

WORKSESSION

MEMORANDUM

April 9, 2015

TO: Health and Human Services Committee

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

SUBJECT **FY16 Operating Budget: Department of Health and Human Services**
Department Overview
Administration and Support (includes Minority Health and VITA)

Those expected for this session:

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Stuart Venzke, Chief Operating Officer, DHHS
Betty Lam, Office of Community Affairs, DHHS
Rachel Silberman, Office of Management and Budget

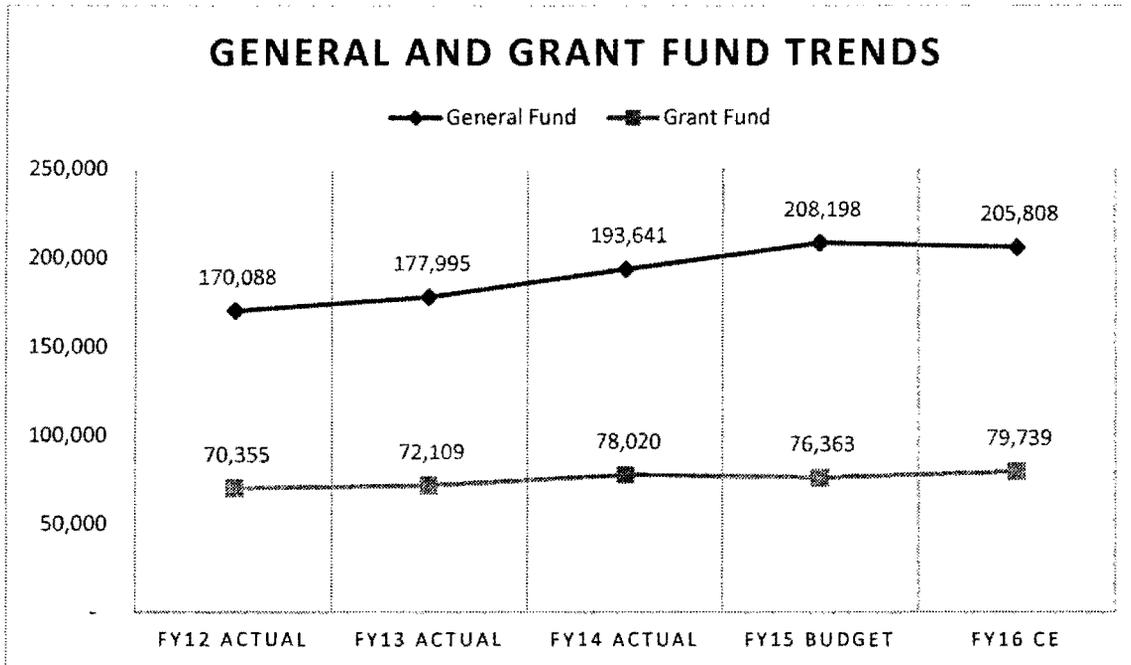
1. Department Overview

For FY16, the County Executive is recommended total expenditures of \$285,547,766. This is a 0.3% increase from the FY15 Approved Budget. General Fund expenditures are reduced by -1.1%, from \$208,197,960 to \$205,808,067. Grant Fund expenditures are recommended to increase by 4.4%, from \$76,363,353 to \$79,739,699.

Total personnel costs (for both General Fund and Grant Fund) are recommended to increase by 2.3% while total operating expenses are recommended to decrease by -2.1%.

Summary of Personnel and Operating (General + Grant Fund)

DHHS (in \$000s)	FY12 Actual	FY13 Actual	FY14 Actual	FY15 Budget	FY16 CE	Change FY15-16
Personnel Costs	136,784	147,476	147,662	156,648	160,275	2.3%
Operating Expenses	103,660	104,827	123,999	127,914	125,273	-2.1%
Total Expenditures	240,444	252,303	271,661	284,562	285,548	0.3%



Departmental Expenditures by Fund

DHHS (in \$000s)	FY12 Actual	FY13 Actual	FY14 Actual	FY15 Budget	FY16 CE	Change FY15-16
Expenditures:						
General Fund	170,088	177,995	193,641	208,198	205,808	-1.1%
Grant Fund	70,355	72,109	78,020	76,363	79,739	4.4%
Total Expenditures	240,443	250,104	271,661	284,561	285,547	0.3%
Positions:						
General Fund FT	753	763	792	808	799	-1.1%
Grant Fund FT	559	558	534	544	544	0.0%
Subtotal FT	1,312	1,321	1,326	1,352	1,343	-0.7%
General Fund PT	292	288	288	289	292	1.0%
Grant Fund PT	45	44	43	40	35	-12.5%
Subtotal PT	337	332	331	329	327	-0.6%
Total Positions	1,649	1,653	1,657	1,681	1,670	-0.7%
Total FTEs	1485.7	1558.6	1568.76	1588.87	1577.66	-0.7%

Revenues

In the General Fund, revenue from Federal Financial Participation is expected to increase by almost 21% from the FY15 budgeted amount but only slightly from the FY15 estimated

amount of \$13.9 million. HB669 Social Services reimbursement is budgeted to increase by about 1.3% above the amount received in FY14.

Selected Revenues:	FY13	FY14	FY15	FY16	%
General Fund	Actual	Actual	Budget	CE	FY15-16
Core Health Services Funding	3,666,098	3,975,153	4,411,426	3,975,150	-9.9%
Federal Financial Participation	11,488,656	13,929,286	11,660,530	14,083,420	20.8%
Medicaid/Medicare	1,511,636	3,943,386	2,852,088	2,009,466	-29.5%
Other Intergovernmental Aide	41,208	1,863,985	3,604,906	3,915,730	8.6%
Health and Human Services Fees	1,381,824	1,379,170	1,426,320	1,332,800	-6.6%
Health Inspections: Restaurants	1,696,121	1,805,645	1,808,680	1,737,820	-3.9%
Health Inspections: Living Facilities	246,660	272,848	240,730	240,730	0.0%
Health Inspections: Swimming Pools	500,571	544,905	501,220	526,330	5.0%

Selected Revenues	FY13	FY14	FY15	FY16	%
Grant Fund	Actual	Actual	Budget	CE	FY15-16
Federal Grants	21,108,201	19,946,419	15,615,146	18,777,758	20.3%
HB669 Social Services	33,793,535	35,446,217	34,356,477	35,909,183	4.5%
Medicaid/Medicare	614,085	na	na	na	na
State Grants	19,430,468	18,801,187	26,261,730	24,921,047	-5.1%
Other Intergovernmental	1,365,994	269,884	130,000	131,711	1.3%

Department-Wide Adjustments

There is a net increase of about \$5 million to General Fund expenditures from department-wide adjustments. These changes are often part of the multi-program adjustments recommended for each program area.

Department wide adjustments (General Fund)	Dollars
FY16 Compensation Adjustment	3,747,588
Retirement Adjustment	776,948
Group Insurance Adjustment	316,300
Annualization of FY15 Lapsed Positions	194,304
Annualization of Personnel Costs	(138,855)
Motorpool Rate Adjustment	(24,054)
Printing and Mail Adjustment	(80,190)
Risk Management Adjustment	209,772
NET CHANGE	5,001,813

2. Administration and Support Services

An excerpt from the County Executive's Recommended Budget describing the changes in this Service Area is attached at © 9-10.

The Service Area provides the overall leadership and administration of the Department. It also houses the Office of Community Affairs which oversees the Community Action Agency, Head Start, the TESS Center, the VITA program, and the Leadership Institute for Equity and Elimination of Disparities (LIEED) within which are the African American Health Program, Asian American Health Initiative, and the Latino Health Initiative.

For FY16, the County Executive is recommending a 3.4% reduction to this services area. However, as will be discussed in the recommendations for the Office of the Director, this is the result of a large increase in lapse that will eventually be realized throughout the department.

Administration and Support Services Expenditures in \$000's	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	Change FY15-FY16
Office of the Director	2,227	2,350	2,270	8,305	6,559	-21.0%
Office of the Chief Operating Officer	15,524	16,197	17,672	19,579	19,957	1.9%
Office of Community Affairs	6,795	6,839	7,226	7,761	7,926	2.1%
TOTAL	24,546	25,386	27,168	35,645	34,442	-3.4%

A. Office of the Director

Attached at ©11-12 is an excerpt from the DHHS FY14 Annual Report that shares the thoughts of Director Ahluwalia as well as some of the activities of the Office of the Director. Highlights include the development of Return on Taxpayer Investment and Social Return on Investment models and work on the Interoperable Information Technology system for the Department.

CE Recommended Budget Changes:

1. Increased Cost: Maryland Health Benefit Exchange (Grant Fund) \$973,686 (0 FTE)

Last year, the County expected that it would receive about \$5.9 million for provider Connector Entity Services. At the time of the budget, it was expected that additional funding of \$973,686 would be received from the State for FY15, for a total amount of \$6,873,686.

While the State has revised the award for FY15 to \$6,544,009, it has also allowed the County to carryover \$524,757 in funding from FY14. The Department has not received a formal notification of funding for FY16 and so the Executive's recommended budget reflect the original FY15 award.

As the HHS Committee has discussed in previous updates (last update was Feb 5, 2015), the County has partners for outreach, assistance, and navigation. The following tables show the expenses for these partners through June 2014 and for FY15 through March.

FY14 SUMMARY OF EXPENSES			
	Staff	Other Operating Expenses (OE)	Total Staff and OE
DEPARTMENT/Tru June 2014	1,714,898.78	797,752.29	2,512,651.07
PARTNERS /Tru June 2014			
Benefits Data Trust (BDT)	120,484.27	66,103.22	186,587.49
CASA de Maryland	645,517.61	305,477.90	950,995.51
Community Clinic, Inc	511,671.56	190,672.49	702,344.05
Family Services, Inc.	438,551.00	114,475.73	553,026.73
Interfaith Works	426,221.96	213,644.27	639,866.23
Korean Community Service Center of Greater Washington	199,099.94	41,571.36	240,671.30
Mary's Center	218,597.89	67,136.45	285,734.34
Primary Care Coalition	115,591.06	93,841.35	209,432.41
Total Partners	2,675,735.29	1,092,922.77	3,768,658.06

FY15 SUMMARY OF EXPENSES			
	Staff	Other Operating Expenses (OE)	Total Staff and OE
DEPARTMENT/Tru March 2015	\$1,128,047.22	\$138,573.12	\$1,266,620.34
PARTNERS /Tru March 2015			
African Women's Cancer Awareness Association	\$0.00	\$0.00	\$0.00
Community Health and Empowerment Through Education and Research,	\$0.00	\$0.00	\$0.00
Chinese Culture and Community Service Center, Inc.	\$0.00	\$0.00	\$0.00
Help Africa	\$0.00	\$0.00	\$0.00
International Rescue Committee	\$0.00	\$0.00	\$0.00
Mary's Center for Maternal and Child Care (Declined Contract)	\$0.00	\$0.00	\$0.00
Prince George's County Government	\$0.00	\$0.00	\$0.00
Family Services, Inc.	\$93,084.77	\$28,441.86	\$121,526.63
CASA de Maryland	\$50,783.48	\$14,289.13	\$65,072.61
Primary Care Coalition	\$81,502.36	\$37,431.11	\$118,933.47
Interfaith Works	\$88,146.68	\$10,452.98	\$98,599.66
Korean Community Service Center of Greater Washington	\$10,985.17	\$14,368.03	\$25,353.20
Total Partners	\$324,502.46	\$104,983.11	\$429,485.57

Note: Invoices are currently being processed for most partners with no expenses to date.

Council Staff recommendation: Approve as recommended by the County Executive knowing that the actual amount to be received in FY16 has not yet been determined. These revenues and expenses are in the Grant Fund.

2. Chargeback Adjustment to PIO Office **-\$7,468 (-0.2FTE)**
 (General Fund)

The Department covers the cost of certain staff in the 311 call center that respond to requests regarding health and human services. This adjusts the amount of the chargeback.

Council Staff recommendation: Approve as recommended by the County Executive.

