's institutional care clearly demonstrates the cost-effectiveness of this effort.

**Transportation to senior centers and grocery shopping: Restore \$165,490 in the Department of Health and Human Services**

The Commission supports restoring \$165,490 for transportation to senior centers and grocery shopping. Eleven (11) routes are under consideration for elimination to senior centers and community centers and five (5) routes are being considered for elimination of grocery shopping.

Given the demographics of a growing senior population, the recreational needs of seniors are currently at significant levels and will grow exponentially in the years ahead. The need for seniors to remain engaged in the community and avoid isolation is paramount to their health and ultimately, their ability to remain independent. By continuing funding for transportation to senior centers the County will enable these seniors to participate more fully and actively in social and physical fitness activities that are vital to their physical and mental health.

Even the physical act of grocery shopping enables seniors to assume some control over their lives as they age in place by directly shopping for groceries without reliance on others. In addition, this contributes to their having a "social experience" and remaining engaged on a consistent basis.

**Senior Nutrition Services: Restore Senior Nutrition funds for congregate meals at \$25,000.**

The Commission supports the restoration of \$25,000 to the Senior Nutrition Program for congregate meals. Doing so will provide the equivalent of 4,160 meals for congregate sites. The reduction will be spread out across the entire congregate meal program. Moreover, the senior nutrition program provides vital nutritional benefits and also counteracts the social and language isolation of seniors. Currently, 71% of congregate meal participants are from minority groups and many of them have limited English proficiency. Thus, in addition to its nutritional elements, this program contributes positively to the mental health and well being of seniors experiencing depression and loneliness.

**Long Term Care Ombudsman Program: Restore funding of a full-time Nurse position for \$74,920 lost due to State grant funding reductions in FY10 that necessitated the elimination of that position.**

Montgomery County's Long Term Ombudsman Program experienced the elimination of one full-time Community Health Nurse II position in October 2009. The program staff now consists of 3.5 professional ombudsmen, one Program Manager II, and one clerical position. The State of Maryland Long Term Ombudsman Program requires that all small group homes as well as large assisted living facilities are visited quarterly. The County has 193 group homes and 34 nursing homes, making such visits nearly impossible.

The Program also supplements the work of the staff by actively recruiting and training volunteers. There are a total of 58 volunteers, with each staff person directly supervising at least 12 or more volunteers in addition to their regular workload. The former full-time nurse, now assigned to a different unit, continues to conduct trainings twice per year for volunteers and has provided 10 consultations to staff and volunteers within the past 60 days.

Without this position, investigation of complaints will lapse; fewer volunteers will be recruited, trained and supervised; and fewer facilities would be visited with a diminished program presence.

**Dental Services: Restore dental services for the 700 seniors (60 years of age and over) who receive these services annually.**

Appropriate dental care is critical to an individual's ability to eat properly and to

sleep without pain. It is surprising to learn anecdotally about the number of seniors who are satisfied with the basics of their lives with the exception of access to dental care.

Seniors comprise approximately 16% of people served in the dental clinic. Staff hopes that the effect of the reductions will be minimal for these seniors since they could receive such treatment through Montgomery Cares. However, Montgomery Cares also is facing reductions and may not be able to provide these services. Therefore, the Commission supports the restoration of dental services to the 700 older adults who currently receive them.

As Chair of the Commission on Aging, I appreciate being able to speak to you about our priorities. We will continue to advocate for restoration of funds to programs we feel constitute basic safety net services to the most frail and vulnerable older adults in the community. At the same time we will continue to focus attention on issues affecting vital older adults so that they too may age successfully in the County.



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**Montgomery County Commission on People with Disabilities  
FY11 Operating Budget Forum –before the Montgomery County Council**

**April 8, 2010**

**Mark Maxin, Chair | Aaron Kaufman, Vice- Chair**

Good Evening, my name is Mark Maxin and I am speaking on behalf of the Commission on People with Disabilities. We recognize that these are severe economic times and request and trust that you will sustain or increase programs as possible. We ask for consideration of the following:

- Currently, it appears that the services provided by HHS are mostly serving people in crisis or adult protective services or what is known as the “safety net”. We ask that you consider persons who have developmental disability and who are on the Developmental Disabilities Administration Waiting list as being in crisis. The County’s “crisis” in serving this population is due to the State’s poor record of funding programs and services for this population. According to End the Wait Now, Maryland is the wealthiest state in the nation yet ranks 43rd in terms of state spending on developmental disability services. Only eight states rank lower: Alabama, Colorado, Florida, Georgia, Kentucky, Nevada, Texas and Virginia. Maryland devotes 21% less resources for community services than the average state. Children and adults with significant developmental disabilities throughout Maryland need essential services to remain with their families and in their communities. These services have not been adequately funded, so individuals with developmental disabilities and their families have been placed on a Waiting List for community services kept by the Developmental Disabilities Administration. The list has grown to crisis proportions with over 19,000 people statewide with over 3,300 being from Montgomery County.
- We encourage/need you to consider an intake and service coordination system to provide more preventative and maintenance versus crisis only services. There is a need for more service coordinators for people with developmental disabilities to serve as a Safety Net for those that do not and will not get services from the Developmental Disabilities Administration. As the County reduces In Home Aide Services, and Respite the DD waiting list number of people that need assistance getting through the system will increase, and there will be no one able to assist them while they wait for services.
- The Commission joins with Inter ACC/DD in requesting that you include the \$600,000 for the annualization of last year’s new services and for coverage of services to new clients who have a developmental disability in FY11. Agencies providing residential, day and support services for adults who have developmental disabilities in Montgomery County took a 7% cut in the County Executive’s proposed FY11 budget. The DD Supplement/Match which is designed to pay a living wage for direct service employees was cut by about \$580,000. This is on top of a Maryland State Developmental Disabilities Administration (DDA) cut of 2% in FY10 which cost our Montgomery County Agencies an estimated \$1,847,041. Since there is not additional funding in the proposed budget to pay for an expansion of services, the result means that the cuts per person served are more than 7%. InterACC/DD is willing to accept the 7% cut, because they realize the difficult situation that the County is in and feels that they need to bear the pain along with everyone else. DD providers are not willing to accept a 14% cut for services, which is what this budget would result in.
- Restore \$100,000 in the In-Home Aide Care Program which would allow for the provision of more than 14 hours per week, on a case-by-case basis after an updated evaluation, for those 120 identified persons who would be adversely affected by the proposed reduction in hours per week from 20 to a maximum of 14.
- Restore eliminated bus routes and cuts to Call N’Ride to Transit Services. Metro Access is currently considering cutting back and only providing service where there is a fixed route. If the bus routes eliminated, it is very likely that Metro Access will be eliminated too along those routes.

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- Continue funding for the Customized Employment Internship Program.
- Provide additional resources the Senior Nutrition program to provide additional home delivered meals for **people who have disabilities under age 60 years old** who have a difficult time leaving their home and need assistance with food preparation.
- Restore funding for the Library's Disability Resource Center and at minimum not cut anymore from the library. The library serves an important function for disabilities: On a basic level, the library provides computer/internet access to those who cannot afford it in their homes. Further, libraries have specialized assistive technology for people with disabilities. Much of this technology is necessary for people to access the computer but is too expensive for them to purchase on their own. The library also provides training on technology. The library also provides additional services, including a homebound service, for patrons who cannot physically get to the library. Moreover, books, whether hard copy, digital, audio, etc., are for everyone to enjoy. The library should be a place that everyone can access, regardless of ability or disability. Already due to the budget cuts, the talking books collection is being moved from the Rockville library to the Library for the Blind and Physically Handicapped, in Baltimore. People who use these books, such as people who are blind or have low vision, cannot no longer go to the Rockville library, browse and check out a book like everyone else can. Talking books are now ordered from Baltimore and mailed to the person's house. Further cuts would limit, and possibly even eliminate even more services for people with disabilities. We ask that the Council not overlook the fact that people with disabilities have the right to use the libraries and **DO** use the libraries. Services that allow people with disabilities equal access are important and need to be maintained.
- The Commission on Aging is requesting funding a Geriatric Mental Health Treatment Team for low-income seniors with mental health and substance abuse problems. We support their request for this much needed program, and request that you **extend** this program to also serve **people with disabilities who are under age 60** who have a difficult time or are unable to leave their home to receive needed mental health and substance abuse services.

The Commission worked with the Commission on Veterans Affairs, Office of Human Resources, Health and Human Services and the County Council to work to have Bill 46-09 Hiring Preference for People with Disabilities signed into law. We thank you for your outstanding leadership in unanimously supporting this milestone local legislation.

In closing, we recommend that you sustain or increase services as you can in County programs for people with disabilities, including the County's support for community based service providers who do so much to enrich the lives of so many. The County has had a long-standing, laudable policy that enables people with disabilities to live as independently, productively and safely as possible. In order to maintain this policy, the County needs to adequately fund disability programs. We thank HHS and the County for all you have done to make our community a better place to live for people with disabilities.

*"A Community's Budgetary Choices and Policies Reflect its Values"*

# Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895

Voice 301-949-8628, Fax 301-949-4628

Co-Chairs; Tim Wiens ([twiens@Jubileemd.org](mailto:twiens@Jubileemd.org)) & Karen Lee ([klee@seeconline.org](mailto:klee@seeconline.org))

Testimony before the Montgomery County Council  
On the County Executive's Proposed FY11 Operating Budget  
April 7, 2010

Agencies providing residential, day and support services for adults who have developmental disabilities in Montgomery County took a 7% cut in the County Executive's proposed FY11 budget. What does this look like and what does it mean to the 25 agencies that provide services to this population in Montgomery County?

- The DD Supplement/Match which is designed to pay a living wage for our direct service employees was cut by about \$580,000. This is on top of a Maryland State Developmental Disabilities Administration (DDA) cut of 2% in FY10 which cost our Montgomery County Agencies an estimated \$1,847,041. All DDA funded agencies are paid for service based on a rate system, so that we all get the same revenue per client, regardless of agency size.
  - Our direct service employees start at an average wage of \$9.50 to \$11. an hour and make an average of about \$12 an hour. The State of Maryland gives us \$8.97 in the rate they pay us.
  - Our agencies have almost all frozen employee salaries.
  - We have to pass onto to our employees increases in health care
  - We are increasing our employees work load.
  - We continue to cut administrative positions and supports.
- Each year more people come into our services. Since there is not additional funding in the proposed budget to pay for an expansion of services, the result means that the cuts per person served are more than 7%.
  - Based on estimates of expansion that has occurred in FY10 and will occur in FY11, the County would normally be budgeting about \$300,000 for the annualization of expansion that occurred in FY10 (less than a full year of services) and an average of 6 months of services to an additional 97 people to be served in FY11 for an additional \$300,000.
  - We are willing to accept the 7% cut, because we realize the difficult situation that the County is in and we feel that we need to bear the pain along with everyone else.
  - We are not willing to accept a 14% cut to our services, which is what this would result in. We respectfully request that you include the \$600,000 for the annualization of last year's new services and for coverage of services to new clients in FY11.
- We have no ability to reduce our services. We can not increase class size we can not decrease the number of people we serve. We have regulatory requirements to provide day, employment or residential services. We are the last stop, there is nothing after us or beyond us.

*Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Community Support Services, Inc., Full Citizenship, CSAAC, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., MedSource, R.O.I., Secure Care, SEEC, TransCen, The Rock Creek Foundation, Treatment and Learning Centers and other providers and government agencies serving individuals with developmental disabilities.*

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- These cuts will affect the quality of our services.
  - The people we serve are more at risk.
  - The values that our services are built on, values of honoring choice and control over services is threatened, because agencies have to make financial decisions that sometime undermine those values.
  - In the past two years, we have seen agencies struggle and fail for both programmatic and financial reasons and I expect we will see more of that.
- In addition to the DD Supplement/Match other contracts that our agencies have to do more specialized services have been cut 7%. Respite services provided by the Arc of Montgomery County will be drastically reduced. Some mitigation of these cut should be considered. Other specialized day and employment services and children's services have been cut 7%.

Tim Wiens, Executive Director  
Jubilee Association of Maryland and  
Co-Chair Inter ACC/DD

*Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Community Support Services, Inc., Full Citizenship, CSAAC, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., MedSource, R.O.I., Secure Care, SEEC, TransCen, The Rock Creek Foundation, Treatment and Learning Centers and other providers and government agencies serving individuals with developmental disabilities.*

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The Arc of Montgomery County  
Testimony by Joyce Taylor, Executive Director  
Request to Reinstate Partial Funding for the Respite House for  
Continuation of Services  
April 5, 2010

Good evening. My name is Joyce Taylor and I am the executive director of The Arc of Montgomery County. I am here to request that the County Council reinstate partial funding to support continuation of services for The Arc's Respite House. The contract and funding for the house was eliminated from the Executive's FY 11 budget. The Respite House has supported thousands of persons with disabilities ranging from infancy to the end of life for the past 23 years thanks to the County's financial support. During FY 08 and 09, a combined 750 families were served with a total of 240,000 service hours. The house is at capacity (3 people each night) nearly every weekend throughout the year and, from May to September, every night is filled. This July is already fully reserved but the contract has been canceled effective June 30.

I am here today to offer an alternative that will save the County thousands of dollars and enable it to continue the mission of supporting the most vulnerable families in Montgomery County. With the reinstatement of county dollars that will be *used for staffing only* (approximately \$70,000), The Arc will use residential group homes for respite care. This is easily achieved by dedicating bedrooms in existing homes for respite use only. Dedicated staff would be assigned to the respite residents. Without the expense of rent and utilities, the cost to the county would be half of the current contract with nearly the same # of persons being served.

As you consider this request, please keep in mind that the respite program is also compromised by reductions in the respite services contract. The respite services contract was reduced by \$180,000 last summer due to state and county cuts. An additional 7% (\$63,000) is being proposed in FY 11. This results in fewer available hours per family per year. If there is no Respite *House*, the # of requests through respite services will dramatically increase. Most will not be met due to this high volume of requests. Respite service is being reduced or eliminated at a time when the need is increasing. For example, in FY 09, 57% of the persons using respite services ("frail seniors" or people with "functional disabilities") were over the age 80 (*over half!!*); and 2 individuals were over the age of 100! In FY 10, as of the end of February, 59% were over 80 and 3 were over 100. In FY 09, 34% of requests were unmet. In FY 10, (as of February), it is already at 54% due to the cuts last summer. This will only increase over the next few months.

In conclusion, The Arc of Montgomery recognizes that the economy calls for many difficult and painful decisions. Compromise and negotiations remain an option with us to allow the continuation of these services – we hope the County is willing to do the same.

# Bus Routes per Day to Recreation Sites

## FY10 Service Level

Center	Mon	Tues	Wed	Thu	Fri
<b>Long Branch</b>	2	2	2	2	2
<b>Schweinhaut</b>	1	1	1	1	1
<b>Holiday Park</b>	1	1	1	2	1
<b>Damascus</b>	1	1	1	1	1
<b>Gaithersburg</b>	1	1	2	2	1
<b>Germantown</b>	2			2	
<b>Potomac</b>		1			
<b>Ross Boddy</b>			1	1	
<b>East County</b>		2			2
<b>Longwood</b>	1				
<b>Praisner</b>				1	

## FY11 CE Recommended (11 routes eliminated)

Center	Mon	Tues	Wed	Thu	Fri
<b>Long Branch</b>	2	2	2	2	<b>0</b>
<b>Schweinhaut</b>	1	1	<b>0</b>	1	1
<b>Holiday Park</b>	1	1	1	<b>1</b>	1
<b>Damascus</b>	<b>0</b>	1	1	1	<b>0</b>
<b>Gaithersburg</b>	1	1	<b>1</b>	<b>1</b>	1
<b>Germantown</b>	2			2	
<b>Potomac</b>		<b>0</b>			
<b>Ross Boddy</b>			1	1	
<b>East County</b>		2			<b>1</b>
<b>Longwood</b>	<b>0</b>				
<b>Praisner</b>				1	

# Behavioral Health and Crisis Services

# Behavioral Health and Crisis Services

## FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to foster the development of, and to ensure access to a comprehensive system of services for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to providing culturally and linguistically competent care and to the use of evidence based or best practices along a continuum of care. BHCS works with the State's public mental health and substance abuse system, other HHS service areas, county agencies and the community to provide strength-based and integrated services to persons in need. Behavioral Health Planning and Management monitors various services provided to families with public health insurance including, outpatient mental health clinics, psychiatric rehabilitation, and residential rehabilitation programs. Crisis and Victims services are available twenty-four hours, seven days a week providing treatment in schools, home, or the community. Access and Behavioral Health Specialty Services provide screening/referrals along with treatment on an outpatient basis. Addictions Services provide a full array of outpatient and residential services in both community and correctional settings.

## PROGRAM CONTACTS

Contact Raymond L. Crowel of the HHS - Behavioral Health and Crisis Services at 240.777.1488 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### ***Behavioral Health Planning and Management***

Behavioral Health Planning and Management was previously titled System Planning and Management. As the State mandated local mental health authority, this program is responsible for the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). This include persons with co-occurring mental illness and substance abuse disorders, homeless persons with SPMI, and persons with SPMI who have been incarcerated and/or are on conditional release. This program is responsible for the ongoing development of a resiliency and recovery oriented continuum of quality mental health services that provide for consumer choice and empowerment, while assuring consumers have access to clinically appropriate and cost effective behavioral health services. In addition, Behavioral Health Planning and Management partners with the Mental Hygiene Administration and the Crisis Center in the provision and authorization of hospital diversion services aimed at providing diversion to the most clinically appropriate least restrictive setting for the individuals it serves. Hospital diversion services shifted from Mental Health Services for Seniors and Persons with Disabilities to this program.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Number of clients served in outpatient mental health settings based on Public Mental Health System paid claims data	6,900	7,776	7,776	7,776	7,776
Percentage of adult clients receiving services who report positive improvement in Social Connectedness and Emotional Well-being	82	83	82.5	80	80
Percentage of child and adolescent clients receiving services who report positive improvement in Social Connectedness and Emotional Well-being	N/A	94	93.5	93.5	93.5

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>7,512,490</b>	<b>13.7</b>
Reduce: Child Welfare Services Mental Health Funding - Attachment and Bonding Studies and Crisis Stabilization	-18,790	0.0
Decrease Cost: Consumer Special Needs Fund	-19,670	0.0
Decrease Cost: Pharmacy Assistance Services Budget	-30,000	0.0
Reduce: Computer Training for Adults with Mental Illness and Serve 10-15 Fewer Adults Annually	-47,370	0.0
Decrease Cost: Reduce the Budgets for Vocational Training, Travel, and Contract Expenses Based on Historic Actuals	-50,000	0.0
Decrease Cost: The Housing Subsidy Paid to Six Providers of Residential Rehabilitation Programs with no Reduction to Client Service	-137,530	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	581,810	5.1
<b>FY11 CE Recommended</b>	<b>7,790,940</b>	<b>18.8</b>

Notes: Miscellaneous adjustment includes the shift of five workyears from Mental Health Services: Seniors and Persons with Disabilities.



## Behavioral Health Specialty Services

Behavioral Health Specialty Services includes both the Adult Behavioral Health and the Access to Behavioral Health Services programs. The Adult Behavioral Health program provides a comprehensive range of mental health services including assessment, diagnostic evaluation, psychotropic medication evaluation, and medication monitoring. Individual, family, and group psychotherapy are available, as well as case management services. Eligibility is limited to Montgomery County residents who have a high level of acuity and are involved in multiple systems in the community. Many of these individuals are unable to receive Public Mental Health System services or the level of care necessary to effectively stabilize their illness. This program has expanded capacity to provide services to Limited English Proficiency (LEP) clients and those with specialized cultural and language needs. The Access to Behavioral Health Services program provides assessments for clinical necessity and financial eligibility for consumers needing outpatient mental health services including those with a co-occurring disorder, and linkages to those eligible for the Public Mental Health System or community resources. This program also provides for Montgomery County adult residents, walk-in substance abuse assessments including co-occurring disorders and linkages to the range of services in the Addiction Services continuum. Safety Net Services, a service within Access to Behavioral Health Services, provides immediate, brief psychiatric, and case coordination services (16 hours a week) for clients eligible for the Public Mental Health system who are discharged from a psychiatric hospital/jail who need immediate psychotropic medications until they can be linked to a community Outpatient Mental Health program.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,755,740</b>	<b>21.4</b>
Decrease Cost: Abolish a Part-time Principal Administrative Aide Position	-28,300	-0.5
Decrease Cost: Abolish a Full-time Therapist II Position in the Access to Care Program	-135,310	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-104,600	-2.4
<b>FY11 CE Recommended</b>	<b>2,487,530</b>	<b>17.5</b>

Notes: Miscellaneous adjustment includes the shift of 2.0 workyears to the Abused Persons Program.

## Behavioral Health Community Support Svcs

Behavioral Health Community Support Services is composed of three sub-programs: Community Case Management Services, Urine Monitoring Program, and Program/Contract Monitoring Unit. These programs provide: 1) case management services to Temporary Cash Assistance (TCA) clients, women who are homeless, adults incarcerated at the Montgomery County Correctional Facility, and other clients who are "high-end" users of services and involved in multiple programs within HHS, 2) urine testing services to clients referred by the courts, child welfare, the criminal justice system and others required to submit to urine surveillance or who require request urine screening and testing, and 3) the Program/Contract Monitoring Unit monitors contract compliance for addiction and co-occurring treatment with certified providers who contract with the Department to provide detoxification, outpatient, intensive outpatient, residential halfway house, combined care, and long-term residential treatment services to enhance the quality of care available to Montgomery County residents.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Number of persons served in Level 1 Outpatient Treatment <sup>1</sup>	734	571	600	540	540
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment) <sup>2</sup>	74	86	75	75	75

<sup>1</sup> These measures are for the Adult Level I treatment programs only. The projected FY11 and FY12 number of persons served reflects State and Local reductions for Level I Outpatient Substance Abuse Treatment Services.

