

HHS COMMITTEE #3
April 10, 2014

MEMORANDUM

April 9, 2014

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY15 Operating Budget: Department of Health and Human Services
Public Health Services** (includes Council Grants reviewed by the Montgomery Cares
Advisory Board, does not include School Health Services)

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services
Patricia Stromberg, DHHS Management and Budget
Pofen Salem, Office of Management and Budget

PUBLIC HEALTH SERVICES (© 1-5)

This service area's programs protect and promote the health and safety of Montgomery County residents. The following table provides an overview of the budget trends for this service section. For FY15, the Executive is recommending \$68,398,678 for Public Health Services. While this is a decrease of 6.8%, most of this is from the transfer of the Medical Assistance and Outreach Program to the new Office of Eligibility and Support Services which is in the Children, Youth, and Family service area. The table on the following page summarizes the five year trends for expenditures.

Public Health Services Expenditures in \$000's	FY 11 Budget	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Rec	Change FY14-15
Health Care For the Uninsured	13,306	12,686	13,073	13,614	13,882	2.0%
Comm Disease and Epidemiology	1,747	1,773	1,909	2,008	1,998	-0.5%
Community Health Services	11,846	11,637	12,307	11,664	4,634	-60.3%
Dental Services	1,919	1,963	2,149	2,278	2,303	1.1%
Environ Health and Regulatory Srvs	2,862	2,914	3,085	3,350	3,469	3.6%
Health Care & Residential Facilities	1,499	1,498	1,562	1,523	1,627	6.8%
Health Promotion and Prevention	187	-	-	-	-	
Cancer and Tobacco Prevention	980	1,142	1,150	1,140	1,139	-0.1%
STD/HIV Prevention and Treatment	6,726	7,005	7,219	7,306	7,298	-0.1%
School Health Services	20,922	19,958	22,096	23,168	24,322	5.0%
Tuberculosis Services	1,838	1,797	1,762	1,657	1,843	11.2%
Women's Health Services	2,817	2,738	2,794	2,805	3,105	10.7%
Public Health Emergency Prepared	2,052	1,918	1,390	1,173	1,095	-6.6%
Service Area Administration	1,429	1,406	1,505	1,708	1,683	-1.5%
TOTAL	70,130	68,435	72,001	73,394	68,398	-6.8%

A. Healthy Montgomery and the Triple AIM

On April 7th the County “re-launched” Healthy Montgomery, the County community health improvement program and released the first two strategic actions plans to address obesity and behavioral health. The news release from this event is attached at ©6-8.

The **Healthy Montgomery Obesity Action Plan** has two overarching strategies (1) establish a broad-based County-wide partnership to address gaps in existing obesity prevention and reduction programming and policy, reduce redundancies and make the best use of limited resources; and (2) build upon existing data sources to establish a reliable and valid data system for monitoring the effectiveness of obesity prevention and reduction programs and policies, especially among children and high-risk populations. The **Healthy Montgomery Behavioral Health Action Plan** recommends (1) increase access to basic information about behavioral health treatment services and payment mechanisms; (2) improve communication among behavioral health service providers in order to create effective linkages (warm hand-offs) for individuals with behavioral health diagnosis; and (3) explore the creation of a coordinated system of behavioral health and health care services in Montgomery County.

In her comments about Healthy Montgomery, Dr. Tillman also discussed the Triple Aim for Health, which has also been highlighted at previous sessions by Councilmember Leventhal. The Triple Aim is a framework developed by the Institute for Healthcare Improvement (IHI) that is working to improve population health by addressing three outcomes all at once:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

IHI says the following about benefits to an approach in line with the Triple AIM,

“Organizations and communities that attain the Triple Aim will have healthier populations, in part because of new designs that better identify problems and solutions further upstream and outside of acute health care. Patients can expect less complex and much more coordinated care and the burden of illness will decrease. Importantly, stabilizing or reducing the per capita cost of care for populations will give businesses the opportunity to be more competitive, lessen the pressure on publicly funded health care budgets, and provide communities with more flexibility to invest in activities, such as schools and the lived environment, that increase the vitality and economic wellbeing of their inhabitants.”

Dr. Tillman noted that Healthy Montgomery will have the most impact on improving the health of the population and because Healthy Montgomery is community-based and a partnership with County hospitals it can improve the health and well-being of all County residents, especially those most at risk for poor health outcomes.

At this time, there are no specific budget recommendations regarding either of the Healthy Montgomery strategic plans as they were so recently released. **Council staff suggests that as a next step, the Committee schedule a future session to specifically look at the actions plans and the specific steps needed to begin their implementation. Representatives from the hospitals should be a part of this Committee discussion to understand what resources can be provided through their health systems and what may need to be provided by the County.**

With regard to the Triple AIM, the Primary Care Coalition (PCC) has been exploring the IHI’s proposed Triple Aim Collaborative which hopes to accelerate the benefits of the Triple Aim by focusing on a complex, high-risk, and potentially high-cost population. One example of this would be the population that is both Medicare and Medicaid eligible. **Again, there is no specific budget proposal regarding the Triple Aim in front of the Committee; however, the Committee may want further information from DHHS and PCC about what would be needed for the County to pursue participation in the IHI Collaborative.**

B. Health Care for the Uninsured

The Executive’s is recommending a total of \$13,881,913 and 6 FTEs in this program area. The only budget issue highlighted in the Executive’s Recommended Budget is the multi-program adjustment

1. Multi-program Adjustments \$267,531 and 0.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

Other Issues

2. Care for Kids

The Executive is not recommending any change to the funding for the Care for Kids program that provides health services to uninsured children under the age of 18. Children must live in Montgomery County and live in families with income below 25% of the Federal Poverty Level.

Care for Kids	FY13 Expenditures	FY13 Clients Served	FY14 Budget	FY14 Projected Clients	FY15 Recommended Budget	FY15 Projected Clients
	605,486	2,770	630,873	3,070	630,873	3,000

The Primary Care Coalition which is a program partner for the Care for Kids Program is recommending that the County increase funding by \$20,000 to provide for an additional 250 enrollees (©37). This growth would be consistent with the growth that occurred from FY13 to FY14 (projected). PCC also notes that the program is seeing more adolescent children.

Council staff recommends the Committee place \$20,000 on the reconciliation list and ask for follow-up information from PCC and DHHS regarding their different views on whether the caseload will likely grow in FY15.

3. Maternity Partnership

The Executive is not recommending any changes to the Maternity Partnership program which provides prenatal services in partnership with County hospitals. Maternity Partnership clients also pay a fee for services but are not turned away for inability to pay.

Maternity Partnership

	FY13 Expenditures	FY13 Clients Served	FY14 Budget	FY14 Projected Clients	FY15 Recommended Budget	FY15 Projected Clients
	1,306,505	1,668	1,182,205	1,670	1,187,159	1,650

The FY13 budget assumed that 1,600 women would use Maternity Partnership services. As can be seen 1,668 participated in FY13 and the expenditures were about \$125,000 above the FY14 budgeted amount. FY14 is projected to serve about 1,670 women. Council staff is concerned that the projected reduction in FY15 is inconsistent with what Council staff understands to be increasing use of the program. **Council staff is recommending that the Committee ask DHHS why the budget is based on declining use of the program and what the budget should be if it is assumed that 1,670 women will use these services in FY15.**

4. Montgomery Cares

The Montgomery Cares program is the County's primary health care program for low income uninsured adults. While it serves people and families with incomes up to 250% of the Federal Poverty Level, a majority of clients have incomes below the Federal Poverty Level. The Montgomery Cares Program is a partnership with community clinics, county hospitals, and volunteer health care professionals who bring tremendous resources to the program. The Primary Care Coalition is the County contractor for many administrative aspects of this program. **The Executive's budget does not describe any specific changes to the Montgomery Cares Program. The Council has received requests from the Montgomery Cares Advisory Board (©29-30) and the Primary Care Coalition (©37) for additional funding for Montgomery Cares.**

MONTGOMERY CARES	FY11 Budget	FY12 Budget*	FY13 Budget	FY14 Budget	FY15 REC*	Change 14-15
Enrollment for Patients not served through Healthcare for the Homeless	28,000	28,000	32,250	32,250	32,250	0.0%
Budgeted Number of Primary care Encounters at \$65 per visit (\$62 before FY14)	70,000	75,000	85,625	85,625	82,707	-3.4%
Services Areas:						
Support for Primary Care Visits	4,340,000	4,725,000	5,308,750	5,565,625	5,375,955	-3.4%
Community Pharmacy-MedBank	1,785,590	1,785,590	1,793,490	1,669,539	1,611,981	-3.4%
Cultural Competency	45,000	28,000	22,500	22,500	22,500	0.0%
Behavioral Health	580,000	580,000	652,000	727,000	727,000	0.0%
Oral Health	350,000	350,000	407,120	407,120	407,120	0.0%
Specialty Services	450,468	486,790	732,303	1,132,304	1,109,045	-2.1%
Program Development	260,960	110,840	110,840	110,840	40,480	-63.5%
Information and Technology	320,360	315,360	415,360	415,360	415,360	0.0%
PCC-Administration	529,274	507,621	502,774	517,860	858,707	65.8%
HHS - Administration	482,296	478,186	495,608	377,171	392,736	4.1%
Facility	67,040	67,040	67,040	67,040	67,040	0.0%
Build-out new Holy Cross Clinic	na	75,000	75,000	-	-	
Subtotal	9,210,988	9,509,427	10,582,785	11,012,359	11,027,924	0.1%
Healthcare for the Homeless						
Budgeted Enrollment	800	500	500	500	500	0.0%
Budgeted Primary Care Encounters	2,400	1,500	1,500	1,500	1,500	0.0%
Direct Healthcare services (visits)	435,000	217,500	217,500	217,500	217,500	0.0%
Specialty Care			25,000	25,000	25,000	
Pharmacy			40,000	40,000	40,000	
HHS Administration (includes hospital discharge planning)	255,158	266,140	262,139	236,280	245,134	3.7%
Subtotal	690,158	483,640	544,639	518,780	527,634	1.7%
TOTAL	9,901,146	9,993,067	11,127,424	11,531,139	11,555,558	0.2%

*The FY15 Recommended Budget reflects changes made in FY14 to both realign with the Hyperion system and to make adjustments to account for changes in the indirect costs for PCC.

The Montgomery Cares FY14 mid-year report is attached at ©9-28. It shows:

- Through December 2013 the clinics had submitted reimbursement for 39,524 primary care encounters. This is about 46% of the primary care visits that are funded in the FY14 budget.
- Through December 2012, the clinics have reported seeing 20,056 unduplicated patients. This is about 62% of the expected 32,250 patients that are the basis for the budget.
- The wait times for a new patients continue to vary by clinic. Three clinics can see new patients immediately; 5 clinics can provide an appointment within a week. However Community Clinic has a wait of 2 to 3 months for Montgomery Cares patients. Mercy Clinic was not seeing new patients while they are transition to electronic health records.
- At the end of the 2nd quarter about 55% of the funding for the community pharmacy had been spent. Medications received through the Medbank program are valued at \$1.47 million. There were 268 new enrollees in the program in the first half of FY13. The average patient volume is 1,593. About 66% of prescriptions requested are filled by the pharmaceutical companies.
- The percentage of specialty care increased to 82% in the second quarter of FY14. Last year only about half of those referred for specialty care services were able to be served.

**Request from the Montgomery Cares Advisory Board (©29-30)
Request from Primary Care Coalition (©37)**

The Montgomery Cares Advisory Board and Primary Care Coalition (PCC) are each recommending an addition of about \$1 million to the Montgomery Cares FY15 budget.

a. Patient Satisfaction Survey \$50,000

MCAB and PCC recommend that a patient satisfaction survey be conducted to learn more about the patient experience at clinics. While the MCAB has learned from one Board member's "secret shopper" efforts to determine how calls are handled and the wait time for appointments, this survey would provide information from a much broader group of respondents and would also inform the County about the challenges for following-up with patients (for example are telephone surveys as successful way to reach people in Montgomery Cares).

Council staff recommends the Committee place \$50,000 on the reconciliation list to fund this request.

b. Continued Support for Implementation of Electronic Health Records \$260,000

Both PCC and MCAB recommend that the County continue to support the clinics with the transition to electronic health records. The total cost for continuing to subsidize maintenance and license

fees, hosting costs, new provider registration costs, and expanded training is estimated to be \$360,000. DHHS has included \$100,000 in the Montgomery Cares budget for FY15 to continue this subsidy. There has been substantial discussion about the fact that this transition will allow the clinics to transition to accepting Medicaid that that there should be an expectation that these operational costs will eventually be covered by the Medicaid and Montgomery Cares reimbursements the clinic get for seeing patients. The clinics have informed the MCAB that they will cover 50%, or \$180,000, starting in FY16.

Council staff recommends that the Committee place \$260,000 on the reconciliation list. Council staff notes that this leaves unanswered how \$180,000 of the continuing costs will be covered in FY16 and beyond.

c. Training for Medicaid Participation	\$20,000
Pharmacy Assessment	\$25,000
Population Health Data	\$50,000

MCAB and PCC have each recommended these items, although the request from MCAB has combined them into a \$95,000 request. Council staff believes that the pharmacy study is an important item as there is also a recommendation for increased pharmacy resources because of information provided by individual clinics, but there is not the ability to look across clinics at the utilization of pharmacy supplies to determine what is really needed by the program.

Council staff recommends that the Committee place the \$20,000 for continued technical assistance for Medicaid transition and the \$25,000 for the pharmacy study on the reconciliation list. Council staff is not recommending the population health study at this time because it is unclear how it will be coordinated with the data that is needed by Healthy Montgomery and possibly the LIEED in order to look at disparities.

d. Increase Community Pharmacy \$150,000

As previously mentioned, individual clinics have reported problems keeping some supplies in their community pharmacy. Both MCAB and PCC have requested a \$150,000 increase to address this problem. The MCAB request says that these funds would be used to obtain diabetic medications along with endocrine, pulmonary, and behavioral health medications, and increases in family planning supplies and vaccines would support expanded preventive health services.

When reductions had to be made in the Montgomery Cares program, pharmacy was reduced. There have been increases in the MedBank program and clinics were asked to use low cost prescription programs which are now widely available at supermarkets and pharmacies. Until this year, pharmacy has not been highlighted as a problem.

Council staff does note that one of the adjustments made in FY14 to cover PCC indirect costs was about a \$58,000 reduction to community pharmacy. **Council staff recommends the Committee place \$60,000 on the reconciliation list to restore community pharmacy to the FY14 original level but does not recommend the additional \$90,000. Council staff has not heard how these additional funds**

before. If DHHS were to provide the Committee with information that these additional funds are needed, this recommendation would be reconsidered.

C. Council Grant requests reviewed by Montgomery Cares Advisory Board

Each year, Montgomery Cares clinics apply for Community and Council grants. 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.

As in prior years, staff forwarded the applications to the Department of Health and Human Services for review by the Montgomery Cares Advisory Board. The Board’s recommendations are contained on ©53-56.

The Committee will see that the Advisory Board was concerned that most of the grants did not show that they would be sustainable without County funds. Council staff is also concerned there is not an expectation that eventually the staff, program, or service will become sustainable through increased revenues from Medicaid (for the clinics that already accept or are moving to accept Medicaid).

If the Committee agrees that any of these grants should be funded, the Committee must place them on the reconciliation list. It is not necessary for the Committee to make a recommendation if the Executive has already recommended funding in the Community Grants NDA as the grant will be addressed through that process.

Name	Community Ministries of Rockville
Amount	\$71,372
Purpose	Support for a Registered Nurse (\$58,777 for 30 hours/week) and Medical Assistant (\$12,595 for 15 hours/week) to assist with clinic growth and becoming and Medicaid Provider. RN will management Quality Assurance Program, oversee patient care, and assist Executive Director. The MA will assist the RN and medical providers. Kaseman Clinic saw 1,822 patients and provided 4,768 patient visits in 2013. Clinic has extended operations to 5 days per week.
MC Advisory Board Comments	Recommend Funding; however - No evidence that project is sustainable Did not document revenue that will be generated from Medicaid Did not include outcome measurement Should include more Quality Improvement
Council Staff Recommendation	Recommend Funding

Name	Community Ministries of Rockville
Amount	\$38,595
Purpose	Fund expenses incurred by the Clinic as a result of meeting Medicaid billing services, 24/7 answering service (\$7,000), staff education, training, and coding certification (\$2,000), additional staff for billing (\$12,595), publications and coding materials (\$500), maintenance of new EMR system (\$13,500), processing claims and notification to patients (\$3,000).
MC Advisory Board Comments	Recommend Funding; however – No evidence that project is sustainable Funding for EMR is also part of MCAB/PCC Advocacy Request
Council Staff Recommendation	Do not fund – Council staff recommends that any funding for maintenance of EMR should be done through Montgomery Cares program. Other clinics will have to accommodate many of the other changes mentioned here such as answering service and billing. Council staff is not persuaded that funding to one clinic should be provided.

Name	Community Ministries of Rockville
Amount	\$36,579
Purpose	Expand dermatology services at the Kaseman Clinic from two days per month to three days per month. Service provided in partnership with Project ACCESS. Only Montgomery Cares Clinic to have dermatology services. Only 20% of patients referred to Project Access for dermatology are seen.
MC Advisory Board Comments	Recommend Funding; however No evidence project is sustainable Should not be used for elective cosmetic procedures
Council Staff Recommendation	Fund in Montgomery Cares Specialty Care program. Council staff agrees that there is need and it is promising that a doctor will provide additional time. The application notes that referrals come through Project ACCESS and so funds should be in the program rather than one clinic.

Name	Mary's Center for Maternal and Child Care, Inc.
Amount	\$104,914
Purpose	One full-time Family Service Worker (\$42,000), two part-time Health Educators (\$16,800 and \$16,000), one part-time Health Promotion/Navigator/Manager (\$9,400), and emergency assistance (\$8,000) for the Silver Spring clinic.
MC Advisory Board Comments	Recommend Funding; however- This is third year of funding – there is no evidence that it is sustainable No measurement outcomes No evidence if clinic has looked for outside funding
Council Staff Recommendation	Fund staff \$96,914; but do not fund \$8,000 in emergency assistance. Emergency assistance includes emergency rent, transportation, and other critical needs. Council staff believes that patients in need of these services should be referred to DHHS for eligibility.