3. Multi-program Adjustments **-\$2,712,949 (1.0 FTE)**
 (General Fund)

The additional FTE included in this adjustment is the shifting of an Administrative Specialist from the Chief Operating Officer's office to the Office of the Director.

The vast majority, -\$2,233,426, is an increase the personnel lapse that the Department must accrue over FY16 to meet its overall budget target. Total FY16 lapse for the Department will be \$8,310,560.

FY15 Lapse in Base Budget	\$6,077,135
<u>Additional FY16 Lapse</u>	<u>2,233,425</u>
Total FY16 Lapse	\$8,310,560

The Executive is recommending this additional lapse based on FY14 end of year personnel cost analysis that showed a surplus of \$3.2 million.

FY14 Year End Budget Analysis			
Description	Budget	Expenditures	Balance
Salary	78,351,424	75,805,736	2,545,688
Social Security	5,893,032	5,472,657	420,375
Group Insurance	12,223,814	11,505,771	718,043
Retirement	11,144,875	11,591,566	(446,691)
Total Personnel Surplus	107,613,145	104,375,730	3,237,415

Council staff is extremely concerned about the impact of this additional lapse on the Department. DHHS does accrue substantial lapse associated with regular turnover of positions. While it is accurate that there was a FY14 surplus in personnel costs, some of this was due to delays in hiring. In addition, the FY14 End-of-Year document estimated that DHHS would end the year with only a \$287,464 General Fund surplus and that showed that funds had been moved from personnel to operating. Comparing the FY14 Original Budget to the FY14 Actual Budget shows a slightly different outcome from the End-of-Year Transfer but confirms that personnel funds were needed to address operating expenses. The Executive believes that because there

were some very large unbudgeted operating expenses in FY14, including a one-time expenditure to implement an electronic health record system, the lapse should be achievable in FY16.

DHHS	FY14 Original Approved	FY14 Actual from FY16 Rec Budget	Difference
Personnel	107,613,145	104,375,730	(3,237,415)
Operating	85,612,072	89,264,942	3,652,870
Total	193,225,217	193,640,672	415,455

Assuming a General Fund average FTE costs \$99,740, the Department will have to accrue additional lapse of about 22 ½ FTEs. There would be no personnel surplus to cover any operating expense overage and there is not a recommended increase in operating expenses. In total, DHHS will have to carry General Fund vacancies of about 83½ FTEs. The number of actual positions held vacant at times during the year will be higher in order to manage the full amount of lapse. The number of positions that must be held vacant will also depend on whether a position has more than one source of funding.

Council Staff recommendation: Council staff has asked whether some specific vacant positions are likely to be filled and will discuss these positions in the Service Area reviews. At this time, Council staff does not have a specific recommendation to the department-wide issue of lapse but will have recommendations in program areas that recommend reducing lapse in order to allow certain positions to be filled.

Councilmember Floreen has forwarded a memo to HHS Committee members expressing her concern about the additional lapse and asking the HHS Committee to reduce the lapse amount to FY15 Approved level. Councilmember Floreen’s memo is attached at © 17.

If the Committee recommends and the Council approves a reduction in lapse, there will need to be agreement with the Executive that additional funds will result in the filling of vacant positions.

Other Issue:

1. Inflationary Adjustments to Non-Profit Contracts

In FY15, the Council approved a 3% increase to the General Fund portion of most contracts with non-profit providers. The Executive recommended a 2% increase and the Council was able to fund an additional 1%.

The County Executive has not recommended any adjustment to non-profit contracts as a part of his FY16 Recommended Budget. The Executive has recommended a \$969,420 increase to supplement to DD Providers, which is about a 10% increase to the total supplement amount.

The Executive has not included an increase in the supplement to Residential Treatment Providers.

The current estimate for a 1% increase to eligible non-profit contracts is about \$340,000.

Non-Profit Montgomery has asked County elected officials to provide a 4% increase to non-profit contracts. The Council has approved an increase to these contracts separately from the supplement to Residential Treatment and DD Providers. It has not included Montgomery Cares, except administration, because the Council makes specific funding decisions on the components of the Montgomery Cares program. Non-Profit Montgomery has included Montgomery Cares in its request.

Council Staff recommendation: Place two increments of 1% each (\$340,000 each) on the reconciliation list.

The following is the language that has been included in past budget resolutions for this item. After discussion with DHHS, Council staff has suggested two amendments that would be included if the Council approves an inflationary adjustment.

Budget Provision language:

This resolution appropriates \$XXXXXX for inflation adjustments for tax-supported contracts with the Department of Health and Human Services (DHHS) and to eligible contracts with the Department of Housing and Community Affairs (DHCA) that are providing Special Needs Housing programs. Any inflation adjustment awarded under this paragraph must not exceed X% of the total contract price. Any contract funded by a non-County grant is not eligible for an inflation adjustment under this paragraph. Each contractor must meet the following eligibility criteria.

- (a) Non-profit service provider, public entity, or
- (b) Contract that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.
- (c) The increase is to the General Fund value of the contract (Grant Fund value not included).
- (d) The contract must not be in its first year unless a new contract has been executed as part of a DHHS administrative review, or have an automatic inflation adjustment built into the contract.
- (e) This increase does not apply to contracts for Montgomery Cares (except administration), Maternity Partnership, or Care for Kids (except for the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2015 levels of service.
- (f) This increase does not apply to contracts that are a specific match to a grant.

- (g) This increase does not apply to contracts covered by the DD Supplement. This resolution appropriates \$XXXXXX to increase the DD Supplement.
- (h) This increase does not apply to contracts covered by the Residential Treatment Provider Supplement. This resolution appropriates \$XXXXXX to increase the Residential Treatment Provider Supplement.

B. Office of the Chief Operating Officer

Attached at ©15-16 is an excerpt from the DHHS FY14 Annual Report that highlights the work of the Office of the Chief Operating Officer including facilities and logistics support, financial transactions (including new systems for billing for services), technology, audit and compliance, contract management and procurement.

CE Recommended Budget Changes:

1. Multi-Program Adjustments \$378,468 (-1.0FTE)

As previously noted the FTE has been shifted to the Office of the Director. The net adjustment is about a 2% increase to this program that has a total recommended budget of \$19.957 million.

Council Staff recommendation: Approve as recommended by the County Executive.

C. Office of Community Affairs

Attached at ©20-21 is an excerpt from the DHHS FY14 Annual Report that highlights the work of the Office of Community Affairs. Information on the activities of the LIEED and Minority Health Initiatives/Program are included. The TESS Center served 8,800 walk-in customers, initiated a summer meal program for 60 children, and partnered with others to enroll people in health care coverage under ACA. The Volunteer Income Tax Assistance (VITA) Partnership prepared almost 2,000 tax returns helping families access \$4 million in refunds.

CE Recommended Budget Changes:

1. Multi-Program Adjustments \$165,757 (0 FTE)

This adjustment is about a 2% increase to this program that has a total recommended budget of \$7.926 million.

Council Staff recommendation: Approve as recommended by the County Executive.

Other Issues:

1. Leadership Institute for Equity and the Elimination of Disparities (LIEED)

The LIEED was formed in FY14. Its goal is, “To enhance HHS practice, policy and infrastructure to best serve racially, linguistically and ethnically diverse communities, including emerging populations, and explore and recommend the roles of the Minority Health Initiatives/Program, as integral to the department.”

The HHS Committee had scheduled a meeting with the LIEED in January, which was cancelled due to inclement weather. The LIEED FY14 Annual Report is attached at © 22-30. As stated on © 23, the LIEED was designed to put a specific focus on racial/ethnic minority communities in the County by:

- Providing strategic leadership and coordination on systemic issues impacting health and wellness;
- Working in collaboration with internal and external partners on specific projects related to addressing health disparities and equity;
- Engaging racial/ethnic minority communities in a manner that promotes and fosters trust;
- Improving the Department’s ability to deliver culturally and linguistically appropriate services; and
- Cultivating an organizational culture that promotes fairness and opportunity.

The Department will provide the Committee with an update on the activities of the LIEED and the structure of the advisory committee which is undergoing some change. The FY16 Recommended budget includes \$103,000 specifically for LIEED. As noted in the Annual Report, LIEED also draws on the expertise and resources of the Office of Community Affairs and the Minority Health Initiatives/Program.

2. Minority Health Initiatives/Program

The Minority Health Initiatives/Programs are recommended for basically level funding for FY16. The following table provides recent budget trends.

	FY14 Actuals	FY15 CC approved	FY16 CE recommended
African American Health Program	1,415,041	1,478,461	1,494,538
Asian American Health Initiative	496,077	577,233	583,643
Latino Health Initiative	1,380,491	1,337,759	1,366,905
Total	3,291,609	3,393,453	3,445,086

The Council provided enhancements to each program for FY15 and this funding continues in FY16. The following provides an update on the progress of these items. Following the update on the enhancements to the African American Health Program, there is a summary of

a request for additional FY16 funding for the SMILE Program. After the FY15 updates, Council staff has provided a summary of some of the activities from each initiative as noted in their FY14 Annual Reports.

FY15 Enhancements – African American Health Program

Data Analyst (\$25,000) to evaluate AAHP services and data collection efforts for AAHP program measures.

In FY15, the Department undertook an informal bid process to select a consultant to provide data analysis support, develop specific guidelines and conduct analyses of current data gathering efforts as well as assist in the dissemination of findings to stakeholders. We expect the consultant to also provide training to program staff on data collection, management and analyses to build capacity within the program to do such work. The informal bid process was much lengthier than expected and we expect the work to get started in mid-April.

Planning and development of a new behavioral health program (\$25,000).

AAHP hired a consultant to implement the project. The Mental Health Collaborative, a workgroup of the AAHP Executive Committee has been formed to take the lead on the project working directly with the Consultant, Executive Committee and the AAHP contractor.

The current concept is to develop a two pronged approach to addressing mental health concerns for AAHP:

- **Internal:** To integrate mental health as a topic throughout existing AAHP program activities. This would involve assessing with program staff mental health questions/issues that most often arise within their program context, e.g., certain cardiovascular illnesses are closely linked with the development of depression so there could be a special forum designed for customers who are served through the cardiovascular program.
- **External:** To identify and understand mental health resources in the community in order to make effective referrals.

Health Promotion (\$25,000)

The additional funding for the health promoter program has supported the cost to engage one senior level health promoter and five additional health promoters to continue to sustain the important outreach and education efforts of the program. The funding has also supported training materials and activities. The additional health promoters broadened the program's outreach making it possible to respond to requests and participate in more activities.

FY16 Request – Community Health Outreach Worker – SMILE Program

The Council has received a request from the Community Action Team of the Fetal and Infant Mortality Review Board asking for an additional \$65,000 to hire a Community Health Outreach Worker to assist clients with non-medical/non-clinical needs so that the SMILE nurses can focus on recruiting, enrolling, and serving more people in the program. The request is attached at © 31.

Council Staff recommendation: Council staff recommends deferring any recommendation on this item until after the Council has held its public hearings. This will allow the HHS Committee to consider it in the context of any other requests related to infant mortality, maternal health, and the minority health initiatives.

FY15 Enhancements - Asian American Health Initiative

Full-time mental health program staff (\$75,000)

A full time contractual behavioral health coordinator has been hired. Her responsibilities included developing mental health activities that are non-clinical in nature, develop appropriate educational materials, conduct outreach on mental health topics, compile information on resources and refer clients accordingly, as well as participate in the Healthy Montgomery Behavioral Health Task Force.

Recruit and train 20 bi-lingual health promoters (\$25,000)

- 20 bilingual health promoters are trained to understand the basics of mental health vs mental illness, signs and symptoms, and local resources.
- Conducted a mental health workshop via the Empowering Community Health Organizations (E.C.H.O.) Project. Over 100 attendees, including health promoters, representing about 50 organizations from the community, attended our workshop. A workshop summary was published and shared with all attendees and the public.
- After the health promoters are being trained, staff is now working on creating multilingual (English, Chinese, Korean, Vietnamese, Korean and Hindi) videos and photo-novel on the subject matter. The trained health promoters will utilize the photo-novel and video to increase awareness and destigmatize mental health in the Asian American community. Please see a draft of photo-novel and of the video available on this link. https://www.youtube.com/playlist?list=PL_3fUO78mfW9nOCTABdaO4B2jOxfUm8el

FY15 Enhancements - Latino Health Initiative

Increased capacity at Welcome Back Center (\$100,000) expected a new cohort of 20-25 people.