<sup>2</sup> This is a new performance measure established by the Alcohol and Drug Abuse Administration.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>7,474,990</b>	<b>21.4</b>
Reduce: Level I Outpatient Substance Abuse Treatment Services and Serve Three to Four Fewer Clients	-13,600	0.0
Reduce: The Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant	-303,740	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-247,260	-0.5
<b>FY11 CE Recommended</b>	<b>6,910,390</b>	<b>20.9</b>

## Criminal Justice/Behavioral Health Services

Criminal Justice/Behavioral Health Services is composed of three programs: (1) Clinical Assessment and Triage Services (CATS), (2) Community Re-Entry Services (CRES), and (3) Jail Addiction Services (JAS). CATS provides assessment and post-booking diversion services within 24 hours of booking to inmates with behavioral health issues upon entry into the Montgomery County Detention Center. JAS is an intensive jail-based residential addiction treatment program for inmates who suffer with substance-related disorders at the Montgomery County Correctional Facility. CRES provides court advocacy and release planning for inmates at the Montgomery Correctional Facility by assessing inmates' behavioral health needs and coordinating access to services in the

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,462,990</b>	<b>19.2</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	10,030	-0.7
<b>FY11 CE Recommended</b>	<b>2,473,020</b>	<b>18.5</b>

### Outpatient Addiction Services (OAS)

OAS provides comprehensive and quality outpatient, intensive outpatient, drug court, and medication assisted treatment services to adult residents of Montgomery County, who are diagnosed with substance use disorders or co-occurring mental health and substance use disorders. Priority populations include people who are indigent, homeless, medically compromised, women who are pregnant or those with infants, individuals involved with the criminal justice system, and people with HIV/AIDS.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>4,036,640</b>	<b>29.2</b>
Shift: Operating Expense to Personnel Cost and add 2.5 WYs to the Montgomery County Adult Drug Court	0	2.5
Eliminate: Contract for Acudetox Services	-13,750	0.0
Decrease Cost: Abolish a Full-time Therapist II Position	-145,080	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-34,040	0.1
<b>FY11 CE Recommended</b>	<b>3,843,770</b>	<b>30.8</b>

### Victims Assistance and Sexual Assault Program

VASAP provides information, referral, support, psychiatric evaluations, criminal justice advocacy, court accompaniment, crisis, and ongoing counseling services to victims of crimes such as, sexual assault/rape, homicide (surviving family and friends), assault/battery, as well as childhood sexual abuse. Outreach is provided 24/7/365 days per year through volunteer support to rape and sexual assault victims at hospitals and police stations. Compensation is provided to eligible victims of crime. Court volunteers augment services provided by VASAP victim assistants.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of adult victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by Post-traumatic Stress Disorder (PTSD) Checklist – Civilian (PCL-C) clinical scales)	85	86	85	85	85
Percentage of child victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by the Child's Reaction to Traumatic Events Scale (CRTES) clinical scales)	81	78	78	78	78

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,614,030</b>	<b>18.4</b>
Add: American Reinvestment and Recovery Act (ARRA) Grant Awarded to Fund a Part-time Client Assistant Position (0.3 WY)	21,610	0.3
Increase Cost: Victims Compensation Fund Match	9,910	0.0
Reduce: Eliminate Victims Clinical Counseling and Staff Consultation Services to Adults Molested as Children	-58,270	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-5,160	-0.3
<b>FY11 CE Recommended</b>	<b>2,582,120</b>	<b>18.4</b>

### Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of three components that provide or support comprehensive mental health treatment and care coordination services to children, youth, and their families that are individualized, culturally, and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Outpatient Mental Health Service provides assessment, psychiatric, and therapeutic treatment to children and adolescents with serious emotional impairments. The Home-based Treatment Team provides specialized, evidence-based mobile treatment specifically for children and families involved with Child Welfare Services. The System of Care Development and Management Team collaborates with Local and State partners to plan, develop, and manage publicly-funded (State and County) mental health and care coordination services for children and adolescents. All three components are guided by the principles that services should be child focused, family driven, and culturally competent.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,381,850</b>	<b>17.2</b>
Enhance: Services to Haitian and Other French-Speaking Immigrants	30,000	0.0
Reduce: Funding for Substance Abuse Prevention and Mental Health Contractual Services and Serve Five Fewer Children/Families	-5,300	0.0
Decrease Cost: Operating Expenses in the Care Coordination Budget - Administrative and Training and Professional Development Funding	-8,000	0.0
Reduce: N*COMMON Program - Mental Health Services to Diverse Populations	-17,350	0.0
Reduce: Family Support, Education, and Advocacy Services	-27,200	0.0
Decrease Cost: Abolish a Part-time Therapist II Position	-50,010	-0.5
Eliminate: Child and Adolescent Mental Health Service Psychiatric Contract	-188,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-72,870	-0.6
<b>FY11 CE Recommended</b>	<b>3,043,120</b>	<b>16.1</b>

## 24-Hour Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational, emotional, or mental health crises. The Crisis Center provides all services, twenty-four hours/day seven days/week. Much of the work of the Crisis Center focuses upon providing the least restrictive community-based service that is appropriate to the client's situation. Many of the services provided are alternatives to more traditional mental health services. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters and community crises. The Crisis Center coordinates the mental health response during disasters and community critical incidents. During the off-hours (after 5:00 p.m., weekends, and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available. The Public Inebriate Initiative (PII) is a program to intervene with those individuals who are drinking on the street. The Public Inebriate Initiative is a program to intervene with individuals who are drinking on the street.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>4,300,490</b>	<b>37.5</b>
Add: Public Inebriate Team - Operating Expense	77,250	0.0
Eliminate: Crisis Preparedness Contractual Services	-37,510	0.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort	-150,000	-1.5
Eliminate: The Wheaton Public Inebriate Initiative Team (PIIT)	-275,000	-2.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	175,110	0.1
<b>FY11 CE Recommended</b>	<b>4,090,340</b>	<b>34.1</b>

Notes: Miscellaneous adjustment includes the annualization of positions for the Wheaton Public Inebriate Team and lapse adjustment.

## Mental Health Svcs: Seniors & Persons with Disabilities

This program provides outreach mental health services for seniors who cannot or will not access office based services as well as persons experiencing caregiver stress. It provides Prevention and Early Intervention services for seniors by providing drop in groups at senior centers, psycho education, consultation to assisted living providers, Housing Opportunities Commission (HOC) resident counselors and senior center directors, and mental health training for providers of services for seniors. This program also provides mental health services to persons who are deaf or hearing impaired.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,855,020</b>	<b>10.0</b>
Reduce: The SORT Grant by \$241,660 in the Hospital Diversion Program by Abolishing Four Positions and Eliminating the Operating Budget for Therapeutic Foster Care	-241,660	-3.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-994,860	-5.0
<b>FY11 CE Recommended</b>	<b>618,500</b>	<b>2.0</b>

Notes: Miscellaneous adjustment includes the shift of 5.0 workyears to Behavioral Health Planning and Management.

## Abused Persons Program

The Abused Persons Program was previously titled Partner Abuse Services. The Abused Persons Program serves as the local comprehensive domestic violence program that provides community education, crisis intervention, safety planning, legal advocacy, ongoing counseling, and emergency shelter to victims of physical partner abuse and their minor children. Assessment and counseling are also provided to those who have been abusive towards their partners.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,252,340</b>	<b>17.8</b>
Reduce: Funding for Legal Immigration Contractual Services in Partner Abuse Services	-4,780	0.0
Decrease Cost: Abolish a Full-time Office Services Coordinator (OSC) Position	-51,900	-1.0
Decrease Cost: Abolish a Full-time Therapist II Position	-90,400	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-103,050	-0.4
<b>FY11 CE Recommended</b>	<b>3,002,210</b>	<b>15.4</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear to Outpatient Addiction Services.

## Service Area Administration

This program provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>584,030</b>	<b>3.9</b>
Decrease Cost: Eliminate the Temporary Service Budget in Behavioral Health and Crisis Services (BHCS) Chief's Operating Expense budget	-10,280	0.0
Decrease Cost: Abolish A Full-time Administrative Specialist III Position in the Behavioral Health and Crisis Services (BHCS) Chief's Office	-105,050	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	83,770	0.8
<b>FY11 CE Recommended</b>	<b>552,470</b>	<b>3.7</b>

Notes: Miscellaneous adjustment includes the shift of one position from Behavioral Health Specialty Services to this program.

## PROGRAM SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Behavioral Health Planning and Management	7,512,490	13.7	7,790,940	18.8
Behavioral Health Specialty Services	2,755,740	21.4	2,487,530	17.5
Behavioral Health Community Support Svcs	7,474,990	21.4	6,910,390	20.9
Criminal Justice/Behavioral Health Services	2,462,990	19.2	2,473,020	18.5
Outpatient Addiction Services (OAS)	4,036,640	29.2	3,843,770	30.8
Victims Assistance and Sexual Assault Program	2,614,030	18.4	2,582,120	18.4
Child and Adolescent Mental Health Services	3,381,850	17.2	3,043,120	16.1
24-Hour Crisis Center	4,300,490	37.5	4,090,340	34.1
Mental Health Svcs: Seniors & Persons with Disabilities	1,855,020	10.0	618,500	2.0
Abused Persons Program	3,252,340	17.8	3,002,210	15.4
Service Area Administration	584,030	3.9	552,470	3.7
<b>Total</b>	<b>40,230,610</b>	<b>209.7</b>	<b>37,394,410</b>	<b>196.2</b>

**Saint Mark Coalition for Mental Health****TESTIMONY FROM THE SAINT MARK COALITION FOR MENTAL HEALTH****REGARDING PROPOSED CUTS IN FY 2011 OPERATING BUDGET**

The Saint Mark Coalition for Mental Health is a broad based coalition of county mental health advocates, providers and consumers who desire to improve services and promote recovery for all Maryland residents with mental health needs.

We are writing to express our concern about the proposed cuts to the budget and their impact on the long-term quality of life here in the County. We all know and respect the truly unprecedented situation before you as our representatives, having to consider many challenges where there are no easy solutions or good news in sight.

**However, we believe that the collective effect of these cuts will further erode an already fraying safety net at a time when the demand for the services we provide has increased.**

The recommended reductions in the County Executive's FY11 budget will result in a systemic loss of services for persons with mental illness. This will impact many people living with mental illness who currently lead productive lives, working and volunteering in the community.

Furthermore, these reductions will add to the unemployment rolls for staff members of provider agencies. While some agencies received 7%-11% reductions in contracts, others have combined cuts ranging from 22-32% in the last year. At least four providers reported complete cuts in programming.

All providers are re-aligning staffing and programming, resulting in staff lay-offs, fewer hours worked and reduced benefits. These requirements result directly in fewer services with several agencies describing loss of services for 40-100 people and reduction in services to more than 900 clients. None of these numbers reflect the loss of volunteer time which is the direct result of fewer staff available to recruit and train the thousands of volunteers now working in the community of behalf of those needing mental health services.

In addition, residential rehabilitation and outpatient mental health have already been cut – in terms of buying power - every year for the past two decades. County funding for residential rehabilitation has not increased for twenty years, so what the money will buy has been cut by more than half. The few hundred thousand dollars that the County provides to outpatient mental health centers has not increased since those grants began ten years ago, after the County saved millions of dollars per year by turning over its outpatient mental health centers to non-profit organizations.

Our members already have taken substantial steps to streamline operations, and significant compromises have been made. We know that times are tough, but we ask that you provide us

with an adequate and fair level of resources so that we can continue to serve as many of our neighbors as we can.

Montgomery County has a strong tradition of supporting those of us on the front lines of this effort. While there are very limited amounts of funding to go around, we hope that you continue to make mental health services a priority of the county, even in these tough times. We urge you to continue to stand with us as you have before. Now, at this critical juncture for the future of our country, helping our most vulnerable must remain a top priority, for the sake of all of our residents.

Sincerely,

Cindy Ostrowski, St. Luke's House, Inc.

Sue Kirk, Bethesda Cares, Action in Montgomery

Sharon Friedman, Mental Health Association of Montgomery County

Rebecca Wagner, Interfaith Works

Marcel Wright, Reginald S. Lourie Center for Infants and Children

Esther Kaleko-Kravitz, National Alliance on Mental Illness

Kevin Dwyer, Blue Ribbon Task Force

Fred Marton, Federation of Families

Laura Ryan, League of Women Voters of Montgomery County

Anne Dickinson, Saint Mark Presbyterian Church Local Mission Ministry

Craig Knoll, Threshold Services, Inc.

Pat Plunkett, Network for Children

Carol Allenza, Maryland's Coalition of Families for Children's Mental Health

Charlene Blumenthal, Community Advocate

DJ Jones, Consumer Advocate

Rev. Kennedy Odzafi, Ewe Church in America

Sharan London, Montgomery County Coalition for the Homeless

County Council Budget Hearing  
April 6, 2010  
Testimony of Craig Knoll, Executive Director, Threshold Services

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Madame President and Members of the County Council, I am Craig Knoll, Executive Director of Threshold Services, which provides treatment, rehabilitation and housing for 900 people with severe mental illness or co-occurring substance use disorders and mental illness in Montgomery County.

Mental health advocates agree that all must contribute to the budget solution, and that a balance among different priorities must be struck. Our concern is that two core community services, residential rehabilitation and outpatient mental health, are bearing a disproportionate share of the burden.

County support for residential rehabilitation and outpatient mental health has not increased at all since that support began decades ago. In real terms, County support for residential rehabilitation has decreased every single year for more than twenty years, and support for outpatient mental health centers has decreased in real terms since it began ten years ago. These programs paid their dues when times were good.

Now, they face cutbacks to a greater extent than those faced by County government as a whole. Including the recent cuts in County grants during FY 10 and in the proposed FY 11 budget, the total reduction in County support is 19% for Threshold Services, 17% for Family Services, and 21% for St. Luke's House.

Those three non-profits are the only providers of residential rehabilitation for adults with mental illness in the county, and they are three of the four largest providers of outpatient mental health. Ten years ago, the County saved millions of dollars per year by privatizing its five adult outpatient mental health centers. Subsequently, two went bankrupt, and a third closed. The two operated by Threshold Services continue struggling to serve the community. It is essential to the community and to County government that community mental health is not destabilized and forced into another collapse.

Mental health care is a core community service. We and other service providers make Montgomery County a safer, healthier and more prosperous community by keeping people out of hospitals, out of jail, and in employment. It does not make sense to make recovery from mental illness or co-occurring disorders an especially low priority by putting a disproportionate share of the burden on community mental health.

Residential rehabilitation and outpatient mental health already have been cut by far more than 7%; they have already done their part, and they should not be cut further. I implore you to recognize and to act upon the obvious imbalance in this situation.

Thank you very much for your consideration.



## Montgomery County Alcohol and Other Drug Abuse Advisory Council

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Presentation to County Council April 8, 2010

### Budget FY 2011

#### Overview

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of community representatives who come together to offer guidance to the County Executive and the County Council in identifying alcohol and other drug policy and budget allocations. As of FY 05, the AODAAC was also designated as Montgomery County's State Local Drug and Alcohol Advisory Council which collaborates with the Maryland State Drug & Alcohol Abuse Council to identify available funding sources and review the County's Strategic Plan on Alcohol and Drug Abuse.

#### Budget Priorities

- **Maintain Current Funding Levels for the County's Continuum of Services**

We want to voice our appreciation for the commitment shown in maintaining current funding levels for the continuum of services and supports to date. We also want to caution that any cuts in funding at this time will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current continuum is operating at a floor that cannot absorb any reductions. **It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. (1994 CALDATA Study)**

- **Maintain Current Level of Outpatient Adolescent Substance Abuse Treatment:** Level funding is needed to maintain the Outpatient continuum of services at the current level. Adolescent substance abuse treatment services are provided primarily through contracted services. For FY10, the Juvenile Justice Programs funded 120 adolescent treatment slots county-wide, a reduction of 80 from 2009 just to *maintain the same level of services*. The contractors are continuing to provide close to 200 treatment slots without full funding, but this will not be sustainable in future years. Research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adolescents can get their lives back on track. The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. (*Rehabilitating Juvenile Offenders. The MacArthur Foundation*)

- **Maintain Current Substance Abuse Prevention Funding** There is insufficient funding to continue the Under 21 Grant program at current levels and the Strengthening Families Program grant is scheduled to end June 30, 2010.

- **Under One Roof Clinic Closing** The grant from the Maryland Community Health Resources Commission that supported the operation of the Under One Roof clinic at OAS expires in March, 2010. HHS is able to keep the clinic operating through the end of this fiscal year – June 2010. Without county support this primary healthcare clinic that has served over 2000 patients in the last three years, many of them from the OAS Intensive Outpatient, Methadone, and Adult Drug Court programs, and Avery Road Combined Care will have to close. The cost to keep the clinic operating is about \$250,000 per year, the clinic has served over 900 patients through the first eight months of this fiscal year.

#### Collaboration Statement

##### **Mental Health Advisory Committee (MHAC)**

##### **Special Needs Housing**

MHAC's priority issues for FY10 are housing for individuals with mental illness and development of a Mental Health Court in Montgomery County for those individuals who are repeatedly incarcerated in County detention facilities for minor, non-violent criminal offenses. The AODAAC's has a similar need to expand sober housing in the County's continuum of care. People coming out of state hospitals cannot move back to the county because of the lack of residential rehabilitation and individuals coming out of residential substance abuse treatment need access to sober housing. Access to both types of special needs housing is limited in Montgomery County.

##### **Commission on Aging**

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### **Substance Abuse and Older Adults**

Both the AODAAC and the Commission on Aging are in support of the creation of a Geriatric Behavioral Health Team, which will provide mental health and substance abuse screening, assessment and treatment for low-income seniors. Mental health problems and substance abuse are frequently overlooked in older adults; coordinated treatment of both, will provide the most effective outcomes.

### **Priority Areas**

- **Maintain the Current levels of Substance Abuse Treatment for Adults and Adolescents**
- **Protect Substance Abuse Prevention Services**

### **Local Initiatives**

**THE AODAAC RECOMMENDS SEVERAL SOLUTIONS FOR FUNDING SUBSTANCE ABUSE TREATMENT, INTERVENTION, AND PREVENTION SERVICES IN MONTGOMERY COUNTY FOR CURRENT AS WELL AS FUTURE REQUESTS.**

#### **1) Increase county pricing on alcoholic beverages.**

Research has shown that increasing the price of alcohol leads to a decrease in consumption by youth. Increasing the total price of alcohol has also been shown to decrease drinking and driving among all age groups. According to the "Youth Access to Alcohol Survey" funded by the Robert Wood Johnson Foundation and prepared by the University of Minnesota Alcohol Epidemiology Program, 82% of adults favor an increase of *five cents* per drink on beer, wine, and liquor to pay for programs to prevent minors from drinking and to expand alcohol treatment programs.

#### **2) 10% of the net profit from the sale of liquor, beer, and wine to be earmarked to fund prevention, intervention, and treatment programs.**

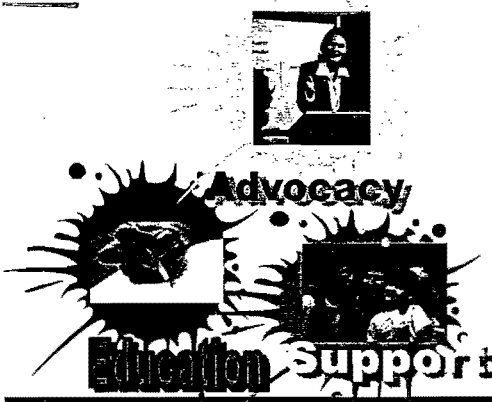
For the past five years, the Department of Liquor Control reports that an average of over \$20.5 million is returned to the County General Fund from liquor sales each year. A percentage of this on-going revenue stream would assure that adequate funding is available for on-going maintenance and expansion of these vital services. ***It seems intuitive to this Advisory Council that if the County is going to participate in selling and controlling the sale of alcoholic beverages that a portion of the profits be set aside for programs that prevent and mitigate against the harmful effects of those sales.***

**Montgomery County Residents Treated in Maryland Certified Alcohol and Drug Abuse Programs during 2009**

Substance Abuse Problems*	Age							
	Under 18		18 to 20		21 and Older		Total	
	#	%	#	%	#	%	#	%
Alcohol	311	61.1	312	53.6	4371	70.5	4994	68.5
Crack	3	0.6	37	6.4	1169	18.8	1209	16.6
Other Cocaine	24	4.7	50	8.6	616	9.9	690	9.5
Marijuana/Hashish	482	94.7	376	64.6	1509	24.3	2367	32.4
Heroin	13	2.6	112	19.2	790	12.7	915	12.5
Non-Rx Methadone	0	0.0	2	0.3	41	0.7	43	0.6
Oxycodone	36	7.1	75	12.9	452	7.3	563	7.7
Other Opiates	13	2.6	19	3.3	278	4.5	310	4.2
PCP	6	1.2	23	4.0	229	3.7	258	3.5
Hallucinogens	11	2.2	11	1.9	13	0.2	35	0.5
Methamphetamines	3	0.6	10	1.7	56	0.9	69	0.9
Other Amphetamines	13	2.6	12	2.1	81	1.3	106	1.5
Stimulants	2	0.4	1	0.2	8	0.1	11	0.2
Benzodiazepines	4	0.8	32	5.5	226	3.6	262	3.6
Other Tranquilizers	0	0.0	0	0.0	1	0.0	1	0.0
Barbiturates	0	0.0	0	0.0	7	0.1	7	0.1
Other Sedatives & Hypnotics	0	0.0	1	0.2	7	0.1	8	0.1
Inhalants	1	0.2	3	0.5	0	0.0	4	0.1
Over-the-Counter	10	2.0	0	0.0	6	0.1	16	0.2
Other	9	1.8	10	1.7	67	1.1	86	1.2
Total Cases	509	—	582	—	6204	—	7295	—

\*Up to three substance abuse problems may be reported for each case so percentages do not add to 100.

DHMH



**Montgomery County Federation of Families  
for Children's Mental Health, Inc.**  
Colesville Professional Center  
13321 New Hampshire Avenue, Terrace B  
Silver Spring, Maryland 20904

301-879-5200 (phone)      301-879-0012 (fax)  
[cserkin@mcfmf.org](mailto:cserkin@mcfmf.org) (email)

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**Testimony Submitted to the Montgomery County Council  
at the Public Hearings on the Fiscal Year 2011 Operating Budget  
April 8, 2010**

**Presented by John Pride  
Member of the Board of Directors  
Montgomery County Federation of Families for Children's Mental Health**

Good evening. I am John Pride, a Board member of the Montgomery County Federation of Families for Children's Mental Health (Federation), a non-profit family organization addressing the needs of families who have children and youth with emotional, behavioral and mental health challenges. I also am a father of a transition age youth with mental health challenges who has been served by multiple child-serving systems.

The Federation is a small non-profit organization that plays a critical role in the system of care in Montgomery County. Our organization is often the only safety net for families who have children with mental health challenges. What does this support mean to a family in crisis, to a family without resources, or to parents who do not know where to turn as their child withdraws and changes in front of their eyes? This support is invaluable and immeasurable.

What is unique at this juncture is that, for the first time in Maryland, a family organization such as ours can become a Medicaid provider through the 1915 Psychiatric Residential Treatment Center Waiver. Through this Waiver, children will be served in the community instead of going to a residential treatment center. With the Waiver in place, the Federation will draw down federal dollars and thereby serve more families who have children with the most intensive needs. Your investment in the Federation will produce a greater return.

As a Waiver provider, the Federation will deliver three of the mandated services. i.e., caregiver peer-to-peer support, youth peer-to-peer, and family and youth training, to parents and other primary caregivers whose children are at risk of residential treatment and to the youth struggling to remain in the community. To provide these mandated Waiver services and draw down federal dollars, the Federation, however,

needs sufficient funding for infrastructure and staffing. The recommended budget cuts for FY11, coupled with the cuts in FY10, greatly hinder the Federation's ability to have the staffing necessary to provide the mandated Waiver services. To meet the mandated Waiver requirements, the Federation needs sufficient funding to ensure that staffing for family peer-to-peer support and youth peer-to-peer support is at a level that allows services to be delivered efficiently and effectively.