Name	Medstar Montgomery Medical Center
Amount	\$45,000
Purpose	Population Health ED Navigation Program. Total cost of project is \$83,000. Requesting ED Navigator (\$45,000 of \$68,000 total). Funding will be sustained gifts, grants, savings from reduced admissions and re-admissions.
MC Advisory Board Comments	Recommend Reduced Funding of \$38,250 Reviewers believe project can be completed for less than stated budget.
Council Staff Recommendation	Recommend funding \$38,250. The Committee should specify that this is for one year only – MedStar should be able to sustain this project after this start-up period

Name	Mercy Health Clinic
Amount	\$24,900
Purpose	Health Education Program. Low income patients will increase their knowledge of diet, exercise, and medication management to improve overall health. Requesting \$24,900 of total project cost of \$49,203.
MC Advisory Board Comments	Recommend Funding; however – No evidence it is sustainable Proposal contained some errors about Diabetic Management Project needs outcome measures
Council Staff Recommendation	Do not fund. As with many grants there was concern about sustainability but there was also some concern about the program and how outcomes would be measured. Council staff notes that \$20,000 was provided in FY14 for health education and there may be a reduction to the program if this funding is not provided.

Name	Mercy Health Clinic
Amount	\$30,000
Purpose	Pharmacy Program. On-site pharmacy is a critical part of their program especially for patients suffering from chronic illness. Application notes that they work with the University of Maryland. Request is for Head Pharmacy Nurse (\$15,450) and Pharmacy Nurse (\$6,150).
MC Advisory Board Comments	Recommend Funding; however – No evidence it is sustainable Reviewer thought work with University of Maryland on medication management is a novel pilot program
Council Staff Recommendation	Recommend Funding. This grant was funded in FY14 and there is no evidence that there will be another source of funding in the future. However, medication management is critical and Mercy is leveraging assistance from the University of Maryland. Mercy gets allocation for medications through Montgomery Cares

Name	Mercy Health Clinic
Amount	\$45,000 Recommended by Executive
Purpose	Hire a Nurse Practitioner to build capacity. Move to EMR has reduced the number of patients that can be seen as practitioners get used to the new system. This one year request would assist the clinic during this transition.
MC Advisory Board Comments	Recommend Funding This is a one-time request – it is sustainable If Medicaid could be billed it would help support positions
Council Staff Recommendation	The Committee does not need to make a recommendation as the Executive has included this in his community grants.

Name	Mobile Medical Care (Mobile Med)
Amount	\$49,670
Purpose	Support for Breast Health and Specialty Care Facilitator (\$25,792) and Ancillaries Coordinator (\$15,600) plus benefits (\$8,278). Both positions will be bi-lingual. Provide mammography follow-up, heart and endocrine clinic case management, lab and radiology coordinator.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding. This fits well with the FY14 Montgomery Cares priority to increase preventive care and screening.

Name	Primary Care Coalition
Amount	\$80,208
Purpose	Technical Assistance for Patient Centered Medical Homes to Montgomery Cares Clinics. Staff (\$34,984), Consultant (\$3,400), Staff Development (\$4,000), rent supplies, postage (\$3,610), Clinic stipends, meetings, local travel (\$28,000), indirect cost (\$6,215). PCMH promotes better quality health care and is consistent with Maryland health priorities.
MC Advisory Board Comments	Recommend Funding; however – It is a one time request but will probably have to go beyond one year to be successful. Did not discuss how some of the funds will be allocated. Did not say how they would determine which clinics would participate
Council Staff Recommendation	Do not fund. While PCMH is an important practice, the clinics are still in a transition period regarding EMR implementation and Medicaid. Council staff does not see this as a priority for FY15.

Name	Proyecto Salud Clinic
Amount	\$50,000
Purpose	Case management and patient navigation for patients screened for breast cancer, colorectal cancer, and cervical cancer. Total cost for the position is \$60,000.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding. This fits well with the FY14 Montgomery Cares priority to increase preventive care and screening.

Name	The Muslim Community Center (Medical Clinic)
Amount	\$25,000 Recommended by Executive
Purpose	Domestic violence awareness and prevention program. Outreach to more than 2,000 people. County programs are not able to reach part of the Center's population due to language and cultural barriers. The program advances healthy and peaceful families with well adjusted children. Total cost of the project is \$50,000. Increasing number of people using the program. MCC Clinic social worker refers women and men to Family Justice Center.
MC Advisory Board Comments	Recommend Funding; however – Project doesn't directly support Montgomery Cares
Council Staff Recommendation	The Committee does not need to make a recommendation as the Executive is recommending a Community Grant. This program received \$25,000 in funding in FY13 and FY14

Name	The Muslim Community Center (Medical Clinic)
Amount	\$25,000 Recommended by Executive
Purpose	Cover the expense of new free handicapped equipped shuttle van service. There is limited bus service to the clinic during the week and none on weekends. A large number of patients cannot afford private transportation and are unable to drive. Total cost of service is \$50,000.
MC Advisory Board Comments	Recommend Funding; however – No evidence project is sustainable MCAB recognizes the need for transportation to that part of the County
Council Staff Recommendation	The Committee does not need to make a recommendation. Council staff notes that the van was purchased with County funds. Council staff recommends that the Mobility Manager be made aware of this resource in case it can be used to assist seniors or people with disabilities in need of transportation in the areas.

Name	The Muslim Community Center (Medical Clinic)
Amount	\$100,000
Purpose	Cover 50% of the cost of a part-time dentist and two dental hygienists. Will treat up to 700 people in the first year of operation. Will reach out to more than 10,000 people to provide education on dental hygiene and prevention of dental disease.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding. The application notes the scarcity of free or affordable dental care facilities. Many patients get frustrated and scrap the idea of visiting a dentist altogether. Will accept patients through Project Access and safety net clinics. However, Council staff also notes that this is a substantial investment in dental services for the County. If funding is requested in FY16, there should be a discussion of how patients were referred to make sure it is benefitting the capacity of the system as a whole.

Name	The Muslin Community Center (Medical Clinic)
Amount	\$50,000 Executive Recommends \$25,000
Purpose	Increase part-time Quality Assurance Manager to full-time due to the increasing number of patients with chronic conditions. The clinic has implemented an EMR, e-pharmacy and e-laboratory systems, robo-caller to remind patients of appointments, e-billing is being installed, started accepting Medicaid patients in December 2012. QA Manager will coordinate with PCC, DHHS and others to provide quality measure in order to implement best healthcare practices.
MC Advisory Board Comments	Recommend Funding One MCAB member said it was the best proposal of all he had read
Council Staff Recommendation	Concur with Executive's recommended level of funding.

D. Communicable Disease and Epidemiology

The Executive is recommending a total of \$1,998,379 and 1705 FTEs for this program.

1. Multi-program Adjustments -\$9,631 and -0.8 FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

E. Community Health Services

The Executive is recommending a total of \$4,633,657 and 44.8 FTEs for this program.

1. Multi-program Adjustments - \$7,030,285 and -84.0 FTEs

As previously noted, multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. However, in this case the transfer of the Medical Assistance and Outreach Program shift to the Children, Youth, and Family service area is included in this category. The Committee will discuss this issue with its review of Children, Youth, and Family services. Last year, the Committee added four income support staff in order to address the high number of cases per worker. The HHS Committee will also review caseload as a part of the review in Children, Youth, and Family services. **Council staff recommends approval of this change in Public Health Services. The following table shows the positions that have been transferred.**

Row Labels	Job Title	Sum of FTE	Total Personnel Costs
112	MANAGER III	1	154,592.00
215	FISCAL ASSISTANT	2	0.00
832	PROGRAM MANAGER II	1	96,588.00
2011	INCOME ASST PRG SUPVR	6	781,786.00
2012	*INCOME ASST PROG SPEC II	57	4,874,980.00
2015	INCOME ASST PROG SPEC III	6	570,267.00
2814	CLIENT ASSISTANCE SPEC	1	75,575.00
9273	OFFICE SERVICES COORD	6	576,764.00
9274	*PRINCIPAL ADMIN AIDE	3	193,538.00
Grand Total		83	7,324,090.00

F. Dental Services

The Executive is recommending a total of \$2,302,684 and 16.0 FTEs for this program.

1. Multi-program Adjustments \$24,913 and 0.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

The following table shows the dollar and client trends for dental services.

	FY13 Expenditures	FY13 Clients Served	FY14 Budget	FY14 Projected Clients	FY15 Recommend Budget	FY15 Projected Clients
Maternity Dental	1,389,305	757	1,417,221	760	1,431,076	760
Child Dental	314,976	1,383	302,060	1,380	302,060	1,380
Senior and Adult Dental	469,001	2,123	545,162	2,100	623,493	2,100
HIV Dental	318,486	431	331,394	420	331,394	420

HIV Dental is funded through Ryan White grant

While the Executive has not recommended any changes to the dental program, Council staff notes that there is no expectation that the County will be able to serve more clients through dental services over

three years. Dental health is increasingly linked to other health issues, including cardiovascular disease. Council staff suggests that the Committee schedule a future session with DHHS to discuss the resources available, whether clinics are being used to their facility and/or staffing capacity and how referrals are made to County services. As previously noted, the Muslim Clinic will be adding capacity to services available to low income people. However, there will continue to be people who may have health insurance but do not have access to or be able to afford dental services.

G. Environmental Health Regulatory Services

The Executive is recommending a total of \$3,469,393 and 30.0 FTEs for this program.

1. Multi-program Adjustments ***\$119,060 and 0.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

H. Health Care and Group Residential Facilities

The Executive is recommending \$1,627,212 and 12.5 FTEs for this program.

1. Multi-program Adjustments ***\$104,539 and 0.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

I. Cancer and Tobacco Prevention

The Executive is recommending funding of \$1,139,473 and 3.0 FTEs for this program.

1. Multi-program Adjustments ***-\$721 and 0.0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

J. STD/HIV Prevention and Treatment Program

The Executive is recommending \$7,298,359 and 42.65 FTEs for this program area.

1. Multi-program Adjustments

-\$8,110 and 0.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

K. Tuberculosis Services

The Executive is recommending \$1,843,476 and 17.0 FTEs for this program.

1. Technical Adjustments to TB Control Grant and Immunization Hepatitis B Grants

\$80,357 and 0.0FTEs

This is a technical adjustment to reflect the amount received for this grant. **Council staff recommends approval.**

2. Multi-program Adjustments

\$106,549 and 0.8FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

L. Women's Health Services

The Executive is recommending \$3,104,836 and 20.65 FTEs for this program.

1. Expand Breast and Cervical Cancer Diagnosis Grant

\$293,812 and 0.0 FTE

DHHS has provided the following information on this grant.

The "Expanded Services" Grant was new funding in FY13. It covers the costs of follow-up procedures, surgical consultation, biopsy and final diagnosis following an abnormal finding from a screening for breast or cervical cancer. Services are for eligible uninsured, low-income women referred from anywhere in the County, even those who were not initially screened through the County's Women's Cancer Control Program (WCCP). It does not cover any screening procedures such as a mammogram or Pap Test. Those screening procedures, plus nurse case management and outreach staff, are covered by the Early

Detection and Control - Breast and Cervical Cancer grant. We have served 209 clients year to date in FY14 under this Expanded Services grant. We estimate we will serve over 300 women in FY15 through this Expanded Services grant.

Council staff recommends approval.

2. *Elimination of Infant Mortality Reduction Grant*
-\$135,000 and 0.0 FTE

DHHS has provided the following information on this item – note that the funds have gone to Holy Cross and so efforts will still be place.

▪ **What is the impact of the elimination of this funding (which has been in place since 2009)?**

Montgomery County will no longer have funding to provide outreach and education to the public at large on the subject of reducing the disparity that exists in minority infant mortality. The grant also required development of new community partnerships and coalitions. Without the grant, the County will not have specific funding to develop and maintain new coalitions and new joint activities to address the issue of reducing minority infant mortality. The grant was initiated in 2009. The contract and grant term end date was 7/31/13. DHMH provided feedback in the form of written reports etc. during that period that stated successful progress was made. While the County no longer has DHMH grant funds to provide the service, DHMH awarded a competitively bid FY14 grant contract to Holy Cross Hospital to provide very similar services to help reduce disparities in infant mortality in the County.

▪ **What outcome do we have from this grant?** Two of the most significant outcomes for FY13 are: of the babies born to pregnant minority women who were enrolled in prenatal care through the MIMR program 1) 92% were delivered at greater than 37 weeks gestation; and 2) 83% were delivered with healthy birth weights. Some significant performance measures are: 14 partnerships were developed with community organizations during FY13 and 8 activities were developed in collaboration with partners. Also, 3,367 minority people received health education messages during FY13.

▪ **Is there an alternate source of funding?** DHMH provided funding and issued an RFP for a very similar scope of services which could only be bid on by non-profit community organizations. DHMH explained that in order to provide more community based services they decided to have the grant funds administered by community non-profit organizations. Holy Cross Hospital won the bid for Montgomery County and is administering a health education program for African American women and teens who are at risk for having premature babies. Therefore, there may not be any significant impact to the elimination of these funds since the services are being provided by Holy Cross Hospital under a similar DHMH grant.

- **Was there consideration given to replacing this grant with County funds?** No. while the County no longer has DHMH grant funds to provide the service, DHMH awarded a competitively bid FY14 grant contract to Holy Cross Hospital to provide very similar services to help reduce disparities in infant mortality in the County.

3. Multi-program Adjustments
\$141,034 and 1.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

M. Public Health Emergency Preparedness and Response

The Executive is recommending funding of \$1,094,737 and 9.3FTEs for this program.

1. Multi-program Adjustments
-\$77,973 and -1.0FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

N. Service Area Administration

The Executive is recommending \$1,682,645 and 12.85 FTEs for this program.

1. Multi-program Adjustments
-\$25,761 and 0.35FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

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; and licensing and inspecting facilities and institutions affecting public health and safety.

PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Health Care for the Uninsured

This program area includes the Montgomery Cares, Care for Kids, Maternity Partnership, and Reproductive Health programs. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children, adults, pregnant women, and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals, along with other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	95	95	95	95	95
Percent of vulnerable populations that have a primary care or prenatal care visit - Children	26.1	TBD	TBD	TBD	TBD
Percent of vulnerable populations that have a primary care or prenatal care visit - Adults ¹	27.5	TBD	TBD	TBD	TBD

¹ The Department is not projecting results for FY13-16 at this time due to the multiple variables related to health care reform.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	13,614,382	6.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	267,531	0.00
FY15 CE Recommended	13,881,913	6.00

Communicable Disease and Epidemiology

Communicable Disease and Epidemiology is responsible for 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 residents of long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups that serve persons at risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration and death certificate issuance. Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other community groups. The Refugee Health Program screens 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.

<i>Program Performance Measures</i>	<i>Actual FY12</i>	<i>Actual FY13</i>	<i>Estimated FY14</i>	<i>Target FY15</i>	<i>Target FY16</i>
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease	100	100	100	100	100

<i>FY15 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY14 Approved	2,008,010	18.30
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-9,631	-0.80
FY15 CE Recommended	1,998,379	17.50

Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, from newborns to the elderly. Services include nurse case management and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, and pregnancy testing in regional health centers. The Medical Assistance and Outreach Program have been shifted to the new Office of Eligibility and Support Services program in Children Youth and Family.

<i>Program Performance Measures</i>	<i>Actual FY12</i>	<i>Actual FY13</i>	<i>Estimated FY14</i>	<i>Target FY15</i>	<i>Target FY16</i>
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse ¹	95	95	95	95	95

¹ Increases are due to full staffing levels.

<i>FY15 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY14 Approved	11,663,942	128.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-7,030,285	-84.00
FY15 CE Recommended	4,633,657	44.80

Dental Services

This program provides dental services to promote oral health in six dental clinics. Services include instruction in 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 also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-positive clients.

<i>Program Performance Measures</i>	<i>Actual FY12</i>	<i>Actual FY13</i>	<i>Estimated FY14</i>	<i>Target FY15</i>	<i>Target FY16</i>
Percentage of children who complete their dental treatment plan	78	84	80	80	80

<i>FY15 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY14 Approved	2,277,771	15.75
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	24,913	0.25
FY15 CE Recommended	2,302,684	16.00

Environmental Health Regulatory Services

This program issues permits for and inspects a variety of activities 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 waterborne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans-fat in foods and enforces menu labeling regulations. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, 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.