At the beginning of this fiscal year, the WBC met with the 5 new employer partners to fine tune the model of services to be ready for testing and to discuss the outreach and recruitment plan to select pilot program participants.

As the pilot program implementation continues, the WBC will be working with the 5 new local employer partners to identify appropriate job openings to begin to refer pilot participants. Those jobs will be valuable “stepping stone” jobs to pilot participants to enter the behavioral health workforce. The appropriate job will be identified, based on the employers’ workforce need and the participant’s qualifications.

Between July-December of 2014, a recruitment plan was developed and executed. It resulted in the selection of 25 participants in the Behavioral Health Pilot project.

The WBC has been providing intensive services to the 25 behavioral health pilot participants. These services include guidance and support and referrals to financial assistance services, academic training and workforce development activities. The participants developed their individual plans working with their respective Client Assistance Specialist assigned to provide individual guidance and support:

- Seven participants are taking English as a Second Language (ESL) courses at Montgomery College during the Winter/Spring 2015 session.
- Participants are exploring options to validate their credentials at an appropriate board to obtain a certification that may open job opportunities in the behavioral health field and preparing to apply to the “stepping stone” jobs.

As participants move through the process for credentials evaluation, obtaining certification and/or licensure appropriate for internationally trained behavioral health professionals, and securing an employment in the behavioral health field, the WBC staff will better understand the requirements that need to be fulfilled by the participants and will document any system issues and barriers that may be encountered in the process. Of particular interest will be to continue working with Maryland licensure boards to understand the various certification or licensure possibilities and its process for internationally-trained behavioral health professionals.

Next Steps in FY15:

- Now that the WBC Client Assistance Specialists have already met with the 25 pilot program participants and they have developed their individual plans, we have a more clear idea of who the participants are and their qualifications. Therefore, the

WBC staff and 5 new partner employers will meet one more time to identify appropriate “stepping stone” jobs based on the employers’ workforce need and the participant’s qualifications and plan the recruitment of those participants who are ready to apply for these job opportunities.

- The WBC will provide to participants workforce development services to assess who are ready for employment, providing guidance on resume writing, interviewing skills, and any other area needed to be ready to apply for the ‘stepping stone’ job.

Highlights from FY14 Annual Reports

African American Health Program FY14 Highlights:

- The SMILE program hosted Celebrate the Beauty and Benefits of Breastfeeding event and planned for a social media campaign.
- SMILE Nurse Case Management served 184 families; provided 1,482 home visits, and was involved with 97 total births in FY14. 80.4% of babies had healthy birth weights.
- Implemented the youth Power Play! Program to increase physical activity and provide obesity prevention awareness jointly with the White Oak Recreation Center and the Presidential Active Lifestyles Award group.
- In addition to collaboratives for Infant Mortality and STI/HIV/AIDS, added collaboratives for Behavioral/Mental Health, Diabetes, and Black Male Health and Wellness.
- The HIV Unit facilitated an ongoing discussion with faith leaders in the community and expanded testing, with weekly testing at the People’s Community Wellness Center and monthly testing at Montgomery College Takoma Park.
- HIV testing was provided to 440 County residents. Two teen summits (Gaithersburg and Mid-County) were held with 100 participants. The “When I Get Out” (WIGO) program at the Montgomery County Correctional Facility had 74 inmate participants.
- The Diabetes Unit implemented changes to classes and clubs, hosting a condensed winter session with new partners and sites. Increased outreach to the African community which increased attendance at the African Healthy Living Dining Club.
- The Diabetes Healthy Living Dining Club has 230 attendees, the African Healthy Living Club 86, and the Holiday Club meeting 37. There were 75 new clients in self-management counseling.
- Over 300 oral health kits were distributed at general outreach events. Proper brushing and flossing demonstrations were also provided.

Asian American Health Initiative FY14 Highlights:

- The AAHI served 7,969 people with the Patient Navigator Program including 1,441 on-site medical interpreting sessions and 1,096 medical interpreting sessions conducted by phone. Seventy percent (70%) of callers reported not having insurance.
- Korean was the most requested language in the Patient Navigator Program (34%), followed by Vietnamese (29%), Chinese (18%), Hindi (9.5%), Urdu (3.5%), Russian (2.2%), Nepali (2.1%) and other (1.6%).
- Attended 32 outreach events and distributed 698 pieces of English literature and 343 pieces of Asian language literature about the ACA. Made 133 referrals to certified ACA Health Navigators.
- Had 58 resource information tables hosted at outreach events. Provided 1,167 health screening and vaccinations and provided 475 health service referrals.
- AAHI had 34 Health Promoters with 14 languages and dialects spoken.
- The Hepatitis B Prevention Project educated 359 and screened 296 people. Seventy-nine (79) people completed or were in the process of completing the vaccination series and 14 were referred for treatment.
- In FY14, the Empowering Community Health Organizations (E.C.H.O.) program hosted two workshops, “Affordable Care Act in the Capital Region: How to Enroll” and “Mental Health in Our Communities” in partnership with DHHS, the African American Health Program and the Latino Health Initiative.

Latino Health Initiative FY14 Highlights:

- Partnered with 52 non-profit and private organizations to hold the “Ama Tu Vida” health festival at Bohrer Park in Gaithersburg. There were 800 attendees and 740 medical screenings were provided. About 3% of people had abnormal results.
- The Asthma Management program for parents and caregivers of children ages 4 to 11 offered basic information to 786 individuals. Nineteen (19) parents completed intensive education and received asthma management support. 100% of parents reported the program helped their child’s asthma management and decreased their visits to the emergency department.
- The Latino Youth Wellness Program served 922 individuals in 145 low-income families. The program created 93 wellness plans serving 345 individuals that addressed needs including health insurance, culturally competent medical services, food assistance, and housing.

- Of 161 youth who completed a baseline and exit survey, 31% live in a single parent home, 21% live in a re-structured home (e.g., with step-parents), 6% were not living with either parent or an immediate family member, and 57% had been separated from one or both parents for over a year with the average being 7 years.
- The System Navigator and Medical Interpreter Program served 5,482 people, conducted 1,786 medical interpretations at clinics or specialty care providers' offices.
- Contracted with 9 medical interpreters to provide services in Spanish and French, an increase of 2 from FY13.
- Health Promoters reached 12,647 people. Health Promoters provided 2,674 hours of service.
- The Welcome Back Center selected 32 new nurses to begin receiving services in FY15. The recruitment had 90 applicants. The Center delivered intensive services to 97 internationally trained healthcare professionals (73 nurses, 18 physicians, 6 behavioral health professionals) working for licensure or certification to secure jobs in Maryland.
- The Maryland Board of Physicians collaborated with the Welcome Back Center to develop the document, "U.S. Pre-Licensing Process for Internationally-Trained Medical Graduates Overview."

3. Volunteer Income Tax Assistance Program (VITA) Program

The VITA program, administered by the Community Action Agency, offers free tax help and free electronic filing for low to moderate income individuals and families. Trained volunteers at sites and partnerships throughout the County help customers access any available credits they may be eligible for, such as the Earned Income Tax Credit (EITC), Child Tax Credit, and Credit for the Elderly or the Disabled.

For FY16, the recommended budget for the VITA program is \$195,525, which is an increase of \$18,729 or 10.6% from the FY15 budget. The following table compares the costs associated with the program for FY14, FY15 and FY16 recommended.

	FY14			FY15			FY16 Rec.		
	County GF	CSBG	Total	County GF	CSBG	Total	County GF	CSBG	Total
Program Specialist II-VITA Coordinator (1 FTE)	-	84,730	84,730		90,145	90,145	-	92,225	92,225
PC	-	84,730	84,730	-	90,145	90,145	-	92,225	92,225
VITA Assistant Site Coordinator (contractual FY14 .75FTE, FY15/16 1.0FTE)	32,880	23,000	55,880	55,880	13,911	69,791	55,880	14,920	70,800
Consultants	-	-	-		6,360	6,360		18,000	18,000
Volunteer Maryland Coordinator	-	-	-						
Program Expenses	5,500	5,000	10,500	5,000	5,500	10,500	5,000	9,500	14,500
OE	38,380	28,000	66,380	60,880	25,771	86,651	60,880	42,420	103,300
Total	38,380	112,730	151,110	60,880	115,916	176,796	60,880	134,645	195,525

Council staff notes that the Council approved an increase of \$60,880 to the VITA budget in FY15 to allow the program to organize more volunteer tax preparers and better meet the demand for services. The Department incorporated only a portion of the approved increase (\$25,868 or 42.2%) in the program's FY15 budget. This amount allowed the program to increase the contractual VITA staff to a full-time position. **However, the Committee may want to understand whether the total amount approved was not needed to expand services as originally explained (see © 134-136).** The Department reports that the increased FY15 funding supported the following:

- Allowed for continuation of year-round services and delivery of FY15 season services to cover temporary vacancy.
- Offset unanticipated reductions from partner (loss of one Fellow position, and of in-kind expenses).
- Increased recruitment of volunteers.
- Additional EITC/VITA outreach and events for Head Start PreK;
- Developed new flyers for Head Start parents and self-employed Family Child Care providers.
- Focused attention on EITC outreach, including new efforts with PIO and 311— banner ads for County website through peak period in tax season—and revision of 311 Knowledge-based articles. These efforts led to new “Call 311 to Get it Done” ads, a Gazette page one article, and a La Dia radio interview.
- Focused attention on recruitment of new bilingual volunteers, focusing on services at TESS and in Gaithersburg, including participation in placement of SSA Senior interpreters.
- With input from all County VITA partners, developed/printed/distributed “ONE”- VITA flyer with all Montgomery free tax services in one flyer.
- Increased capacity to deliver IRS training, including for the ACA, to volunteers, and cross-promotion of ACA services.
- New outreach to Gilchrist ESL participants.

The Department reports the following service data reported for tax years 2013 and 2014.

	TY13* Jan 2014- Dec 2014	TY14* Jan 2015- Dec 2015
# Volunteers	72	82
# Households Served/Projected	n/a	1,028 (Jan 26-Mar 25)
# Tax Returns Filed/Projected	2,073 <i>(includes 274 Schedule C/CEZ)</i>	Data not yet available
\$ Refunds	\$4,089,093	Data not yet available
\$ Taxes Owed/Projected	\$1,041,198	Data not yet available
\$ Total EITC	\$1,067,727	Data not yet available
\$ Tax Savings	\$398,016	Data not yet available

The Department also notes at © 137-138 that the program also received in-kind support from Maryland CASH Campaign, for a Maryland Community fellow, and staff-time and space from partners. The program also receives management and seasonal support from the Community Action Agency staff in Wheaton/TESS.

Council staff recommendation: Recommend approval of the Executive's proposed budget for the VITA program. The Committee should request comparative service data for 2013, 2014, and 2015 when it becomes available to better assess the extent to which additional funding approved by the Council has increased the number of filed tax returns and the amount of refunds and EITC claimed by low to moderate income residents.

Health and Human Services

MISSION STATEMENT

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

BUDGET OVERVIEW

The total recommended FY16 Operating Budget for the Department of Health and Human Services is \$285,547,766, an increase of \$986,453 or 0.3 percent from the FY15 Approved Budget of \$284,561,313. Personnel Costs comprise 56.1 percent of the budget for 1,343 full-time positions and 327 part-time positions, and a total of 1,577.66 FTEs. Total FTEs may include seasonal or temporary positions and may also reflect workforce charged to or from other departments or funds. Operating Expenses account for the remaining 43.9 percent of the FY16 budget.