The County Executive's Recommended FY11 Operating Budget and FY11-16 Public Services document lists this Psychiatric Residential Treatment Center Waiver as a "productivity enhancement" within the Department of Health and Human Services. ***Only a family organization such as ours is permitted to provide caregiver peer-to-peer and youth peer-to-peer services to Waiver enrolled families. In addition, the only way Montgomery County became a Waiver eligible jurisdiction was to have four services secured, i.e., caregiver peer-to-peer and youth peer-to-peer support from a family organization and respite and crisis services. The Federation is an important key to ensuring that this productivity enhancement happens.***

The Federation was cut more than 10% in FY10 and now faces another 10% cut for FY11. ***Please restore the 10% funding so that the Federation will be able to deliver critical Waiver services and bring federal dollars into the county to assist more vulnerable families.*** This not only makes good business sense, but good community sense as it helps to repair the holes in the safety net that this economy has created. The Federation, with your support, can continue to serve the families with the greatest need.

Thank you for your ongoing commitment to children with serious mental health challenges and their families.

***Volunteers of America Chesapeake  
County Council Hearing Testimony on  
Montgomery County -- FY11 Budget  
April 5, 2010***

Good evening! My name is Russ Snyder and I am President and CEO of Volunteers of America Chesapeake, a faith-based, non-profit organization that provides human services resulting in positive life changes for over 8000 individuals and families throughout Maryland, Virginia, and the District of Columbia.

Since July of 2006, we have been the contracted operator of the Montgomery County Mental Health – Homeless Outreach Program (MCMH-HOP). The target population of this program is street homeless individuals (estimated at 1,000) in the County, who do not have faces and voices to express their needs on these types of matters. In the past two years we have helped serve 626 men and women who are living in shelters, under bridges, or in encampment sites in the County and the demand for these services continue to increase, not decrease.

I want to share the story of a former client – Sidney Mceachin -- who is sitting in the audience and is only one of many such successes that demonstrates the impact of this program....

*"Mr. Mceachin had a successful career in business management, but was laid off in this economy. Because he lost his job and due to his mental health problems, Sidney became homeless, lived in his car, and then on the streets for about a year. He came to the Volunteers of America Chesapeake (VOAC) program as a walk-in client because he heard from a friend about services we provide.*

*In just a very short period of time, the VOAC case manager was able to address multiple psychosocial needs of this client. Our staff connected Mr. Mceachin with our psychiatrist for evaluation and medication management which helped to stabilize his mental health situation while in our program.*

*The VOA case manager also obtained permanent housing, Social Security Income, and food stamps for this client within 2 months which helped to address his social needs. Finally, our staff member motivated Mr. Jones to search for employment and currently he has a day job to support himself. He is also in permanent housing.*

*Recently, Sidney shared with our program director that he was amazed how efficient and caring his case manager was and how quickly she helped him to move to better and more stable place in his life. He is planning to write thank you letter to VOAC for excellent job we do.*

*In a personal conversation, Mr. Mceachin shared with our program director, "For the first time I started to see the beautiful blue color of the walls in your office...VOAC staff helped me to see and enjoy the bright colors of life again. Thank you for hope and transformation you are giving to people."*

This program is vitally important to continue funding in the FY11 Budget for the following reasons:

- This contract pays for the only outreach program in the County addressing specific issues of the mentally ill homeless population.

(bbb)

- Our effective service delivery includes diagnostic assessment and medication treatment to the uninsured homeless which is not being provided by the existing public mental health system.
- The program is unique in that it is the only homeless outreach program available in the County with flexible service hours which means that our outreach workers work in the off hours - in any part of the County -- to more effectively reach the homeless men and women who need the mental health services.
- The program outreach workers have gained the reputation of being highly effective and the "go-to" program in serving pregnant homeless women with mental health conditions.
- We are concerned for this vulnerable population that without outreach engagement and supportive services, street mentally ill homeless individuals will be very likely to be involved in the corrections system, adding unnecessary costs for incarceration in the County.

One other important point is that the County is currently funding 43% or \$114K of the program while the other 57% or approximately \$150K is funded from State and Federal government grants. It is our understanding that should the County discontinue this program in the next fiscal year, the Federal and State government grants are at risk of not being available to the County in the future.

On behalf of all the County homeless men and women with mental health needs who cannot share their needs with you directly tonight, we respectfully ask that you continue to fund this important human service program in the FY 2011 County Budget.

Thank you for your attention.

(bdc)

# Children, Youth, and Family Services



# Children, Youth, and Family Services

## FUNCTION

The mission of Children, Youth, and Family Services is to promote opportunities for children to grow up safe, healthy, ready for school, and for families and individuals to be self-sufficient. This mission is realized through the provision of protection, prevention, intervention, and treatment services for children and their families, and through education, support, and financial assistance for parents, caretakers, and individuals. These services work to build on the strengths of both the individual and the community in addressing issues of child development, abuse, neglect, health, and economic security.

## PROGRAM CONTACTS

Contact Kate Garvey of the HHS - Children, Youth, and Family Services at 240.777.1101 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Child Welfare Services

This program provides protective, rehabilitative, and supportive services for children who are maltreated and for their families. This program also provides supportive and financial help to relatives, foster, and adoptive parents. Investigations, protective services, kinship care, foster care, adoption, and in-home aide services are also provided through this program. Family Preservation Services provide social services to families with children who are at risk of removal from home due to neglect or abuse.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percent of reduction in the number of children placed in out-of-home care <sup>1</sup>	NA	0	5	10	10

<sup>1</sup> In FY09, a greater focus on the use of relative and community members enabled more children to remain with their parents, thus reducing the number of children in out-of-home care.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>22,084,190</b>	<b>209.6</b>
Shift: Funding for Five Split-funded Full-time Social Worker II Positions to State HB669 in Child Welfare	0	3.1
Shift: Child Welfare Funds for Institutional Clothing Allowance to HB669 Grant Fund	-12,670	0.0
Decrease Cost: Child Welfare Medical Supplies	-15,000	0.0
Shift: Funding for Weekend and Holiday Coverage to State HB669	-62,800	0.0
Decrease Cost: Abolish a Full-time Social Worker III	-90,300	-1.0
Reduce: Abolish a Medical Doctor Physician III Position	-225,380	-1.0
Shift: Funding for Five County General Fund Social Worker Positions to State HB669	-244,090	-3.1
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-32,270	-4.9
<b>FY11 CE Recommended</b>	<b>21,401,680</b>	<b>202.7</b>

Notes: Miscellaneous adjustment includes the mid-year creation of one position and lapse adjustment.

### Conservation Corps

This program seeks to increase the employability of out-of-school, at-risk 17 to 24 year old youth by providing opportunities for personal growth, education, and training. Corps members earn their high school equivalency diploma, receive training, and perform conservation, landscape, and carpentry projects. Program participants also build trails, homeless shelters, handicap access ramps, and run a recycling program.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of Corps members with prior criminal or juvenile justice involvement who remained free of charges while enrolled in the program <sup>1</sup>	92	92	93	86	86

<sup>1</sup> In FY11, this program is transitioning to a private contractor. For FY11 and FY12 the targets will be baselined.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>856,730</b>	<b>27.2</b>

	Expenditures	WYs
Add: Funds to Develop Transition for a Non-profit to Manage the Conservation Corps	250,000	0.0
Reduce: The Conservation Corps (\$-893,090) and Maintain Funds for the Program for Four Months (\$150,000), Plus Separately Identified Funds for Transition (\$250,000)	-743,090	-24.1
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	36,360	0.1
<b>FY11 CE Recommended</b>	<b>400,000</b>	<b>3.7</b>

Notes: Miscellaneous adjustment includes lapse adjustment.

## Linkages to Learning

This program is a collaboration among the Department of Health and Human Services (HHS), Montgomery County Public Schools, and local public and private human service agencies to provide school-based prevention and early intervention services to students and families of elementary and middle school communities with the highest indicators of poverty. These integrated social, health, mental health, and educational support services are designed to address the non-academic issues that may interfere with a child's success in school.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of clients receiving mental health services that maintain or improve attendance	84	83	80	80	80
Percentage of clients receiving mental health services that maintain or improve classroom conduct <sup>1</sup>	84	82	80	80	80
Percentage of clients satisfied with services	94	94	92	92	92

<sup>1</sup> The Department has been seeing a higher degree of complexity in cases being referred over the past year, seemingly in direct proportion to the economic crisis and its effect on families. This coupled with the administrative burdens on therapists has caused a slight decline.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>5,200,520</b>	<b>5.6</b>
Decrease Cost: Miscellaneous Operating Expenses in Linkages to Learning and Positive Youth Development	-1,860	0.0
Eliminate: Violence Prevention Contract	-75,780	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-320,960	-0.2
<b>FY11 CE Recommended</b>	<b>4,801,920</b>	<b>5.4</b>

## Juvenile Justice Services

The primary function of Juvenile Justice Services is to support the County's comprehensive Juvenile Justice Plan by integrating screening, assessment, case management, community services, treatment with the juvenile justice legal process, and substance abuse prevention, which provide support and education to promote healthy behaviors and lifestyles. These programs serve youth involved in, or at risk for involvement in, the juvenile justice system, as well as youth who are not in the system, but are in need of treatment for substance abuse or other services. HHS works in partnership with the Police Department Family Crimes Division, the Maryland Department of Juvenile Services, the Juvenile Division of the Circuit Court, Montgomery County Public Schools, the Collaboration Council, other relevant agencies, and non-profit organizations. Substance abuse prevention services have shifted from Health Promotion and Prevention in Public Health Services to Juvenile Justice Services.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within twelve months of assessment <sup>1</sup>	90	NA	92	90	90

<sup>1</sup> The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. This measure is by definition a 12-month follow-up of clients, so actual FY09 data will not be available until FY11.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>5,016,680</b>	<b>17.7</b>
Add: Up County Youth Opportunity Center Grant	450,000	0.0
Replace: Grant Funds with General Fund Support for a Family Intervention Specialist (FIS) Social Worker III Position	107,740	1.0
Decrease Cost: Miscellaneous Operating Expenses for Substance Abuse Prevention Program	-10,000	0.0
Reduce: Substance Abuse Prevention Funding	-22,330	0.0
Reduce: Crossroads Youth Opportunity Center Contractual Funding	-100,000	0.0
Eliminate: The Community Supervision Grant	-143,870	0.0
Eliminate: The Gang Prevention Coordination Assistance Grant	-197,360	0.0

	Expenditures	WYs
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,046,900	-6.4
<b>FY11 CE Recommended</b>	<b>4,053,960</b>	<b>12.3</b>
Notes: Miscellaneous adjustments include the shift of substance abuse prevention services from Health Promotion and Prevention and positive youth development services, and staff from Juvenile Justice Services to the newly created Positive Youth Development Program.		

### Positive Youth Development

This program focuses on positive youth development and gang prevention and intervention for those youth who at-risk of gang involvement and those already involved in gang activity. The key elements include a Youth Violence Prevention Coordinator, Youth Opportunity Center, High School Wellness Center, and the Street Outreach Network. Services and supports are provided through community based work, community education, service provision and partnerships. Positive Youth Development was previously budgeted in Juvenile Justice Services.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>0</b>	<b>0.0</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	1,829,000	5.8
<b>FY11 CE Recommended</b>	<b>1,829,000</b>	<b>5.8</b>
Notes: Miscellaneous adjustment includes the shift of positive youth development services and staff from Juvenile Justice Services to the newly created Positive Youth Development Program.		

### Early Childhood Services

Early Childhood Services was previously titled Quality Enhancement of Early Childhood Services. This program focuses on increasing the quality of early care and education programs available to young children throughout Montgomery County through technical assistance, consultation, and training for providers, and helping parents choose quality child care through counseling and referrals. This program also includes the development of strategies to increase the supply of quality early care and education programs and services. Parent Support Services (now titled Family Support Services) program was previously a separate program, but is now included in Early Childhood Services. These support services delivered through contracts between HHS, the State, and private non-profits, support parents as their children's first and most important teacher. The services primarily target families and children with risk factors such as, poverty, health issues, and isolation. They include voluntary screening of newborns and services such as, "Learning Parties, home visits, health and parenting education, screening of children to identify special needs, and family support.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of families that are receiving parent support services that do not have involvement with child welfare by the time the child is five years old	100	100	100	100	100
Percentage of family child care workforce who successfully completed one or more trainings offered by the Montgomery County Child Care Resource and Referral Center <sup>1</sup>	53	40	40	45	50

<sup>1</sup> Due to the impact of the economy on child care providers and increased training fees (due to the budget cuts to the Child Care Resource and Referral Center), participation in training classes is down and expected to take a few years to recover.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>2,868,020</b>	<b>13.3</b>
Eliminate: Learning Parties Interactive Sessions for Parents and Child Care Providers	-16,000	0.0
Decrease Cost: Minority Outreach Contract in Early Childhood Services	-48,000	0.0
Eliminate: Community-Based Part-day Pre-Kindergarten Contract	-262,700	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	534,150	-0.2
<b>FY11 CE Recommended</b>	<b>3,075,470</b>	<b>13.1</b>

Notes: Miscellaneous adjustments include the shift of the Parent Support Services Program into Early Childhood Services.

### Parent Support Services

The Parent Support Services program is now included in the Early Childhood Services program.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>633,570</b>	<b>0.0</b>

	Expenditures	WYs
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-633,570	0.0
<b>FY11 CE Recommended</b>	<b>0</b>	<b>0.0</b>

## Infants and Toddlers

Infants and Toddlers was previously titled Services to Children with Special Needs. This program, more commonly known as the Infants and Toddlers Program, provides evaluation, assessment, family support, and early intervention services to families with children from birth to age three when there is a concern about development, or when a developmental delay is documented. The services are delivered using a family-centered approach and are provided by staff employed by Montgomery County Public Schools, HHS, and private community service providers.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of children served	3,632	3,825	3,825	3,825	3,825
Percentage of families that understand their child's special needs	82	82	82	82	82

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>3,555,430</b>	<b>9.9</b>
Shift: Community Health Nurse Position to the Thornton Grant	0	0.7
Decrease Cost: Eliminate the Infants and Toddlers Consolidated Local Implementation Grant (CLIG) Impact Aide Grant	-25,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-470	0.2
<b>FY11 CE Recommended</b>	<b>3,529,960</b>	<b>10.8</b>

## Child Care Subsidies

This program provides child care subsidies and support for eligible low-income families who work or are in a work activity and families receiving Temporary Cash Assistance, and actively participating in job search or job preparation, or another work activity. The Child Care Subsidy Program is the single point of entry for both the State and Federally-funded Purchase of Care program and the County's Working Parents Assistance program.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of families authorized to receive a subsidy (per fiscal year) <sup>1</sup>	547	582	580	580	580

<sup>1</sup> This is calculated as the number of families with approved vouchers for any portion of the fiscal year. Note that not all approved vouchers are fully used.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>10,577,230</b>	<b>22.7</b>
Shift: Purchase of Care Child Care Subsidy payments to the State	-6,766,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-21,260	-0.4
<b>FY11 CE Recommended</b>	<b>3,789,970</b>	<b>22.3</b>

## Income Supports

This program serves low-income families and individuals facing significant challenges by providing basic resources of cash assistance, food supplements, and medical assistance. This program determines eligibility for: Temporary Cash Assistance (TCA) (formerly Aid to Families with Dependent Children); Temporary Disability Assistance Program (TDAP); Refugee Cash Assistance (RCA); Food Stamps (FS); Community Medical Assistance (MA), and Refugee Medical Assistance. This program also manages a required employment program for applicants and recipients of TCA.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage (increase) in families accessing Food Stamps as a support to self sufficiency measured as the number of families applying for Food Stamp assistance (compared to FY05 as the base year)	40	57	76	95	95
Average 12 month earnings gain rate for current and former Temporary Cash Assistance (TCA) recipients who are placed in jobs (%) <sup>1</sup>	65	NA	51	60	
Average 12 month job retention rate for current and former TCA recipients who are placed in jobs (%) <sup>2</sup>	80	NA	78	80	80

<sup>1</sup> FY08 Actual is based on data reported by the State as of 2nd quarter of FY08. This is the most recent data available for this measure due to an 18 month time lag.

<sup>2</sup> FY08 Actual is based on data reported by the State as of 2nd quarter of FY08. This is the most recent data available for this measure due to an 18 month time lag.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>15,415,290</b>	<b>147.2</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-83,270	-1.7
<b>FY11 CE Recommended</b>	<b>15,332,020</b>	<b>145.5</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from Child and Adolescent School and Community Based Services.

## Child and Adolescent School and Community Based Services

Child and Adolescent School and Community Based Services was previously titled Child and Adolescent Services. Services provided through this program include respite care, community empowerment efforts, single-parent family services, family services, youth services, and family outreach efforts. The program also provides for the coordination, planning, and implementation of a number of key interagency initiatives among public and private agencies in the community to meet the needs of children, youth, and their families.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of juveniles who received services from these contract providers and demonstrated a reduction in risky behavior	NA	92	90	90	90

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,522,020</b>	<b>4.2</b>
Reduce: Eliminate the Runaway Prevention Program Contract	-37,500	0.0
Decrease Cost: Eliminate County Match for the Community Supervision Grant	-75,000	0.0
Reduce: George B. Thomas Learning Academy Saturday School Program Funding	-150,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-90,790	-1.1
<b>FY11 CE Recommended</b>	<b>3,168,730</b>	<b>3.1</b>

Notes: Miscellaneous adjustments include the shift of 1.0 workyear to Income Supports.

## Service Area Administration

This program provides leadership and direction for the administration of Children, Youth, and Family Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>370,860</b>	<b>2.9</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	4,820	-0.2
<b>FY11 CE Recommended</b>	<b>375,680</b>	<b>2.7</b>

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY10 Approved</b>		<b>FY11 Recommended</b>	
	<b>Expenditures</b>	<b>WYs</b>	<b>Expenditures</b>	<b>WYs</b>
Child Welfare Services	22,084,190	209.6	21,401,680	202.7
Conservation Corps	856,730	27.2	400,000	3.7
Linkages to Learning	5,200,520	5.6	4,801,920	5.4
Juvenile Justice Services	5,016,680	17.7	4,053,960	12.3
Positive Youth Development	0	0.0	1,829,000	5.8
Early Childhood Services	2,868,020	13.3	3,075,470	13.1
Parent Support Services	633,570	0.0	0	0.0
Infants and Toddlers	3,555,430	9.9	3,529,960	10.8
Child Care Subsidies	10,577,230	22.7	3,789,970	22.3
Income Supports	15,415,290	147.2	15,332,020	145.5
Child and Adolescent School and Community Based Services	3,522,020	4.2	3,168,730	3.1
Service Area Administration	370,860	2.9	375,680	2.7
<b>Total</b>	<b>70,100,540</b>	<b>460.3</b>	<b>61,758,390</b>	<b>427.4</b>

## Child Welfare

- Clarification of position created mid-year in Child Welfare. The personnel complement shows 1 WY reduction to a Nurse Manager and a 1 WY reduction Social Worker II position in child welfare. Can you explain what is happening to these positions?

The incumbent Nurse Manager was reclassified to a Manager III and a Social Worker II was reclassified to a Social Worker III based on their respective job responsibilities.

- Update on foster care transportation

Figures for Bus Transportation from the end of August 2009 (when school began) through February 28, 2010:

- o Total Number of Students Served: 40
- o Students Served in February: 34
- o Total Cost through February: \$52,709.06
- o Total Cost Paid by County: \$40,000.00
- o Total Cost Paid with State Funds: \$12,709.06
- o State Funds will be used for the remainder of the school year and should meet the demand for the remainder of the school year.

- Update on Treehouse

- o Updated reports are attached.
- o The Treehouse received a \$12,000 Federal ARRA grant for the period November 23, 2009-September 30, 2010. These funds are being used to add hours for child sex abuse therapy and will continue to be administered through the Primary Care Coalition contract.

## Conservation Corps

- Provide outcome data for the program (# served, recidivism, wait list, etc)

(July 2009 – March 31, 2010)

- o Recidivism: Only 1 corps member has recidivated into the justice system this year.
- o Waiting List: 68 young people will remain on the waiting list after the new group of corps members begins in April.

#'s Served:

The Conservation Corps will serve a total of 77 corps members in FY10. 27 corps members were enrolled in **March of FY09** and completed in **Sept. FY10** (see below Cohort I), 26 corps members began in October and completed in March (see below Cohort II), and 24 new corps members have been hired and are beginning the program in April. It's important to note that the program operated in FY10 with only 2 crews due to a year long vacant Crew Leader position.

GED:

Of the 53 corps members that have been served in the program through March, 34 were enrolled without a high school degree. Of those 34, 7 completed their GED program, and another 25 did not complete but increased their grade levels by a minimum of 2 grades. This is a measure of GED success over a 6 month period (see below). This is a 94% success rate, as 32 corps members either completed their GED or increased their grade levels by a minimum of 2 grades. It's important to note that many of the corps members enter the program with significant educational deficits.

	Cohort 1 3/09 to 9/09	Cohort 2 10/09 to 3/10	Cohort 3 To begin 4/10 to 10/10
Enrolled	27	26	24
Prior HS Diploma	10	9	10
GED acquired	4	3	TBD
Increase by two grade levels	14	11	TBD

- Copy of the report completed by the Conservation Network on our Conservation Corps program that provided an overview of our structure and the issues with getting outside funding - See attached report.

### **Linkages to Learning**

- **Follow up on satisfaction rate – why decline?**  
The program projected a possible minimal decline in parent satisfaction from FY09 (94%) to FY10 (92%) due to information received from our services partners about the increased intensity of cases and no additional staffing to meet increased demands of most clients. The potential for a lower overall satisfaction rating may be directly related to economic conditions and increased needs of families served. The actual numbers for FY10 will not be known until July 2010 to see if this is an accurate reflection.
- **Confirmation on current (as of Feb) # served (2,489 children for 1,224 families)**  
Yes – this is the confirmed Monthly Trend Report number February 2010; however, it should be noted that this data element captures children and families that were actively receiving formal case management and/or individual/family therapy services as of February 28. The program also provides other services, such as structured psycho-educational/prevention groups, in which an additional 255 children 180 parents were being served as of this date.
- **Violence Prevention contract numbers**  
Seven (7) presentations with 177 in attendance and two (2) workshops with 16 in attendance were held for the second quarter of FY10. Topics covered include family violence, stress management, bullying, substance abuse prevention, family communication and parenting skills.