<i>Program Performance Measures</i>	<i>Actual FY12</i>	<i>Actual FY13</i>	<i>Estimated FY14</i>	<i>Target FY15</i>	<i>Target FY16</i>
Percentage of swimming pools found to be in compliance upon regular inspection	87	87	90	90	90

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	3,350,333	30.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	119,060	0.00
FY15 CE Recommended	3,469,393	30.00

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 persons to ensure compliance with County, State, and Federal laws and regulations. Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of nursing homes with actual harm deficiencies	12	9	10	10	10

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	1,522,673	12.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	104,539	0.00
FY15 CE Recommended	1,627,212	12.50

Cancer and Tobacco Prevention

The 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 Fund. State funding supports coordination activities among 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 either tobacco-control programs or 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.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	1,140,194	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-721	0.00
FY15 CE Recommended	1,139,473	3.00

STD/HIV Prevention and Treatment Program

The Sexually Transmitted Diseases (STD) Program provides diagnosis and treatment to those who have contracted 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 program.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
New cases of Chlamydia per 100,000 population among County residents (15-24) ¹	1,313.4	1,369	1,409	1,450	1,492

¹ Data are for the calendar year in which the fiscal year began. This measure is one of the three age cohort components. Projections are not made due to uncertainty as to when case numbers will fall.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	7,306,469	42.65
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-8,110	0.00
FY15 CE Recommended	7,298,359	42.65

School Health Services

This program provides health services to the students in Montgomery County Public Schools (MCPS). 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, vision screenings, and Lead Certification screenings are provided to MCPS students. Immunizations and tuberculosis screenings are administered at School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health Centers or High School Wellness Centers. Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, 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.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of students who return to class after and are ready to learn following health room intervention	88	87	87	87	87

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	23,167,911	256.33
Enhance: School Health Staffing for New Clarksburg Elementary School	49,500	0.73
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,104,503	0.40
FY15 CE Recommended	24,321,914	257.46

Tuberculosis Services

This program includes: 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 medication therapy. A treatment plan is developed for each diagnosed patient and the patient receives 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.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of clients with active infectious tuberculosis who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen ¹	92	95	96	95	95

¹ Data are for the calendar year in which the fiscal year began.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	1,656,570	16.20
Technical Adj: Tuberculosis Control Grant (0F62014) and Immunization Hepatitis B Grant (0F62081)	80,357	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	106,549	0.80
FY15 CE Recommended	1,843,476	17.00

Women's Health Services

This program provides care coordination services for women and children in the Medical Assistance-managed care program. 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 to eligible women aged forty years and older.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	2,804,990	19.65
Add: HHS Expanded Breast & Cervical Cancer Diagnosis Grant (2000992)	293,812	0.00
Eliminate: Minority Infant Mortality Reduction Grant (0F64175)	-135,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	141,034	1.00
FY15 CE Recommended	3,104,836	20.65

Public Health Emergency Preparedness & Response

This program is responsible for the planning, readiness, and response activities in the event of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Departments of Fire and Rescue Services; the Police Department; 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 clinics; medication dispensing sites; and readiness.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of PHS Programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	1,172,710	10.30
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-77,973	-1.00
FY15 CE Recommended	1,094,737	9.30

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, the Community Health Improvement Process and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, and partnership development.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	1,708,406	12.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-25,761	0.35
FY15 CE Recommended	1,682,645	12.85

PROGRAM SUMMARY

Program Name	FY14 Approved		FY15 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Health Care for the Uninsured	13,614,382	6.00	13,881,913	6.00
Communicable Disease and Epidemiology	2,008,010	18.30	1,998,379	17.50
Community Health Services	11,663,942	128.80	4,633,657	44.80
Dental Services	2,277,771	15.75	2,302,684	16.00
Environmental Health Regulatory Services	3,350,333	30.00	3,469,393	30.00
Health Care and Group Residential Facilities	1,522,673	12.50	1,627,212	12.50
Cancer and Tobacco Prevention	1,140,194	3.00	1,139,473	3.00
STD/HIV Prevention and Treatment Program	7,306,469	42.65	7,298,359	42.65
School Health Services	23,167,911	256.33	24,321,914	257.46
Tuberculosis Services	1,656,570	16.20	1,843,476	17.00
Women's Health Services	2,804,990	19.65	3,104,836	20.65
Public Health Emergency Preparedness & Response	1,172,710	10.30	1,094,737	9.30
Service Area Administration	1,708,406	12.50	1,682,645	12.85
Total	73,394,361	571.98	68,398,678	489.71



MONTGOMERY COUNTY, MARYLAND

News Release

For Immediate Release: 4/7/2014

County Launches Health Improvement Plans To Address Behavioral Health and Obesity

County Executive Isiah Leggett and Healthy Montgomery today launched strategic action plans aimed at addressing two key community health issues—behavioral health and obesity. Leggett was joined by County Councilmember George Leventhal, chair of the Council's Health and Human Services committee; County Health Officer Dr. Ulder J. Tillman; Kevin Young, president, Adventist Behavioral Health and co-chair of the Healthy Montgomery Behavioral Health Work Group; Linda Ashburn, RN, MPH, University of Maryland Extension Program and co-chair of the Healthy Montgomery Obesity Work Group; Terry Forde, interim president and chief operating officer, Adventist Healthcare; Wendy Friar, vice president, community health, Holy Cross Hospital; Celeste James, director of community health initiatives, Kaiser Permanente; Robert Rothstein, MD, vice president of medical affairs, Suburban Hospital; and Nikki Yeager, vice president, marketing and business development, MedSTAR Montgomery Medical Center.

The announcement coincided with the start of National Public Health Week, celebrated nationwide from April 7-13. This year's theme is "Public Health: Start Here."

"Healthy Montgomery's vision is to provide a framework for improving the health and wellbeing of our residents," said Leggett. "The release today of the strategic action plans to address obesity and behavioral health are key milestones. The next step in making our community the healthiest in America is to ensure the active participation of partners and residents to make sure that every Montgomery County resident has the opportunity to live well."

Improving public health in the County requires participation by groups across many sectors. The Healthy Montgomery strategic action plans, recently approved by the Healthy Montgomery Steering Committee, are the result of a collaborative effort of dedicated, Healthy Montgomery partners who make prevention possible. Both plans call for the coordination and enhancement of existing programs and services to improve community health. Improved access to cost-effective prevention programs and services can improve the health of residents, especially the most vulnerable populations, and slow the rise of health care spending.

"Healthy Montgomery's purpose is to guide our County's public health efforts and assemble data to evaluate our success," said Leventhal. "We have released two action plans so far - the first on behavioral and mental health and the second on obesity - and are in the process of developing four more action plans in priority health policy areas: cancer, cardiovascular health, diabetes and maternal and infant health. We also propose to bring stakeholders together to lay the groundwork for an integrated health delivery system that will ensure uniformly high quality for all patients, whether private pay, Medicaid or participants in our network of community clinics."

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“We know that investing in prevention and proven public health strategies can make an enormous difference,” said County Health Officer Dr. Ulder J. Tillman. “We are excited to launch the Healthy Montgomery action plans and are grateful for the continued collaboration and dedication of our Healthy Montgomery partners. It is a testament to the power of partnership. We want residents to know that public health does start here, with these action plans. With their involvement in these efforts it will end in success and improved health.”

“The behavioral health action plan reflects a shift to a more collaborative and integrated system of care in Montgomery County. This approach will ensure there is ready access to the various behavioral health programs and support services offered in our County and increase communication between an individual’s primary care provider, behavioral health provider and other caregivers. More importantly, an integrated system of care will lead to earlier identification and treatment of mental illness,” said Kevin Young, FACHE, president of Adventist Behavioral Health.

“Obesity affects a significant portion of the County population and we need everyone’s help to raise awareness of the problem,” said Linda Ashburn, RN, MPH, University of Maryland Extension Program and co-chair of the Healthy Montgomery Obesity Work Group. “We have a wealth of resources from progressive and supportive leadership to individuals with great energy working to make their communities a better place. Through Healthy Montgomery, we plan to coordinate these efforts around some common goals and create some synergy to support those individuals and organizations that are making an impact.”

The **Healthy Montgomery Obesity Action Plan** includes the following recommendations to prevent and reduce obesity among Montgomery County residents: (1) establish a broad-based County-wide partnership to address gaps in existing obesity prevention and reduction programming and policy, reduce redundancies and make the best use of limited resources; and (2) build upon existing data sources to establish a reliable and valid data system for monitoring the effectiveness of obesity prevention and reduction programs and policies, especially among children and high-risk populations.

The **Healthy Montgomery Behavioral Health Action Plan** includes three recommendations to improve the overall behavioral health (including mental health and substance abuse) of Montgomery County residents: (1) increase access to basic information about behavioral health treatment services and payment mechanisms; (2) improve communication among behavioral health service providers in order to create effective linkages (warm hand-offs) for individuals with behavioral health diagnoses; and (3) explore the creation of a coordinated system of behavioral health and health care services in Montgomery County. A link to the complete action plan reports can be found at <http://www.healthymontgomery.org/>.

Healthy Montgomery, the County’s Community Health Improvement Process, was launched in June 2009 and is an ongoing effort that brings together a broad range of individuals representing County government agencies, the five community hospitals, minority health programs/initiatives, advocacy groups, academic institutions, community-based service providers and the health insurance community to develop action plans to improve the health and well-being of all Montgomery County residents, especially groups most at risk for poor health. The website www.healthymontgomery.org is a one-stop online source for population-based data and information about community health

and the social and environmental determinants of health. The website provides data and information on more than 90 topics related to the health and well being of the community and its residents. Data on the website assists County policy makers and partners in identifying key priority areas and helps guide decisions about strategies to meet various needs.

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Media Contact: Mary Anderson 240-777-6534

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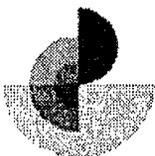
YTD Patients and Encounters – December 2013

Year to Date Clinic	FY14 Unduplicated Patients			FY14 Encounters			Reimbursement
	FY 2014 Projected Patients	FY14 Unduplicated Patients	FY14 % of Projection	FY14 Projected Encounters	FY14 YTD Encounters	FY14 % of Target Met	Mcares Payment \$65/visit *
CCACC-PAVHC	600	284	44%	900	404	45%	\$26,260
Community Clinic, Inc.	4,125	2,154	52%	12,000	4,493	37%	\$292,045
CMR - Kaseman Clinic	2,500	1,297	52%	5,400	2,555	47%	\$166,075
Holy Cross Hospital Health Centers	6,222	4,277	69%	17,923	8,070	45%	\$524,550
Mary's Center	1,538	760	49%	4,000	1,314	33%	\$85,410
Mercy Health Clinic	2,100	1,500	71%	6,000	2,871	48%	\$186,615
Mobile Med	5,900	3,282	56%	15,000	6,617	44%	\$430,105
Muslim Community Center Medical Clinic	3,500	1,612	46%	7,500	3,309	44%	\$215,085
Proyecto Salud - Wheaton & Olney	4,000	3,419	85%	11,200	7,486	67%	\$486,590
Spanish Catholic Center	1,300	848	65%	3,360	1,655	49%	\$107,575
The People's Community Wellness Center	1,320	643	49%	2,050	750	37%	\$48,750
General Medical Clinic Sub-totals	33,105	20,056	61%	85,333	39,524	46%	\$2,569,060
Montgomery Cares FY14 County Approved Budget *	32,250		62%	85,625		46%	\$5,565,625
Montgomery Cares FY14 Amended Budget**	31,083		65%	82,707		48%	\$5,375,955
CCI - Homeless***	300	45	15%	600	65	11%	
CMR - Kaseman Clinic - Homeless***	100	31	31%	300	58	19%	
Homeless Medical Clinic Sub-totals	400	76	19%	900	123	14%	
Medical Clinic Totals	33,505	13,359	40%	86,233	19,962	23%	\$2,569,060

* County Council Approved Budget. **Amended budget.

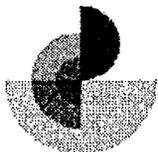
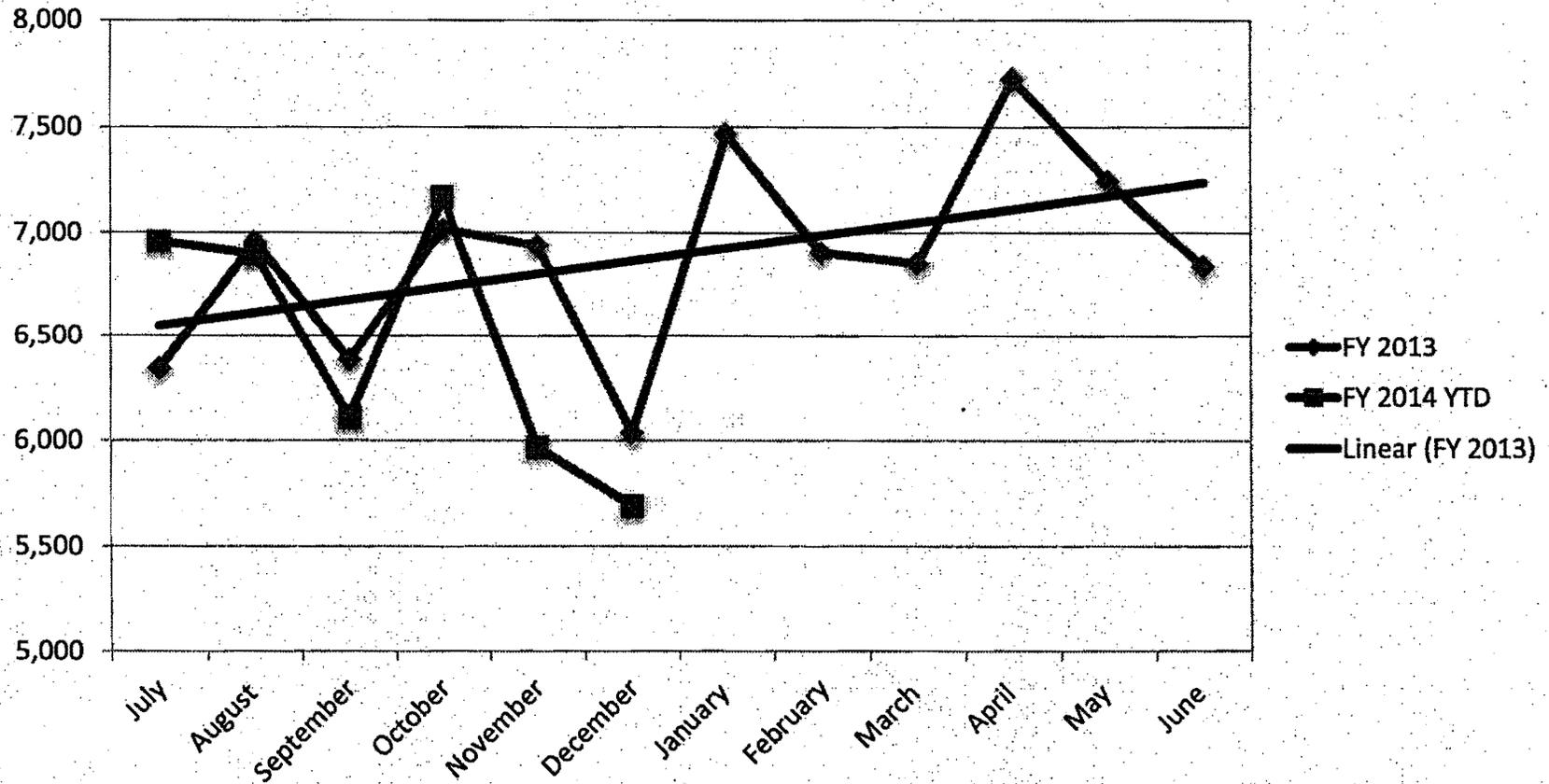
***Homeless encounters are reimbursed at \$143 per visit. Homeless Medical Clinic reimbursements are a separate budget line item.

Year to Date			
Clinic	Patient Panel	Number of Encounters	Payments Year to Date
Care For Your Health	100	50	\$8,868



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Growth Trends FY 2013 vs. FY 2014 YTD



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Montgomery Cares December 2013 Performance

The benchmark for the second quarter is 50%.

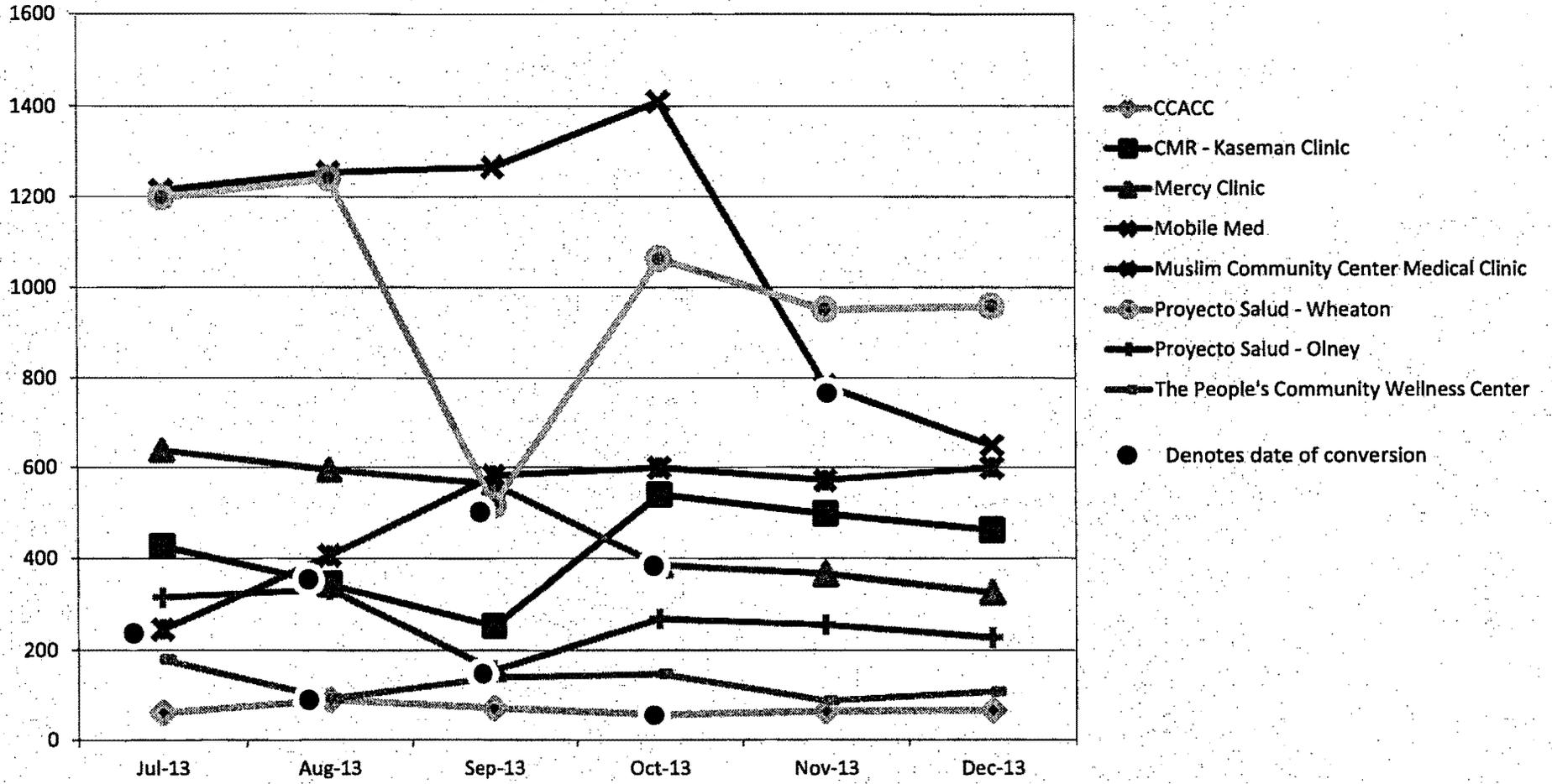
- Clinics have served 61% of the projected number of unduplicated patients within the first six months of the fiscal year, and have reached 46% of their projected number of encounters.
- 48% of the budget for clinic visits has been expended.
- Care For Your Health, which is reimbursed on a capitated rate of \$16.67 pmpm, has 100 Montgomery Cares eligible patients enrolled; 30% of its 300 patient target.