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

LINKAGE TO COUNTY RESULT AREAS

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

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

DEPARTMENT PERFORMANCE MEASURES

Performance measures for this department are included below, with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY15 estimates reflect funding based on the FY15 approved budget. The FY16 and FY17 figures are performance targets based on the FY16 recommended budget and funding for comparable service levels in FY17.

Measure	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Multi-Program Measures					
Percent of client cases needing assistance with multiple services for which effective team functioning is documented (Service Integration Cases)	60	79	70	70	70
Percent of Medical Assistance applications approved for enrollment ¹	72	77	N/A	N/A	N/A
Percent of reviewed HHS client cases that demonstrate beneficial impact from received services	92	95	92	92	92
Percentage of client cases needing assistance with multiple services for which effective team formation is documented (Quality Service Review) ²	67	86	71	71	75
Percentage of client cases needing assistance with multiple services for which effective team formation is documented (Service Integration Cases)	92	88	93	93	93
Percentage of client cases needing assistance with multiple services for which effective team functioning is documented (Quality Service Review) ³	50	77	67	67	70
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services	94.7	96.0	95.0	95.0	95.0

	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Weighted composite of HHS client cases that demonstrate beneficial impact from received services: Improved health and wellness (1-100 scale)	55.2	56.9	55.0	55.0	55.0
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Greater independence (1-100 scale)	87.7	85.8	86.0	86.0	86.0
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Risk mitigation (1-100 scale)	84.7	84.2	84.0	84.0	84.0
Weighted percent of DHHS customers satisfied with the services they received from DHHS staff	96.2	97.6	95.0	95.0	95.0

¹ HHS is not projecting results for FY15-17 at this time due to multiple variables related to the Affordable Care Act (ACA) implementation and their resulting impact.

² Performance improvement for Quality Service Review measures is attributed to implementation of an integrated case practice model for selected intensive-needs clients throughout the department.

³ Performance decline in this measure is attributed to larger caseloads matched with more complex client needs, resulting in less time to integrate others into decision-making and coordination.

ACCOMPLISHMENTS AND INITIATIVES

- ❖ **Establish the Children's Opportunity Fund jointly with Montgomery County Public Schools to support policy priorities related to addressing the social determinants that impact the achievement gap for vulnerable children and the barriers faced by their families.**
- ❖ **Add funds to support the relocation of Children's Resource Center to a lease space that meets programmatic and clients' needs.**
- ❖ **Add funds to the Developmental Disability Supplement to increase the differential between the wage provided to direct service workers and the County's minimum wage.**
- ❖ **Continue providing nurse monitoring services to more than 2,000 senior and disabled clients receiving services through the State's new Medicaid waiver program, Community First Choice.**
- ❖ **Maintain the raised Adult Foster Care reimbursement rate to reduce the gap between the County and State subsidy for senior assisted living group homes.**
- ❖ **Continue funding support for respite services to meet the need of families with disabilities.**
- ❖ **Continue supporting a therapist in Trauma Services to expand clinical service capacity in the Abused Persons Program and address waitlists for victims of domestic violence.**
- ❖ **Continue funding support for health care, employment training, and supportive services to multicultural, low-income residents.**
- ❖ **Add funds to support a full-year operation of the Linkages to Learning Program at South Lake Elementary School.**
- ❖ **Continue funding support for Saturday School Program through the George B. Thomas Learning Academy to serve the County's academically at-risk students.**
- ❖ **In 2014 the County Executive signed into law "Design for Life Montgomery" legislation to provide tax credits to builders and homeowners for including features in new and existing residential housing to improve accessibility for persons of all ages, including seniors and those with disabilities.**
- ❖ **Adult Forensic Services will oversee collaborative post-booking diversion and community-based service delivery to 120 vulnerable, mentally ill, low-level offender recidivists, through the implementation of a \$600,000 two-year Bureau of Justice Assistance grant awarded in FY15. The grant will support improved treatment participation, reduced recidivism and help stabilize frequent consumers of the criminal justice system in the community.**
- ❖ **The Senior Nutrition Program expanded congregate meals to the White Oak Community Recreation Center from three to five days per week, while the lunch program at the Mid-County Community Recreation Center more than doubled the number of meals served over the past year. In addition, the program distributed 781 Senior Farmer's Market Coupon booklets worth \$30 each this past summer.**
- ❖ **During FY14, the Crisis Center provided behavioral assessment, referrals, and recommendations for follow-ups provided to 1,035 children and adolescents referred by Montgomery County Public Schools, a 97 percent increase over FY12 when 526 were served.**

- ❖ **The Care for Kids program served more than 3,020 children in FY14, including 254 new enrollees. Of these new patients, 150 were unaccompanied minor children.**
- ❖ **The Maternity Partnership program served 1,635 women in FY14. In FY15, a fourth service location was added, enhancing service accessibility and availability for patients in the northern part of the County.**
- ❖ **To implement the Federal Uninterrupted Scholars Act and Family Educational Rights and Privacy Act, Child Welfare Services (CWS) has collaborated with Montgomery County Public Schools (MCPS) to share child-specific data in order to make better decisions about a child's placement, well-being, and transition goals. A training program, Endless Dreams, was also developed to increase awareness of general and educational needs of foster care children.**
- ❖ **Positive Youth Development staff trained 260 school personnel to better understand the appearance of what culturally-based, trauma-informed services, and provided workshops to 300 parents on transformational healing which is a process that helps build protective factors to high risk activity. Thirty-nine practitioners in the County were trained and certified on culturally based, trauma informed approaches.**
- ❖ **Montgomery County kicked off the 100,000 Homes Campaign, a national effort to house the most vulnerable homeless individuals and families in our community, with a Registry Week during November, 2013 to locate and identify the most vulnerable homeless persons in the community. To further support this effort, funding was approved for two new permanent supportive housing programs to serve 30 medically vulnerable households.**
- ❖ **An Interagency Commission on Homelessness was created to improve community-wide planning and oversee efforts to prevent and end homelessness in Montgomery County.**
- ❖ **Special Needs Housing received more than 6,200 requests for emergency assistance and provided more than 3,700 emergency assistance grants totaling \$2.9 million to resolve housing and utility emergencies.**
- ❖ **The Community Action Agency's Takoma-East Silver Spring Center (TESS) served 8,800 "walk in" customers requesting social service, case management, and resource assistance. TESS initiated Summer Meals, serving up to 60 children daily, and provided access and outreach for nonprofit partners, including health insurance enrollment through the Affordable Care Act.**
- ❖ **In addition to the funding for this Department, the recommended budget includes funds for community organizations that augment County services including \$1.1 million for community organizations serving the disabled, \$977,459 for organizations extending senior services, \$446,290 for organizations providing public health services, \$757,580 for community organizations supplementing County behavioral health services, and \$1.2 million for organizations providing safety net services to County residents. These community organizations are critical to providing an effective network of services in a more cost-effective, culturally appropriate, and flexible way. Additionally, they are able to leverage community resources that are unavailable to County Government.**
- ❖ **Productivity Improvements**
 - **Under a Memorandum of Agreement with MCPS, the Community Support Network's Autism Waiver Program provides service coordination to 245 MCPS students including 10 children added as of October, 2014. The program has had three consecutive "perfect" audit ratings from the State.**
 - **In FY14, the Jail Addiction Services (JAS) program underwent major infrastructure changes including the hiring of a new Supervisory Therapist, the selection of two Therapist-II's, and the implementation of a new electronic data gathering process. The system will provide accurate and easily accessible data that results in more consistent and clinically sound service delivery.**
 - **Over the past six months, Dental Services has successfully implemented a new electronic program management system and an electronic Dental Records System at all six dental clinic locations.**
 - **Licensure and Regulatory Services created and implemented a Medical Facility Tracking Board for WebEOC, a web-based information management system used by public safety officials and emergency first responders as a single access point for the collection and dissemination of emergency information and response coordination. All nursing facilities, large assisted living facilities, hospitals, and dialysis centers will be on this board so that staff at the County Emergency Operations Center can monitor and update all facility status changes during an emergency.**
 - **Alternative Response (AR) was implemented to provide a different response to child protective service reports that meet the legal definition of child maltreatment. Through AR, child protective services workers collaborate with the parents, the community, and family supports to reduce the risk of harm to children and ensure safety. In**

FY14, 32 percent of all interventions were sent for an Alternative Response.

- **The integration of the Income Supports and Child Care Subsidy offices has resulted in improved outcomes in maintaining compliance and minimizing the error rate despite the increase in caseloads and the additional work associated with implementation of the Affordable Care Act (ACA) enrollment.**
- **Special Need Housing, in partnership with community homeless providers, implemented a coordinated assessment system to identify, prioritize, and refer homeless residents most in need to permanent supportive housing. This process assures that available openings are filled quickly and reduces the time people spend in homelessness.**
- **In Tax year 2013, the Community Action Agency's Volunteer Income Tax Assistance (VITA) Partnership prepared over 2,000 tax returns, helping families access more than \$4 million in refunds, including \$1.4 million in Earned Income and Child Tax Credits. The Maryland Creating Assets, Savings, and Hope Campaign recognized the County's VITA partnership for contributing the highest number of volunteer hours among its Coalition members**
- **Commit funds to continue the implementation of the Department's Enterprise Integrated Case Management system to streamline intake for many HHS programs and provide HHS with a more complete picture of its clients and their circumstances in order to support more collaborative, cost-effective care with better client outcomes.**

PROGRAM CONTACTS

Contact Stuart Venzke of the Department of Health and Human Services at 240.777.1211 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this department's operating budget.

BUDGET SUMMARY

	Actual FY14	Budget FY15	Estimated FY15	Recommended FY16	% Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	75,805,736	82,726,073	80,323,361	82,852,286	0.2%
Employee Benefits	28,569,994	30,669,976	30,098,429	32,125,345	4.7%
County General Fund Personnel Costs	104,375,730	113,396,049	110,421,790	114,977,631	1.4%
Operating Expenses	89,264,942	94,801,911	94,201,682	90,830,436	-4.2%
Capital Outlay	0	0	0	0	—
County General Fund Expenditures	193,640,672	208,197,960	204,623,472	205,808,067	-1.1%
PERSONNEL					
Full-Time	792	808	808	799	-1.1%
Part-Time	288	289	289	292	1.0%
FTEs	1,150.14	1,161.66	1,161.66	1,152.70	-0.8%
REVENUES					
Core Health Services Funding	3,975,153	4,411,426	4,411,430	3,975,150	-9.9%
Federal Financial Participation Reimbursements	13,929,286	11,660,530	13,910,420	14,083,420	20.8%
Health and Human Services Fees	1,379,170	1,426,320	1,424,210	1,332,800	-6.6%
Health Inspection: Restaurants	1,805,645	1,808,680	1,737,820	1,737,820	-3.9%
Health Inspections: Living Facilities	272,848	240,730	240,730	240,730	—
Health Inspections: Swimming Pools	544,905	501,220	526,390	526,330	5.0%
Indirect Costs: Grants	-198	0	0	0	—
Investment Income	81	0	0	0	—
Marriage Licenses	327,933	286,100	305,000	305,000	6.6%
Medicaid/Medicare Reimbursement	3,943,386	2,852,088	3,792,180	2,009,466	-29.5%
Miscellaneous Revenues	32,571	0	0	0	—
Nursing Home Reimbursement	658,315	666,850	666,850	666,850	—
Other Fines/Forfeitures	2,600	1,400	1,400	1,400	—
Other Intergovernmental	1,863,985	3,604,906	4,405,100	3,915,730	8.6%
Other Licenses/Permits	53,417	73,620	71,170	71,170	-3.3%
County General Fund Revenues	28,789,097	27,533,870	31,492,700	28,865,866	4.8%
GRANT FUND MCG					
EXPENDITURES					
Salaries and Wages	31,625,428	31,469,476	31,469,476	33,170,688	5.4%
Employee Benefits	11,660,074	11,782,129	11,782,129	12,126,315	2.9%
Grant Fund MCG Personnel Costs	43,285,502	43,251,605	43,251,605	45,297,003	4.7%
Operating Expenses	34,734,072	33,111,748	33,111,748	34,442,696	4.0%
Capital Outlay	0	0	0	0	—
Grant Fund MCG Expenditures	78,019,574	76,363,353	76,363,353	79,739,699	4.4%
PERSONNEL					
Full-Time	534	544	544	544	—
Part-Time	43	40	40	35	-12.5%
FTEs	418.62	427.21	427.21	424.96	-0.5%
REVENUES					
Federal Grants	19,946,419	15,615,146	15,615,146	18,777,758	20.3%
HB669 Social Services State Reimbursement	35,446,217	34,356,477	34,356,477	35,909,183	4.5%
Medicaid/Medicare Reimbursement	3,066,452	0	0	0	—
Miscellaneous Revenues	1,120,534	0	0	0	—
State Grants	18,801,187	26,261,730	26,261,730	24,921,047	-5.1%
Other Charges/Fees	86,610	0	0	0	—
Other Intergovernmental	269,884	130,000	130,000	131,711	1.3%
Grant Fund MCG Revenues	78,737,303	76,363,353	76,363,353	79,739,699	4.4%
DEPARTMENT TOTALS					
Total Expenditures	271,660,246	284,561,313	280,986,825	285,547,766	0.3%
Total Full-Time Positions	1,326	1,352	1,352	1,343	-0.7%
Total Part-Time Positions	331	329	329	327	-0.6%
Total FTEs	1,568.76	1,588.87	1,588.87	1,577.66	-0.7%
Total Revenues	107,526,400	103,897,223	107,856,053	108,605,565	4.5%