### **Juvenile Justice/PYD**

- **Update on Upcounty YOC RFP process**  
A vendor has been selected but the paperwork has not yet been finalized. The timeline for this RFP is as follows:
  - Date RFP was issued: Dec. 21, 2009
  - Number of applicants: 4
  - Anticipated date of selection of vendor: 4/1/10
- **Program Update for Crossroads Youth Opportunity Center including service and outcome data and waitlist information.**  
Currently Crossroads is serving 170 youth – other updates are as follows:
  - The GED group will be taking the test in May. This group started with extremely low pre-test scores so the group had to start with very basic math before beginning the actual GED math. It has been a long slow process, but the students are highly motivated and passing the test will be a huge success/esteem builder for them.
  - Information regarding re-arrest data has been requested from DJS, but has not yet been received. A list of clients who had been receiving service for six months has been submitted and DJS will provide de-identified aggregate data.
  - Currently there are 30 active tattoo removal clients. Due to the high cost involved in each case, the program has been frozen and no new clients will be seen for this year. There is a waiting list of five clients for the service.
  - Identity, Inc. continues to see an increase in mental health issues and more complicated case management issues, probably due in part to the economic situation (e.g., more clients and their families are being evicted/needng shelter). There is a waiting list of about 10 for mental health counseling.

- o There is an increase in younger, middle-school-aged youth at the center, indicating that youth and their parents are looking for a safe place/programming for this age group. While this is wonderful from a prevention perspective, it presents risks from a safety perspective to have younger youth around older, more gang-involved youth. We are working to structure separate activities for the different age groups we serve.
- Provide a list of mini-grants for substance abuse prevention and how much is remaining in the FY11 CE Rec for the mini grants – See the attached list for FY10 grants.

These grants serve youth at out-of-school times, including post-prom activities. These are times when youth are under-supervised and are most vulnerable for engaging in the use of alcohol/drugs and other risky behaviors. All programs must offer youth a substance abuse prevention component. The mini-grant process is as follows:

- o The availability of the Under 21 grant is usually announced and applications requested, in late September-early October, thus allowing ample time for school affiliated groups and others to be up and running after the summer vacation. A group of prevention professionals review the applications and make recommendations regarding approval and funding. Note that a contractor facilitates the distribution of the announcement and convening of the prevention professionals. The Health and Human Services, Substance Abuse Prevention Program makes the final decision based on the professionals' recommendations. Also, any grievances are managed at this level.
  - o In FY10, \$41,440 is allocated to 41 diverse organizations, serving approximately 15,289 youth county-wide. As a result of the FY11 reductions, \$19,110 is available to fund these grants. This amount would be allocated to between 17 and 18 groups, serving approximately 7,000 youth, targeting groups serving 20 or more youth.
  - o Since fewer funds are available, the process will become more competitive and fewer groups will benefit as needs increase.
- Update on Street Outreach Network (SON)
  - o 156 total clients served
  - o There is no waiting list
  - o A total of 48 clients were arrested prior to engagement
  - o A total of 23 have been re-arrested
  - o A total of 49 had been suspended prior to engagement
  - o A total of 19 re-suspended after engagement
  - o A total of 16 clients had been expelled from school
  - o A total of 5 clients were expelled after engagement
- Positive Youth Development is recommended for 5.8 work years, but Juvenile Justice Services is only decreasing 5 positions or about 5 work years. Where is the additional work year being transferred from?
 

For PYD - there were 6 positions that shifted from Juvenile Justice to PYD. There was a -.2 WY decrease for furlough to equal the 5.8 WYs in PYD.



For Juvenile Justice – see the following chart:

(6.00)	shift 6 positions out to PYD
1.00	1 position in from Health Promotion (Public Health Services)
(1.00)	Shift 1 WY out from Grant (FIS) – note - the shift "in" is showing in the program crosswalk
(0.10)	Lapse adjustment
(0.30)	Furlough
(6.40)	TOTAL Miscellaneous WY adjustment for JJ

### Early Childhood Services

- Update chart for Head Start and Pre-K (# served, waitlist) – See attached
- List of contracts (and totals) for Parent Support Services  
(FY11 amount below includes 7% contract reduction)
  - Families Foremost = \$94,791
  - Healthy Families/Baby Steps = \$485,766
- Learning Parties update  
As of March 2010, a total of 21 sessions have been conducted with 341 parents/caregivers attending. At this point last year, a total of 63 sessions were coordinated serving 596 parents/caregivers. The total number of sessions offered in FY09 was 81 with 801 parents/caregivers attending.

### Infants and Toddlers

- Update the chart that shows the components of I&T by funding source (showing different grants) for FY11 – See attached for FY10. We are not certain of the funding for FY11 at this time.
- The personnel complement shows an increase of 1 WY for an administrative specialist I position. This is a grant funded position? What will the position do?  
This position is grant funded and was created to ensure quality assurance as well as provide administrative support for the program's daily operations. The position enters client data into the Maryland State Department of Education's (MSDE) Part C State data base system; checks incoming records for compliance with state mandated requirements, and receives and processes subpoenaed requests for records from the County Attorney's Office. Other duties include organizing and maintaining hard copies of client files and preparing these files for annual archiving and working with the four regional sites on issues related to administrative and MSDE policies.

### Child Care

- Provide standard update (waitlist, # served) – include new co-pay rate in the analysis.  
Monthly program data for FY09 and FY10 for POC and WPA including # of children served (paid), # of children enrolled, average monthly subsidy, # applications received, # eligible, reasons for application denials and FY10 expenditures to date are included in the chart below.

- How much of the funds remaining in the program are for WPA subsidies vs other costs (PC and other OE)?
  - o The FY11 WPA Subsidy amount is the same as it is for FY10 = \$1,842,210
  - o Other Miscellaneous Operating = \$25,724
  - o Personnel = Staff are cross-trained between the County-funded WPA and State-funded POC programs so PC total is for both subsidy programs = \$1,902,400

#### **Child and Adolescent School and Community Based Services**

- Provide data on Hearts and Homes Contract - # served (July – December 2009)
  1. Total number served = 11 (unduplicated count)
  2. Outcomes:
    1. 70% of the clients attended school 80% of the time.
    2. 100% of the clients were free of new involvement of the Department of Juvenile Services (DJS).
    3. 50% report decreases in feelings of fear, anxiety, sadness, irritability
    4. 89% of clients had no new runaway behavior.
- George B Thomas – provide outcomes/data - # served, academic outcomes
  1. 3,672 students were enrolled in Saturday School during FY09, an increase of 615 over the prior year.
  2. 328 academic awards were presented to students with GPA 3.0 – 3.49; 275 awards were presented to students with GPA 3.5 – 4.0.
  3. 12 students received Verizon \$1,000 scholarships for having GPA over 2.75 and providing tutoring services in the program.
  4. Students reported 88% satisfaction and parents reported 99% satisfaction.
  5. MCPS Assessment Program in Primary Reading (AP-PR) – First grade students in Saturday school improved 64.3% from fall to spring. Second grade students improved 48%.
  6. 82% of projects for the Saturday School High School Assessment Bridge Plan (for seniors who have not met the MSDE graduation requirement) pilot at Wheaton and Watkins Mill High Schools met state requirements.
  7. Through December 2009 3,309 students had enrolled in Saturday School for FY10, with 185 lead tutors assigned.
  8. For FY11, an estimated 3,000-3,200 youth will be served.

Sandy Spring SHARP: 100% of students have completed 75% or more of the their school assignments while in the program and spent the entire suspension in the program.

**Foster Care Transportation:**

What is the anticipated total cost for foster care transportation in FY10? MCPS has now estimated that the costs of the transportation will be \$96,996. What is the projected use of this service in FY11? CWS anticipates an ongoing need for this service in FY11, in order to maintain foster children in their home schools. Costs are calculated based on each child's educational needs, as defined by MCPS; proximity of the foster home placement to the child's home school; and, the total # of days of transportation provided. Will level funding of the service in FY11 likely accommodate demand? No. FY09 actual costs exceeded the \$40,000 allocation by 48% or \$19,298; FY10 projected costs will exceed the \$40,000 allocation by 142% or \$56,996. It is anticipated that state funds will continue to be used to cover expenses that exceed the \$40,000 MCPS allocation.

**Violence prevention contract (MHA):**

How many sessions/events will be held in FY10? 23 presentations are expected to be held during FY10. What is the projected number of families/children/parents to be served? 700 How many presentations and people were served by the program in FY09? About 20 presentations were held and 865 were served.

**Upcounty YOC:**

After a vendor is selected when are service anticipated to start? July 1, 2010? The contract negotiation meeting is planned for Friday, April 9 and it is our expectation that services will begin by July 1, 2010.

**Crossroads:**

What kinds of services do these younger middle school-aged youth need? Case management, mental health referrals and tutoring services. Unfortunately, there are insufficient resources available to work more with this particular group.

What schools do they attend?

- **Prince George County** (Nicolas MS; Hyattsville MS; Martin Luther King Jr. MS)
- **Montgomery County** (Silver Spring International MS; Eastern MS; White Oak MS)

Has there been any effort to connect them with programming with the Recreation Department like RecExtra? Youth have participated in the Blair Sports Academy and its soccer program. There have been no formal partnerships with RecExtra, as most of the clients served at Crossroads have needs that go well beyond just recreation. However, if deemed appropriate, the contractor would not hesitate referring middle school youth to those programs.

What kinds of activities are being developed for these youth? Some of the activities are field trips to include watching movies, going to museums, and games and community service hour projects such as park clean-ups.

**CHILD WELFARE PERFORMANCE DATA**

		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	% Change from Previous Year
# Calls to Screening Unit	2009-2010	874	816	903	770	671	563	736	805	730	614	624	542	<b>-8.1%</b>
	2008-2009	803	950	999	728	645	585	777	838	780	813	725	771	
# Investigations	2009-2010	325	272	286	247	175	153	206	257	200	163	237	173	<b>-8.0%</b>
	2008-2009	261	282	273	186	162	169	265	291	253	261	257	268	
# New Out of Home Placements	2009-2010	17	20	24	12	15	6	3	14	15	16	10	13	<b>-30.4%</b>
	2008-2009	20	32	10	12	18	20	11	21	30	32	11	20	
# Children in Foster Care	2009-2010	320	326	311	318	319	331	319	317	295	307	319	325	<b>-3.6%</b>
	2008-2009	313	308	333	339	351	346	334	328	331	316	324	325	
# Children Placed with Relatives	2009-2010	141	146	152	151	150	141	142	134	137	127	115	114	<b>-0.2%</b>
	2008-2009	156	159	133	127	115	130	146	151	128	136	136	137	
# Children in Residential Placement	2009-2010	108	110	119	111	108	100	100	111	113	116	115	115	<b>3.4%</b>
	2008-2009	100	100	101	112	105	106	100	102	111	123	112	111	

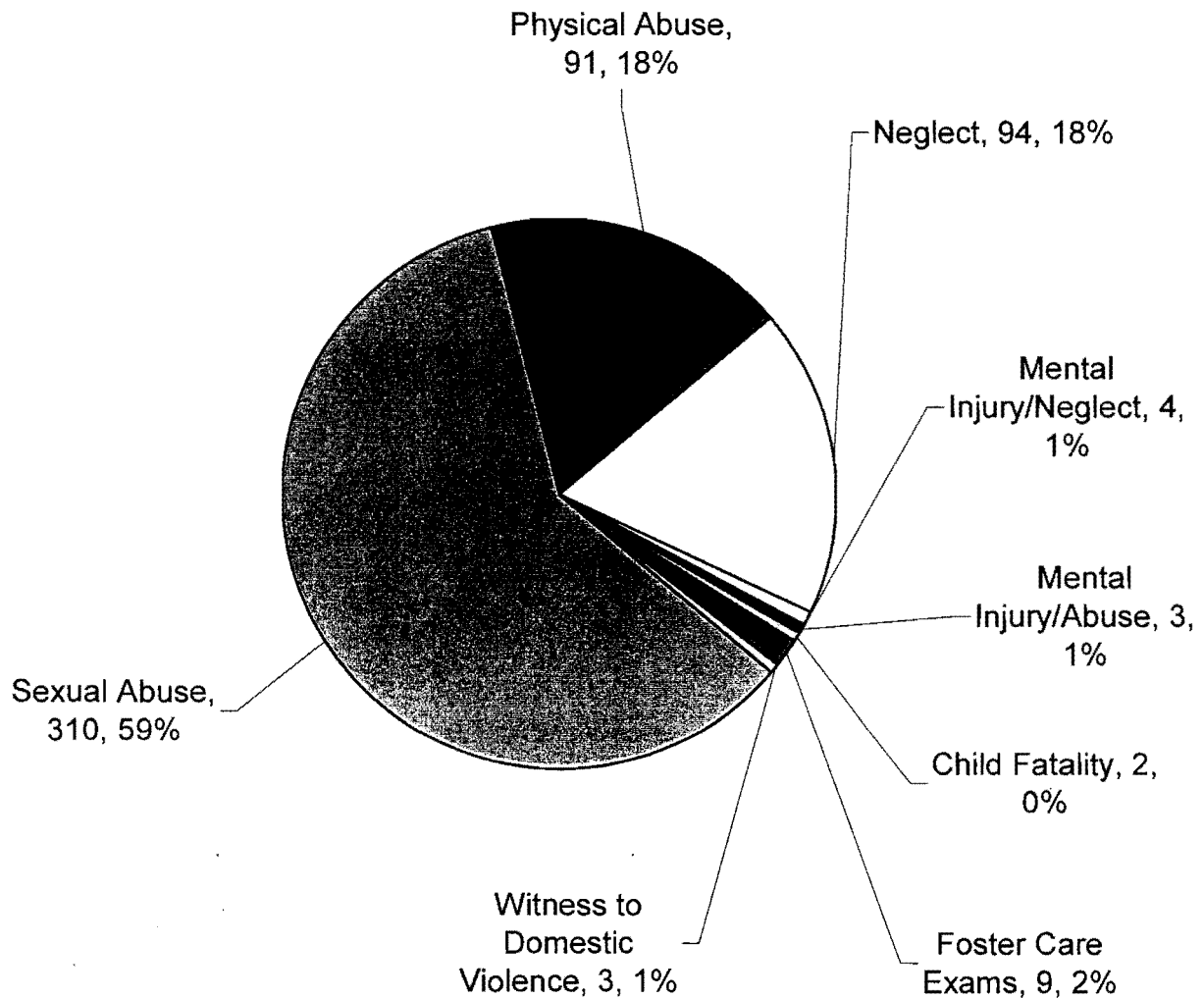
# The Tree House Child Assessment Center of Montgomery County Maryland

Graphs and figures reflect data July 1, 2009 through December 31, 2009.

Fig 1

New Clients: 437  
Ongoing Clients: 169  
Total Clients: 606

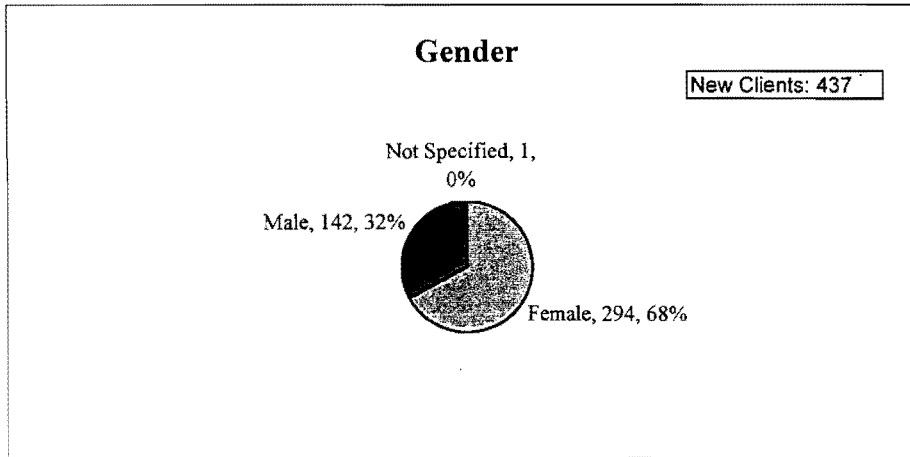
## Type of Victimization



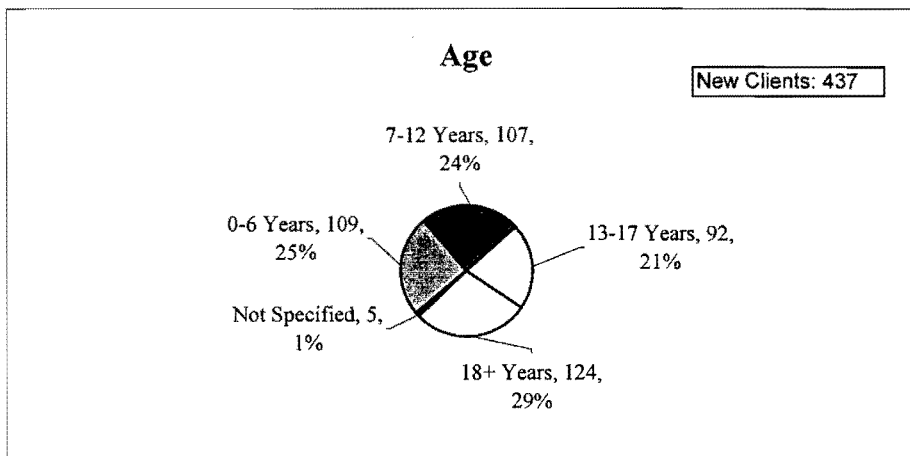
# The Tree House Child Assessment Center of Montgomery County Maryland

Graphs and figures reflect data July 1, 2009 through December 31, 2009.

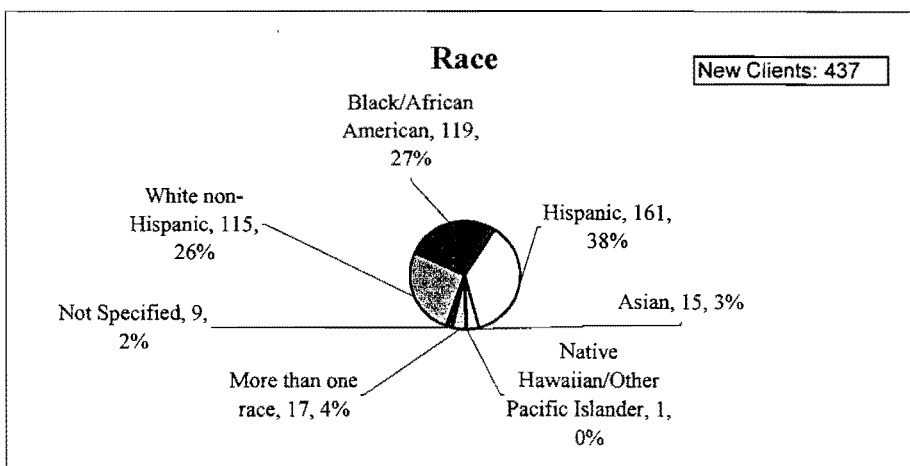
**Fig 2**



**Fig 3**



**Fig 4**



**Note:**

American Indian/  
Alaska Native, 0, 0%

# The Tree House Child Assessment Center of Montgomery County Maryland

Graphs and figures reflect data July 1, 2009 through December 31, 2009.

## Clients Served

Fig 5

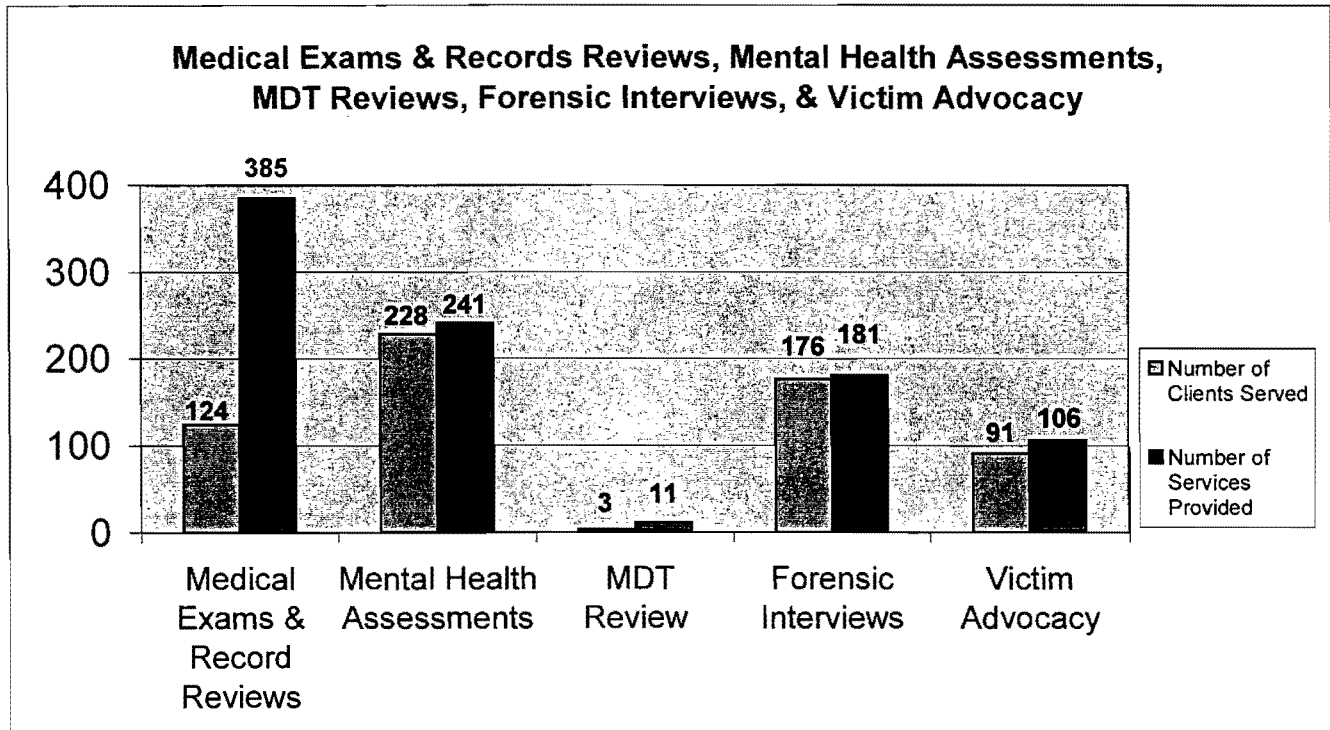
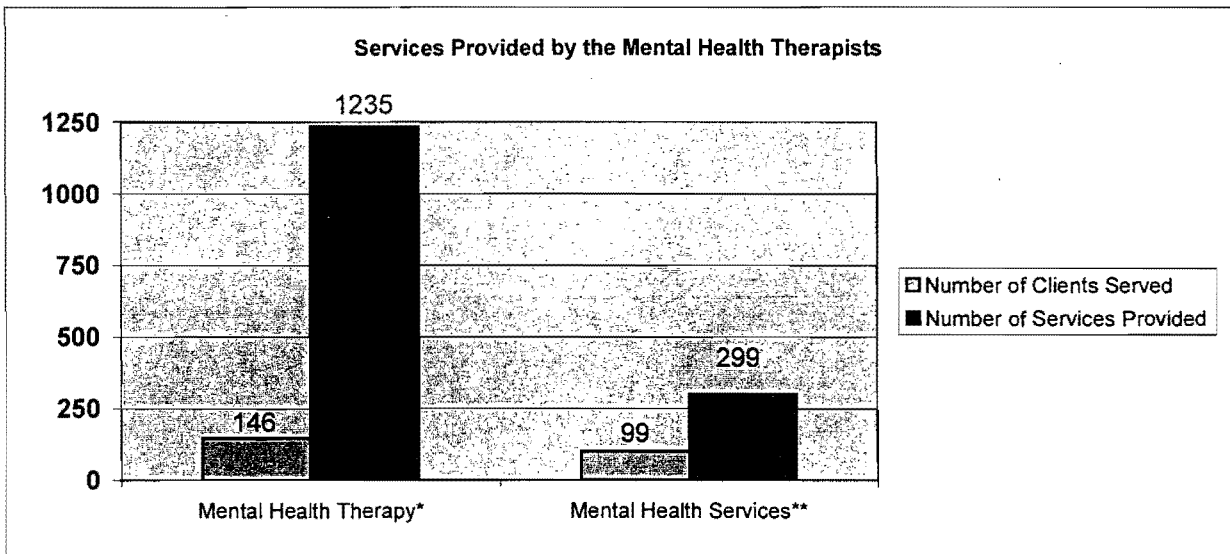


Fig 6



\* Mental Health Therapy includes individual therapy, group therapy, and family therapy.