Length of Time to Next Appointment for New Patients

- Care For Your Health and CMR Kaseman Clinic can see patients within one day;
- MobileMed, Muslim Community Center, both Proyecto Salud locations, and The People's Community Wellness Center can provide appointments within 1 week;
- CCACC, Holy Cross Aspen Hill and Silver Spring can provide appointments within 2 weeks;
- Holy Cross – Gaithersburg can provide appointments within 3 weeks;
- Spanish Catholic Center and Mary's Center can provide appointments within 30 days;
- Community Clinic Inc. has a wait time of 2-3 months.
- Mercy Health Clinic is not accepting new patients at this time due to eCW conversion.



e-Clinical Works



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e-Clinical Works

All Clinics have converted to e-Clinical Works

EHR Implementation - Phase I

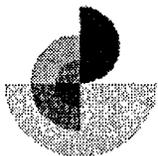
As of November 18th, the conversions to the new EHR have been completed.

- 5 of 8 clinics have regained the former encounter levels within 2 months.
- 3 clinics are working to regain former encounter rates.
- Thus far, 1 clinic has reported significant difficulty with implementation and anticipates a prolonged period of decreased productivity.

Next Steps – Phase II

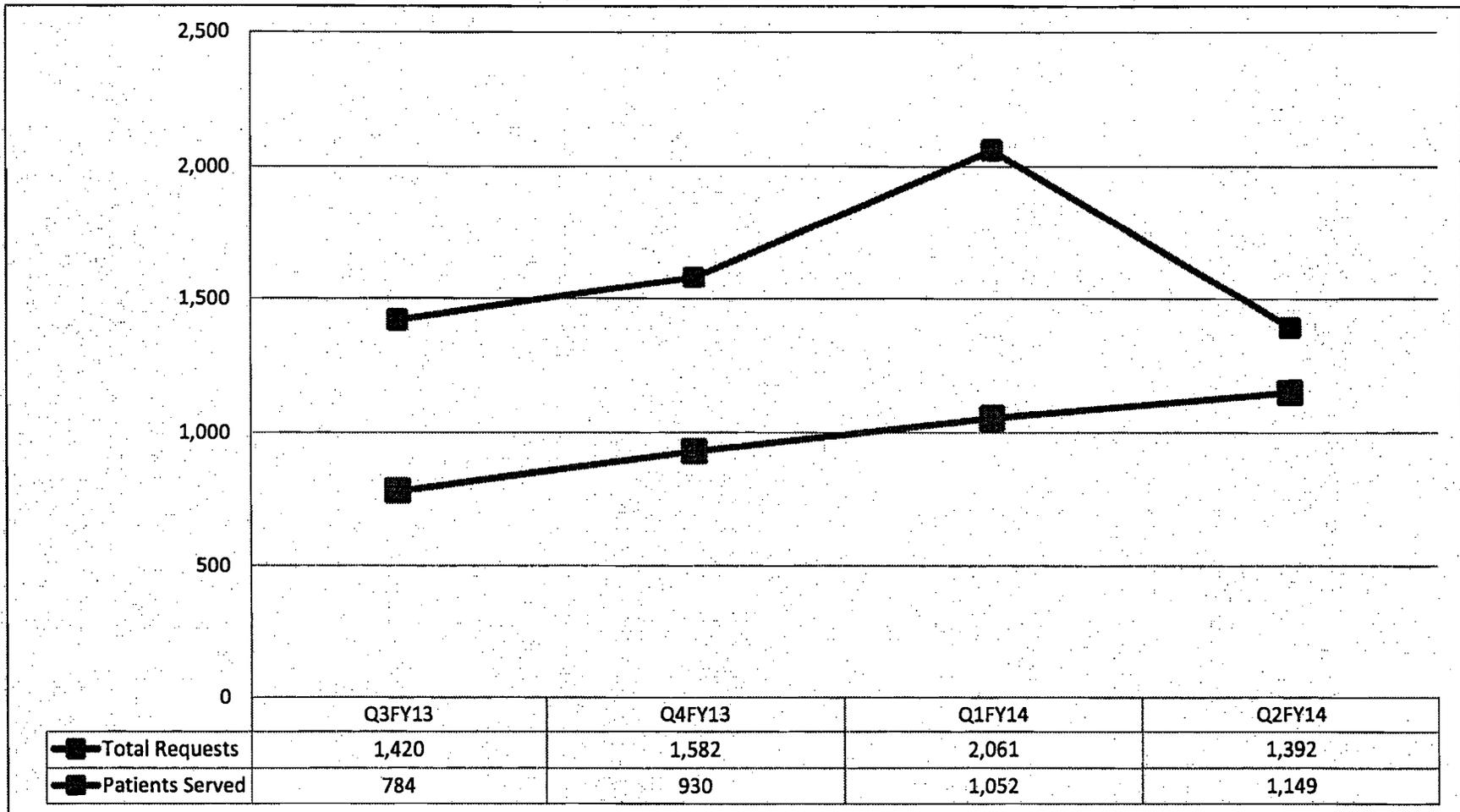
PCC IT staff are working on reporting and connectivity.

- Interface between eCW and Specialty Care referral module (CHLCare).
- Identification Card Production.
- Connection with Adventist for (Health Information Exchange (HIE) and Chesapeake Regional Information System for our Patients (CRISP).
- Interfaces with laboratory providers.
- Refresher trainings for the Clinics.

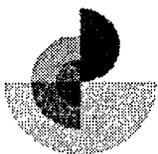


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Specialty Network Referral Requests vs. Patients Served Third Quarter FY13 – Second Quarter FY14



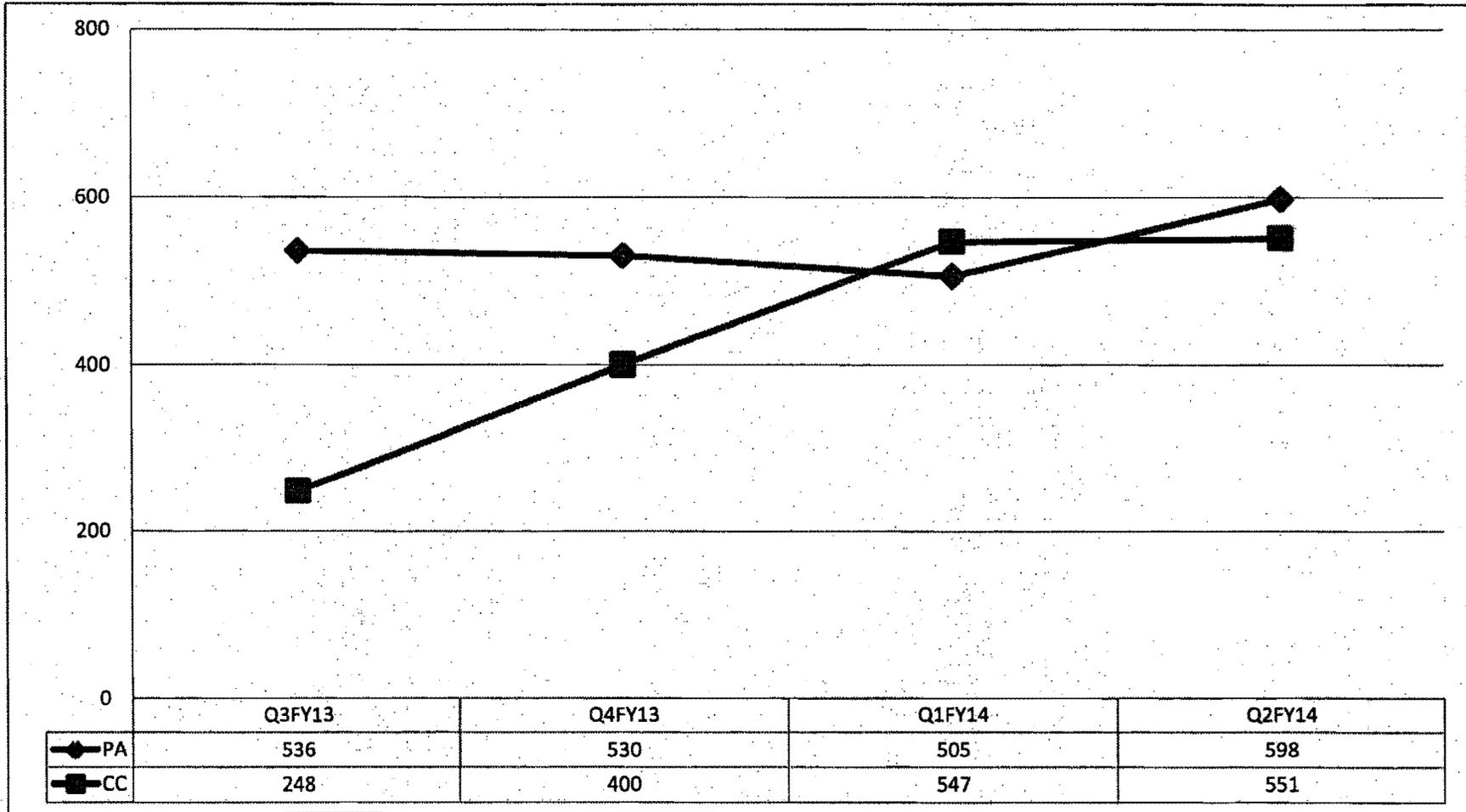
Note: Data for Montgomery Cares eligible patients referred to PA or CC



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of Montgomery County, Maryland

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Project Access and AHCN: Unduplicated Patients Served Third Quarter FY13 – Second Quarter FY14



Note: Data for Montgomery Cares eligible patients referred to PA or CC



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Project Access Updates Second Quarter FY 2014

- Significant Drop in Referral Requests
 - 32% drop in the number of total referral requests (PA + CC) over the past quarter, from 2,061 in Q1 down to 1,392 in Q2.
 - Recent eCW implementation across the majority of Montgomery Cares clinic sites is the likely root-cause for drop in referral requests.
 - After eCW implementation, clinic encounter and referral request data exist on different systems (eCW and CHLCare, respectively) making it more cumbersome to request referrals.
 - Opportunities to obtain specialty care services for Montgomery Cares patients with high-priority needs are potentially being missed.
 - PA staff are providing on-site referral trainings to clinic staff and explaining changes in the referral process.
 - PCC is making progress towards building interface between eCW and CHLCare which will streamline referral request process – expected completion date in March 2014.



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Project Access Updates Second Quarter FY 2014

- **Project Access Recruitment**
 - Urgent care services for a variety of non-life threatening conditions (e.g. sprains and strains, lacerations, UTIs, sore throat) at Metro Immediate & Primary Care, Inc. expected to commence in Q3 FY 2014.
 - Cardiac diagnostic testing (e.g. echocardiograms, stress testing) at Shady Grove Adventist Hospital expected to commence later in Q3 FY 2014.
 - Project Access staff continue efforts recruitment efforts with specialty care practices.
 - Hospital access continues to be critical to successfully meeting specialty care demands.
 - The Specialty Care Work Group, in collaboration with PCC and others, should continue to engage hospitals in order to insure continued access for Montgomery Cares patients.



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Community Pharmacy Expenditures FY 2014 Q2

Category	FY14 Budget Allocation	Q1	Q2	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	\$865,100	\$202,601	\$144,723	\$347,324	40%	\$517,776	60%
Diabetic Supplies/ H. Pylori	\$282,535	\$25,618	\$76,192	\$101,810	36%	\$180,725	64%
Behavioral Health	\$63,422	\$6,700	\$6,681	\$13,381	21%	\$50,041	79%
Vaccine	\$67,622	\$40,805	\$24,176	\$64,981	96%	\$2,641	4%
Bradley	\$3,000	\$417	\$0	\$417	14%	\$2,583	86%
Colorectal Cancer Screening	\$60,000	\$0	\$12,758	\$12,758	21%	\$47,242	79%
Total	\$1,341,679	\$276,141	\$264,530	\$540,671	40%	\$801,008	60%



Montgomery County Medbank

FY 2014 Q2

Category	Q1	Q2	Q3	Q4	Total
Value of Medications Received	\$1,123,965	1,136,788			\$2,260,753
• Requested Prescriptions	1,933	1,965			3898
• Prescriptions Received	1,202	1,110			2312
Medication Received Success Rate	62%	56%			59%
Total Patient Volume	1,681	1,509			1,595*
• Active Patients	1,390	1,192			1,291*
• Inactive patients	291	236			527
New Enrollees	114	81			195

* Total Patient Volume is the average for all quarters



Montgomery Cares Behavioral Health Program

Number of Unduplicated BH Patients and Percent of Clinic Patients Receiving BH Services

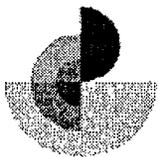
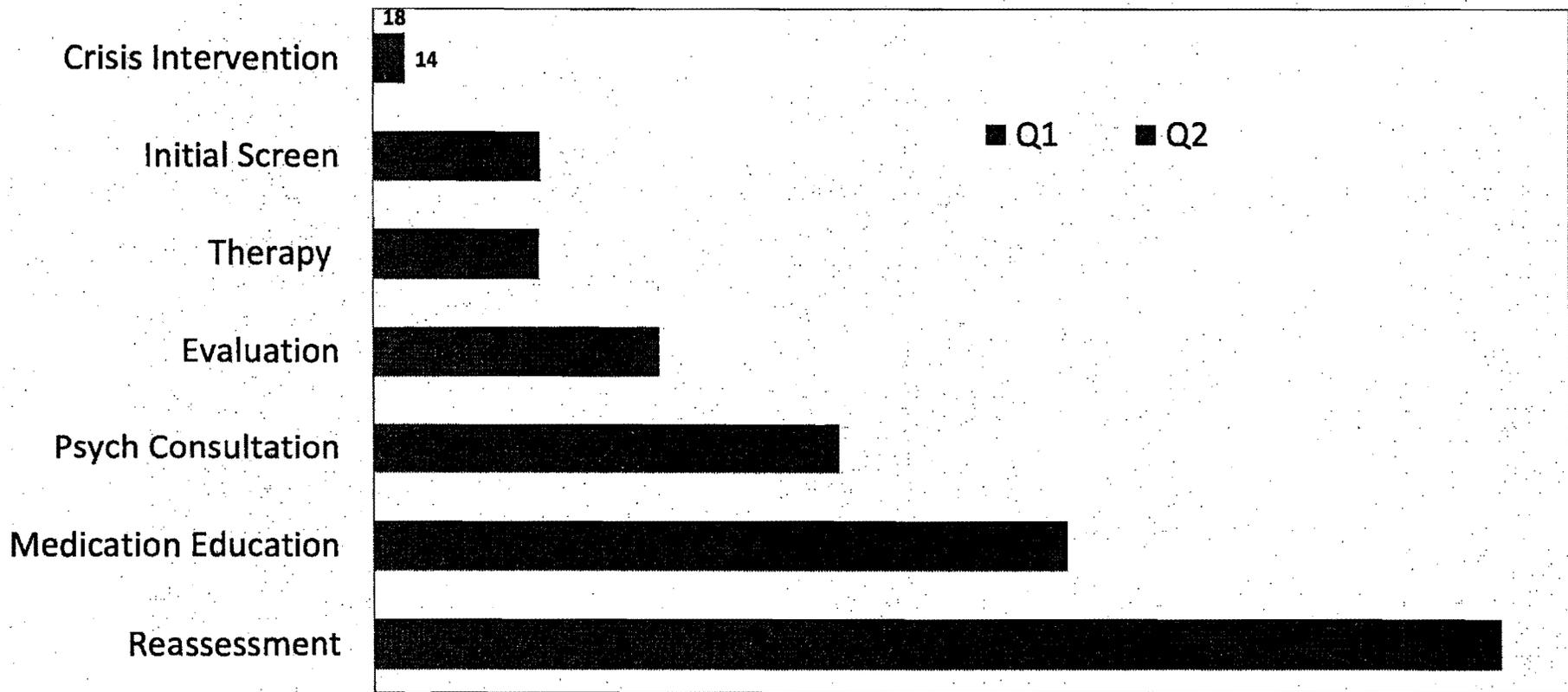
Clinic Site	Number of Unduplicated Patients Receiving BH Services				
	Q1	Q2	Year To Date	Number of Unduplicated Patients Year To Date At Clinic	Percent of Clinic Patients Receiving BH Services YTD
Holy Cross (3 sites)	427	426	562	4,227	13%
Proyecto Salud (2 sites)	190	219	284	3,419	8%
Mercy	162	137	188	1,500	12.5%
Total	779	783	1,035	9146	11%



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Behavioral Health Clinical Services Delivered First and Second Quarters, 2014

Total Services Q1 = 1,564; Q2 = 1,390



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Montgomery Cares Behavioral Health Program Highlights

FY 2014 MCBHP Program Expansion

The Behavioral Health Program received \$75,000 to expand behavioral health services to 3,000 additional patients. PCC requested that clinics submit a Letter of Interest if they wanted to be included in the expansion. The expansion plan will include:

- Psychiatric consultation and access to psychiatric services for Mary's Center and Spanish Catholic Center Montgomery Cares patients.
- Care Manager to be split between People's Wellness Center and one other location tbd.
- PCC is currently interviewing Care Manager Candidates and anticipates placement within the next 6 weeks.

Site Visit: MCBHP staff visited Community Health Care Network in Alexandria, VA to learn about the consultant model of behavioral health integration.

HRSA Presentation: PCC staff were invited to present information on local efforts to integrate behavioral health and primary care to the HHS Behavioral Health Coordinating Committee's Subcommittee for Integrating Behavioral Health and Primary Care. This is an interagency work group addressing behavioral health policy and practice.