FY16 RECOMMENDED CHANGES

	Expenditures	FTEs
COUNTY GENERAL FUND		
FY15 ORIGINAL APPROPRIATION	208,197,960	1161.66
<u>Changes (with service impacts)</u>		
Add: Children's Opportunity Fund [Service Area Administration]	250,000	0.00
Eliminate: Community Educator Contract to Reflect In-House Services Provided [Child Welfare Services]	-24,000	0.00
Reduce: Business Counseling and Support Services for Child Care Institutions [Early Childhood Services]	-50,000	0.00
Eliminate: Social Work Service Contract with MCPS for Services at the Ewing Center [Child and Adolescent School and Community Based Services]	-64,000	0.00
Eliminate: Service Contracts Due to MCPS Disciplinary Policy Change and Reduced Demand [Child and Adolescent School and Community Based Services]	-82,240	0.00
Reduce: Defer Implementation of the Kennedy Cluster Early Childhood Services to Align with the Beginning of School Year [Early Childhood Services]	-104,156	0.00
Eliminate: The Maryland Energy Assistance Program [Rental & Energy Assistance Program]	-500,000	0.00
<u>Other Adjustments (with no service impacts)</u>		
Increase Cost: FY16 Compensation Adjustment	3,747,588	0.00
Increase Cost: Add Funds to Developmental Disability Supplement to Increase the Differential Between Wages Paid to Direct Service Personnel and the County Minimum Wage [Community Support Network for People with Disabilities]	969,420	0.00
Increase Cost: Retirement Adjustment	776,948	0.00
Increase Cost: Group Insurance Adjustment	316,300	0.00
Increase Cost: Risk Management Adjustment	209,772	0.00
Increase Cost: Annualization of FY15 Lapsed Positions	194,304	0.00
Increase Cost: Annualization of South Lake Linkages to Learning Program [Linkages to Learning]	122,377	0.00
Increase Cost: Public Health Officer [Service Area Administration]	37,850	0.00
Decrease Cost: Victims Compensation Fund Adjustment [Trauma Services]	-370	0.00
Decrease Cost: Public Information Department (PIO) Chargeback Adjustment [Office of the Director]	-7,468	-0.20
Decrease Cost: Motor Pool Rate Adjustment	-24,054	0.00
Decrease Cost: Align Funding for Food Recovery Program to Appropriately Reflect Demand [Environmental Health Regulatory Services]	-40,000	0.00
Decrease Cost: Contracts for Billing Consultants, Marketing and Lab Services [School Health Services]	-40,000	0.00
Decrease Cost: Elimination of One-Time Items Approved in FY15	-43,800	0.00
Decrease Cost: Defer Execution of Contract for Mobile Crisis Team for Children and Adolescents to January 2016 [24-Hour Crisis Center]	-50,000	0.00
Decrease Cost: Defer Implementation of Shared Outpatient Psychiatrist Contract to January 2016 [Behavioral Health Planning and Management]	-55,000	0.00
Decrease Cost: Printing and Mail	-80,190	0.00
Decrease Cost: Defer Implementation of Adult Behavioral Health Enhancement to January 2016 [Outpatient Behavioral Health Services - Adult]	-112,500	0.00
Decrease Cost: Annualization of FY15 Personnel Costs	-138,855	3.24
Decrease Cost: Eliminate Matching Funds for Reproductive Health Grant Administration Reflecting State Shift to Contract Directly with Providers [Health Care for the Uninsured]	-170,133	0.00
Decrease Cost: Six Contractual Positions from Community First Choice - Supports Planning and Provide Services through Existing Private Sector Providers [Community First Choice]	-411,622	0.00
Decrease Cost: Montgomery Cares Program Caseload Due to Affordable Care Act Implementation [Health Care for the Uninsured]	-500,000	0.00
Decrease Cost: Align Community First Choice Nurse Monitoring Budget to Expenditures Following Year One Implementation [Community First Choice]	-1,029,908	0.00
Decrease Cost: Increase Lapse	-2,233,426	0.00
Shift: Developmental Disability Resource Coordination - Complete Transition to State Providers [Community Support Network for People with Disabilities]	-3,252,730	-12.00
FY16 RECOMMENDED:	205,808,067	1152.70
GRANT FUND MCG		
FY15 ORIGINAL APPROPRIATION	76,363,353	427.21
<u>Changes (with service impacts)</u>		
Enhance: Infants & Toddlers Consolidated Local Implementation Grant (CLIG) for Medicaid (0F64169) [Infants and Toddlers]	1,180,934	0.00
Enhance: HHS AIDS Case Management Grant (2001189) [STD/HIV Prevention and Treatment Program]	222,705	2.35
Add: Sexual Health & Recovery Grant (2001861) [STD/HIV Prevention and Treatment Program]	151,442	0.85
Enhance: Emergency Preparedness - Cities Readiness Grant (2000766) [Public Health Emergency Preparedness & Response]	133,985	0.00

	Expenditures	FTEs
Enhance: HIV Prevention Services (2001051) [STD/HIV Prevention and Treatment Program]	130,496	1.55
Enhance: Administrative Care Coordination (0F62087) [Women's Health Services]	130,000	0.00
Enhance: Ryan White Case Management Grant (2000614) [STD/HIV Prevention and Treatment Program]	112,082	-0.45
Eliminate: Meade School Health Obesity Grant (2000807) [School Health Services]	-20,000	0.00
Reduce: HHS Expanded Breast & Cervical Cancer Grant (2000992) [Women's Health Services]	-75,000	0.00
Reduce: Maryland Recovery Support Expansion (2001431) [Treatment Services Administration]	-76,826	0.00
Eliminate: HHS Early Childhood Advisory Council (2001450) [Early Childhood Services]	-142,830	0.00
Reduce: Housing Opportunities for Persons with AIDS Grant - Administration (F64133A) [STD/HIV Prevention and Treatment Program]	-264,594	0.00
Reduce: Single Point of Entry (0F61804) [Community Support Network for People with Disabilities]	-409,560	0.00
Eliminate: Maryland Family Planning Grant Not Awarded in FY16 (0F62082) [Women's Health Services]	-459,073	-1.00
Other Adjustments (with no service impacts)		
Increase Cost: House Bill 669 Funding	1,552,707	-1.00
Increase Cost: Maryland Health Benefit Exchange (2001651) and Maryland Health Benefit Exchange-State (2002071) [Office of the Director]	973,686	0.00
Increase Cost: Community Mental Health Grant (0F60032)	261,862	0.00
Technical Adj: Infants & Toddlers CLIG Part B 619 (0F64168), Infants & Toddlers Individuals With Disabilities Education Act (IDEA) Extend Individualized Family Service Plan (IFSP) (2001186) [Infants and Toddlers]	73,328	0.00
Technical Adj: Pregnant Women and Children's Grant - Maryland Kids County Eligibility (0F62053) [Office of Eligibility and Support Services]	0	-1.00
Technical Adj: Nutrition Services Counseling in Ryan White Part A Grant (2000620) [STD/HIV Prevention and Treatment Program]	-9,153	-1.00
Technical Adj: Miscellaneous Grant Changes	-16,862	0.33
Technical Adj: Ryan White II Consortia Services (0F62077) [STD/HIV Prevention and Treatment Program]	-72,983	-2.88
FY16 RECOMMENDED:	79,739,699	424.96

FUNCTION SUMMARY

Program Name	FY15 Approved		FY16 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Aging and Disability Services	43,559,385	164.93	40,284,087	153.43
Behavioral Health and Crisis Services	41,224,381	209.70	42,422,926	210.70
Children, Youth, and Family Services	74,426,917	526.43	77,633,980	525.43
Public Health Services	69,193,812	489.71	70,266,143	489.20
Special Needs Housing	20,511,872	63.50	20,498,190	64.50
Administration and Support	35,644,946	134.60	34,442,440	134.40
Total	284,561,313	1588.87	285,547,766	1577.66

FUTURE FISCAL IMPACTS

Title	CE REC.			(S000's)		
	FY16	FY17	FY18	FY19	FY20	FY21
This table is intended to present significant future fiscal impacts of the department's programs.						
COUNTY GENERAL FUND						
Expenditures						
FY16 Recommended	205,808	205,808	205,808	205,808	205,808	205,808
No inflation or compensation change is included in outyear projections.						
Labor Contracts	0	758	758	758	758	758
These figures represent the estimated annualized cost of general wage adjustments, service increments, and associated benefits.						
Dennis Avenue Health Center (P641106)	0	204	204	204	204	204
These figures represent the impacts on the Operating Budget of projects included in the FY16-20 Approved Capital Improvements Program.						
High School Wellness Center (P640902)	0	903	903	1,705	1,714	1,714
These figures represent the impacts on the Operating Budget of projects included in the FY16-20 Approved Capital Improvements Program.						
Progress Place Relocation and Personal Living Quarters (P601401)	0	180	378	378	378	378
These figures represent the impacts on the Operating Budget of projects included in the FY16-20 Approved Capital Improvements Program.						
School Based Health & Linkages to Learning Centers (P640400)	0	108	131	154	154	154

Title	(S000's)					
	CE REC. FY16	FY17	FY18	FY19	FY20	FY21
These figures represent the impacts on the Operating Budget of projects included in the FY16-20 Approved Capital Improvements Program.						
Subtotal Expenditures	205,808	207,961	208,182	209,008	209,017	209,017

Administration and Support

FUNCTION

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

PROGRAM CONTACTS

Contact Stuart Venzke of the HHS - Administration and Support at 240.777.1211 or Rachel Silberman of the Office of Management and Budget at 240.777.2786 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Office of the Director

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

<i>FY16 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY15 Approved	8,305,411	22.35
Increase Cost: Maryland Health Benefit Exchange (2001651) and Maryland Health Benefit Exchange-State (2002071)	973,686	0.00
Decrease Cost: Public Information Department (PIO) Chargeback Adjustment	-7,468	-0.20
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-2,712,949	1.00
FY16 CE Recommended	6,558,680	23.15

Office of the Chief Operating Officer

This Office provides overall administration of the day-to-day operations of the Department, including direct service delivery, budget and fiscal management oversight, contract management, logistics and facilities support, human resources management, and information technology support and development.

<i>FY16 Recommended Changes</i>	<i>Expenditures</i>	<i>FTEs</i>
FY15 Approved	19,578,977	89.75
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	378,468	-1.00
FY16 CE Recommended	19,957,445	88.75

Office of Community Affairs

This office supports expanding access to and improving the quality of services, increasing Individuals/families' independence, promoting equity and reducing disparities. The office accomplishes the mission through education, outreach, system navigation assistance, effective referrals, language services, cultural competency training, and policy advocacy. The office includes the Community Action Agency, Head Start, Takoma-East Silver Spring (TESS) Center, the Leadership Institute of Equity and Elimination of Disparities (LIEED) within which are the African American Health Program, Latino Health Initiative, and the Asian American Health Initiative.