\*\* Mental Health Services includes services defined by VOCA (Victims of Crime Act - state program that transfers federal dollars) other than therapy. This includes: information & referral phone, information & referral person, personal advocacy, assistance with compensation claims, notification of victim rights, follow-up contact, crisis counseling, criminal justice support/advocacy, and MDT.



# The Tree House Child Assessment Center of Montgomery County Maryland

Graphs and figures reflect data July 1, 2009 through December 31, 2009.

Fig 7

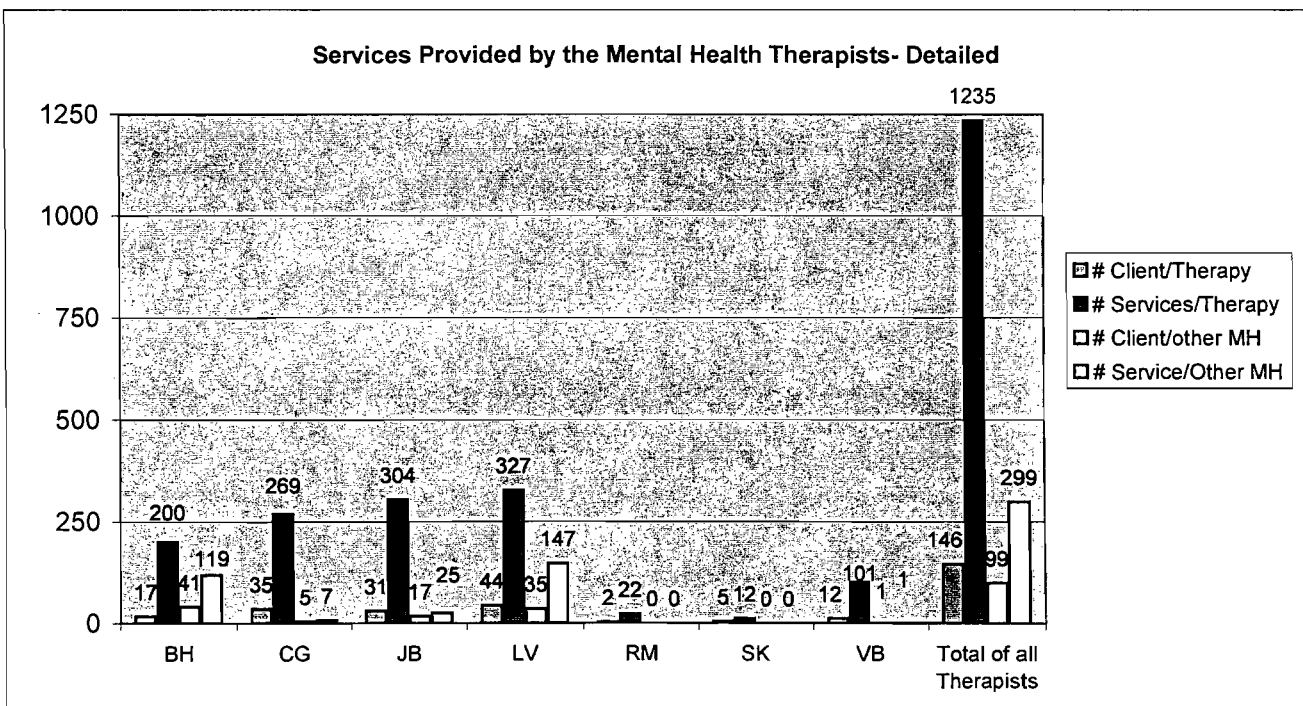
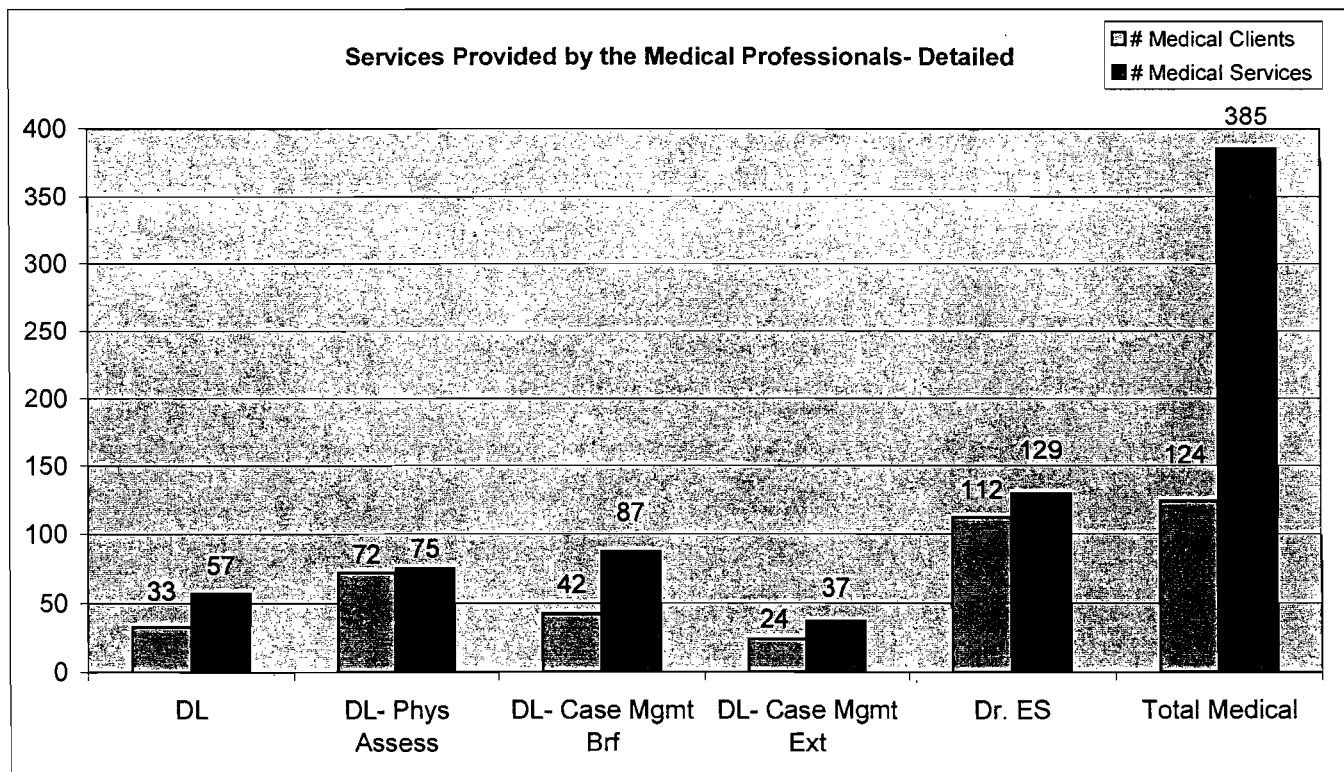


Fig 8





**Yao, Vivian**

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**To:** Garvey, Kate  
**Subject:** RE: CYOC information

-----Original Message-----

**From:** Garvey, Kate  
**Sent:** Monday, April 26, 2010 8:04 PM  
**To:** Yao, Vivian  
**Cc:** Cardona, Luis; Clore, Carol; Mayo, Kim  
**Subject:** RE: CYOC information

Vivian,  
Please see the attached information provided from an Identity evaluation for FY09 numbers. Most of your questions are addressed in this table. Two questions are answered below.  
Thank you,  
Kate

**From:** Yao, Vivian  
**Sent:** Fri 4/23/2010 5:33 PM  
**To:** Garvey, Kate  
**Cc:** Mayo, Kim; Clore, Carol; Cardona, Luis; Rivlin, Ron  
**Subject:** RE: Information on Conservation Corps and YOC

YOC:

Are all of the key outcomes listed based on the 237 clients in the current fiscal year? Do you have comparison data on the same outcomes for previous fiscal years, e.g., FY08 and FY09 or a baseline or range to show that the rate of rearrest and expulsion are good and not bad? We are still gathering this information.

Out of the 237 clients, do you know how many have been arrested? 12 have been identified through the DJS system up until January. (How many had been arrested before coming to the YOC) When we receive the prior quarter information from DJS we will update this data. At this time we are only receiving data from DJS. It is our hope that with the new CYOC contract we will be able to get information on those who are arrested through MCPD. This has been discussed, but due to increased demands and reduced resources, it is not yet in place.

Do you know how many have graduated from high school? (Again when you get this information, it would be good to know how many come to the YOC with a H.S. diploma for comparison purposes.) We have not required this data point from the vendor. We will attempt to have the data available prior to the session.

Do you know how many are enrolled in high school? As of January 2010, 119 youth were enrolled in high school. Do you know how many were enrolled when they came to the YOC?

Do you know how many were employed before coming to the YOC? Almost all the youth have been unemployed prior to CYOC engagement.

What does it mean to be relocated? Certain clients who seek to leave gang life are forced to be relocated to another jurisdiction due to safety reasons as they become targets of the gang they are leaving.

Do you have statistics that show improvement in mental health, self sufficiency and conflict resolution? This information has been gathered through staff report and pre and post surveys and

5/13/2010

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so provides more case specific information rather than a statistical report. Are pre and post surveys taken for all clients? All clients who receive mental health services? Can you report this data? They attempt to complete the surveys with all clients, however, when clients leave the program without advanced notice, no post survey can be taken.

I'll try and check out any 3<sup>rd</sup> District Gang report trends, add a caveat that any increases/decreases is probably attributable to multiple factors including YOC.

Did you have anything to say about additional grants/earmarks? There is \$25,000 in funding available for substance abuse services for the youth served at the YOC and funding for ancillary services through Prince George's County. It is not clear what the breakdown will be on these services. Is it fair to say that some additional earmark funding may be available for services at the YOC that would mitigate a portion of the contract reduction? YES

Any info on the YOC is the priority for Monday as my packet is due that day. If you think that information is coming though, let me know, and I'll hold off putting my packet in.

The other information non Early Childhood, Conservation Corps, etc. can wait a day longer. My packet isn't due until Wednesday.

Thanks very much, and I hope you have a good weekend.

Vivian Yao  
Legislative Analyst  
Montgomery County Council  
240-777-7820 (phone)  
240-777-7888 (fax)

**CYOC Evaluation Information 2008 to 2009**

Below is information gathered by Identity regarding participants in the Crossroads Youth Opportunity Center during FY2009. Information was not available on all participants. The "N" provides the number of youth who are reflected in the data.

<b>County of Residence (N=194)</b>	Montgomery County Prince George's County Other	56.2% 42.3% 1.5%
<b>Maternal Country of Birth (N=175)</b>	USA Other	3.4% 96.6%
<b>Maternal Education Level (N=141)</b>	Never studied Elementary School Middle School High School College	10.6% 14.2% 19.9% 36.9% 18.4%
<b>Paternal Country of Birth (N=160)</b>	USA Other	2.5% 97.5%
<b>Paternal Education Level (N=110)</b>	Never studied Elementary School Middle School High School College	18.2% 18.2% 22.7% 25.5% 15.5%
<b>Length of Separation (N=31)</b>	< 1 year 2-4 years 5-10 years ≥ 10 years Current	19.4% 22.6% 38.7% 12.9% 6.5%
<b>Current School Situation (N=172)</b>	Still in school Study, but not at school HS Graduate or GED Suspended Expelled Dropped out	66.3% 1.7% 7.6% 2.9% 5.2% 16.3%
<b>Currently Seeking Employment (N=174)</b>	Yes No	60.3% 39.7%
<b>Has Children (N=178)</b>	Yes No	11.2% 88.8%
<b>Court-referred (N=168)</b>	Yes No	1.8% 98.2%
<b>Previously Arrested (N=160)</b>	Yes No	39.4% 60.6%
<b>Pending Criminal Case (N=156)</b>	Yes No	16.7% 83.3%

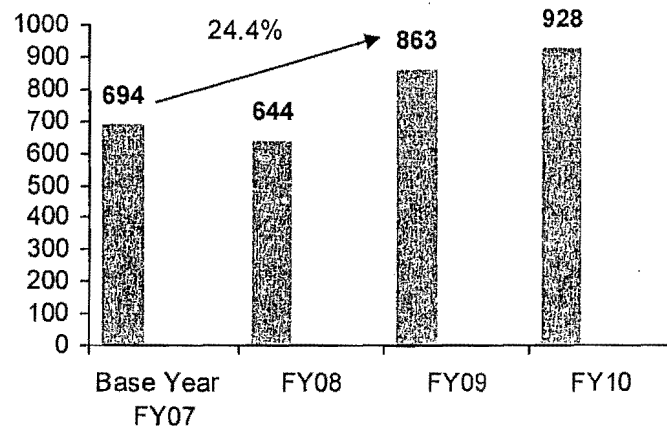


# Public Assistance Needs

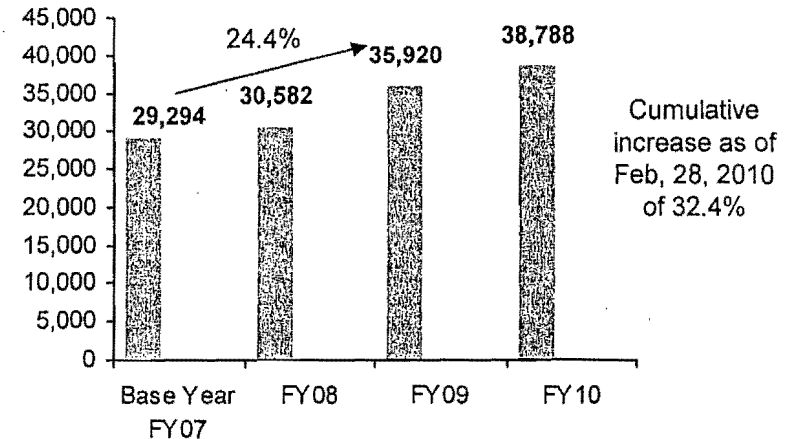
- Caseloads have grown every month since FY07 and, as of February 28, 2010, are at a high of:
  - Temporary Cash Assistance (TCA): 928 (33.7% increase)
  - Food Stamps (FS): 18,146 (60% increase); and
  - Medicaid (MA): 38,788 (32.4% increase).
- Total ***applications*** for these programs increased dramatically from FY07 through FY09: TCA by 42.2%; FS by 73.3%; and MA by 17%
- Applications for the first 6 months of FY10 show continued increase in combined application volume of 19% over FY09 volume.

# Caseloads Steady Increase FY07 - FY10 (to date)

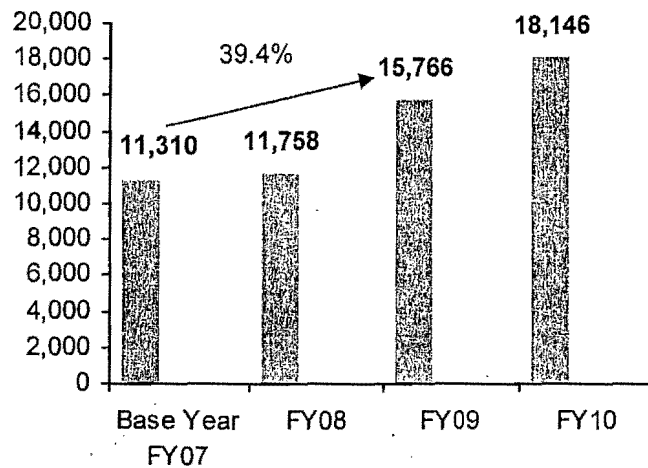
**Temporary Cash Assistance (TCA)**



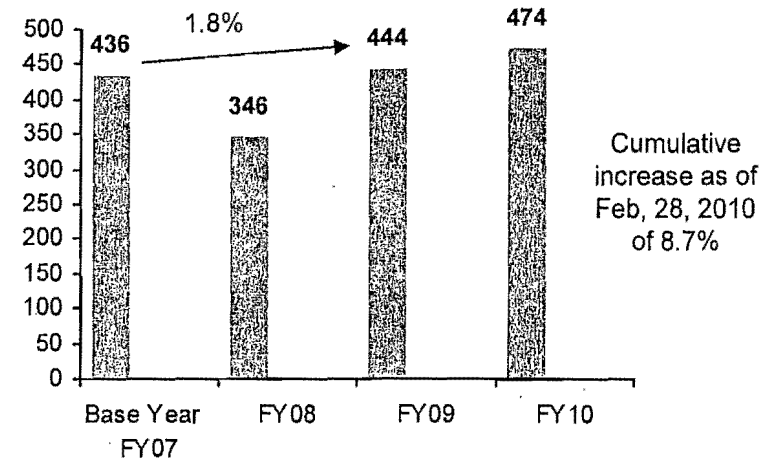
**Medical Assistance (MA)**



**Food Stamps (FS)**



**Temporary Disability Assistance (TDAP)**



# Application Volume Continues to Increase Dramatically

	Base Year FY07	FY08	FY09	FY07-FY09 2-year % Increase	FY10 as of Feb 28, 2010	Projected Growth FY10 Over FY09
<b>TCA</b>	4,058	4,746	5,771	<b>42.2%</b>	4,394	<b>14%</b>
<b>FS</b>	13,900	18,322	24,082	<b>73.3%</b>	20,354	<b>27%</b>
<b>MA</b>	23,285	25,795	27,352	<b>17.5%</b>	20,892	<b>15%</b>
<b>TDAP</b>	2,642	2,934	3,495	<b>32.3%</b>	2,548	<b>9%</b>
<b>Total Caseload</b>	<b>43,885</b>	<b>51,797</b>	<b>60,700</b>	<b>38.3%</b>	<b>48,188</b>	<b>19%</b>

# NSC Customer Volume

	Gaithersburg	Wheaton	TESS
April 2009	125	5	
May	141	142	
June	140	222	
July	166	230	
August	114	245	
September	98	250	
October	125	263	
November	81	160	
December	90	194	13
January 2010	163	272	108
February	113	160	119
Total	1356	2143	240

# Public Health Services



# Public Health Services

## FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases), fostering public-private partnerships, which increase access to health services, developing, and implementing programs and strategies to address health needs, providing individual and community level health education, evaluating the effectiveness of select programs and strategies, licensing and inspecting facilities, and institutions affecting the public health and safety.

## PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Pooja Bharadwaja of the Office of Management and Budget at 240.777.2751 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Health Care for the Uninsured

Health Care for the Uninsured was previously titled Office of Health Partnerships and Health Planning. This program oversees the Montgomery Cares, Care for Kids, and Maternity Partnership programs. Through public-private partnerships, these programs provide health care services for low-income uninsured, children, adults, and pregnant women, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. This program also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment. This program oversees primary health care services for the homeless. Health Planning and Epidemiology moved from Health Care for the Uninsured to Service Area Administration.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Montgomery Cares enrollment <sup>1</sup>	16,773	21,077	23,000	23,000	23,000
Number of pregnant women enrolled in the Maternity Partnership	2,372	2,375	2,136	2,136	2,136
Percentage of children, newly referred to Care for Kids, linked with a provider within 30 days of referral from the County Service Eligibility Units <sup>2</sup>	59	34	48	48	48
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	94	95	94	94	94

<sup>1</sup> In FY10, funds will be redirected from supporting services to primary care, resulting in a less comprehensive package of services, but maintaining the availability of primary care services.

<sup>2</sup> A FY09 vacancy and a subsequent FY10 abolishment of a contractual client assistance worker significantly slowed down linkages to providers in FY09.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>11,874,930</b>	<b>15.5</b>
Decrease Cost: Care For Kids Without Service Reduction	-80,000	0.0
Decrease Cost: Absorb Contract for Adult Services Under Montgomery Cares Program	-89,370	0.0
Decrease Cost: Abolish a Full-time Executive Administrative Aide Position	-90,070	-1.0
Decrease Cost: Absorb contract for Primary Care for Uninsured Adults under Montgomery Cares Program	-94,790	0.0
Decrease Cost: Maternity Partnership Program due to Lower Enrollment	-117,750	0.0
Reduce: Montgomery Cares Program Based on Enrollment of 23,000 Patients	-365,500	0.0
Decrease Cost: Reduce Reimbursement Rate from \$62 to \$55 per Encounter for Montgomery Cares Program	-415,800	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,235,500	0.5
<b>FY11 CE Recommended</b>	<b>12,857,150</b>	<b>15.0</b>

Notes: Miscellaneous adjustment includes the shift of 3.0 workyears to Community Health Services, 5.0 workyears to Office of the Chief Operating Officer, and 9.6 workyears here from Women's Health Services.

### Communicable Disease and Epidemiology

Communicable Disease and Epidemiology was previously titled Communicable Disease, Epidemiology and Lab Services. This program involves investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis, and lyme disease. Emerging pathogens, such

as H1N1 Influenza, are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as long-term care facilities are implemented to prevent further spread of diseases to others. Educational programs are provided to groups who serve persons at-risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration (death certificate issuance, and birth verification) Immunizations, outreach, and education are available to resident private medical providers, schools, childcare providers, and other community groups. The Refugee Health Program shifted from Tuberculosis Services to Communicable Disease and Epidemiology. This program involves screening all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,440,150</b>	<b>12.2</b>
Enhance: Refugee Resettlement (MONA) Grant	125,370	0.0
Decrease Cost: Abolish a Part-time Community Health Nurse II Position	-43,340	-0.5
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	217,880	2.7
<b>FY11 CE Recommended</b>	<b>1,740,060</b>	<b>14.4</b>

Notes: Miscellaneous adjustment includes the shift of 2.5 workyears from Tuberculosis Services.