Oral Health Program: Second Quarter FY 2014

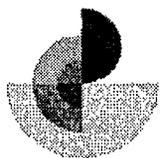
Spanish Catholic Center

- 710 Patients Served YTD
- 2098 Encounters YTD
- Average wait time for new appointments: 4.5 months
- Average wait time for established patients: 4 weeks

DHHS Adult Dental Services – Metropolitan Court

- 500 Patients Served YTD
- 873 Encounters YTD
- Average wait time for new appointments: 2 weeks (routine)
- Average wait time for established patients 2 weeks

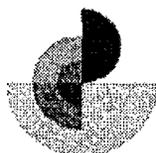
Compared to the first half of last fiscal year, the average wait time for new patient appointments decreased 30 to 60 days for Spanish Catholic Center and one week for DHHS Metro Court.



Montgomery Cares Cancer Screening

FY 2014		Screenings Performed		
Cancer Screenings	Target Number	Q1	Q2	Total
Mammography				
• Montgomery Cares Funds	2,910	70	366	436
• County Executive Funds	640	36	144	180
Totals	3,550	106	510	616
Colorectal Cancer Screenings				
• FIT Tests Ordered	294 Kits	0	62 Kits	62 Kits
• Colonoscopies	158	0	7	7

- Mammograms are being provided by Community Radiology Associates, Holy Cross Hospital, Shady Grove Adventist Hospital and Washington Adventist Hospital at reduced rates.
- Clinics began performing FIT testing on-site in October.
- Colonoscopies are being provided by the Montgomery County Cancer Crusade and Community Providers.



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Medicaid Update

- **Medicaid Participation**

Care For Your Health, CCI, Mary's Center, Holy Cross Hospital Centers, Muslim Community Center Medical Clinic and Mobile Medical Care

- **Clinics receiving technical assistance through the County Council Grant:**

- Mobile Medical Care (Rollins Avenue and Germantown Locations)

- Onsite documentation and coding training

- Muslim Community Center Medical Clinic

- Bi-weekly review of claims denials and billing processes

- Proyecto Salud

- Support for MCO contracting and credentialing

- Community Ministries of Rockville – Mansfield Kaseman Clinic

- Assistance with MCO contracting

- **Clinics not planning to participate in Medicaid at this time include:**

CCACC, Mercy Health Clinic, Spanish Catholic Center, and The People's Community Wellness Center

All clinics are invited to participate in a Coding and Documentation Training January 22, 2014.



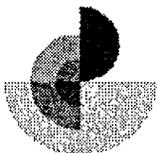
Measurement is Essential to Quality Improvement

- Clinical Measures
 - Clinical data collected since 2003
 - 18 measures tracked quarterly and benchmarked against HEDIS Medicaid.
 - 10 measures published annually
 - FY 2013 results were published in December 2013
 - Medical Directors have approved FY 2014 measures and technical specifications; anticipate first report January 2014
 - This will be the first calculation of measures since conversion to e-Clinical Works (July-November 2013)
 - Especially complicated this first time due to multiple data sources (e-CW; CHLCare; other commercial EMRs); data migration and data interface issues
 - **THIS WILL BE A LEARNING EXPERIENCE!**



Montgomery Cares Clinical Quality Measures

- Performance is benchmarked against HEDIS Medicaid.
- Montgomery Cares clinics have demonstrated significant and continuous improvement in measures of diabetes and hypertension care.
 - Performance meets or exceeds HEDIS benchmarks
- Performance in measures of cancer screening remain well below HEDIS benchmarks.
 - Montgomery County Council approved additional funding for FY 2014 to support improvements in breast and colorectal cancer screening. The PCC has worked collaboratively with the clinics to establish requisite systems and resources.



Annual Clinical Measures FY 2013

Montgomery Cares Measures	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	Target Range HEDIS 2012 Medicaid (mean-90 th percentile)
* Diabetes: Annual A1c Testing	54%	74%	77%	83%	84%	84%	83-91%
* Diabetes: Annual LDL Testing	47%	65%	70%	77%	75%	78%	75-83%
* Diabetes: Good A1c Control (≤ 7)	26%	35%	37%	41%	42%	38%	34-43%
Diabetes: A1c Control (≤ 8)	NA	NA	NA	NA	NA	53%	46-59%
* Diabetes: Poor A1c Control ($\geq 9\%$ or no A1c testing)	57%	44%	37%	36%	42%	37%	45-31%
* Diabetes: LDL Control (≤ 100 mg/dL)	22%	32%	35%	38%	38%	39%	34-44%
* Diabetes BP Control ($\leq 140/90$)	70%	73%	73%	73%	72%	73%	59-75%
* Diabetes BP Control ($\leq 130/80$)	NA	NA	48%	49%	47%	48%	39-55% benchmarked HEDIS result for BP < 140/80
* Hypertension: BP Control ($\leq 140/90$)	52%	60%	65%	64%	62%	65%	56-70%
Breast Cancer Screening	12%	26%	29%	32%	34%	40%	52-63%
Cervical Cancer Screening	7%	15%	29%	39%	50%	53%	64-77%
Colorectal Cancer Screening	1%	2%	2%	3%	4%	8%	N/A



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Montgomery Cares Advisory Board
Position Statement
Fiscal Year 2015

Overview

The Montgomery Cares (MCares) network has grown in capacity and complexity each year since the program's inception in 2006. Montgomery Cares has an exceptional record of providing high-quality primary care to low-income, uninsured residents of Montgomery County.

With the full implementation of the Affordable Care Act (ACA) in January 2014, many low-income County residents are beginning to gain access to health insurance coverage for the first time, either through the new State exchanges or as a result of Medicaid expansion. Although the ACA brings the potential for great advancement in health care access, estimates suggest that 60- 65,000 adults in Montgomery County will remain without health care coverage following full implementation of the ACA.

The MCares program is working to further refine its role in the ACA environment. As a component of this evolution, many MCares provider organizations are beginning to participate in Medicaid, with four joining, in 2013, the two that had already accepted Medicaid as a source of payment and an additional two or more expected to become Medicaid providers during 2014. This will allow many MCares patients who enroll in Medicaid to stay with their current medical provider. In another significant achievement, all of the MCares providers have now fully transitioned to an Electronic Health Record (EHR), with further adaptation on-going to maximize the utility of EHR functions.

Budget Priorities

The Montgomery Cares Advisory Board has identified two budget priorities for FY15 for a **TOTAL increase of \$1,030,000** to the MCares budget.

Priority #1: Improve Quality of Care -- \$505,000

The MCAB requests an increase of \$505,000 to enhance quality of care and is proposing the following quality initiatives:

- The Montgomery Cares Advisory Board has developed a Performance Incentive Program (PIP) to drive quality improvement. The PIP will be launched as a pilot beginning in July 2014, utilizing existing and expanded program outcomes data. Patient satisfaction and experience is a key measure, and one that is not currently tracked in a uniform manner across all clinics. Therefore, MCAB is seeking **\$50,000** to implement an annual patient satisfaction survey, with quarterly findings shared with each clinic and aggregate reports utilized to inform the PIP process.
- MCAB is requesting **\$360,000** to support the clinics in fully and effectively utilizing the EHR. These funds would help subsidize maintenance and license fees, hosting costs, new provider registration costs, and claims and encounter fees. These funds would also allow for expanded staff resources to help manage system requirements and provide training. Note that half of these costs would be assumed by participating clinics beginning in FY16.
- As transition continues, the Montgomery Cares program requires additional resources to broaden and refine program impact. The MCAB requests **\$95,000** to support costs associated with Medicaid participation, collection and analysis of population health data, and analysis of pharmacy.

Priority #2: Improve Access to Comprehensive Services – \$525,000

The MCAB is requesting an **increase of \$525,000** to improve access to comprehensive services by offering Montgomery Cares patients increased support for medication costs, specialty care, and behavioral health services. This would include the following:

- To ensure equitable and timely access to medications, the Community Pharmacy Program requires increased funding in the amount of **\$150,000**. These funds would be used to obtain diabetic medications and supplies along with endocrine, pulmonary, and behavioral health medications. In addition, increases in family planning supplies and vaccines would support expanded preventive health services.
- The demand for specialty care continues to exceed the availability of care through Project Access, the Archdiocesan Health Care Network, and the volunteer networks organized directly by the clinics. The MCAB is requesting increased funding of **\$75,000** for specialty care. Additional funds would increase access to expensive diagnostic tests (lab and radiology) as well as high-demand specialty areas such as gastroenterology.
- The Montgomery Cares Behavioral Health Program currently provides access to behavioral health services for 45% of Montgomery Cares’ 30,000 patients. These services are offered at six sites co-located with Holy Cross, Proyecto Salud and Mercy Health Clinic medical centers. MCAB is requesting **\$300,000** in increased funding for behavioral health services. This funding will sustain recent program expansions as well as expand the program to additional sites.

Budget Summary

A summary of the FY15 budget request from the Montgomery Cares Advisory Board is as follows:

Priority #1: Enhance Quality of Care	Subtotal: \$505,000
Patient Satisfaction Survey Project	\$50,000
Electronic Medical Record System	
<ul style="list-style-type: none"> • One-time costs, to be assumed by clinics (FY15 only)\$180,000 • On going costs\$180,000 	
Total	\$360,000
Transitional Activities	
<ul style="list-style-type: none"> • □□□□□□Medicaid Participation Training and TA (FY15 only).....\$20,000 • □□□□□□□□Population Health\$50,000 • □□□□□□□□Pharmacy Utilization Analysis (FY15 only).....\$25,000 	
Total	\$95,000
Priority #2: Improve Access to Comprehensive Services	Subtotal: \$525,000
Community Pharmacy	\$150,000
Specialty Care	\$75,000
Behavioral Health	\$300,000
	TOTAL: \$1,030,000



**Montgomery Cares Advisory Board
2014
FACT SHEET**



- **OUR PAST AND FUTURE:** In 2006, Montgomery County DHHS, with the help of the Primary Care Coalition and area hospitals, initiated the Montgomery Cares Program (MCares) to provide access to health care services for low-income, adult uninsured County residents.

Fiscal Year	MCares Budget*	MCares Patients Served*	MCares Patient Visits*
FY06	\$ 4,961,000	11,459	35,269
FY07	\$ 9,461,000	12,539	38,140
FY08	\$ 9,866,010	16,017	43,275
FY09	\$ 9,941,545	20,282	54,144
FY10	\$ 9,954,029	25,415	69,159
FY11	\$ 9,210,988	26,544	72,504
FY12	\$ 9,312,758	27,465	76,354
FY13	\$10,642,280	29,454	84,547
FY14	\$12,169,777	32,250 (budgeted)	85,625 (budgeted)

*Does not include Health Care for the Homeless budget or patients

- **OUR PROVIDERS:** Twelve community-based non-profit organizations participate in the MCares Program, serving patients in twenty-five locations across the County.

Care for Your Health
Community Clinic, Inc.
CCACC Pan Asian Volunteer Health Clinic
Holy Cross Health Centers
Mansfield Kaseman Health Center
Mary's Center for Maternal and Child Care

Mercy Health Clinic
Mobile Medical Care, Inc.
Muslim Community Center Medical Clinic
Proyecto Salud
People's Community Wellness Center
Spanish Catholic Center Medical Clinic

- **OUR PATIENTS:** Age 18 years or older, low income, uninsured Montgomery County residents
- **OUR SERVICES:** MCares providers offer access to primary medical care, medications, lab tests, x-rays, specialty care, and behavioral and oral health services. In 2013, several of the MCares providers completed the process of becoming providers to better serve newly enrolled Medicaid recipients and state exchange members following full implementation of the Affordable Care Act.
- **OUR QUALITY OF CARE:** MCares providers offers consistently high quality medical care, as evidenced below. Diabetes and hypertension indicators are approaching and/or achieving national target benchmarks.

Indicator	Target	2012	2013	2014
Diabetes	% of diabetes patients who had annual HgA1c (blood glucose level) testing	81%-91%	84%	84%
	% of diabetes patients who had annual LDL Testing	74% 84%	75%	78%
	% of diabetes patients who had acceptable HgA1c (blood glucose level) control	55%-72%	58%	63%
	% of diabetes patients who had LDL control	34%-46%	42%	39%
Hypertension	% of hypertension patients who had good blood pressure control	56%-64%	62%	65%

- **OUR SAVINGS TO THE COMMUNITY:** With the help of its public-private partnership, the MCares program generates at least \$2.40 in private resources for every \$1.00 committed by the County for MCares services. Further, by addressing health care issues before they become acute and require hospitalization, MCares impacts total health care costs.

Value Statement

<p style="text-align: center;">Access</p> <ul style="list-style-type: none"> • Health Care home for 32K adults in 25 locations throughout Montgomery County • Open to ALL eligible County residents: <ul style="list-style-type: none"> ○ Adults, 18 years and older ○ Uninsured ○ At or below 250% Federal Poverty Level, or \$ 59,625/year for a family of four. • Provides access to primary care, medications, specialty care, behavioral health, and oral health services. 	<p style="text-align: center;">Quality</p> <ul style="list-style-type: none"> • Montgomery Cares/Health Center participants are 38% less likely to use emergency departments, and 57% less likely to be hospitalized for ambulatory care-sensitive conditions than those who do not have access to primary care. • Montgomery Cares providers offer quality medical care: for example diabetes and hypertension care are found to be achieving national target benchmarks for quality.
<p style="text-align: center;">Cost Control</p> <ul style="list-style-type: none"> • Saves at least \$500 per patient annually in total health care costs. • Drives \$15M in annual savings from reduced emergency, hospital and specialty care costs. 	<p style="text-align: center;">Economic Engine</p> <ul style="list-style-type: none"> • Generated over \$33.7M in total economic benefits in 2012 with a County investment of \$12M. • The Montgomery Cares program provides jobs for approximately 350 people. • Montgomery Cares program supported 70FTE clinical providers to the uninsured. • The Montgomery Cares program saw fifteen capital projects between the years of 2007 and 2013 that resulted in new or expanded facilities for the participating provider organizations.

<p>Collaboration</p> <ul style="list-style-type: none"> • Engages 12 community-based nonprofit providers • Involves five hospitals in the County in direct service provision. In the past two years, the five hospitals have provided \$1.5M in uncompensated care to MCares patients. • Utilizes over 370 County residents as volunteers including 17 dedicated Montgomery Cares Advisory Board members. • Leverages at least \$2.40 in private resources for every \$1.00 in County funds. • Utilizes 100 private physicians providing over \$172,500 in pro-bono specialty care through the Montgomery Cares Project Access program.

Montgomery Cares FY13 Patient Population by County Council District



primary care coalition
of Montgomery County, Maryland

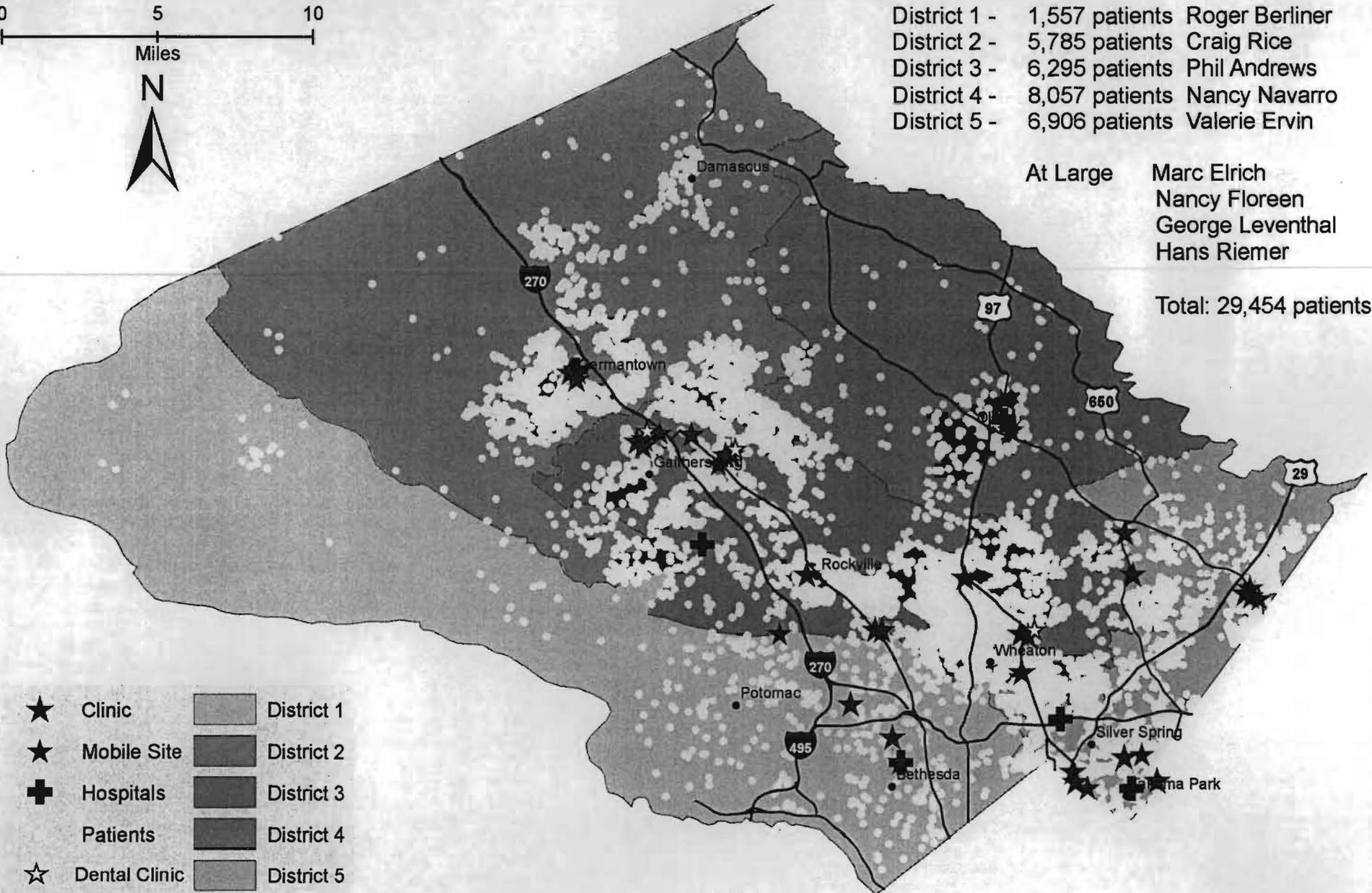
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Miles



District 1 - 1,557 patients Roger Berliner
 District 2 - 5,785 patients Craig Rice
 District 3 - 6,295 patients Phil Andrews
 District 4 - 8,057 patients Nancy Navarro
 District 5 - 6,906 patients Valerie Ervin

At Large Marc Elrich
 Nancy Floreen
 George Leventhal
 Hans Riemer

Total: 29,454 patients *



- ★ Clinic
- ★ Mobile Site
- ⊕ Hospitals
- ☆ Dental Clinic
- District 1
- District 2
- District 3
- District 4
- District 5

Map includes data from 12 Montgomery Cares-participating clinics. Addresses for 203 patient could not be mapped.