<i>Program Performance Measures</i>	<i>Actual FY13</i>	<i>Actual FY14</i>	<i>Estimated FY15</i>	<i>Target FY16</i>	<i>Target FY17</i>
Percentage of African Americans who demonstrate an increase in knowledge after taking diabetes education classes	90	91	90	90	90

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	7,760,558	22.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	165,757	0.00
FY16 CE Recommended	7,926,315	22.50

PROGRAM SUMMARY

Program Name	FY15 Approved		FY16 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Office of the Director	8,305,411	22.35	6,558,680	23.15
Office of the Chief Operating Officer	19,578,977	89.75	19,957,445	88.75
Office of Community Affairs	7,760,558	22.50	7,926,315	22.50
Total	35,644,946	134.60	34,442,440	134.40

From the Desk of the Director



I am proud to present the Montgomery County Department of Health and Human Services Annual Report for Fiscal Year 2014.

Fiscal Year 2014 has been a good year for us. We saw a second year of salary increments for staff and enhancements to competitive contracts. There was also a sense of fiscal health and a growth in some of our programs especially for seniors, children and youth, behavioral health and Montgomery CARES to name a few. We remain deeply grateful to the County Executive, County Council and our many friends in the advocacy community who have supported us and believe in our mission.

This past year we continued to make gains in recovering from the recession and restoring some of our programs and expanding a few others. However, the complexity of the needs presented by the clients, customers and patients we serve continued to grow, presenting challenges to our staff and our partners. I want to express my gratitude for all the staff and partners of the Department that made it possible for us to continue to serve our residents with commitment and caring.

Our priorities in FY14 were the same as those in FY13:

- Service Integration – building our practice model
- Technology Modernization
- Equity – applying principles within the Department
- Affordable Care Act implementation
- Continuing our Contracts and Monitoring Reform

These efforts will continue in the coming year. Transformation is slow and difficult work and requires patience and consistency of purpose. We continue to make progress on all of these issue areas and are receiving national recognition for our groundbreaking work in the areas of integration and interoperability in Health and Human Services.

Technology modernization work is now funded over several years and this year we began implementation of our Electronic Health Record. This has resulted in many policy and practice changes that we are still sorting out and hoping to turn into the projected advantage in complying with the Affordable Care Act.

Around Equity we built the infrastructure for the Leadership Institute for Equity and Elimination of Disparities (LIEED). We brought the steering committee together, elected officers, worked on data issues for FY2014 and built our agenda for 2015. Here too we continue to make slow but steady progress.

The Affordable Care Act has far reaching impacts in our community. Ranging from eligibility and enrollment to systems redesign within public health and Montgomery CARES with an emphasis on third party billing and developing models around access to care and the Triple Aim goals continues. We will implement year two of the Connector Entity functions for the Capital Region, which is comprised of Montgomery and Prince George's counties.

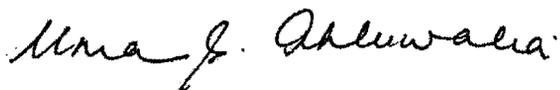
We have continued our efforts with the Non Profit Montgomery steering committee. The indirect cost policy was issued and refinements made to the advance policy to ensure that small grant recipients get advance funding to begin to perform their tasks under their grant. We have continued to build trust between our two service sectors and have improved our working relationship. We have also continued to comply with the internal audit corrective action plan related to contracts monitoring.

In addition, our work in the areas of the Senior Sub-Cabinet, Kennedy Cluster, Positive Youth Development, Linkages to Learning, School Health, Montgomery CARES, Homelessness, Drug Court and a host of other partnerships and initiatives are identified and mentioned in this document.

This year, as in the past we also saw an amazing mobilization of advocacy and commitment on the part of all policy leaders to begin to rebuild the safety net. Workforce development and a two generation approach to poverty elimination, supported by our Neighborhood Opportunity Network, will continue to spotlight poverty alleviation as a continued focus area in FY15 and beyond. This year we completed our return on taxpayer investment and social return on investment calculator and used the findings to begin to build predictive models around poverty, homelessness and transition age youth. This analytic effort will shape our FY15 and beyond agenda.

I want to express our particular gratitude to the County Executive for his leadership and commitment to the vulnerable residents served by our Department. I also would like to thank our friends in County Council for their continued support of the Department and the people we serve. I look forward to another productive year in FY15 as we continue the transformation of our Department into a truly integrated and interoperable health and human services system.

Warmly,



Uma S. Ahluwalia
Director

Planning, Accountability & Customer Service

JoAnne Calderone, Manager



In FY14, Planning, Accountability and Customer Service efforts included preliminary development of a Return on Taxpayer Investment (ROTI) model and Social Return on Investment (SROI) calculator to facilitate learning about the costs and benefits of Department services. Additional work concentrated on development of demographic categories and their related values for inclusion in the design of the Interoperable Information Technology System for the Department.

This unit addresses:

- Performance Measurement and Planning
- Grants Acquisition
- Customer Service

Highlights

Performance Measurement

- During FY14 the Department continued to expand internal capacity for qualitative evaluation of services provided to clients. Staff provided intensive training to 41 staff from throughout the Department to become qualified reviewers for the Quality Service Review process, a peer review of service performance and client outcomes.
- Staff also worked with data analytics personnel in the Department and minority community representatives to identify and propose demographic fields and related values for inclusion in the build of an interoperable information technology system. These demographic fields will facilitate the analysis of aggregate client data by subgroups, conditions, and treatments to provide information for planning and management around subpopulations in need.
- Under a grant from the U.S. Department of Health and Human Services, Administration on Children and Families, staff worked with external consultants on the development of a preliminary Return on Investment (ROTI) model and Social Return on Investment (SROI) calculator. The model and calculator are the first stage of work on tools to better assess the cost and benefit of services offered by the Department.
- The Community Review program engaged community members, and graduate students from the University of Maryland, to conduct three-day reviews of Department programs. In FY 14 nine Community Reviews, including six student led reviews, were conducted. Programs reviewed included Senior Connection, Connect-A-Ride, Individual Support Services, Adult Behavioral Health, Child Welfare In-Home Services, Northwood Wellness Center, Maryland Multicultural Youth Centers, Care for Rabies Program and the Housing Initiative Program (HIP).

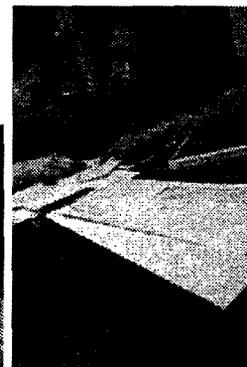
Planning

- A function of Planning, Accountability and Customer service is to review land use documents prepared by the Montgomery County Planning Department to ensure a health and human services perspective is considered in the planning process. As part of this work, the Department reviewed the 19330 Mateny Hill Road, Germantown Bank Building Reuse Review, the Bethesda Purple Line Station Minor Master Plan Amendment and the Kensington/White Flint USPS New Space Project. Additionally, the Department provided comment on the fiscal impact analysis for the Glenmont Sector Plan and the Countywide Transit Corridors Functional Master Plan.

Grants

- The Grants and Resource Acquisition Unit supports grants acquisition for internal programs and community partners. Funding in FY14 from federal and state agencies totaled \$1,698,357 to the Department. Awards support the Race to the Top-Early Learning Challenge Grant-Local Early Childhood Advisory Councils, Oral Health for seniors, HIV Services, Oral Health for youth, and the Local Health Improvement Coalition.
- An additional \$106,000 in grants was awarded to community partners supporting transportation for residents with disabilities and the frail elderly and the Suburban Maryland Welcome Back Center for services to assist foreign trained health professionals to earn credentials so they can re-enter the health work force to provide culturally and linguistically competent services in Montgomery County.

	FY10	FY11	FY12	FY13	FY14
Grants to HHS Directly	\$7,404,421	\$922,517	\$1,158,066	\$7,921,796	\$1,698,357
Grants to HHS Partners	\$3,714,472	\$386,111	\$721,000	\$1,131,554	\$106,000
Total Grants Received	\$11,118,893	\$1,308,628	\$1,879,066	\$9,053,350	\$1,804,357



Office of the Chief Operating Officer

Stuart Venzke, *Chief Operating Officer*



The staff of the Office of the Chief Operating Officer is fully engaged in the Department's work of continuous improvement of administrative processes. Working collaboratively with service area staff, we are committed to strengthening our capacities in an environment of transparency and accountability.

This Service Area includes:

Budget, Fiscal Management, Cost Allocation and Claiming, Contract Management, Facilities & Logistics Support, Human Resources and Information Technology

Highlights

Facilities and Logistics Support

- Prepared and submitted to Department of General Services 529 building maintenance requests in support of 30 DHHS facilities.
- Received and processed over 32,000 closed State case records for retention/archival.
- Coordinated over 5,800 reservations from employees for use of County-owned fleet of vehicles assigned to the DHHS motor pool.
- Purchased and installed seven exterior cameras, two emergency call phones for parking lots and two card readers for loading dock doors at 1301 Piccard; one interior waiting room camera at 8630 Fenton Street for increased security access control and monitoring.
- Coordinated the space renovation and conversion of an office to an exam room to improve staff efficiency and delivery of customer services at the Calhoun facility.

Fiscal Team

- Processed financial transactions on behalf of the department, including the following:
 - 9,323 vendor invoices paid
 - 5,773 deposits processed
 - 3,400 emergency services checks issued for clients
 - 5,411 checks issued on behalf of children in foster care
- Reviewed and corrected several accounting and reporting procedures related to social services programs and emergency services payments.
- Revised department policies concerning accounts payable, held checks and gift cards.
- Completed year-end closing procedures in ERP and for Department of Human Resources (DHR) programs where we must participate in DHR's year-end closing processes.
- Implemented new billing system and expanded the number of billable services.

Information Technology

- Procured, configured and launched the infrastructure to support the NextGen electronic health records system.
- Addressed over 13,000 help desk tickets.
- Provided technical and logistical support for the implementation of the Capital Region Connector entity.
- With the support of the Department of Technology Services (DTS), transitioned the Health Information Management System (HIMS) application off the mainframe. This was a prerequisite for DTS's planned retirement of the mainframe.
- Continued requirements and design of enterprise integrated case management system and electronic health record.

Compliance Team

- Reviewed and analyzed nine audited financial statements for the Maryland Department of Health and Mental Hygiene (DHMH) funded contracts and new vendors under contract to determine the financial soundness of vendors.
- Tracked 59 contract issues regarding initial budget, budget modifications, invoicing issues and contract financial issues.
- Provided consultation with service areas on gift cards accountability issues.
- Conducted two trainings on the Allowable Cost Policy FAQ, on the Allowable Cost Policy and presented to the Non-Profit Community FIRM training on two occasions.
- Performed six in-depth reviews of contracts and service area issues – Community Bridges, Family Services, MHA, National Center for Children, Montgomery County Coalition for the Homeless and Behavioral Health and Crisis Services Gift Card Review.
- Performed 21 reviews of contractor's indirect and fringe rates.
- Reviewed and analyzed documentation for 21 vendors' indirect and fringe rates.
- Coordinated external audits for Maryland State Department of Education, Single Audit 2013 and Revenue Receipts and performed follow ups for DHR 2012 Audit and Single Audit 2013.

Contract Management

The Contract Management Team (CMT) completed the following actions:

- Prepared 113 new contracts.
- Completed more than 1,400 contract actions.
- Processed 17 formal solicitations and seven informal solicitations.
- Facilitated ongoing training and consultation to DHHS contract monitors and contracted providers of health and human services.





MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

MEMORANDUM

April 8, 2015

NANCY FLOREEN
COUNCIL VICE PRESIDENT

TO: Council President George Leventhal
Councilmembers Roger Berliner and Craig Rice

FROM: Council Vice President ~~Nancy Floreen~~

SUBJECT: FY16 HHS Lapse Funding

I am concerned about the recommended lapse funding in the County Executive's FY16 Recommended Operating Budget for the Department of Health and Human Services (HHS). The current FY15 lapse is \$6,077,135. The proposed FY16 lapse is an additional \$2,333,426 and represents approximately 22.5 FTEs for a total lapse of \$8,310,561. I am worried a lapse this large will seriously impact the department's ability to deliver adequate safety net services.

I recognize the HHS budget includes additional overall spending cuts and that we won't be able to restore them all. However, I strongly urge the HHS Committee to reduce the FY16 proposed increase in lapse to current levels. This is still insufficient but at least would create less disruption to their already challenged operations. This will also provide critical support for the understaffed programs that are necessary in the overall safety and well-being for all residents of Montgomery County.

I appreciate your attention to this matter as you review the HHS budget in committee on April 13.

cc: Councilmembers
Uma Ahluwalia

2015 Budget Message to our Elected Leaders

A growing number of Montgomery County residents are in need of assistance that is delivered by community nonprofit organizations in partnership and with financial support from County government.

DESPITE RECOVERY, GAPS ARE GROWING AND NEED PERSISTS. Our nonprofit sector continues to see unprecedented need¹. For example:

- Nearly 70,000 residents live below the Federal Poverty Line; 185,000 live below 200% of poverty. More than one quarter of seniors live below 300% of poverty. 43% of individuals living below the poverty line were born outside of the U.S.
- In 2013, 51,842 children in MCPS participated in the Free and Reduced Meals program (>one-third of all students) as compared to 29,000 students in 2000. 81,130 residents are food insecure.
- Unemployment in 2013 was 5%, down from a peak of 6.3% in 2010, but still twice as high as the 2007 rate of 2.5%.
- 11% of residents lack health insurance.
- 4 of 10 renters spend more than 30% of gross income on housing; to afford the average 2 bedroom apartment in Montgomery County, a household would need to work 4 full-time minimum wage jobs.
- Demand over the past year for emergency shelter in overflow motels by families experiencing homelessness has more than doubled; the men's emergency shelter has seen a 26% increase in unaccompanied males, ages 18 - 24.

COUNTY FUNDING REMAINS CRITICAL TO NONPROFITS DELIVERING SERVICES AND CREATING

OPPORTUNITIES. For years, Montgomery County has invested in and benefited from nonprofits that deliver services efficiently and effectively to residents. Our nonprofit sector includes hundreds of small neighborhood-based organizations as well as larger nonprofits. Together, we serve well over half of the County's residents. We provide food, shelter and affordable housing, clothing, counseling, medical, dental and mental health care, substance abuse treatment, job training, legal services, after-school programming and educational support, as well as programs in the arts and environment to neighbors of our increasingly-diverse County. We deliver services on our own sites, at corporate locations and in County-run facilities, enriching all residents' quality of life, and meeting the needs of those who are physically and/or mentally ill, disabled, low-income, homeless or jobless. For example:

- Manna Food Center feeds about 3,760 hungry families each month – a number that has risen every year since 2008. Two thirds are considered the working poor.
- All 340 CollegeTracks seniors were admitted to one or more college or vocational school this year and were offered more than \$7.3M in financial aid for their first year of college. All 13 Community Bridges graduating seniors at Springbrook and Blair High Schools were also admitted and enrolled in college.
- Montgomery County Coalition for the Homeless served 1,600 men, women and children last year including supporting 400 now formerly homeless residents (including 15 Veterans) who moved into permanent housing.
- IMPACT Silver Spring's door-knocking activities reached over 7500 households last year, connecting people to safety net services, community-based resources, and their neighbors. Through the relationships and connections made, nearly 300 residents have experienced real and tangible benefits including learning English, increasing their savings, and starting micro-businesses.
- In FY14, the Vocational Services Program at Interfaith Works served 226 individuals, leading to 99 full-time and 35 part-time jobs with a median starting wage of \$11.07 per hour.
- Each year, A Wider Circle furnishes the homes of more than 4,000 families.

NONPROFITS CONTINUE TO LEVERAGE SIGNIFICANT RESOURCES. As a competitive advantage, most nonprofits leverage their Montgomery County dollars with significant gap financing - private contributions, philanthropy, donated goods and services, other state and federal funding - to fully finance their programs. We are committed to preserving and exploiting that advantage to the greatest extent possible, and to preventing the value of the County's investment from erosion over time due to inflation and/or insufficient investment. Recently, for example:

- The Primary Care Coalition's Montgomery Cares clinics served more than 28,000 individuals in FY2014 and leveraged \$1.2 million in donated hospital services and \$85,000 worth of pro-bono specialty care.

- The County's sustained investment in adult English literacy through MCAEL helps support a network of nonprofit programs that last year worked with more than 28,000 residents with limited English proficiency to achieve goals such as "talking with child's teacher in English," "helping child with homework", "telling basic health information to a doctor" and "obtaining a job promotion".
- With 400 volunteers, Hospice Caring has a 1:50 staff to volunteer ratio. Girls on the Run Montgomery County's 500+ volunteers coached more than 2000 girls. Rebuilding Together Montgomery County mobilized 1,000 volunteers to revitalize 100 homes and 2 nonprofits.
- Manna's Community Food Rescue matches county funding dollar for dollar. Nourish Now doubled the amount of food recovered to almost 150,000 pounds.
- Serving Together, a program of the Mental Health Association of Montgomery County, matched \$300,000 in county funds with \$500,000 in national funding and more than \$1.2 million total in private funds.
- Montgomery County Coalition for the Homeless leveraged \$5.2 million in county funding to generate \$413,000 in additional federal and private sector resources plus 11,239 hours of service by 3,630 volunteers, towards ending homelessness.
- Family Services, Inc. provides a return on investment of \$2.58 as the county's \$5.6 million investment in integrated mental and physical health and social services leveraged another \$14.4 million.
- Montgomery County's \$5.8 million investment in arts and humanities leveraged \$4.6 million in other government investments and \$18.5 million in corporate and individual investments.

As your partner, nonprofits serving Montgomery County will continue to help find solutions to some of our community's toughest challenges. We thank you for protecting our longstanding partnership and respectfully request that you:

Safeguard the county's investment in nonprofits that partner with government to deliver services (and that were never restored to pre-recession levels of funding)

- 1. by applying a modest 4% inflationary adjustment to all eligible base contracts for services provided by nonprofits across all departments, including those funded through Montgomery Caresⁱⁱ, and**
- 2. by increasing the amount of money allocated through the County Executive's and County Council's Community Grants processes by almost the same amount as last year to \$10,000,000ⁱⁱⁱ.**

ⁱ Most need data is from Faces of Poverty 2014 Montgomery County MD, published by Montgomery County Community Action Board.

ⁱⁱ **Inflationary adjustments** simply recognize that the cost of doing business and the cost of delivering services to residents increases from one year to the next. This is the only mechanism to increase a base contract with the County to reflect rising costs until the contract is renewed, which only happens every four to six years. The fiscal impact of a 4% inflationary adjustment would be relatively low to the County – about \$2 million or less than .035% of the County's operating budget--and helps maintain existing service levels.

While the County's inflationary adjustments have never fully covered increases in the cost of delivering services, in part because most county contracts cover only a portion of the total cost of providing services and in part because there was no inflationary adjustment in 2012, an across the board reduction of 7% in 2011 and only a 1% adjustment in 2010, inflationary adjustments represent a meaningful contribution towards covering some of the costs related to delivering contact services.

ⁱⁱⁱ Funds awarded through the **County Executive and County Council Community Grants Processes** are in increasing demand and more essential to the delivery of services. Some organizations, such as College Tracks and Housing Unlimited, do not receive county dollars through the base budget. For other organizations, the Community Grants are a key source of match funding that would otherwise be lost. And for others, these grants have become the de facto way in which the county provides core operating support for the delivery of high priority services but with the uncertainty of funding available from year to year. As the total amount awarded through the County Executive and County Council Grants process has increased (by about \$1.5 million/year for the past two years), so has the competition. For example, in FY15, the county received 277 applications, an increase of 25% over FY14. County staff is reporting record numbers of applications for FY16.

Office of Community Affairs

Betty Lam, Chief



The mission of the Office of Community Affairs and its programs support expanding access, improving quality of services, increasing individuals/families' independence and reducing health disparities. We accomplished that mission through providing education, outreach, system navigation assistance, effective referrals, language services, cultural competency training, and advocacy.

This Service Area includes:

- Community Action Agency
- Head Start
- TESS Center
- Outreach and Language Access
- Minority Health Programs
- Leadership Institute of Equity & Elimination of Disparities

Highlights

- The Leadership of Equity and Elimination of Disparities (LIEED) was established in Fiscal Year 2014 with the formation of an advisory committee that brought together six racial/ethnic community groups with the vision of finding common goals and meaningful engagement with health and human services. In FY14, the Advisory Committee took advantage of DHHS' technology modernization effort and helped identify how demographic data fields could be disaggregated to generate information that will be useful as management tools as well as to the diverse communities. The result of the LIEED Advisory Committee's input into the selection of demographic data fields will have a long term impact on how the County understands the impact of its work and quality of services.
- The Equity Work Group (EWG) completed its "Creating a Culture of Equity" curriculum and held two major activities to increase equity awareness within the department. Nineteen (19) DHHS staff members were recruited as peer facilitators and completed the train-the-trainer equity session. Two (2) equity pilot workshops were delivered to Child Welfare Services and HHS Excellence staff respectively, reaching a total of 30 participants. The pilot phase extended into October of 2014 (FY15) and a thorough assessment will be made that will inform the future training plan.
- The Empowering Community Health Organizations (E.C.H.O) Project is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. In Fiscal Year 2014, the Asian American Health Initiative held two workshops. A workshop on the Affordable Care Act drew 138 community leaders from 62 community based organizations. A workshop on mental health had 100 attendees representing 43 community based organizations.
- The African American Health Program (AAHP) marked its 10th anniversary of organizing and facilitating the Health Freedom Walk in conjunction with its partners. Approximately 170 participants and volunteers were at the event, which took place at the Woodlawn Manor Cultural Park in Sandy Spring, Maryland. The AAHP executive committee also organized a successful AAHP Community Day that included a men's walk and health fair that brought over 150 participants.
- AAHP increased its HIV testing sites by adding weekly testing at the People's Community Wellness Center and monthly testing on the Montgomery College Takoma Park Campus.

- Four hundred and forty residents were tested during FY14, a 13 percent over the previous year.
- Community Action Agency's Takoma-East Silver Spring Center (TESS) served 8,800 "walk in" customers requesting social service, case management and resource assistance. Working with Maryland Hunger Solutions, MCPS, and partners, TESS initiated Summer Meals, serving up to 60 children daily, including those from Judy Center families. A "Neighborhood Opportunity Network" site, TESS staff and partners provided access and outreach for DHHS programs, and enrolled residents in health coverage through the Affordable Care Act.
- Community Affairs conducted "Introduction to LEP" during 22 new employee orientations, 11 sessions of "LEP Implementation Plan" trainings, six (6) sessions for School Health Services staff, two (2) sessions for Affordable Care Act staff, one "Community Interpreter" training for certified bilingual staff and one "How to Work with An Interpreter" training. A total of 327 DHHS employees attended these trainings.