## Community Health Services

Community Health Services provides preventative health access services to uninsured and underinsured populations, from newborns to the elderly. Services include women's health services in regional sites, and nurse case management of targeted populations such as, pregnant women, children up to two years of age, and care coordination for vulnerable clients in the Medicaid managed-care system. This program area includes the Community/Nursing Home Medical Assistance and Outreach program in addition to the regional service eligibility units, to provide a single point of entry for eligibility screening, access and assignment to Federal, State or County health programs. Other services include immunizations and conducting pregnancy testing in regional health centers. Coordination of Childhood Lead Prevention services shifted from Tuberculosis Services to Community Health Services.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>12,949,300</b>	<b>133.0</b>
Reduce: Abolish a Full-time Manager III Position	-162,070	-1.0
Reduce: Abolish Two Full-time Community Health Nurse II Positions	-186,040	-2.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,009,040	-14.3
<b>FY11 CE Recommended</b>	<b>11,592,150</b>	<b>115.7</b>

Notes: Miscellaneous adjustment includes the shift of 3.0 workyears from Health Care for the Uninsured, a shift of 1.0 workyear to Dental Services, 12.0 workyears to Women's Health Services, and a lapse adjustment.

## Dental Services

This program provides dental services to promote oral health. Services include teaching of preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors. This program provides oral hygiene education to MCPS second grade classes. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-infected clients.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,977,080</b>	<b>14.0</b>
Reduce: Dental Services for Approximately 430 Adults/Seniors	-100,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	28,040	0.6
<b>FY11 CE Recommended</b>	<b>1,905,120</b>	<b>14.6</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from Community Health Services.

## Environmental Health Regulatory Services

This program involves issuing permits for and inspection of, a variety of activities in order to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and water borne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans fat in foods. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, hotels, motels, massage establishments, and a variety of other facilities used by the public, are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations.

The County's Rat Control Ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>3,104,050</b>	<b>29.7</b>
Decrease Cost: West Nile Virus Surveillance	-30,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-93,950	-1.5
<b>FY11 CE Recommended</b>	<b>2,980,100</b>	<b>28.2</b>

## Health Care and Group Residential Facilities

This program inspects and licenses nursing homes, domiciliary care homes (large assisted living facilities with less intensive care than nursing homes), adult day care centers, small assisted living facilities and group homes serving children, elderly, mentally ill, and developmentally disabled to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,350,600</b>	<b>10.7</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-5,450	-0.5
<b>FY11 CE Recommended</b>	<b>1,345,150</b>	<b>10.2</b>

## Health Promotion and Prevention

This program provides a combination of planning training, consultation, coalition building, and health information to community groups to help change attitudes and behaviors related to nutrition, physical activity, and strategies to help prevent obesity, alcohol, tobacco, and other drug use. The program also administers injury prevention programs for various target groups and provides shaken baby and other family violence prevention and parenting programs for high-risk parents and providers. The program provides a health information and outreach program targeting faith-based communities to help reduce health disparities. Coordination of the Fetal Infant Mortality Board has shifted from Health Promotion and Prevention to Women's Health Services. Substance Abuse Prevention services has shifted from Health Promotion and Prevention to Juvenile Justice Services in the Children Youth and Families Service Area.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,265,340</b>	<b>5.7</b>
Enhance: Childhood Injury Prevention Grant	500	0.0
Eliminate: Nutrition Risk Reduction Grant	-45,130	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide position	-66,130	-1.0
Decrease Cost: Miscellaneous Operating Expenses	-91,600	0.0
Eliminate: G.O.S.P.E.L. Program and Absorb the Functions Under the African American Health Program	-125,050	-1.0
Reduce: Abolish a Full-time Manager III Position to 0.2 WY	-127,930	-0.8
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-623,920	-1.0
<b>FY11 CE Recommended</b>	<b>186,080</b>	<b>1.9</b>

Notes: Miscellaneous adjustment includes the shift of the Substance Abuse and Education Program to Juvenile Justice Services including one workyear and operating expenses.

## Cancer and Tobacco Prevention

Cancer and Tobacco Prevention was previously titled Cigarette Restitution Fund Programs. Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two major programs funded through the State Cigarette Restitution Funds. The State funding allows for administering grants to community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community based organizations, hospitals, and other existing resources that work collaboratively to implement the statewide goal of early detection and elimination of cancer disparities, whether based on race, ethnicity, age or sex, as well as the establishment of tobacco-control programs.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,288,590</b>	<b>4.0</b>
Decrease Cost: Miscellaneous Operating Expenses in Cancer Restitution Funds Under Cancer and Tobacco Prevention Program	-10,000	0.0

	Expenditures	WYs
Reduce: Cigarette Restitution Fund (CRF) - Tobacco, Prevention, and Education	-70,760	-1.0
Reduce: Cigarette Restitution Fund (CRF) - Cancer Prevention, Education, Screening, and Treatment	-209,070	-0.5
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-16,920	0.5
<b>FY11 CE Recommended</b>	<b>981,840</b>	<b>3.0</b>

Notes: Miscellaneous adjustment includes the shift of 0.5 workyear from Cancer Prevention, Education, Screening, and Treatment Grant to Tobacco, Prevention, and Education Grant.

## STD/HIV Prevention and Treatment Program

The STD Program provides diagnosis and treatment to those who have contracted sexually transmitted diseases (STDs). Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS (HOPWA).

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
New cases of Chlamydia per 100,000 population among County residents (15-24) <sup>1</sup>	930	1,052	1,115	NA	NA

<sup>1</sup> Data is for the calendar year in which the fiscal year began. This measure is one of the four age cohort components. Projections are not made due to uncertainty as to when case numbers will fall.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>6,257,120</b>	<b>43.1</b>
Enhance: Ryan White I - Emergency AIDS Services Grant	456,600	0.0
Enhance: Ryan White II - Consortia Services	121,990	0.0
Enhance: HOPWA - Housing Opportunities for People With AIDS Grant	73,080	0.0
Add: HIV Minority Outreach Activities	69,840	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position	-46,990	-1.0
Eliminate: AIDS Diagnostic and Evaluation Grant	-153,510	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-72,720	-0.3
<b>FY11 CE Recommended</b>	<b>6,705,410</b>	<b>40.8</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from AIDS Diagnostic and Evaluation Grant to Ryan White I - Emergency AIDS Services Grant.

## School Health Services

This program provides health services to the students in Montgomery County Public Schools. These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation and education; referral for medical, psychological and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens. Hearing and vision, screenings are provided to students in 1st and 8th grade, new entrants, and by teacher referral. Immunizations and tuberculosis screenings are administered at the School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided, in addition to routine health services to students enrolled at the County's four School Based Health Centers and one High School Wellness Center.

Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>21,255,590</b>	<b>240.1</b>
Add: Opening Up W.I.D.E (Wellness Initiative and Dental Enhancement)	89,640	0.0
Increase Cost: School Based Health and Linkages to Learning Centers - Operating Budget Impact (CIP)	15,000	0.0
Decrease Cost: School Based Health Center	-15,220	0.0
Decrease Cost: School Based Health Centers Contractual Medical Services Based on Historical Spending	-20,000	0.0
Reduce: Abolish a Full-time and a Part-time Community Health Nurse II Positions	-176,930	-1.6
Reduce: School Health Room Aide I and II Positions from .73 Workyear to .62 Workyear	-1,541,340	-22.2

	Expenditures	WYs
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-409,340	-9.4
<b>FY11 CE Recommended</b>	<b>19,197,400</b>	<b>206.9</b>

Notes: Miscellaneous adjustment includes the annualization of a Community Health Nurse, and a lapse adjustment.

## Tuberculosis Services

This program involves testing persons for exposure to Tuberculosis (TB), treating active cases, identifying persons at risk of developing TB, performing contact studies to determine who may have been exposed to an infectious person, and the supervision of therapy. Each patient is diagnosed, has a treatment plan developed, and has supervised medication therapy. Special programs are provided to high-risk populations, such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations. The Refugee Health Program has shifted from Tuberculosis Services to Communicable Disease & Epidemiology, and coordination of Childhood Lead Prevention services has shifted from Tuberculosis Services to Community Health Services.

The Refugee Health Program, organizationally placed in TB control, involves screening all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen <sup>1</sup>	99	99	95	95	95

<sup>1</sup> Tuberculosis data are for the calendar year in which the fiscal year began and differs from previously-published results due to use of a more accurate number in the denominator.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>2,145,970</b>	<b>19.8</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-320,210	-2.9
<b>FY11 CE Recommended</b>	<b>1,825,760</b>	<b>16.9</b>

Notes: Miscellaneous adjustment includes the shift of 2.5 workyears to Communicable Disease and Epidemiology.

## Women's Health Services

This program provides services for women, including clinical prenatal health care and family planning services through public/private partnerships. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program (WCCP) to eligible women aged forty years and older. Nursing case-management services are provided for pregnant women, high-risk infants, and children birth to two years. Coordination of the Fetal Infant Mortality Board has shifted from Health Promotion and Prevention to Women's Health Services.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>4,236,080</b>	<b>16.2</b>
Enhance: Center for Disease Control (CDC) Early Detection and Control Grant - Breast and Cervical Cancer	120,000	0.0
Reduce: Improved Pregnancy Outcome Grant	-20,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,524,820	4.2
<b>FY11 CE Recommended</b>	<b>2,811,260</b>	<b>20.4</b>

Notes: Miscellaneous adjustments include the shift of Project Deliver and Maternity Partnership Programs to Health Care for the Uninsured (9.6 workyears). In addition, the Dedicated Administrative Care Coordination Team (5.0 workyears) and grants shifted from Community Health Services (7.0 workyears) and Health Care for the Uninsured (1.3 workyears) as well as a lapse adjustment.

## Public Health Emergency Preparedness & Response

This program is responsible for the planning and readiness to identify a bio-terrorism threat and to respond immediately if a disaster occurs. Planning efforts are in collaboration with the County Emergency Management Group, the Office of Emergency Management and Homeland Security, the Departments of Fire and Rescue Service, and Police, the Volunteer Center, hospitals and a variety of other County, State, Regional, and Federal agencies. Efforts are targeted at training and staff development; communication strategies; emergency response drills; partnerships; resources and equipment; the establishment of disease surveillance systems; mass immunization/ medication dispensing sites, and readiness.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>2,050,210</b>	<b>11.2</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-3,210	-0.2
<b>FY11 CE Recommended</b>	<b>2,047,000</b>	<b>11.0</b>

### Service Area Administration

This program area provides leadership and direction for the administration of Public Health Services. Service Area administration also includes Health Planning and Epidemiology (previously included in the former Office of Health Partnerships and Health Planning), the Community Health Improvement Process and Special Projects, as well as oversight for medical quality assurance, contract, grant and partnership development.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,293,490</b>	<b>6.6</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	125,530	3.7
<b>FY11 CE Recommended</b>	<b>1,419,020</b>	<b>10.3</b>

Notes: Miscellaneous adjustment includes the shift of 0.5 workyear from Environmental Health Regulatory Services, and 5.0 workyears from Health Care for the Uninsured.

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY10 Approved</b>		<b>FY11 Recommended</b>	
	<b>Expenditures</b>	<b>WYs</b>	<b>Expenditures</b>	<b>WYs</b>
Health Care for the Uninsured	11,874,930	15.5	12,857,150	15.0
Communicable Disease and Epidemiology	1,440,150	12.2	1,740,060	14.4
Community Health Services	12,949,300	133.0	11,592,150	115.7
Dental Services	1,977,080	14.0	1,905,120	14.6
Environmental Health Regulatory Services	3,104,050	29.7	2,980,100	28.2
Health Care and Group Residential Facilities	1,350,600	10.7	1,345,150	10.2
Health Promotion and Prevention	1,265,340	5.7	186,080	1.9
Cancer and Tobacco Prevention	1,288,590	4.0	981,840	3.0
STD/HIV Prevention and Treatment Program	6,257,120	43.1	6,705,410	40.8
School Health Services	21,255,590	240.1	19,197,400	206.9
Tuberculosis Services	2,145,970	19.8	1,825,760	16.9
Women's Health Services	4,236,080	16.2	2,811,260	20.4
Public Health Emergency Preparedness & Response	2,050,210	11.2	2,047,000	11.0
Service Area Administration	1,293,490	6.6	1,419,020	10.3
<b>Total</b>	<b>72,488,500</b>	<b>561.8</b>	<b>67,593,500</b>	<b>509.3</b>

MONTGOMERY CARES FY10 BUDGET as of March 30, 2010								
	FY10 CC Approved	FY10 Approved Revised	FY10 Savings Plan Round 1	FY10 Savings Plan Round 2	FY10 1% Inflationary Adj	FY10 Reinstatement Savings Plan Reprogramming	Difference	FY11 CE Recommended Budget 3/15/10
Enrollment	22,500	23,000	23,000	23,000	23,000	23,000		23,000
Support for Primary Care Visits	3,667,100	3,750,800	3,750,800	3,750,800	3,751,206	4,179,206	428,000	3,486,066
Community Pharmacy - Med Bank	2,086,321	2,127,731	2,127,731	2,127,731	2,136,590	2,131,590	(5,000)	2,070,590
Cultural Competency	55,000	75,000	75,000	75,000	75,000	75,000	-	45,000
Pilot Programs	950,000	950,000	950,000	938,000	938,000	911,000	(27,000)	930,000
Specialty Services	660,469	660,469	660,469	655,969	655,969	625,969	(30,000)	615,469
Program Development	244,000	244,000	244,000	244,000	274,664	274,664	-	231,164
Information and Technology	348,000	348,000	348,000	348,000	350,360	343,360	(7,000)	320,360
PCC-Administration	524,070	524,070	524,070	524,070	569,274	569,269	(5)	539,274
HHS Eligibility Determination	205,137	205,137	205,137	205,137	205,137	205,137	-	-
HHS Administration	484,030	484,030	484,030	484,030	484,030	484,035	5	485,336
Facility and Technical Assistance	456,810	311,700	307,300	230,800	230,800	154,800	(76,000)	67,040
Health Care for the Homeless	735,285	735,285	730,285	640,285	643,972	543,972	(100,000)	690,158
Balance in Payroll								
<b>TOTAL MONTGOMERY CARES</b>	<b>10,416,222</b>	<b>10,416,222</b>	<b>10,406,822</b>	<b>10,223,822</b>	<b>10,315,002</b>	<b>10,498,002</b>	<b>183,000</b>	<b>9,480,455</b>
			9,400	183,000				
* In FY10, HHS reallocated a total of \$145,110 from Facilities- \$83,700 to provide primary care visits and \$41,410 for pharmacy services for an additional 500 patients and \$20,000 to provide additional language line services based on increased demand. \$3,687 inflation adjustment to Healthcare for Homeless and \$86,491 inflation adjustment MCares for a total of \$91,178								
** Savings Plan reductions Round 1 taken in Facilities (-\$4400) and Healthcare for the Homeless (-\$5000)								
***Savings Plan Round 2 taken in Healthcare for Homeless (-\$90,000) Facilities (-\$76,500) Specialty Care (-\$4,500 vacant position) BH Pilot (-\$12,000 vacant position)								
****Reprogramming of \$183,000 of savings plan and \$250,000 of additional savings identified and transferred to Primary Care line								



**Montgomery Cares**  
**Proposed FY11 budget reductions**

<u>Medications</u>	
Eliminate funds for OTC Drugs	(60,000)
Eliminate Behavioral Health emergency medication	(6,000)
<u>Administrative costs</u>	
Reduce PCC Contract – admin & operating expenses	(30,000)
Reduce DHHS Administration – operating expenses	(3,500)
Reduce DHHS Homeless Health – admin expenses	(3,500)
<u>Services</u>	
Reduce Behavioral Health Services	(20,000)
Reduce Specialty Care Services	(45,000)
Reduce Homeless Health Care Services	(50,000)
<u>Miscellaneous</u>	
Reduce clinic IT support - CHL Care	(30,000)
Reduce clinic cultural competence support	(30,000)
Reduce funds for Montgomery Cares evaluation study	<u>(87,500)</u>
<b>TOTAL</b>	<b>(365,500)</b>
<u>Clinic reimbursement</u>	
Decrease reimbursement rate from \$62/encounter to \$55/encounter (assumes 59,400 non-homeless encounters @ \$7)	(415,800)
<b>TOTAL proposed FY 11 reduction to Montgomery Cares:</b>	<b>(781,300)</b>

March 23, 2010

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LAM 33

**Montgomery Cares Advisory Board  
(MCAB)**

**Presentation to Montgomery County Council**

**April 7, 2010**

**Budget FY11**

### **Overview:**

The Montgomery Cares Program (MCares) provides primary health care to uninsured, low-income, adult residents of our County. The network of twelve safety-net clinics that serve MCares patients has significantly grown in ability and capacity in the past years. That, coupled with the increase in demand, has resulted in a 155% increase in the number of uninsured adults receiving care over the past four years. In Fiscal Year 2009, the program served approximately 21,000 patients, up from 16,773 in FY08, a 26% increase in just one year. The safety-net clinics project that they will serve approximately 26,000 people this fiscal year (24% increase over FY2009) and are prepared to serve more than 30,000 people in FY2011 (17% increase over 2010).

MCares is now a mature program, with a strong understanding of the complex task before it. In collaboration with the Primary Care Coalition, the safety-net clinic organizations, the area hospitals, and the medical and social service community, the program has developed a fiscal management infrastructure to ensure that scarce County resources are appropriately allocated and expended. In addition, MCares is a true public/private partnership, where every County dollar leverages \$2.40 in other resources.

The MCAB maintains its goal of providing leadership and oversight that results in access to a patient-centered health home for ALL eligible County residents. While we would love to see additional dollars, we acknowledge the budget situation and recommend support of the MCares program at the same level in FY2011 as in FY2010. With the highest priority being adequate funding of the direct patient care services provided by the MCares program.

### **Problem Statement:**

First, there is a clear disconnect between the information in the CE's Budget Request and what the MCares program is doing. For FY2010, the program will serve approximately 26,000 people, not the 23,000 in the CE's FY2010 budget; the disparity is greater in FY2011 where the clinics project having the capacity to serve 30,000 people as opposed to the 23,000 in the CE's FY2011 request. Second, while the clinics can absorb some of the pain inflicted by our current economic situation, they cannot sustain an 11% cut in the primary care visit reimbursement rate proposed for FY2011 (\$55 per visit from \$62 per visit). That magnitude of reduction will damage all clinics, and will call into question the actual survival of some of them.

## **FY 2011 Recommendation:**

The MCAB strongly urges that at least \$10.5M be appropriated in FY 2011 so that the MCares program will have sufficient resources to continue essential medical and health services. This level of appropriation will accomplish the following:

- ❖ Provide primary medical care to 30,000 people: \$4.5M (additional \$1M above CE recommended)
- ❖ Support part of the cost of providing out-patient specialty cares services: \$450K (\$165K less than CE recommended)
- ❖ Provide access to needed medications for 30,000 people served: \$2.23M (additional \$160K above CE recommended)
- ❖ Provide access to oral and behavioral health services: \$930K (same as CE recommended)
- ❖ Maintain the infrastructure needed to continue to support and improve clinic operations, e.g., technical assistance, health information technology, quality improvement, etc, plus sustaining the Health Care for the Homeless Program: \$2.4M (same as CE recommended)

In addition, the MCAB urges DHHS to implement a coordinated outreach, eligibility, enrollment and case management effort. Up to 15% of MCares patients or 4,500 people may be eligible for public benefits. We must ensure eligible people are enrolled in and taking advantage of publicly funded State and Federal programs, including Medicaid.

## **Conclusion:**

**We want you to know that MCares delivers and is an example of public dollars being well spent:**

- ❖ Public dollars maximizing volunteer services: The public dollars allow the safety-net clinics to have an administrative management structure that maximizes involvement of people in our County who want to volunteer their time and skills (In 2009 the program had more than 32,000 hours of donated services by over 450 individual volunteers with an imputed value of approximately \$2.4M)
- ❖ MCares clinics provide quality care: As demonstrated by nationally endorsed clinic measures, e.g. clinics are at target (performing better than half of all Medicaid reporting plans) on 3 out of 5 measures of diabetes care, with some clinics in the top 10% of all Medicaid reporting plans, clinics are performing in Medicaid's top 25% for high blood pressure control; and clinics are seeing significant improvement in breast cancer screening, with three at or near the top 10% of reporting Medicaid health plans in breast cancer screening.
- ❖ Public dollars that reduce waste in the health care system: The MCares programs saves money by having patients use appropriate locations for care, e.g., safety-net clinics (\$150 per visit\*) versus emergency rooms (\$600 per visit.)

\*\$150= average total cost to clinic for per patient visit (MCares and other resources)

## TESTIMONY TO MONTGOMERY COUNTY COUNCIL

#28

### SAFETY NET CLINIC EXECUTIVE DIRECTORS

APRIL 6, 2010

#### INTRODUCTION

I am Dick Pavlin, Executive Director of Mercy Health Clinic and with me is Dr. William Flynt, Executive Director of Community Clinic Incorporated. We are representing the Executive Directors and Boards of Directors of 10 safety net clinics within the Montgomery Cares Program.

#### DISCUSSION

The County Executive's 2011 budget proposes a nearly \$600,000 reduction in patient care funds for the 12 Montgomery Cares safety net clinics. The proposed reduction is an 11 % decrease in payment from the current \$62 to \$55 per encounter. In addition, the number of patients budgeted for access to medical care is reduced from the 26,500 patients the clinics project will be enrolled by June 30, 2010 to 23,000 patients.

As the Directors of safety net clinics, we feel compelled to describe the impact of these cuts upon our patients, staff and the safety net system itself. We have a front-line view of the safety net funding along with the Montgomery Cares Advisory Board, the Primary Care Coalition Board, the Safety Net Coalition, and Action in Montgomery.

#### 3,000 PATIENTS AT RISK

We understand all too well that difficult budget and economic times require decisions about funding reductions. In making such decisions, the Executive appears willing to have 3,000 patients who were enrolled this year for care told they will no longer be eligible for care in 2011. No new patients are budgeted for access. By the end of this fiscal year, the safety net clinics project that they will provide 71,000 encounters to 26,500 Montgomery County residents, yet the Executives budget sustains access to health care for 23,000 patients – leaving 3,000 patients unfunded.

#### PATIENTS WITH PRE-EXISTING CONDITIONS

To accomplish such a reduction, clinic directors and their Boards will be placed in the position of determining the criteria by which patients are excluded and staff will have to tell patients that we can no longer care for you. Our clinics treat patients with "pre-existing conditions" that are often chronic, including diabetes, hypertension and heart disease. Should these patients be dropped, they will be at serious risk of life-threatening illness. They will also burden other parts of the health care system, turning to the already over loaded hospital emergency rooms, transferring the costs of health care to a more expensive setting. Some clinics may face financial instability. Parts of the safety net program may begin to unravel, placing added strain upon those remaining. Most of the clinics cannot serve these 3,000 patients without County reimbursement.

## FY 2011 PATIENT PROJECTIONS

The proposed cuts will have a disproportionate impact in FY11 on patients and families. In FY 2011, our conservative projections are that 31,500 patients will be served with 85,000 encounters. These numbers are 19 percent higher than for this current year. This 19 percent increase stands in stark contrast to the 11 percent reduction in funds. These projections are based upon our experience with the number of uninsured people seen in the past two years and current capacity with respect to space and provider staffing. Thus Clinic Directors and their Boards may have to turn away from care more than the 3,000 patients enrolled in 2010.