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Transforming Safety-Net Health Care in Montgomery County

Montgomery County has led the state in supporting health care access programs for low-income, uninsured residents.

As many as 60,000 residents will continue to need health care even after the Affordable Care Act is fully implemented.

Now is the time to harmonize Montgomery Cares and Care for Kids with national and state health care reform through a comprehensive and deliberate transition framework.

- Universal access to primary health care.
- Streamlined enrollment for safety-net programs.
- Essential services equal to those offered by Medicaid and Qualified Health Plans.
- Patient-Centered Medical Homes.
- Financially sustainable and efficient providers.
- Data driven programs, services and improvements in health outcomes.

Triple Aim Goals

Improve population health and patient experience while reducing overall health care costs.

The Bottom Line

A **9% funding increase** will build a safety-net health care system that meets **national standards**, aligns with **state and federal population health goals** and achieves **Triple Aim goals**.

Universal Access
Primary Care
Quality
Efficiency
Equity
Affordability
Equity
Triple Aim

Montgomery County Healthiest in Nation

Quality
Efficiency
Affordability
Equity
Triple Aim

Streamlined Enrollment
Quality
Aligned with ACA

Affordability
Equity
Triple Aim
Equity

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SafetyNet Health Care Programs

FY15 Advocacy Statement of the Primary Care Coalition

This is a transformational time for health care in the United States with changes in industry standards that focus on quality, efficiency, access, and affordability. Maryland is aggressively implementing the Affordable Care Act (ACA). Medicaid has been expanded to include adults with incomes below 138 percent of the Federal Poverty Level (FPL) in addition to children, and eligible Maryland residents with incomes between 138 and 400 percent of FPL are now able to purchase subsidized health insurance through the Maryland Health Benefit Exchange.

Of the estimated 110,000 uninsured people in Montgomery County, approximately 50,000 are expected to enroll in Medicaid or purchase subsidized insurance. As many as 60,000 low-income residents may remain uninsured.

Maryland is implementing a number of initiatives that promote efficient and effective health care systems at the local level and provide opportunities for local systems to align with State priorities.

Maryland's "Community Integrated Medical Home," framework promotes value over volume with the goal of improving health outcomes and patient experience while reducing costs. Medical practices are being required to adopt standards and practices that focus on prevention, early intervention, care management, and smooth transitions between care settings, as well as connecting patients to community support services. This model promotes care teams that include community health workers to provide support and continuity to individuals with multiple complex health and social needs.

Maryland is revising its hospital payment methodology from admissions-based payments to a model based on per capita costs with the goal of improving care and reducing costs. In addition to fixed rates for all payers, the Maryland Medicare Waiver allows the state to establish fixed budgets for each hospital based on population size and characteristics and limits budget increases to 3.58% annually. This change will require hospitals to adopt strategies to control costs including reducing hospital admissions and preventing avoidable emergency department visits. It is likely that hospitals will focus on comprehensive discharge planning and care coordination as well as strengthening relationships with primary health care providers, community-based social service providers and home care services.

The State is also focused on reducing health disparities and improving population health by empowering Local Health Improvement Coalitions (LHIC) to establish local population health

Harmonizing Montgomery Cares and Care for Kids with national and state health care reform

Now is the time to harmonize Montgomery Cares and Care for Kids with national and state health care reform through a comprehensive and deliberate transition framework that includes:

1. Universal access to primary health care.
2. Streamlined enrollment processes for Montgomery Cares, Care for Kids and the Maternity Partnership that are integrated with enrollment for Medicaid and the Maryland Health Benefit Exchange.
3. Essential primary and preventive health care services for Montgomery Cares and Care for Kids patients equal to those offered by Medicaid and Qualified Health Plans.
4. Patient-Centered Medical Homes.
5. Financially sustainable and efficiently operated Montgomery Cares and Care for Kids providers.
6. County-funded health care programs that are aligned with Triple Aim goals to improve population health, patient experience and reduce costs.
7. Data collection and analytic capacity that can be used to identify health disparities improve health care quality and monitor progress towards improving population health while reducing costs.

Recommendations:

1. Develop a plan and provide funding to increase Montgomery Cares capacity to serve 40,000.
2. Design and implement a shared enrollment process that allows consumers to select a clinic and obtain a Montgomery Cares Identification Card at any participating clinic or County Office of Eligibility and Support Services (OESS).
3. Provide funding for essential services including affordable medications, specialty care, and behavioral health care for Montgomery Cares.
4. Design and implement a plan to establish patient centered medical homes including care management and effective use of electronic health records.
5. Develop a plan to promote clinic self-sufficiency, sustainability and participation in Medicaid.
6. Provide funding to enhance capacity to collect, aggregate and analyze local health data need for monitoring progress towards achieving Triple Aim goals.

priorities and monitor population health improvement.

Montgomery Cares FY2015 Budget Request

Area		Request
Direct Patient Services	Community Pharmacy Maintain supply of essential medications available for lowest income patients.	\$ 150,000
	Specialty Care Support critical evaluation and diagnostic services.	\$ 75,000
	Behavioral Health Care Expansion Expand screening and psychiatric support for 60% of the MC population.	\$ 300,000
EHR	Health IT/Electronic Health Record Maintain and support certified EHR for 8 clinic users.	\$ 260,000
Transformative Activities	Patient Experience/Satisfaction Survey Assess consumer satisfaction across all MC providers on a quarterly basis.	\$ 50,000
	Enrollment Design and Implementation Develop integrated enrollment options and implementation plan.	\$ 50,000
	Medicaid Participation Training/TA Continue training and TA for clinics to become Medicaid providers.	\$ 20,000
	Pharmacy Assessment Conduct analysis of pharmacy utilization and management practices to improve efficiency.	\$ 25,000
	Population Health Data Analysis Analyze MC data to identify health disparities, areas for health improvement and cost savings.	\$ 50,000
Montgomery Cares Request		\$980,000

Montgomery County has led the state in supporting health care access programs for low-income, uninsured residents. Montgomery Cares provides primary health care to 30,000 adults; Care for Kids serves 2,700 children; family planning services are provided to 4,600 and the Maternity Partner provides prenatal care to over 1,600 women.

These programs form a health care safety-net for the most vulnerable community members who will continue to need access to health care services even after ACA is fully implemented.

Over the last few years efforts have begun to align Montgomery Cares with state and national health reform initiatives. These include implementation of a certified electronic medical record, building capacity for clinics to become Medicaid providers, increasing access to cancer screening and preventive health services and assisting clinics to implement key components of patient centered medical homes. The Long Branch Health Enterprise Zone, although not currently funded by the state, is linking health care providers with community support services to provide more comprehensive services to Long Branch residents.

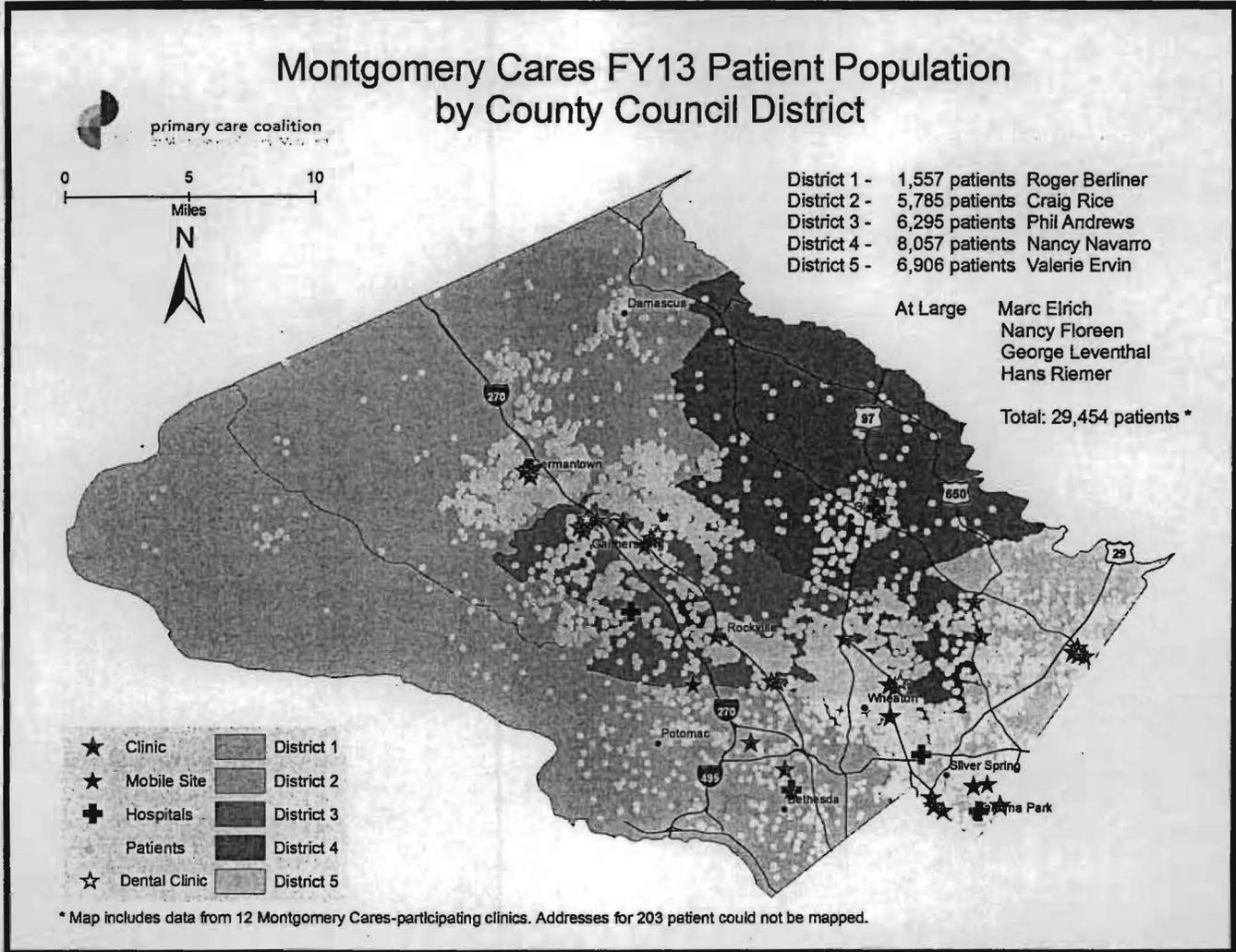
In order to maintain essential primary care services and promote a sustainable, high quality health care system for uninsured Montgomery County residents, PCC is requesting \$1 million for Montgomery Cares and Care for Kids.

Care for Kids FY2015 Budget Request

Area		Request
Direct Patient Services	Primary Health Care Services Provide primary care visits for 250 additional enrollees.	\$ 20,000
Care for Kids Request		\$ 20,000
TOTAL REQUEST		\$ 1,000,000

* For further detail, please see Appendix E.

Appendix A: Montgomery Cares Patient Origin Map



Appendix B:

Montgomery Cares Fiscal Year 2013 Annual Report

Prepared By:

Sharon Zalewski, Director, Center for Health Care Access
 Barbara Raskin, Montgomery Cares Program Manager
 Deepa Achutuni, Montgomery Cares Program Coordinator

The Montgomery Cares Program

Montgomery Cares is a public private partnership among PCC, Montgomery County DHHS, 12 community-based safety net clinics and 5 hospitals that provides primary health care to low-income uninsured residents of Montgomery County. In addition to subsidizing primary care visits at safety-net clinics, Montgomery Cares provides for network support including:

- Pharmacy-point of service medications and Medbank
- Specialty care services
- Behavioral health and oral health care services
- Quality assurance and quality improvement
- EHRs and IT support

There are approximately 110,000 uninsured adults and children living in Montgomery County. An estimated 60,000 will remain uninsured even after the implementation of health care reform.

Montgomery Cares Eligibility

- Age 18 years or older;
- Live in Montgomery County;
- Be uninsured;
- Have income < 250% of Federal Poverty Level; (FPL for a family of four \$57, 625)
- Eligibility for MC is conducted by clinics at the point of service.

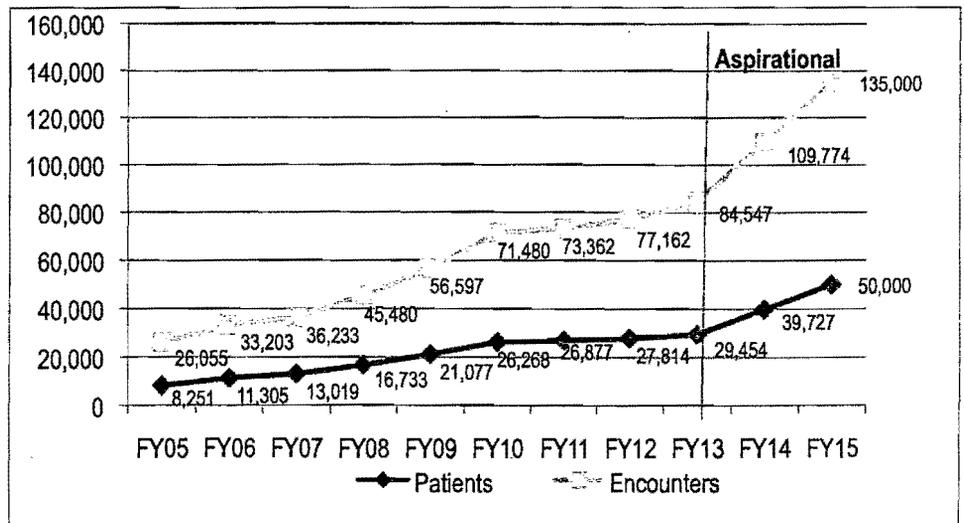
Montgomery Cares Participating Clinics

Clinic Organization	Location(s)
Care For Your Health	Silver Spring
Chinese Cultural and Community Center	Gaithersburg
Community Clinic, Inc.	Gaithersburg, Silver Spring, Takoma Park
Community Ministries of Rockville	Rockville
Holy Cross Hospital Health Center	Aspen Hill, Gaithersburg, Silver Spring
Mary's Center	Silver Spring
Mercy Health Clinic	Gaithersburg
Mobile Medical Care	Bethesda, Germantown, 7 locations
Muslim Community Center Medical Clinic	Silver Spring
Proyecto Salud	Olney, Wheaton
Spanish Catholic Center	Silver Spring
The People's Community Wellness Center	Silver Spring

Montgomery Cares Growth

Montgomery Cares grew approximately 20 percent annually between FY05 and FY10 followed by a two year plateau. Montgomery Cares capacity increased in FY 2013.

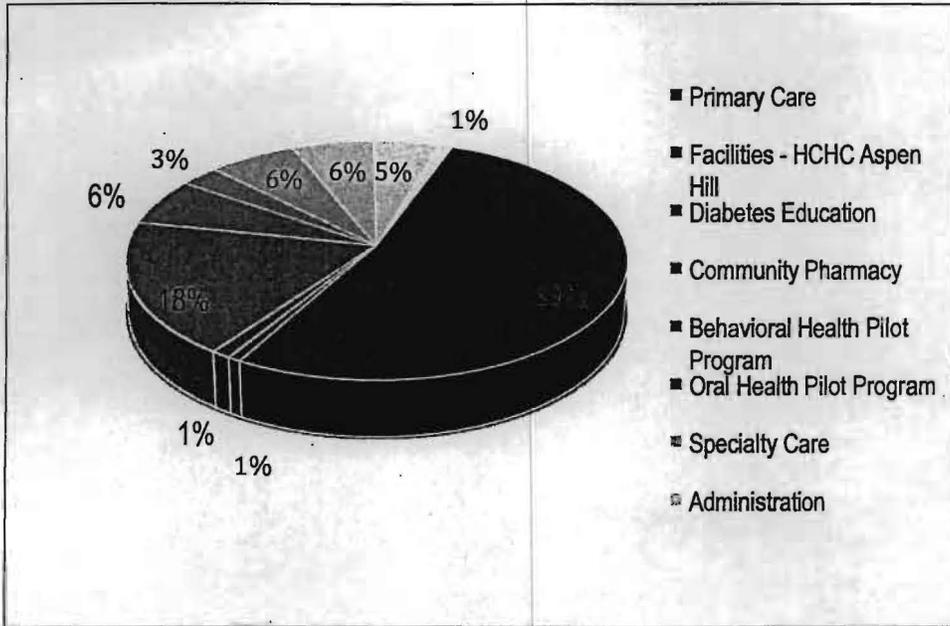
- The number of patients served increased by 6%, from 27,814 to 29,454
- The number of encounters increased by 10%, from 77,162 to 84,547



Montgomery Cares Expenditures

PCC Budget \$10 million

Fiscal Year Ending June 30,2013



The Montgomery Cares Program expended \$9,979,312; 99.7% of the 2013 fiscal year budget.

- 88% of expenditures were for direct patient care; 6% was spent on program administration; 5% on information technology and 1% on new clinic build-out.
- This year, \$170,000 was added to the budget to support purchase and implementation of E-Clinical Works, an ONC-certified electronic health record, for 8 clinics.