## ENCOUNTER RATE VS ACTUAL ENCOUNTER COSTS

Montgomery Cares reimbursement does not cover the actual per encounter costs in any of the clinics. The clinics report an average encounter cost of \$150 ranging from \$133 to \$160, or approximately two and half times the Montgomery Cares reimbursement. The clinics have leveraged County funds to cover their costs in various ways, including grants, donations, and use of volunteer staff. These subsidies can not be expected to make up the difference if encounter payments are reduced; granting agencies and donors face the same economic difficulties. Furthermore, reduction in County funds may also reduce the leverage the clinics can develop at the \$62 level.

## CONCLUSION

In conclusion, the Executive's proposed cuts could threaten the integrity of the Montgomery Cares safety net. Safety net clinics exist on the margins of sustainability; they must constantly balance the level of services they can provide with realized income. An 11 percent income reduction could well be the tipping point for centers with limited reserves or capacity with respect to other revenue sources. Three agencies that operate five clinics in Montgomery County and see Montgomery Cares patients can not turn away patients because they are unable to pay for care. They must be prepared to shoulder the burdens of other clinics that restrict their numbers or close their doors. These agencies also have limits upon how much uninsured care they can provide and remain viable. The Council has carefully constructed our network over the years; 2011 is not the year to let that network unravel. The recent John Snow report to DHHS emphasizes that to prepare for the health care future communities must have a strong network of safety net providers upon which to build. By all predictions, health care reform will place greater demand upon our clinics. Thank you.

CCACC- Pan Asian Health Clinic

Mobile Medical Care

Community Clinic, Inc.

Muslim Community Center Clinic

Community Ministries of Rockville Kaseman Clinic

Proyecto Salud

Holy Cross Hospital Health Centers

Spanish Catholic Center

Mary's Center

Mercy Health Clinic

## Montgomery Cares Patient Fees & Suggested Donations Fiscal Year 2010

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The Primary Care Coalition of Montgomery County compiled information in January and February 2010 about patient fees and suggested donations currently collected by 11 of the 12 Montgomery Cares funded clinics. Information provided by the clinics is summarized in a chart on pages 3-4 of this document. Community Clinic, Inc. declined to provide data for this report because they felt it compromised their position in a managed care environment.

Patient fees vary across the Montgomery Cares participating clinics, reflecting different service delivery models and different agreements each clinic has made with other providers of health care services (e.g., laboratories, hospitals, private physicians, and radiology groups). However, all clinics are required by their Montgomery Cares contract to serve Montgomery Cares-eligible patients, regardless of ability to pay.

### Office Visit Fees

Of the 10 clinics collecting fees or donations for office visits, two request donations for new patient office visits, and 8 clinics charge new patients an office visit co-pay (ranging from \$10-45, with 2 clinics employing a sliding scale based on a patient's income and family size to determine fees). One clinic does not charge patients for office visits.

Most clinics charge the same fees or request the same donation amounts from established patients as from new patients.

### Blood Draws and Laboratory Fees

Two of the 11 clinics reported charging patients for blood draws related to laboratory testing. One clinic charges fees of \$10-15, while the second clinic determines fees using a sliding scale based on a patient's income and family size.

Five of the clinics charge patients for laboratory testing. One clinic charges a flat fee of \$25 for all lab tests associated with an annual physical exam, and 4 clinics charge fees based upon their costs for providing laboratory testing. Of these, 3 of clinics pass their costs for laboratory tests directly to the patient, while 1 clinic determines fees using a sliding scale based on a patient's income and family size.

The remaining 6 clinics do not charge patients for laboratory tests. These clinics either have arrangements with hospitals that process their lab tests pro bono, or they absorb the cost of lab tests as part of their operating expenses.

### Vaccinations & Injections

In addition, four clinics charge patients for administering vaccinations and/or injections. Of these, one clinic suggests a \$10 donation; one clinic charges \$10-15, depending on the medication; one clinic passes the cost of the medication directly to the patient; and one clinic determines fees using a sliding scale based on a patient's income and family size.

### Medication Dispensing

Finally, two clinics have fees associated with medication dispensing: One clinic suggests a \$5 donation, and one charges \$5 for dispensing medication.

### Specialty Care Services

Montgomery Cares clinics refer most patients needing specialty care to one of 2 specialty care networks funded (in whole or in part) by Montgomery Cares: Project Access (PA), administered by the Primary Care Coalition, and the Archdiocesan Health Care Network (AHCN), administered by Catholic Charities. Both networks arrange for pro bono or low cost specialty care services for low-income, uninsured residents of Montgomery County.

In order to more fully address the demand for specialty care, Project Access also contracts directly with specialists providing services that are in high demand and short supply. PA has negotiated rates with specialty care providers that are at or below Medicaid rates and pays the providers directly for these services. Patients are also required to pay the established Project Access co-payment directly to the provider.

For patients served by Project Access, fees for consultations range from \$15-25, while fees for procedures range from \$15-95. For patients served by AHCN, the fee for office visits and procedures is \$25. Co-payments are paid directly to the physician offices at the time of the visit.

Many Montgomery Cares participating clinics have also established relationships with private physician practices to provide specific specialty care services for their patients. These services are often offered at a discount, with fees negotiated between the referring clinic and the specialists' office(s). Patients are responsible for paying this negotiated fee directly to the specialist.

And several Montgomery Cares clinics provide specialty care on-site, as well. For consultations, these clinics charge patients the same fee as for an established patient primary care office visit. Additional fees are charged by some clinics that offer specialty procedures on-site, such as sonograms (\$60), optometry exams (\$20), cardiac stress tests (\$150), and acupuncture (\$10-40).



# CLINIC AVAILABILITY CHART

Montgomery Cares Clinics	Accepts New Patients	Length of Wait List	Length of Wait for Returning Patients	Comments
<b>COMMUNITY CLINIC, INC.</b>				
Silver Spring	NO	April	Immediately	Contacts new patients when there's availability
Takoma Park	NO	April/May	Immediately	Contacts new patients when there's availability
Gaithersburg	YES	May	Immediately	Will make exceptions for emergencies
<b>CCACC PAN ASIAN VOLUNTEER HEALTH CLINIC</b>	YES	1-2 Weeks	Immediately	Wait depends on urgency
<b>MANSFIELD KASEMAN HEALTH CLINIC</b>	YES	3 Weeks		Next avail appt in 2 weeks; but depends on urgency
<b>HOLY CROSS HEALTH CENTER</b>				
Silver Spring	YES	Depends on need	Immediately	
Gaithersburg	YES	2 weeks	Immediately	
<b>KOREAN COMMUNITY SERVICE CENTER</b>	YES	1-2 months	1-2 months	
<b>MARY'S CENTER</b>	YES	1 month	1-2 weeks	
<b>MERCY HEALTH CLINIC</b>	YES	3-4 weeks (after eligibility screening)	Within 2 weeks	
<b>MOBILE MEDICAL CARE</b>	YES	1-2 Weeks	One Month (follow up)	Depends if going to a walk-in clinic or not
Ascension House-Gaithersburg Gude Men's Shelter Rockville Senior Center Sophia House-Women's Shelter E. Montgomery Service Center Long Branch Community Center Shepherd's Table/Progress Place	Walk-In Walk-In Walk-In Walk-In Walk-In Walk-In Walk-In			Patients arrive early, are triaged, and seen based on need.
Germantown	YES	1 Week	Immediately	Depends on urgency
<b>MUSLIM COMMUNITY CENTER MEDICAL CLINIC</b>	YES	2 weeks	2 weeks	
<b>PROYECTO SALUD</b>				
Wheaton	YES	Immediately	Immediately	
Olney	YES	Immediately	Immediately	
<b>PEOPLE'S COMMUNITY WELLNESS CENTER</b>	NO	April	ASAP, 2 weeks	
<b>SPANISH CATHOLIC CENTER MEDICAL CLINIC</b>	YES	1-2 weeks	1 week	

Updated 2/26/10

## Montgomery Cares Patient Fees & Suggested Donations By Clinic Organization

	New Patient Office Visit	Established Patient Office Visit	Blood Draw	Laboratory Tests	Vaccinations & Injections	Medication Dispensing	Other On-Site Services
<b>CCACC-Pan Asian Clinic</b>	\$25 suggested donation	\$25 suggested donation	No Fee	No Fee	No Fee	No Fee	N/A
<b>CMR-Kaseman Clinic</b>	\$30-45, sliding scale	\$30-45, sliding scale	No Fee	\$25 during Annual Physical	No Fee	No Fee	N/A
<b>Community Clinic, Inc.</b>	Data Not Provided						
<b>Holy Cross Hospital Health Centers</b>	\$30	\$30	No Fee	No Fee	Cost of medication	No Fee	N/A
<b>Mary's Center</b>	\$20	\$20	Sliding Fee (0-100% of clinic's costs for service)	Sliding Fee (0-100% of clinic's costs for service)	Sliding Fee (0-100% of clinic's costs for service)	No Fee	N/A
<b>MCC Medical Clinic</b>	\$15-30, sliding scale	\$15-30, sliding scale	No Fee	Cost of test, based on clinic contract with lab.	No Fee	No Fee	Sonogram, Echocardiogram - \$60; Ophthalmology, Optometry - \$20
<b>Mercy Health Clinic</b>	\$25 suggested donation	\$10 suggested donation	No Fee	No Fee	No Fee	No Fee	N/A
<b>Mobile Medical Care</b>	\$30 (no fee for homeless)	\$30 (no fee for homeless)	No Fee	No Fee	No Fee	No Fee	N/A
<b>Proyecto Salud</b>	\$30	\$20-60, sliding scale	No Fee	Cost of test, based on clinic contract with lab.	\$10 suggested donation	\$5 suggested donation	Stress test - \$150







Isiah Leggett  
County Executive

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Uma S. Ahluwalia  
Director

March 26, 2010

The Honorable George Leventhal  
Chair, HHS Committee  
Montgomery County Council  
100 Maryland Avenue, 6th Floor  
Rockville, Maryland 20850

Dear Mr. Leventhal;

Thank you for providing the Montgomery Cares Advisory Board (MCAB) with the opportunity to review the health care safety-net related grant proposals to the County Council. We appreciate your respect for our Board and its advisory function.

The MCAB underwent a formal review process for each proposals. Two board members reviewed and scored each application. The full Board discussed and voted on each application at the March 24<sup>th</sup> MCAB meeting. You will find the recommendations for each proposal in the attached document. Also attached is a copy of the review sheet the Board members used when scoring the proposals

Although we were impressed with the scope of all of the proposals, and found each to have merit in providing services to the uninsured in the County, there remains a strong Board consensus that in consideration of the budget cuts to the Montgomery Cares program, we respectfully suggest that funds are allocated to direct primary care services instead of allocated to individual clinics and projects.

Additionally, MCAB does not support any of the proposals if the funding is to come from the Montgomery Cares Program budget.

Thank you again for this opportunity and we hope our recommendations are helpful. I can be reached at 301-347-0400 to discuss further, or contact our staff member, Becky Smith at 240-777-1278 for more information.

Sincerely,

Richard Bohrer  
Chair, Montgomery Cares Advisory Board

RB/rs

Attachments:

- MCAB Review and Recommendation, FY11 County Grants
- Review sheet

cc: Peggy Fitzgerald-Bare, Montgomery County Council  
Linda McMillan, Montgomery County Council  
Uma S. Ahluwalia, Director, Department of Health and Human Services  
Ulder J. Tillman, Chief of Public Health Services, Department of Health and Human Services  
Jean Hochron, Sr. Administrator, Montgomery Cares Program, Department of Health and Human Services

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Montgomery Cares Program

11 North Washington Street, #310 • Rockville, Maryland 20850 • 240-777-4498 • 240-777-1295 TTY • 240-777-1860 FAX  
[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

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**FY11 County Council Grants  
Montgomery Cares Advisory Board  
Review and Recommendations**

1. **Organization:** Holy Cross Hospital  
**Amount Requested:** \$50,000

**MCAB Recommendation:** MCAB is supportive of the proposal, with conditions. Funds will be used to hire a full-time case manager to provide intensive case management for uninsured patients at the Holy Cross Hospital Health Center in Gaithersburg. The reviewers recognize the importance of case management for all MCares clinics, but did not find the project to be sustainable after the one-year grant period.

2. **Organization:** Mary's Center for Maternal and Child Care, Inc.  
**Amount Requested:** \$50,000

**MCAB Recommendation:** Funds requested for the purchase of diabetic supplies and to pay for a percentage of The salary of the Family Support Worker. The MCAB does not support the request for diabetic supplies with the understanding the MCares program already purchases all needed diabetic supplies for MCares patients thru the Community Pharmacy Program. The Board does approve of the need for additional funds for the Family Support Worker, but did not find the project to be sustainable after the one-year grant period.

3. **Organization:** Mobile Medical Care, Inc  
**Amount Requested:** \$101,000

**MCAB Recommendation:** MCAB is supportive of the proposal with conditions. Although the board is understanding of MobileMed's need for additional clinical staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the third consecutive year that the agency has funded this position with a Council grant. Therefore the MCAB does not find this project to be sustainable.

4. **Organization:** Mobile Medical Care, Inc  
**Amount Requested:** \$131,300

**MCAB Recommendation:** MCAB is supportive of the proposal with conditions. Although the board is understanding of MobileMed's need for the volunteer and specialty care staff, and recognizes that the elimination of the grant may mean the elimination of a position, if funded, this will be the fourth consecutive year that the agency has funded this position with a Council grant. Therefore, the MCAB does not find the project to be sustainable.

5. **Organization:** Muslim Community Center Clinic  
**Amount Requested:** \$20,000

**MCAB Recommendation:** The MCAB is supportive of this proposal, recognizing the strong need for domestic violence counseling, prevention and awareness raising in the Community.

6. **Organization:** Primary Care Coalition  
**Amount Requested:** \$11,000

**MCAB Recommendation:** The MCAB is supportive of this request to maintain the Data Health Information Exchange system (MedHIX). The Board questioned the sustainability of the project, but decided to overlook that due to the small dollar request.

7. **Organization:** Spanish Catholic Center of Catholic Charities  
**Amount Requested:** \$100,000

**MCAB Recommendation:** The MCAB is supportive of this project with reservations. The Board recognizes that the Spanish Catholic Center's current Langley Park clinic is substandard, necessitating a new clinic. That said, the Board Has concerns that there is already a MCares clinic within two miles of the proposed new site. Additionally, there is no funds in FY11 and likely FY12 to support the patient growth that is projected as a result of the bigger, updated clinic.

**FY11 County Council Grants  
Montgomery Cares Advisory Board  
Rating Sheet**

**Organization:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Description:** \_\_\_\_\_

<b>1. Fits one of the Montgomery Cares Advisory Board Priorities:</b> <ul style="list-style-type: none"> <li>Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well;</li> <li>Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health</li> </ul>	<b>Rating:</b>  1...2...3...4...5  (maximum of 5 points)	<b>Comments:</b>  
<b>2. Strength of Proposal</b> Proposal includes <ul style="list-style-type: none"> <li>measurable and relevant outcomes,</li> <li>evidence of sustainability after the end of the grant</li> <li>evidence of leveraging non-county government funding</li> <li>evidence of organization's ability to carry out program.</li> </ul>	<b>Rating:</b>  1...2...3...4...5  (maximum of 5 points)	<b>Comments:</b>  
<b>3a. If Facility Project: Meets Montgomery Cares Advisory Board Facility Expansion Guidelines:</b> <b>1. High Need Area:</b> <ul style="list-style-type: none"> <li>Silver Spring (lower),</li> <li>Rockville,</li> <li>Silver Spring (upper)</li> <li>Germantown/Gaithersburg.</li> </ul> <hr style="border-top: 1px dashed black;"/> <b>2. Clinic Size:</b> Clinics should be sized to support operational efficiency. Preference for County funding should be given to new clinics with a minimum of 4,500 square feet or six exam rooms.	<b>Rating:</b>  1...2...3...4...5  <hr style="border-top: 1px dashed black;"/> 1...2...3...4...5  (maximum of 10 points)	<b>Comments:</b>  
<b>OR</b>		
<b>3b. If Service Project: Meets Montgomery Cares Advisory Board Capacity Expansion Guidelines:</b> <b>1. High Need Area:</b> <ul style="list-style-type: none"> <li>Silver Spring (lower),</li> <li>Rockville,</li> <li>Silver Spring (upper)</li> <li>Germantown/Gaithersburg.</li> </ul> <hr style="border-top: 1px dashed black;"/> <b>2. Priority Service</b> <ul style="list-style-type: none"> <li>Medical/Primary Care</li> <li>Oral Health</li> <li>Behavioral Health</li> <li>Specialty Care</li> </ul>	<b>Rating:</b>  1...2...3...4...5  <hr style="border-top: 1px dashed black;"/> -  1...2...3...4...5  (maximum of 10 points)	<b>Comments:</b>  
<b>Total Score</b>		<b>Comments:</b>

**Recommendation for Funding:** ☐ Yes ☐ No ☐ With Considerations





DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

MEMORANDUM

April 26, 2009

TO: The Honorable George Leventhal, Chair  
Montgomery County Council Health and Human Services Committee

FROM: *Uma S. Ahluwalia*  
Uma S. Ahluwalia, Director

SUBJECT: Response to the information request on the Health Care and Group Residential Facilities Program in Public Health Services and the Ombudsman Program in Aging and Disability Services

Attached please find a comparative analysis of the Health Care and Group Residential Program in Public Health Services and the Ombudsman Program in Aging and Disability Services. The analysis clearly shows the differences between the two programs and confirms that there is no overlap. There are three points within this document that I want to highlight:

- There are specific State designated tasks that are performed by the County to ensure the safety of the residents. There is no duplication in the services provided by the County and the State.
- In addition, the Health Care and Group Residential Facilities Program has a State match component so any reductions to this program will result in a corresponding reduction in State revenue.
- Lastly the Ombudsman Program largely depends on the work of volunteers and these efforts cannot replace the work that is done by our employees. The Ombudsman has no regulatory authority to enforce any compliance issues.

A budget reduction in either one of these areas would have a severely detrimental impact on the vulnerable and frail elderly that reside in Montgomery County nursing homes and large assisted living/domiciliary facilities. It would place residents at substantial risk of abuse and neglect leading to pain, morbidity and mortality. It would also deny the residents' rights to a timely response to concerns about substandard care and expose the County/agency to adverse actions and publicity that could result from failure to promptly investigate allegations of substandard care.

USA:tjk

Attachment

Office of the Director

**HEALTH CARE FACILITY PROGRAM**  
**(Nursing Home and Assisted Living/Domiciliary)**

**Health Care and Group Residential Facilities –**

Health Care Facility Program (Nursing Home and Large Assisted Living/Domiciliary)

- ☐ **How much are we reimbursed by the State for the Nursing Home Inspections?**

Revenue Type	Revenue		
	FY09 Actuals	FY10 YTD Actuals	FY11 Budget
Nursing Home Reimbursement	529,680	431,220	510,000
Licensure Fee - Nursing Home	58,140	43,540	58,750
Assisted Living Reimbursement	117,701	90,600	115,000
Licensure Fee - AL/Dom Care	20,890	17,710	19,600

- ☐ **Memo outlining Health Care and Group Residential Facilities vs. Ombudsman**

- Sources of funding – In table below
- Roles of each program – In table below
- Specific statutes/legislation that mandate/guide the programs – In table below
- How quick is response time for complaints now that Ombudsman nurse position has been abolished? Response time data is not required by the Feds or State as a performance indicator and therefore is not tracked. We are in full compliance with the requirement that cases be opened within 5 days of initial contact.
- Can we achieve any savings in the Health Care and Group Residential program as a result of the activities in the Ombudsman program? No. The activities in these programs are not duplicative as outlined in the roles and responsibilities described in the table below.
- Documentation of the neutrality of the Ombudsman program and why it cannot/should not be organizationally included in a regulatory unit (i.e., PHS L&R). Included in information below.

	Nursing Homes	Large Assisted Living/Domiciliary	Ombudsman
<b>Statutes/Regulatory Authority</b>	Federal 42CFR 483. State-COMAR 10.07.02 County-Chapter 25	State- 10.07.14 County Chapter-25	<u>Federal:</u> Older Americans Act, Section. 712. State Long –Term Care Ombudsman Program; U.S. Code 42, Chapter 35, Subchapter XI, 3058g; State Long – Term Care Ombudsman Program State: Nursing Home Ombudsman Program, COMAR, Title 32. Subtitle 03. Chapter 02 Department of Aging; Long Term Care Ombudsman Program; Related Institutions: Commission on Aging; Human Services Article, TITLE 10. Department of Aging, SUBTITLE 2. Sections 10-213,
<b>Roles/Responsibility</b>	Delegated to Montgomery County to conduct onsite inspections that determine whether its nursing homes meet the minimum quality and performance standards. The State does not conduct surveys/inspections in Montgomery County.	Delegated to Montgomery County to conduct onsite inspections that determine whether the Large assisted living/domiciliary facilities meet minimum quality and performance standards. The State does not conduct survey inspections for large assisted living/domiciliary facilities in Montgomery County.	The Ombudsman is an advocate whose goal is to promote the highest possible quality of life and care for residents living in long term care facilities. The Ombudsman helps residents to resolve problems within the long-term care environment. The Ombudsman has no regulatory authority but does communicate with surveyors from the Licensing and Regulatory (L&R) Unit prior to L&R surveys to provide information pertaining to complaints received. Because of the neutrality of the program, under Section 712 of the Older Americans Act, the Ombudsman does not have a direct involvement in the licensing or certification of a long term care facility or of a provider and therefore should not and cannot be organizationally included in the regulatory unit.

**FY11 CE Recommended Budget**

	Nursing Homes	Large Assisted Living/Domiciliary	Ombudsman
<b>Personnel Cost</b>			
County General Fund	972,390	267,680	354,420
Grant Funds			184,630
<b>Operating</b>			
County General Funds	3,240	900	
Grant Funds			94,210
<b>Total Cost</b>	<b>975,630</b>	<b>268,580</b>	<b>633,260</b>
<b>FY11 Budgeted Revenue</b>	Nursing Homes \$510,000 Licensure Fees \$58,750	Assisted Living \$115,000 Licensure Fees \$19,600	0
<b>Net Cost to County - (Total costs minus estimated revenue offset and grant funds)</b>	<b>406,880</b>	<b>133,980</b>	<b>354,420</b>

<b>Personnel Complement</b>	5.0 WY Community Health Nurses (CHN II) – surveys 2.0 WY CHN II - Complaint investigations 1.0 WY Program Manager II	2.0 WY Community Health Nurses – Large Assisted Living/Domiciliary surveys	5 FT /1 PT positions 1.0 WY Program Manager II 2.0 WY Program Manager I 1.5 WY Social Worker II 1.0 WY Office Service Coordinator
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## Overview

### Health Care & Group Residential Services

#### Nursing Homes

Rationale/history - The Centers for Medicare& Medicaid Services (CMS) oversees the Medicare and Medicaid programs and delegates to each State the authority to license, inspect and monitor these facilities. More than 500 Federal regulations exist today that set the minimum standards and requirements for resident care and services. In addition, facilities must comply with numerous State and County regulations.