Montgomery Cares Patient Demographics

Mostly Female (67%)
Majority Hispanic (57%)
Mid-Age <ul style="list-style-type: none"> • 8% are 65+ • 33% are older 50 to 64 • 22% are in their 40's • 22% are in their 30's • 15% are young adults 18 to 29
Racially Diverse <ul style="list-style-type: none"> • 39% Other (Includes Hispanic) • 21% Black • 17% White • 11% Asian • 5% Native American, Alaskan, Hawaiian, Pacific Islander • 7% Unknow
Very Poor <ul style="list-style-type: none"> • 65% report income ≤ 100% FPL • 16 % report income between 101 - 133% FPL • 19% report income between 134-250% FPL

Quality Assurance

Annual Clinical Measures FY13

Measure	FY2008	FY2009	FY2010	FY2011	FY2012	Target Range HEDIS Medicaid (mean-90th %)
*Diabetes: Annual HbA1c Testing	54%	74%	77%	83%	84%	82-91%
*Diabetes: Annual LDL Testing	47%	65%	70%	77%	75%	75-82%
*Diabetes: Good HbA1c Control (≤ 7)	26%	35%	37%	41%	42%	35-44%
*Diabetes: Poor HbA1c Control (≥ 9)	57%	44%	37%	36%	42%	43-29%
*Diabetes: LDL Control (≤ 100 mg/dL)	22%	32%	35%	38%	38%	35-46%
*Diabetes BP Control	70	73	73	73	72%	61-75%
*Hypertension: BP Control ($\leq 140/90$)	52%	60%	65%	64%	62%	57-69%
Breast Cancer Screening	12%	26%	29%	32%	34%	50-63%
Cervical Cancer Screening	7%	15%	29%	39%	50%	67-78%
Colorectal Cancer Screening	1%	2%	2%	3%	4%	N/A

Hedis 2011 performance as reported in The State of Healthcare Quality 2012

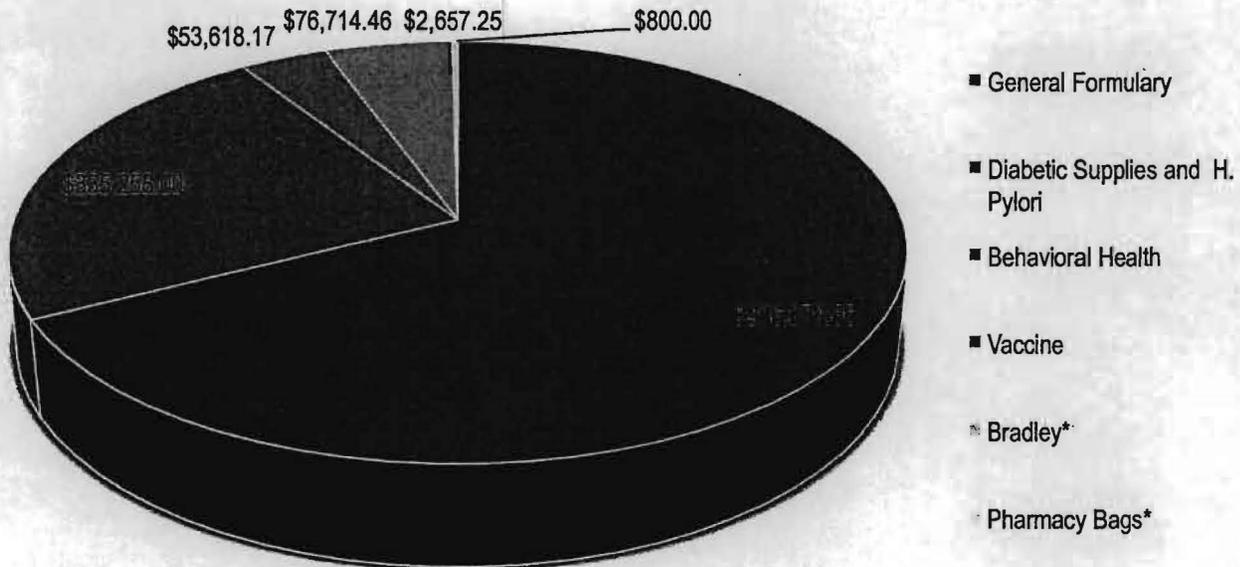
* Meets or exceeds HEDIS Medicaid Benchmarks

Montgomery Care clinics continue to meet or exceed HEDIS Medicaid Benchmarks related to chronic illness management but fall short in preventive health screening. This is in part due to limited access to low-cost mammography and colonoscopy services for uninsured patients. Funds for preventive health services were added to the Montgomery Cares budget for FY14 to address this.

Medicine Access

Montgomery Cares provided nearly \$1.5 million in critical medications to very low-income patients. Providers continue to report difficulty maintaining adequate supplies of medications to distribute to all those who need it.

Community Pharmacy Expenditures FY 2013

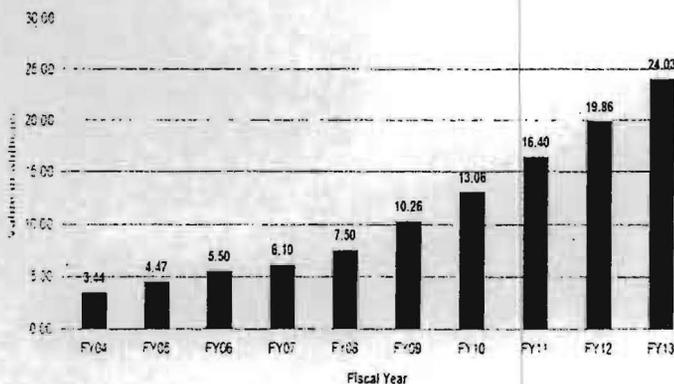


Total Community Pharmacy Expenditures FY 2013: \$ 1,445,908

Medbank Program Impact FY 2013

Pharmaceutical companies provide Montgomery Cares patients with over \$4 million in free medications annually. The PAP programs serve very low-income patients who are ineligible for MCHIP, Medicaid, Medicare or other programs.

Medbank Cumulative Value of Free & Discounted Meds Received



Value of Meds Received	\$4,170,348
Prescription Requests Processed	7,262
Medication Received Success Rate	72%
Patients Assisted	1,668
Prescription Requests Received	5,254

Medbank value of free and discounted meds (millions)

	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Fiscal Year Value		2.00	1.03	1.03	0.60	1.40	2.76	2.80	3.34	3.68	4.17
Cumulative Value	1.44	3.44	4.47	5.50	6.10	7.50	10.26	13.06	16.40	19.86	24.03

Specialty Care

Specialty care services are provided at no or low-cost through 2 volunteer networks: Project Access, a program of the Primary Care Coalition and the Archdiocesan Health Care Network, a program of Catholic Charities, DC. A network of providers offering high-demand services provides care that is reimbursed by Montgomery Cares at or below Medicaid rates.

Specialty Care Appointments by Source FY 2013

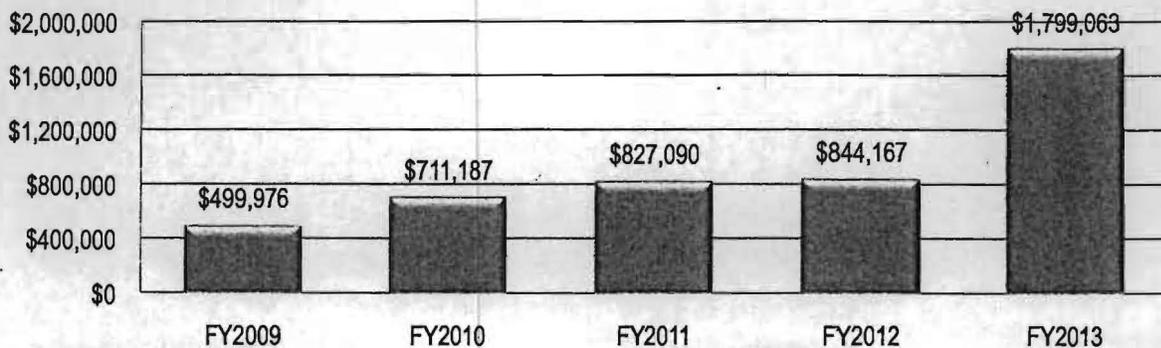
Appointment Source	Q1	Q2	Q3	Q4	FY2013 Totals
Clinic On-Site Specialty Care	1,207	1,163	1,645	1,798	5,813
ACHN	312	369	336	478	1,495
Project Access	699	613	549	538	2,399
MM Heart Clinic	119	136	162	166	582
Total	2,337	2,281	2,692	2,980	10,289

Montgomery Cares Support for Specialty Care

PA (Staff and Program)	\$332,043
AHCN	\$128,770
Direct Specialty Care Services	\$254,323
Clinic On-Site Specialty Care (\$62 per visit)	\$360,406
Total	\$1,075,542

Project Access Hospital Donated Services FY 2009 to FY 2013

In FY13, Montgomery County hospitals increased services provided to Montgomery Cares patients over 100%. There continues to be significant unmet need for specialty care services.



Montgomery Cares Behavioral Health Program

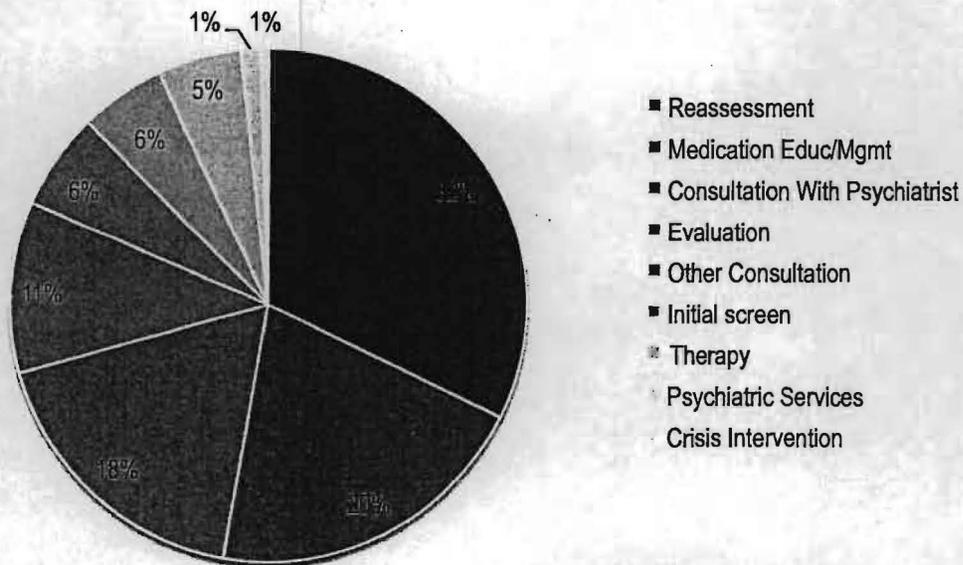
The Montgomery Cares Behavioral Health Program is a partnership between Montgomery County DHHS, the Primary Care Coalition and three Montgomery Cares organizations. It currently serves 45% of the Montgomery Cares population.

Participating Clinics and Patients Served

Clinic Site	Total Number Montgomery Cares Patients	Clinic Patients Receiving MCBHP Services	Percent of Clinic Patients Receiving MCBHP Services
Holy Cross	6,379	889	14.0%
Proyecto Salud	5,081	463	9.1%
Mercy	1,891	242	12.8%
Total	13,351	1,594	11.9%

FY 2013 Breakdown of Clinical Services Provided By MCBHP

MCBHP integrates behavioral health care into primary care settings using the "collaborative care" model. This evidence-based approach allows a range of services to be offered within clinic settings and supports primary care providers so that they can treat common behavioral health conditions.

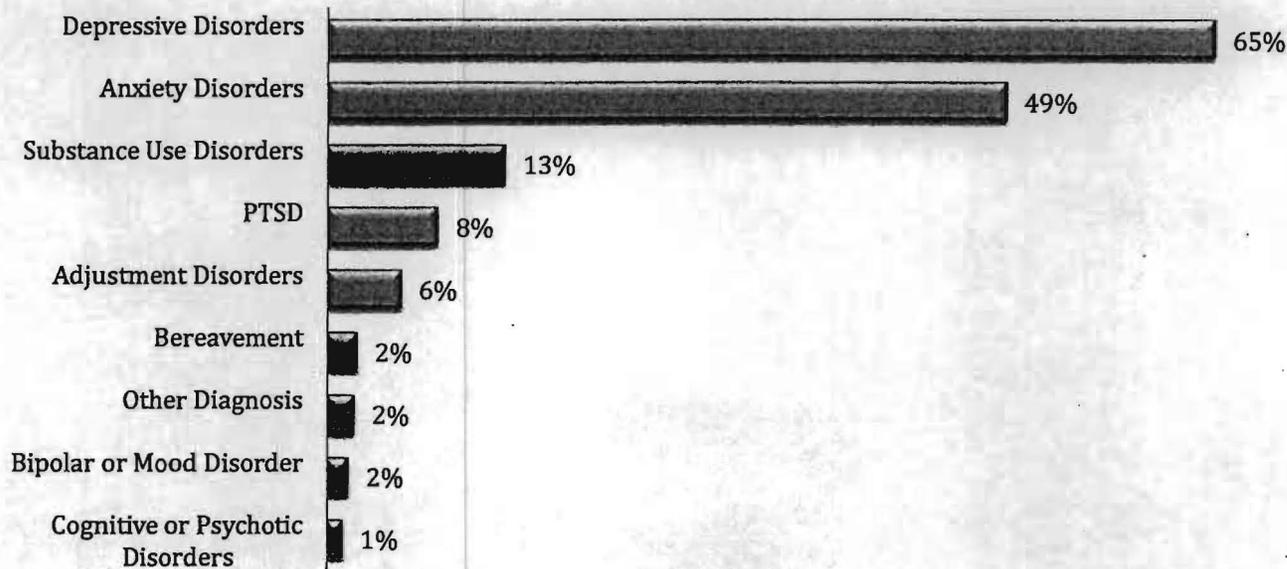


N= 5,359 Clinical Services Total

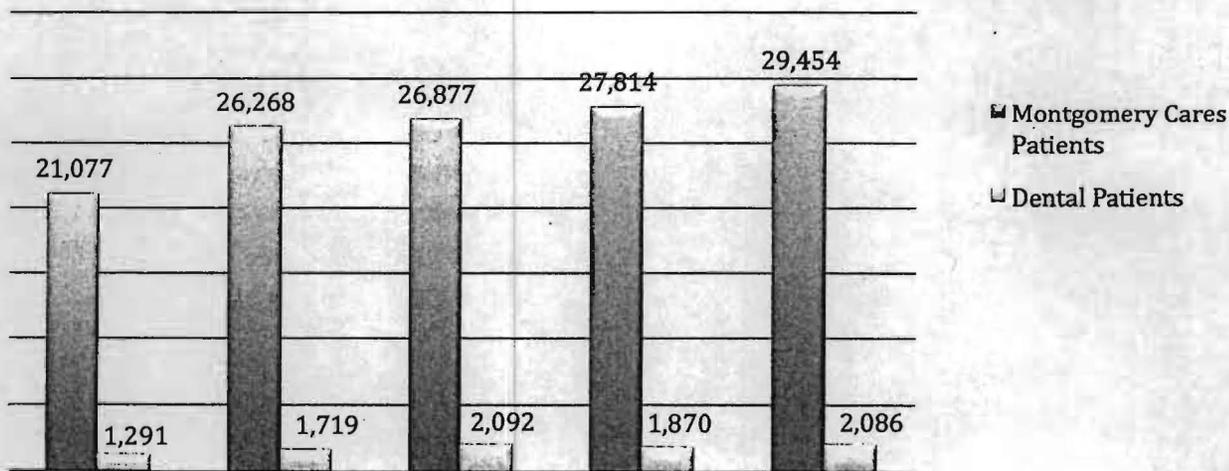
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Prevalence of Behavioral Health Disorders in Patients Evaluated In FY 2013 (N= 489)

It is estimated that 30% of all primary care patients suffer from underlying behavioral health conditions. 85 to 90% of these conditions can be managed by primary care providers with the support of behavioral health specialists and psychiatric consultation. The remainder are evaluated and referred for more intensive psychiatric services or substance abuse treatment as needed.



Oral Health Program FY2009 - FY2013



- 7% of Montgomery Cares patients received oral health services.
- The demand for dental care continues to exceed the services available through current MC funded providers.
- Wait times for appointment are 2 to 3 months.

45

Transitional Activities

Electronic Health Record Transition

- Eight clinics are transitioned to a single-instance of an ONC certified EHR between July and November, 2013.
- Four clinics have been using ONC certified EHRs.

Medicaid Participation

- Six of twelve clinics are participating in Medicaid.
- Two clinics are in the process of credentialing with MCOs and negotiating contracts.
- Two clinics remain undecided regarding Medicaid participation.
- Two clinics are not planning to participate in Medicaid.

Patient-Centered Medical Homes

- Four clinics are implementing patient-centered medical homes concepts.

Integration with Community Services

- Four clinics and 2 hospitals are participating in a geographically defined Health Enterprise Home Program focused on reducing health disparities and improving population health.