The State has delegated to Montgomery County the responsibility to conduct onsite inspections that determine whether its nursing homes meet the minimum quality and performance standards. **There is no duplication of services by the State and County in conducting quality of care inspections/surveys.**

The nursing homes (34) are inspected at least annually and more frequently when the facilities are performing poorly. Inspections/surveys are conducted by a team of 5 registered nurses, are unannounced, complex and usually last 5-8 days. The surveyors contact the Ombudsman Program prior to a survey to elicit information regarding issues and complaints. The Ombudsman Program does not have any regulatory responsibility or authority.

The County also investigates complaints on behalf of the State. These inspections are conducted by a team of 2 registered nurses. In FY09, more than 300 complaints were investigated. Examples of the results of complaint investigations include determining:

- Medication errors that may have resulted in the death of a resident;
- Failure to provide appropriate tracheotomy (airway) care resulting in the death of a resident;
- Side rail entrapment of a resident resulting in death;
- Elopements at various facilities that resulted in injuries to the residents or the potential for great harm;

#### Assisted Living/Domiciliary Facilities

The State has delegated to Montgomery County authority to conduct onsite inspections that determine whether its Assisted Living/Domiciliary Facilities meet minimum quality and performance standards. There is no duplication of services by the State and County in conducting quality of care inspections/surveys. Other counties in Maryland also conduct surveys on behalf of the State. However, Montgomery County is the only county that receives reimbursement for the inspections conducted on behalf of the State.

The Large Assisted Living/Domiciliary Facilities (27) are inspected at least annually and more frequently when the facilities are performing poorly. Inspections/surveys are conducted by a team of 2 registered nurses, are unannounced and usually last 5 days. The surveyors contact the Ombudsman program prior to a survey to elicit information regarding issues and complaints. The Ombudsman does not have any regulatory authority.

#### Applicable to Both Nursing Homes and Assisted Living/Domiciliary Facilities

Nurse surveyors must possess a broad range of knowledge of the standards of practice for nursing and other disciplines such as: rehabilitation, pharmacy, physician services, lab and radiology services, and the laws and regulations regarding resident rights' issues. In addition, the nursing home inspection team must be comprised of registered nurses who are certified by CMS to conduct these inspections. Training for this position can take a minimum of one year.

CMS and/or the State can take action against a poorly performing facility that can include a civil money penalty, license revocation, and denial of payment from Medicare and/or Medicaid. The extent of the harm caused by the failure to meet a specific requirement is considered before an enforcement action is taken. One nursing home in Montgomery County received the highest civil money penalty ever in the State of



Maryland (\$ 80,000) related to bed sores. The civil money penalties collected by the State go into a fund specifically for facility improvements or trainings state wide. A detailed report of deficient findings is given to the facility and providers must respond within 14 days with an acceptable Plan of Correction. All survey reports become public record and must be posted or readily available for review by residents, staff and visitors.

The risk of not conducting delegated licensing is a loss of direct local participation in quality management and resident complaint response. The benefits for County residents far outweigh the costs to the County to maintain delegated licensing and inspection of these facilities by experienced, local County health professionals, trained to address their needs and provide effective proactive oversight and guidance.

A reduction in County funding for these services would lead to a commensurate reduction of State reimbursement since the State ties its reimbursement directly to salaries. Any reduction would result in a revenue failure. A reduction may also delay or eliminate complaint response. This would have a severely detrimental impact on the vulnerable and frail elderly that reside in Montgomery County nursing homes and large assisted living/domiciliary facilities. It would place residents at increased risk of abuse and neglect. It would also deny the residents their rights to a timely response to concerns about substandard care, thus making us non compliant with State requirements related to their reimbursement for our work in the County. It would also expose the County to adverse actions and publicity that could result from failure to promptly investigate allegations of substandard care. We strongly urge the Council to not cut allocation to this area of practice.

## Overview

### LONG TERM CARE OMBUDSMAN PROGRAM

The Long Term Ombudsman Program was established under the Older Americans Act of 1965. The Older American's Act Amendments of 1978 made the program mandatory for every state and further defined ombudsman responsibilities in nursing homes. The authority and duties of ombudsman programs were expanded in 1982 to include licensed assisted living facilities. In May 1997, the program expanded ombudsman services to all licensed assisted living facilities, which added group homes for the elderly to the program. The effectiveness of the program is dependent on the efforts of dedicated volunteer ombudsmen representatives coordinated by program staff within Montgomery County's Aging and Disability Services. The Montgomery County Long Term Care Ombudsman Program has the highest number of Volunteer Ombudsman Representatives in the state.

"Ombudsman" is a Swedish term for a person who acts as a citizen representative. The Ombudsman is an advocate whose goal is to promote the highest possible quality of life and care for residents living in long term care facilities. The Ombudsman helps residents to resolve problems within the long-term care environment. The Ombudsman has no regulatory authority but does communicate with surveyors from the Licensing and Regulatory (L&R) Unit prior to L&R surveys to provide information pertaining to complaints received. Because of the neutrality of the program, under Section 712 of the Older Americans Act, the Ombudsman does not have a direct involvement in the licensing or certification of a long term care facility or of a provider and therefore should not and cannot be organizationally included in the regulatory unit.

#### The Ombudsman:

- Ensures understanding and implementation of residents' legal rights.
- Receives and seeks to resolve complaints made by or on behalf of long term care residents.
- Encourages self-advocacy and provides assistance and support until problems are resolved.
- Provides access to service through visits by volunteer ombudsmen and program staff.
- Provides training and continuing education to volunteer ombudsmen.
- Protects the privacy and confidentiality of residents, their families and others who utilize the ombudsman services.
- Provides information and referral services regarding long term care issues.
- Educates the community about long term care facilities and systems.
- Identifies and seeks to remedy gaps in facility, government or community services for long term care residents.

Advocates for improvements in relevant legislation and policy.

The Long Term Ombudsman in Montgomery County consists of 4.5 professional employees and 1 office services coordinator. A Community Health Nurse position was abolished this year due to a reduction in the State grant. The Program has over 60 Volunteer Ombudsman Representatives. There are 34 nursing homes and 193 assisted living facilities in Montgomery County. This is a total of 7,721 certified beds for long term care residential population. The majority of volunteers have provided service in the nursing home settings to meet the primary purpose defined in the Older Americans Act. Following the guidelines developed by the Maryland Department of Aging (MDoA), Ombudsman Volunteers spend a minimum of 10 hours per week per assigned nursing home. The MDoA formula did not consider any assisted living coverage provided by the county.

Paid professional staff supervises the volunteers, makes regular visits to facilities, provides telephone consultation, and recruits and trains volunteers. Recruitment training occurs two to three times per year, are five days in length, with 30 hours of training. Monthly trainings are facilitated by professional staff. Ombudsman staff has been invited as speakers to national audiences.

The Ombudsman Program, along with the Commission on Aging, takes a lead role in informing the consumers about long term care. The Ombudsman Program has been involved with organizing family members and residents from different facilities to participate in groups to identify problems and possible solutions. Core residents have been supported by the ombudsman in participation of focus groups at the national level. This information is used to help create or support legislation to improve quality of life and care in long term care facilities.

As the senior population continues to age, despite the best efforts of community based services, there is likely to be an increase in the need for institutional and assisted living care for the most vulnerable. With the loss of a full time position, the program has reached its capacity to recruit additional volunteers. According to the National Ombudsman Resource Center, the most effective ratio between staff to volunteer is 1-8. Presently the Montgomery County Ombudsman Program has a ratio of 1-15. A recruitment and training originally scheduled for June, 2010 has been cancelled. Visitation to small group homes cannot be made quarterly as has been specified by the State of Maryland Long Term Care Ombudsman due to inadequate staff and volunteers. This leaves the very vulnerable residents in potential jeopardy of possible neglect, abuse, and denial of their "Resident Rights."

# Special Needs Housing

# Special Needs Housing

## FUNCTION

The mission of Special Needs Housing (SNH) is to provide oversight and leadership to the County's efforts to develop new and innovative housing models to serve special needs and homeless populations and maintain housing stability for vulnerable households. SNH is responsible for collaborating with public and private agencies to develop and implement strategies, to address the County's plan to remedy and prevent homelessness, and increase the development of supportive, accessible, and affordable housing for special needs populations. Special needs populations include homeless individuals and families, persons with mental health and substance abuse issues, individuals with developmental disabilities, transitioning youth, and seniors with disabilities.

## PROGRAM CONTACTS

Contact Nadim Khan of the HHS - Special Needs Housing at 240.777.1179 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Rental & Energy Assistance Program

The Maryland Energy Assistance Program (MEAP) and Electric Universal Services Program (EUSP) provide financial assistance for eligible low-income households to pay home heating and energy costs. The Rental Assistance and Handicapped Rental Assistance Programs provide subsidies to low-income renters, handicapped persons, and families with dependent children.

The Housing Initiative Program (formally Supportive Housing Rental Assistance Program (SHRAP) provides housing and service coordination to special needs families/individuals and also provides funding for the Partnership for Permanent Housing (PPH) program.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Average number of households receiving a rental subsidy each month <sup>1</sup>	1,668	1,727	1,767	1,100	1,100

<sup>1</sup> Beginning in FY10, all rental subsidy funds are budgeted in DHCA, except for \$600,000, which remains in the DHHS budget for \$200/month Rental Assistance Program subsidy. For FY11 and FY12, the reduction in the Housing First program will impact the number of households receiving a rental subsidy.

FY11 Recommended Changes	Expenditures	WYs
<b>FY10 Approved</b>	<b>5,286,210</b>	<b>12.5</b>
Increase Cost: Increase Reimbursement Rate to the County Energy Rebate Program to Reflect Energy Tax Rate Increase	129,500	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-370,970	-1.1
<b>FY11 CE Recommended</b>	<b>5,044,740</b>	<b>11.4</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear to Housing Stabilization Services and the shift of a contract to Permanent Supportive Housing Services.

### Shelter Services

Shelter Services coordinates and provides shelter services to homeless families and single adults on a seasonal and emergency basis with the goal of placing individuals and families in stable, permanent housing as rapidly as possible. Shelter Services include community outreach, emergency shelter placement, a comprehensive needs assessments, and case management.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Average length of stay by homeless families in emergency shelter <sup>1</sup>	93	89	75	75	75
Number of families placed in emergency shelters	141	148	165	165	165

<sup>1</sup> Under the Housing First Initiative, the goal is to have families in a shelter for a maximum of 30 days. Due to the large number of families with housing needs, the Department does not believe that goal is attainable in the next few years.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>5,996,690</b>	<b>2.8</b>
Increase Cost: SuperNofa - Samaritan Initiative	34,000	0.0
Reduce: Homeless Outreach Services Without Reducing Shelter Beds or Emergency Assistance	-367,540	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-194,980	-0.2
<b>FY11 CE Recommended</b>	<b>5,468,170</b>	<b>2.6</b>

### Permanent Supportive Housing Services

Permanent Supportive Housing Services was previously titled Supportive Housing Services. This program provides housing for families with children and persons with mental disabilities. On-site case management is provided to assist persons receiving services to become self sufficient.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing	94	99.5	95	95	95

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>1,747,830</b>	<b>9.6</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	300,130	-0.3
<b>FY11 CE Recommended</b>	<b>2,047,960</b>	<b>9.3</b>

Notes: Miscellaneous adjustment includes the shift of a contract from the Rental and Energy Assistance Program.

### Housing Stabilization Services

Housing Stabilization Services provides intake and assessment for County households who are experiencing a housing-related emergency. The program's focus is on crisis intervention and prevention. State and County grants are provided to prevent evictions and utility cut offs, as well as burial assistance. Additionally, referrals are made for Temporary Cash Assistance (TCA). Case management services are provided to help at risk households develop and implement plans to prevent future housing crisis.

<b>Program Performance Measures</b>	<b>Actual FY08</b>	<b>Actual FY09</b>	<b>Estimated FY10</b>	<b>Target FY11</b>	<b>Target FY12</b>
Percentage of households that received emergency financial assistance that sought additional assistance within 12 months	NA	21	21	21	21

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>4,712,700</b>	<b>29.5</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	115,900	-0.2
<b>FY11 CE Recommended</b>	<b>4,828,600</b>	<b>29.3</b>

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear from the Rental and Energy Assistance Program.

### Service Area Administration

This program provides leadership and direction for the administration of Special Needs Housing.

<b>FY11 Recommended Changes</b>	<b>Expenditures</b>	<b>WYs</b>
<b>FY10 Approved</b>	<b>247,380</b>	<b>1.8</b>
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-7,350	-0.1
<b>FY11 CE Recommended</b>	<b>240,030</b>	<b>1.7</b>

## PROGRAM SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Rental & Energy Assistance Program	5,286,210	12.5	5,044,740	11.4
Shelter Services	5,996,690	2.8	5,468,170	2.6
Permanent Supportive Housing Services	1,747,830	9.6	2,047,960	9.3
Housing Stabilization Services	4,712,700	29.5	4,828,600	29.3
Service Area Administration	247,380	1.8	240,030	1.7
<b>Total</b>	<b>17,990,810</b>	<b>56.2</b>	<b>17,629,500</b>	<b>54.3</b>



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[www.iworksmc.org](http://www.iworksmc.org)

My name is Priscilla Fox-Morrill and have lived in Montgomery County since 1981, the past 16 years in District 4 in Aspen Hill.

In 1992, I was involved in a landmark transition in Montgomery County Homeless Services. At that time, public officials and community leaders agreed that we were not going to continue with the "Three Hots and a Cot" mentality. Because of this decision, I was asked to manage the first emergency shelter that provided Case Management Services. As a result of the hard-work of many dedicated people, Montgomery County became a national leader in designing the a 'Continuum of Care for Homeless Services,' demonstrating that case management and treatment do make a difference.

By 1993, it became clear that the County needed more day programs to provide services to the local shelters. The Silver Spring business and faith community joined forces with the County to purchase and renovate an old Silver Spring bakery, and Community Vision opened its doors in 1995. It was the County's first day program providing therapeutic services and job training to people who were homeless. In addition, the Silver Spring Redevelopment project could move forward as the homeless now had a place to go – giving Community Vision a unique role in the county that it holds to this day.

In 2004, the county pleaded with Interfaith Works to step in and manage this struggling program. Local Providers were asked what services were needed. In response a Vocational Program, GED classes, ESOL classes, Food Service Internships, and many other therapeutic programs were added to the schedule.

On March 15, 2010, the County Executive's budget reduced the day program budget by 67%. The reality is, without full funding, Community Vision, as we know it, will be closed and we will return to a "Three Hots and a Cot" mentality.

Last year, here is what we were able to do, stretching the funds we had:

1. An intake assessment for 662 homeless individuals requesting services, 349 inside our building, and 313 persons living outside on the streets.
2. An in-depth Needs assessment of 155 of these individuals with clinical case-management 1-2 times per week.
3. The development of close relationships with the Hospitals, the PIT team, the Silver Spring Police the Crisis Center and the business community to provide emergency services and referrals to shared homeless clients.
4. Four sessions, 32 job-readiness classes for up to 50 total graduates
5. Three sessions, 90 Food-service classes for up to 30 graduates.
6. Individual supported Vocational case management for 132 people
7. Long-term Job placements, internships and follow-up for up to 67 people.
8. Computer training for up to 30 people

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9. Classes in art therapy, anger management, addiction management, nutrition, financial literacy, pre-GED, creative writing, Mens Discussion, Alcoholics Anonymous (in spanish and English), serving more then 150 people per year.

10. 69% (or 107) of our clients case managed clients were placed in shelters or housing

11. 16% (or 25) of our clients were placed in permanent housing

12. 89% (or 138) of our clients were referred to mental health and substance abuse treatment.

If you take the full budget and divide it by the 850 unduplicated people who received outreach, case management, job training and therapeutic services, the per person cost is \$620 per year. Compare that to a year at the detention center , or the funding needed for additional police to patrol the streets of Silver Spring. These numbers do not include the additional hundreds that come in for breakfast, showers, clothing and shelter in the winter.

More importantly, my friends joining me today would be without housing, jobs and essential services to live in Montgomery County. Please stand up Glorianne, Linda, Joseph, Cheryl, Vanessa, Cynthia, Alicia and Rhonda and all The hard-working, tax-paying citizens that would like to join me in urging you to restore the Community Vision Budget.

Thank you.

Priscilla Fox-Morrill

5413 Marlin Street

Rockville, MD 20853





# COMMUNITY VISION PROGRAM

## Course & Workshop Descriptions

### **Vocational Training** (referral required for all courses)

**Job Readiness** This 10-session course is given over a period of five weeks on Tuesday and Thursday afternoons from 1-3:30 P.M. It is often the first step to receiving Vocational Services at Interfaith Works and is a prerequisite for the Food Service Course. Among the topics included are: the benefits of employment; identifying a career; preparing a professional resume and cover letter; completing job applications; the key to successful job interviews; mock interview practice; how to be successful on the job; why people are fired; social skills at work; and how to keep control of your money once you are working.

**Job Readiness – Spanish** \*This class will be held in Gaithersburg at Interfaith Works' Family Services Building. Information will be sent to registrants. This 2-day intensive course is a prerequisite for anyone interested in receiving one-on-one vocational services. Topics covered will include: how to complete a job application; how to present yourself in an interview; how to write a great cover letter and resume; and how to look for jobs and where to find them.

**Introduction to Microsoft Office** The introduction to Microsoft Office course will familiarize participants with Microsoft Word, PowerPoint and Excel. The course is for individuals who have a basic working knowledge of computers but little or no experience with Microsoft programs. It is a great way to learn new computer skills and will help participants become more marketable when applying for jobs. Because space is limited, a referral from a case manager is required and participants are expected to attend each of the 5 sessions.

**Food Service Training** The **Basic Food Service Training Program** is an examination of the fundamentals of food service, with emphasis on culinary arts and sanitation principles used in the food service industry. It is an eight-week course that is held four afternoons a week from 2-4 P.M. Upon successful completion of the course, which includes passing the ServSafe exam, each student is placed in a six-week, unpaid internship in an institutional kitchen. Students are eligible to receive both the ServSafe Certification and the Montgomery County Food Service Manager License, both recognized in the industry. Students are also offered job placement services following the course. The Food Service course is geared toward individuals who expect to build a career in the food service industry. It requires a significant time commitment along with a willingness to complete the reading assignments. Job Readiness is a prerequisite for this course.

**Financial Literacy** This is a 3-session course that will be presented on three consecutive afternoons from 1-2:30 P.M. Students should plan to attend all three sessions. The course will provide an understanding of what good money management is and why it is important. It will offer skills and ideas to help the client better manage his/her money. Topics include: basic budgeting; how to set up and manage checking and savings accounts; how to use an ATM card properly; how to improve credit; and how to meet short-term and long-term financial goals.

## General

**Art for the People** This weekly workshop gives clients the opportunity to creatively express themselves through individual and group paintings and projects in a fun and congenial environment.

**Computer Drop-In Group** During the Computer Drop-In Group participants have an opportunity to access their e-mail, search for jobs and use our Typing Quick & Easy Program. No computer skills are required and a staff member is available to answer questions.

**Expressive Writing** This drop-in workshop is designed to help clients get in touch with their own stories – to find ways to convey how they are feeling at any given time as a result of their life experiences. Each session begins with the reading of some examples of writing, often by homeless men and women to demonstrate by example that the range of expression runs from simple words and forms to intense words and intricate forms. Some weeks the writing time starts with group brainstorming around a theme, i.e. hope or fear, while other weeks the focus is broader, i.e. write a letter to someone with whom you have left things unsaid or complete the sentence... Expression is not limited to writing and sometimes includes collage employing words and images from magazines and papers.

**Group Living** (Referral required) Group Living is a one-hour workshop aimed at shelter and permanent supportive housing residents who wish to maintain their current housing and or progress to better housing. Residents will learn to identify and modify the behaviors that contribute to discomfort and dissatisfaction with group living. They will be encouraged to share positive examples of successfully overcoming conflict with the group in order to gain knowledge from each other. Referring case managers are encouraged to submit a brief history of the client's successes and mishaps in the group environment.

**Men's Rap** This discussion group is all about empowering men. How? By establishing a small group of men who meet every week to intentionally encourage, equip and challenge each other through positive and life skill topics.

**Nutrition** In this 4-session once-a-week course issues such as "smart nutrition", food choices and healthy daily living choices will be addressed and discussed. Participants attending all 4 sessions will benefit greatly from the series, but drop-ins are welcome.

**Spirituality** This weekly group is an open discussion forum for reflecting on issues of participants' circumstances with respect to their individual beliefs. Topics discussed range from the commonalities of humanity, daily motivation themes, to how to set intentions to change one's circumstances. The direction of each week's discussion is set by the participants.



## *Career Development Program*

The goals of the Career Development Program are to:

*Equip people transitioning out of homelessness to achieve independence through meaningful employment.*

*Meet the needs of employers by providing qualified, dependable employees looking to build long-term careers.*

Many currently homeless people have a strong desire to obtain employment. However, to meet their vocational goals, they often need additional support. The Career Development Program provides this support by:

- Conducting vocational assessments
- Preparing clients with a series of job readiness classes
- Assisting with completing cover letters and resumes
- Connecting with employers and developing job leads
- Assisting with completing job applications
- Preparing and practicing for interviews
- Identifying free and low-cost training or educational opportunities
- Providing ongoing support for employment retention success.

Employers are viewed as a vital part of the Program and every effort is made to meet the employers' needs through:

- Becoming familiar with the type of employees desired by employers in a variety of industries
- Understanding the skills required for each position
- Thoroughly screening clients to match them with the right positions
- Providing ongoing support for up to six months after employment
- Assisting with obtaining state and federal tax credits.

*Neighbors Helping Neighbors  
Serving Montgomery County, Maryland since 1972*



***Would you like to become a mentor  
to a newly working client of the  
Career Development Program?***

**We need you!**

Following a short introductory training program, each new mentor will be matched with a low-income client transitioning out of homelessness. The mentor will contact the client on a weekly basis and arrange to meet in person at least twice a month.

Our clients need encouragement, support, and guidance with:

- Setting and meeting goals
- Improving written and spoken English skills
- Developing a sense of financial responsibility
- Generally navigating around the world of work

Skills needed from a volunteer mentor include:

- Capacity for non-judgmental listening
- Enthusiasm for meeting people from diverse backgrounds
- Willingness to share wisdom gained from life experiences
- Desire to work alongside the client to further his or her growth

**If you are interested in learning more about becoming a mentor, please contact:**

**Carolyn Johnson, Program Manager, Vocational Services**  
**Tel: 301-585-4471, ext 30**  
**Email: [cjohnson@iworksmc.org](mailto:cjohnson@iworksmc.org)**

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