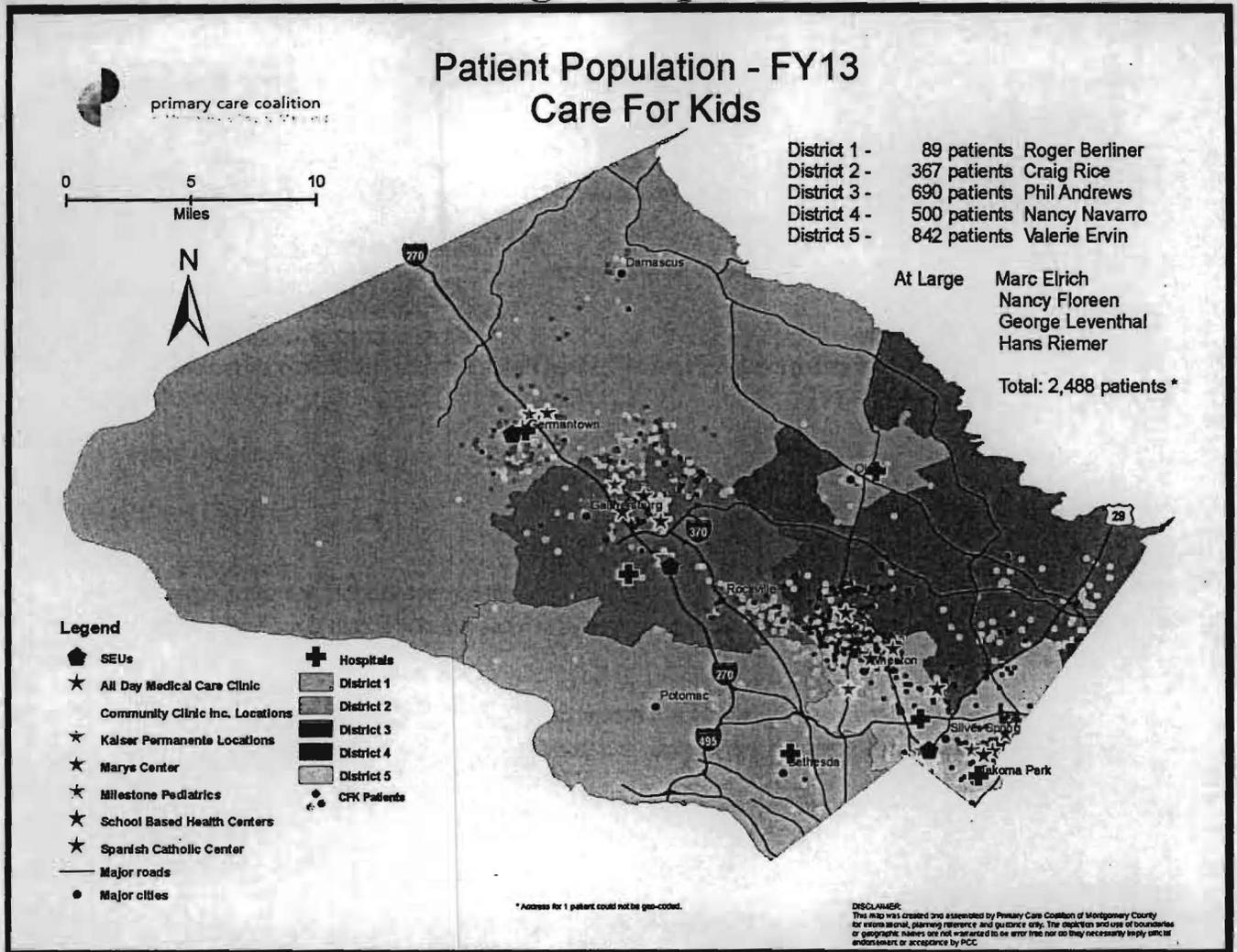
Raising the Bar and Resetting Goals

Phase I: Develop a safety-net primary health care system to provide primary health care services for low-income, uninsured children and adults living in Montgomery County that includes a full scope of supportive services including access to medications, specialty care, behavioral health care and oral health services.

Phase II (Montgomery Care 2.0): Strengthen the network and expand capacity to continue to meet the needs of the uninsured population and also serve newly insured individuals with Medicaid and Qualified Health Plans.

- Align the safety-net health care system with national, state and local initiatives that facilitate access to care, improve quality and lower costs.
- Harmonize and integrate enrollment processes for the Medicaid, the Maryland Health Connection and County safety-net health care programs.
- Successfully implement patient-centered medical homes.
- Fully integrate behavioral health services at all MC sites.
- Establish linkages to community-based social and support services to establish Community Integrated Medical Homes.

Appendix C: Care for Kids Patient Origin Map



Appendix D:

Care for Kids Fiscal Year 2013 Annual Report

Prepared By:
Sharon Zalewski, Director, Center for Health Care Access
Marisol Ortiz, Care for Kids Program Manager

Care for Kids Overview

Care for Kids is a partnership between the Primary Care Coalition, Montgomery County DHHS, the School Health Program, non-profit clinics and private health care providers that ensures children in Montgomery County have access to primary and specialty health care services.

This program provides health care services to children in Montgomery County who do not qualify for the Maryland Children's Health Insurance Program (MCHIP) or have other public or private insurance.

Care for Kids is an enrollment program. Eligibility is determined by DHHS Services Eligibility Units (SEUs). To be eligible, children must:

- Live in Montgomery County
- Live in families with income below 250% of Federal Poverty Level (FPL).
- Be 18 years of age or less.
- Complete the Care for Kids application process with documentation of residency and income similar to MCHIP.

Scope of Services

- High quality primary health care.
- Medications for all children enrolled in the program.
- Access to low cost dental care and behavioral health services through Montgomery County DHHS.
- Referrals for optometry, orthopedics and other specialty care services at no or low cost.
- Medical case management services for high-risk children and families requiring assistance with accessing care or linkages to social services.
- Children with chronic health conditions are enrolled in the Maryland Children's Medical Services program. PCC provides Care Coordination for CMS.

FY13 Program Metrics

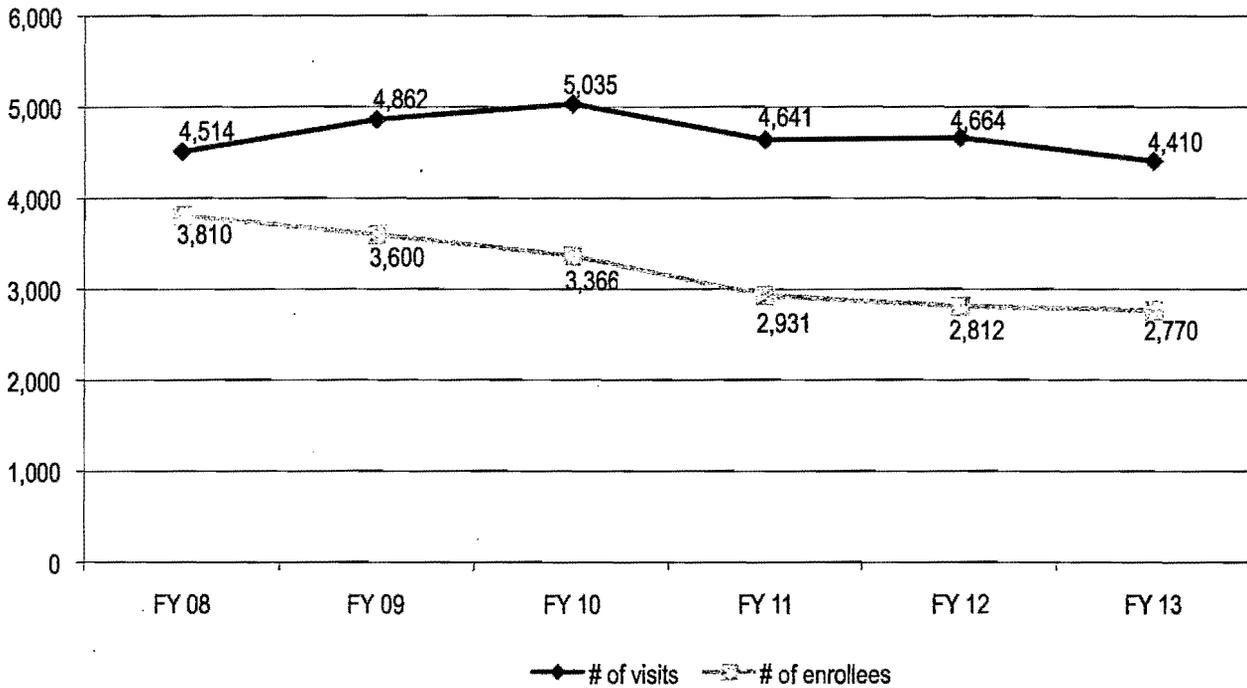
- Care for Kids served 2,770 children provided 4,410 primary care visits.
- Average monthly enrollment in CFK was 1,981 children.
- CFK enrolled 85% of new applicants approved by SEU.
- With the implementation of ACA, CFK has experienced nearly a 10% increase in enrollment in FY14.

Care for Kids Providers

Provider	Location	Patients	Visits
Dr. Eduardo Bravo	Gaithersburg	7	5
Community Clinic Inc.	Gaithersburg, Silver Spring, and Takoma Park	965	1,143
Kaiser Permanente	Silver Spring, Kensington, Germantown, Gaithersburg, Rockville	521	748*
Milestone Pediatrics	Germantown	251	496
Harmony Hills School-Based Health Center	North Silver Spring	169	420
Broad Acres School-Based Health Center	South Silver Spring	151	380
Gaithersburg School-Based Health Center	Gaithersburg	142	324
Summit Hall School Based Health Center	Gaithersburg	86	255
New Hampshire Estates School Based Health Center	South Silver Spring	80	150
Northwood Wellness Center	Silver Spring	23	78
Highland School Based Health Center	North Silver Spring/Wheaton	7	33
Rolling Terrace School Based Health Center	Silver Spring/Takoma Park	4	14
Spanish Catholic Center	North Silver Spring/Wheaton	251	238
Mary's Center for Maternal and Child Care	Silver Spring/Takoma Park	113	126
Total		2,770	4,410

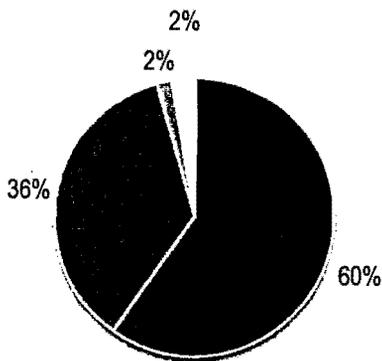
CFK Children Enrollment and Visits FY2008 to FY2013

In past years, CFK enrollment has decreased slightly, however the number of primary care visits has been consistent and the number of specialty care visits has increased. In FY14, Care for Kids projects a 10% increase in enrollment.



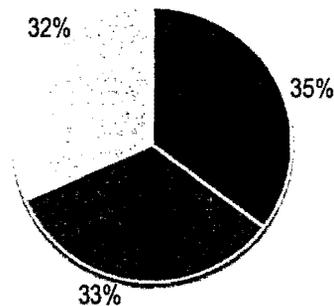
Federal Poverty Level and Region

Income of Participants Families



- 0-99% FPL
- 100-184% FPL
- 185-200% FPL
- 201-250% FPL

Region of Participant's Residency



- Upper County
- Middle County
- Down County

- 96% of Care for Kids families have income below 184% of the federal poverty level.
- Care for Kids population is evenly distributed across of Montgomery County

Country of Origin

80% of Care for Kids children are from Central and South America. The remainder are from a variety of countries representing diverse ethnic and cultural backgrounds.

Country of Origin (Top Ten)	Total	Percentage
El Salvador	1,189	43%
Honduras	255	9%
Guatemala	233	8%
Peru	195	7%
Mexico	188	7%
Bolivia	70	3%
Philippines	52	2%
Colombia	48	2%
Ecuador	37	1%
Brazil	31	1%

Appendix E: Detailed Budget Request

		Current Budget	FY15 Increase	Budget Total
Direct Patient Services	On-Site Clinic Visits	\$5,375,955.00	\$-	\$5,375,955.00
	Preventive Health Services	\$400,000.00	\$-	\$400,000.00
	Medications	\$1,282,680.00	\$150,000.00	\$1,432,680.00
	Specialty Care Services	\$377,135.00	\$75,000.00	\$452,135.00
	Behavioral Health Services*	\$735,630.00	\$300,000.00	\$1,035,630.00
	Subtotal	\$8,171,400.00	\$525,000.00	\$8,696,400.00
Transitional Activities	Patient Experience Survey	\$-	\$50,000.00	\$50,000.00
	Enrollment Design and Implementation**	\$-	\$50,000.00	\$50,000.00
	Medicaid Participation Training and TA	\$-	\$20,000.00	\$20,000.00
	Pharmacy Assessment	\$-	\$25,000.00	\$25,000.00
	Program and Population Data Analysis	\$-	\$50,000.00	\$50,000.00
	Subtotal	\$-	\$195,000.00	\$195,000.00
On-Going/EHR Operations	Staff	\$161,229.00	\$143,750.00	\$304,979.00
	Consultants	\$33,555.00		\$33,555.00
	Program Operating and Admin	\$26,383.00	\$57,257.00	\$83,640.00
	Est. Variable Costs for Licenses, Maintenance and Fees***	\$221,341.00	\$158,993.00	\$158,993.00
	DHHS Contribution	\$180,000.00	(\$100,000)	\$100,000.00
	Subtotal	\$622,508.00	\$260,000.00	\$681,167.00
Montgomery Cares Total FY15 Budget Request				\$980,000.00

* Behavioral health request represents costs associated with expanding psychiatric support and screening.

** Requested by PCC to support transitioning Montgomery Cares to an enrollment program.

** Variable costs include \$130,950 for on-going licensing and maintenance costs for eCW, which were covered by DHHS supplemental funds in FY15. Plus an estimates for essential interfaces at \$23,000 and \$5,000 to host web-based training for clinics. Approximately \$23,000 in variable costs for new provider licenses, clearing house fees and messaging would shift to clinics in FY15.

		Current Budget	FY15 Increase	Budget Total
Direct Patient Service	Medical Services for Uninsured Children	\$235,965.00	\$20,000.00	\$255,965.00
CFK Total FY15 Budget Request				\$20,000.00

For approximately 266 additional sick and well primary health care visits which average \$75 per visit.



Isiah Leggett
County Executive

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Uma S. Ahluwalia
Director

April 1, 2014

The Honorable Craig Rice
President, Montgomery County Council
100 Maryland Avenue, 6th Floor
Rockville, Maryland 20850

Dear Mr. Rice:

Thank you for the opportunity to review the FY15 Council Grant Proposals related to the Montgomery Care Program. The Montgomery Cares Advisory Board (MCAB) appreciates your respect for our Board and its advisory function.

The MCAB underwent a formal review process for the proposals. We assigned three board members to review and score each proposal and make a recommendation to the full Board. At the March 26, 2014 MCAB meeting, the Board discussed these recommendations and reached funding consensus. You will find the recommendations for each proposal in the attached document.

The Board found all of the proposals to be appropriate for funding, but they have listed concerns for many of the proposals for you to consider. Overall, most of these concerns were based on the lack of evidence to sustain the project without County funding. The Board also decided not to rank the proposals in any preferential order because the scores were too similar to allow ranking to be valuable or fair.

Thank you again for this opportunity and we hope our recommendations are helpful to you. Please contact our staff member, Becky Smith, at 240-777-1278 or rebecca.smith@montgomerycountymd.gov with questions or for additional information.

Sincerely,

Lynda Honberg
Chair, Montgomery Cares Advisory Board

Attachments:
MCAB Review and Recommendation, FY15 County Council Grants

cc:

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

**FY15 County Council Grants
Montgomery Cares Advisory Board
Review and Recommendations**

1. **Organization:** Community Ministries of Rockville #5 (RN and MA for Kaseman Clinic)
Amount Requested: \$71,372
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
 - No evidence that project is sustainable.
 - Proposal did not document that revenue can be generated by billing Medicaid which could help support the positions.
 - Proposal did not include outcome measurement.
 - Project should include more QI (Quality Improvement) instead of QA (Quality Assurance).

2. **Organization:** Community Ministries of Rockville #6 (funding for Medicaid requirements)
Amount Requested: \$38,595
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
 - No evidence that project is sustainable.
 - Funding for electronic medical records (EMR) is also on list of MCAB/PCC Advocacy request and could be a duplication of funding.

3. **Organization:** Community Ministries of Rockville #7 (expand dermatology services)
Amount Requested: \$36,579
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
 - No evidence that project is sustainable.
 - MCAB members would like assurance that funding would not be used for elective cosmetic surgery.

4. **Organization:** Mary's Center for Maternal and Child Care, Inc. (new staff and emergency assistance)
Amount Requested: \$104,914
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
 - No evidence that project is sustainable. This will be the third year of Council funding for this project
 - No mention if clinic will pursue Medicaid funding for some of the services.
 - No measurable outcomes stated.
 - No evidence if clinic has looked outside for funding.

5. **Organization:** MedStar Montgomery Medical Center (Emergency Room Navigator program)
Amount Requested: \$45,000
MCAB Funding Recommendation: ___ Yes ___ No Reduced Funding (amount \$ 38,250)
MCAB Comments and Conditions:
- MCAB recommending a 15% reduction from requested amount. Reviewers felt the project could be completed for less than the stated budget amount.
6. **Organization:** Mercy Health Clinic #1 (Health Education Program)
Amount Requested: \$24,900
MCAB Funding Recommendation: Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- No evidence that project is sustainable.
 - Proposal contained some errors in proper diabetic management. Must get facts correct before carrying out project.
 - Project needs outcome measures.
7. **Organization:** Mercy Health Clinic #2 (pharmacy program)
Amount Requested: \$30,000
MCAB Funding Recommendation: Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- No evidence that project is sustainable, but only requesting a small portion of total project budget.
 - Reviewer called it a "novel pilot program."
8. **Organization:** Mercy Health Clinic #3 (nurse practitioner to cover for EHR decline)
Amount Requested: \$45,000
MCAB Funding Recommendation: Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Sustainable! One time funding request.
 - Proposal did not indicate that revenue can be generated by billing Medicaid which could help support the positions.
9. **Organization:** Mobile Medical Care #1 (specialty care coordinator, ancillaries staff)
Amount Requested: \$49,670
MCAB Funding Recommendation: Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Unanimous "yes", no comments or conditions.
10. **Organization:** Mobile Medical Care #2 (aspen hill) Clinic withdrew request
Amount Requested: \$54,390
MCAB Funding Recommendation: ___ Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Considerations: N/A

11. **Organization:** Primary Care Coalition (TA for PCMH)
Amount Requested: \$80,209
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- One time request, although Board members thought the program should go on past year one to be successful.
 - The proposal did not discuss of how some of the funds would be allocated.
 - The proposal did not discuss how they would determine which clinics would participate.
12. **Organization:** Proyecto Salud Clinic (Case Mgt and Pt. Navigator, breast, colorectal, cervical cancer)
Amount Requested: \$50,000
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Unanimous "yes", no comments or conditions.
13. **Organization:** The Muslim Community Center #1 (domestic violence prevention)
Amount Requested: \$25,000
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Project doesn't directly support the MCares mission.
 - 3rd year of funding, proposal did not report results.
 - A good use of County taxpayer dollars, but not a Mcares function.
14. **Organization:** The Muslim Community Clinic #2 (shuttle van)
Amount Requested: \$25,000
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- No evidence that project is sustainable
 - Board does recognize the need for transportation in that part of the County.
15. **Organization:** The Muslim Community Clinic #3 (support for oral health program)
Amount Requested: \$100,000
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Unanimous "yes", no comments or conditions.
16. **Organization:** The Muslim Community Clinic #4 (Support for Quality Assurance Program)
Amount Requested: \$50,000
MCAB Funding Recommendation: X Yes ___ No ___ Reduced Funding (amount \$ _____)
MCAB Comments and Conditions:
- Unanimous "yes", no comments or conditions.
 - One Board member stated that this was the best proposal of all that he read.