Statistics

- In Tax year 2013, the Community Action Agency's (CAA's) Volunteer Income Tax Assistance (VITA) Partnership prepared almost 2,000 tax returns, helping families to access about \$4 million in refunds, including over \$1.4 million in Earned Income and Child Tax Credits. The Maryland CASH Campaign recognized the County's VITA partnership for contributing the highest number of volunteer hours among its coalition members.
- The Latino Asthma Management program reached 678 individuals during outreach, community and school activities and provided asthma management education to nearly 20 parents/caregivers who reported increasing by 127 percent their ability to manage their children's asthma.
- All three minority health programs responded actively and positively to the Capital Health Connector request by conducting multiple culturally and linguistically appropriate outreach events with the help of health promoters and community based organizations. Some examples of these activities included LHI's efforts that reached 1230 Spanish speaking individuals, with 366 individuals requesting an appointment to get enrolled. AAHP's execution of the "Get on Board to Get Insured" service, a partnership with the County's Ride-On buses, worked to remove accessibility barriers by providing transportation to enrollment sites. The Asian American Health Initiative assisted 133 community members to sign up for health coverage.
- The Suburban Maryland Welcome Back Center graduated 14 foreign-trained nurses who obtained the Maryland registered nurse (RN) license or alternative certificate and joined the health workforce. Salaries increased an average of 119 percent from the time entering the program until hired as RNs. The program also expanded to include two pilot programs, one with internationally trained behavioral health professionals (10 participants) and one with physicians (18 participants).
- The Asian American Health Initiative (AAHI) Hepatitis B Prevention Project Model consists of four components: education, screening, vaccination, and treatment referral. In FY14, AAHI partnered with three community organizations and screened 296 community members. For the clients who are at-risk, 72 percent of them completed the three-shot vaccination series. For the clients who are infected, 100 percent of them are referred to care.





Department of Health and Human Services

Annual Report

**Leadership Institute for Equity
and the
Elimination of Disparities**

Office of Community Affairs

June 2014

Background

The Leadership Institute for Equity and the Elimination of Disparities (LIEED) was established by the Department of Health and Human Services (DHHS) in FY14. The creation of LIEED was a recommendation that emerged from a 22-month long process involving the participation of community representatives and DHHS leadership that sought ways to enhance DHHS practice, policy and infrastructure to best serve racially, linguistically and ethnically diverse communities, including emerging populations.

LIEED was formed by expanding and combining the work of the existing Minority Health Initiatives/Program (MHI/Ps), the Equity Work Group, and Office of Community Affairs (OCA) outreach efforts. Under the general supervision of the Chief of the OCA and with support and guidance from an Advisory Committee of Community and DHHS leadership, the LIEED was designed to put specific focus on racial/ethnic minority communities in the County by:

- Providing strategic leadership and coordination on systemic issues impacting health and wellness;
- Working in collaboration with internal and external partners on specific projects related to addressing health disparities and equity;
- Engaging racial/ethnic minority communities in a manner that promotes and fosters trust;
- Improving the Department's ability to deliver culturally and linguistically appropriate services; and
- Cultivating an organizational culture that promotes fairness and opportunity.

.....

Introduction

In FY14, the DHHS budget included \$100,000 in funding that was allocated for LIEED activities. While these funds offset some direct expenses, LIEED drew heavily on existing OCA resources to advance the initiative. Specifically, to ensure the success of LIEED during its first year, staff from the MHI/Ps and the Equity Project contributed a significant amount of their time to planning and implementation.

This report reviews the activities and accomplishments of LIEED during its inaugural year.

Building a Foundation for Success

As would be expected with any new initiative, much of the inaugural year of LIEED was devoted to developing basic infrastructure required to operate successfully. Start-up activities for LIEED included the following:

Establishment of the LIEED Advisory Committee

- Advisory Committee Members were identified and recruited from the County's racial and ethnic minority populations that include African American, Asian American, Caribbean American, Continental African, Latino and Middle Eastern communities. Specifically, two primary and at least one alternate representative from each of these racial and ethnic populations were selected, by their communities, to serve on the Advisory Committee. DHHS content experts, including the DHHS Director and Service Chiefs, also serve on the Committee.
- In conjunction with community representatives, an operating framework was developed for the LIEED Advisory Committee in order to define its purpose, responsibilities, membership and structure. The Framework serves as a Charter that guides the Committee's work.
- An Orientation Session for new Committee members was designed specifically to cover the work done during the 22-month assessment period, the set of recommendations that came out of the assessment, the intentional plan of including emerging communities, and the driving principles behind LIEED. Five orientation sessions were held for members, including representatives of the Caribbean American, Continental African and Middle Eastern communities, and new members from the African American Health Program Executive Committee and Asian American Health Initiative Advisory Committee.
- Administrative and technical support was provided to the LIEED Advisory Committee including production of agendas, meeting notes, reports and presentations, and management of logistics for three regular meetings of the Committee; three sub-group meetings; five conference calls; and a half-day retreat that focused on the transition of the Committee from interim to regular operations under the leadership of a Co-Chair elected from and by the community representatives.

Specific Accomplishments of the LIEED Advisory Committee in FY14

- The LIEED Advisory Committee is the first time that members of six (6) different racial/ethnic communities came together with the vision of finding common ground, building a stronger voice, and creating meaningful engagement with a major County department with the goal of improving health and well-being of communities.

- To ensure effective collaboration, it was important for this new advisory committee to formalize a set of guidelines to help guide the way they conduct business when they meet and work together. To that end, the first task undertaken by the Committee was to discuss, develop and vote on an operational framework which functions similar to an organizational charter.
- The ability to collect more disaggregated demographic data was collectively identified by the Committee as critical to various minority communities' understanding of the health and well-being status of their communities and tracking of trends. In FY14, the Committee took advantage of DHHS' technology modernization effort and helped identify how demographic data fields could be disaggregated to generate information that will be useful as management tools as well as to the diverse communities. The result of the LIEED Advisory Committee's input into the selection of demographic data fields will have a long term impact on how the county understands the impact of its work and quality of services.
- The LIEED Advisory Committee has decided to continue to focus on data and include advocacy as their areas of work in FY15. The LIEED Advisory Committee wants to better understand the community health needs assessment considered by Healthy Montgomery and will advocate for the assessment to employ linguistically and culturally appropriate competencies and include the voices of the emerging communities and sub-groups in the county.

Organization, Structure & Administration of LIEED

- A Program Specialist was hired to coordinate and support the work of the Advisory Committee and the Institute and to continue the work of developing communication materials and tools.
- An initial work plan for LIEED operations was developed to reflect the work to be done in the inaugural year of the Advisory Committee and the Institute.
- Operational protocols and guidelines for LIEED staff are beginning to take shape.
- Research was conducted and briefing materials prepared on potential LIEED projects to ensure that undertakings were aligned with the MHIP Report.
- In FY14, the Chief of the Office of Community Affairs, the Equity planner, the managers and staff of the three minority health programs contributed, on average, 35-50% of their time at various stages to support LIEED activities including support of the Advisory Committee, outreach for the Affordable Care Act, and development of a Behavioral Health Workforce Diversity project within the Welcome Back Center model.

Collaboration and Systems Enhancement Projects

While working to build some of the infrastructure necessary to ensure long-term success, LIEED also pursued two (2) projects that were in keeping with its mission. "Access to and delivery of quality and equitable services" and "HHS Workforce" were two of the priority areas identified in the MHIP Report. LIEED's active participation in outreach activities for the Affordable Care Act and initiation of a Behavioral Health Workforce Diversity project addressed these issues.

Behavioral Health Workforce Diversity Project

Research has shown that the ability to provide quality care to diverse patient populations is enhanced by the presence of racial and ethnic diversity within health care delivery systems. In the area of behavioral health care, the lack of such diversity continues to be a barrier to equitable and quality care for Montgomery County's racially, ethnically and linguistically diverse communities. LIEED's Behavioral Health Workforce Diversity project is designed to address this barrier through its Welcome Back Center (WBC) for internationally-trained health professionals by incorporating behavioral health professionals (BHPs) into the public and private workforce.

In FY14, LIEED's accomplishments on this project included:

- Securing the commitment of the Behavioral Health and Crisis Services (BHCS) area within DHHS to collaborate with LIEED on the development of a component to incorporate BHPs.
- Working with Maryland licensure boards to understand the licensure process and requirements for foreign-trained BHPs including psychologists, social workers, therapists, counselors, and others.
- Identifying, in collaboration with BHCS, job classifications for potential employment opportunities for foreign-trained behavioral health professionals.
- Convening a meeting with twelve (12) service providers to present the WBC model and identify potential partners.
- Securing the participation of twelve (12) internationally-trained BHPs to provide advice on how to best guide and support these professionals in using their full professional capacity and expertise.
- Initiating an assessment of critical occupation and skill needs in the behavioral health industry and relevant workforce issues related to Human Resources; barriers to employment; demographic challenges and skills needed for career advancement.
- In partnership with a group of behavioral health employers (Adventist Behavioral Health, Family Services, Inc., Corner Stone, Maryland Treatment Centers, and DHHS Behavioral Health and Crisis Services) developed a model for the incorporation of

internationally-trained behavioral health professionals into the Montgomery County workforce.

- With the support of community leaders, secured \$100,000 to implement a pilot project with 25 internationally-trained behavioral health professionals.

These activities have laid a foundation for implementation of the project in FY15 when it is anticipated that:

- 20 – 25 foreign trained behavioral health professionals will be recruited to participate in a pilot program;
- Partnerships will be developed with 3 – 5 service providers for the implementation of the program;
- Individualized career development plans will be developed for each participant in the pilot program; and
- System enhancements and barriers to success will be fully documented.

Affordable Care Act Outreach

As the Connector Entity for the Capital Region under the Affordable Care Act (ACA), the DHHS was obligated to educate and widely promote health insurance enrollment in Montgomery and Prince George's counties. Through LIEED, the Department was able to leverage the collective knowledge and expertise of staff in the Office of Community Affairs, including MHI/Ps, Outreach and Equity, to meet this obligation.

Major ACA-related outreach activities undertaken by LIEED staff included:

- Developing and defining specific outreach goals, roles and responsibilities to support implementation of the ACA in Montgomery County.
- Convening an ACA Outreach Committee within DHHS to facilitate a more structured approach and increased coordination of various activities including: outreach to communities; internal communication; marketing/PR; and liaison with legislators. This committee's accomplishments included developing and recommending a critical weekend strategy to increase access for the working class and providing consistency in messaging.
- Planning, coordinating and implementing an extensive program of targeted outreach activities to racially and ethnically diverse communities. Some highlights of the outreach program included: organizing 101 events; presentation of ACA information at more than 50 community-based (CBOs) and faith-based organizations (FBOs); providing information about ACA to 6,255 individuals; and distribution of 5,748 ACA awareness flyers and 4,357 enrollment flyers.

- Developing online forms, used by outreach staff across the Department, DHHS ACA partners, and the general public, to coordinate the planning and reporting of ACA outreach activities.
- Developing, coordinating, and implementing the *Empowering Community Health Organizations* (ECHO) workshop which focused entirely on responding to community demand for ACA information. The workshop reached 125 attendees representing 62 community-based organizations.
- Presentation at the October 28, 2013 Montgomery County ACA Leadership Summit to discuss strategies for enrolling hard-to-reach populations and enhancing outreach encounters.
- Creating a standardized, department-wide outreach practice through development and use of the Outreach Flowchart shown in Appendix 1.
- Designing culturally and linguistically appropriate health promotion education curriculum and trainings for 39 health promoters who were able to communicate to Montgomery County residents in various languages, including English, Spanish, French, Amharic, Chinese, Korean, Vietnamese, Hindi, Urdu, and Tagalog.
- Coordinated and implemented the “Get on Board to Get Insured” campaign during the last 4 weeks of the ACA enrollment process to assist four specific neighborhoods with large Black populations to ensure they had transportation to get to the Saturday enrollment sites.

In addition to the specific activities described above, active participation of Health Promoters in the delivery of ACA information, education and outreach activities resulted in the following:

- 33 health promoters from the Asian American Health Initiative contributing 297 hours to ACA outreach,
- 29 health promoters from the African American Health Program contributing 205 hours to ACA outreach, and
- 13 LHI health promoters contributing 120 hours to ACA outreach activities.

Conclusion

As reflected by this report, half of the first year’s effort was spent in building a foundation for meaningful community engagement which is unprecedented in terms of its attempt to bring together racially/ethnically diverse communities to work on common goals. The other half of the year’s effort was spent on actual projects that addressed recommendations in the MHIP Report. LIEED’s success in this first year of operation was made possible largely by leveraging significant resources within the Office of Community Affairs (OCA) to support its work. As

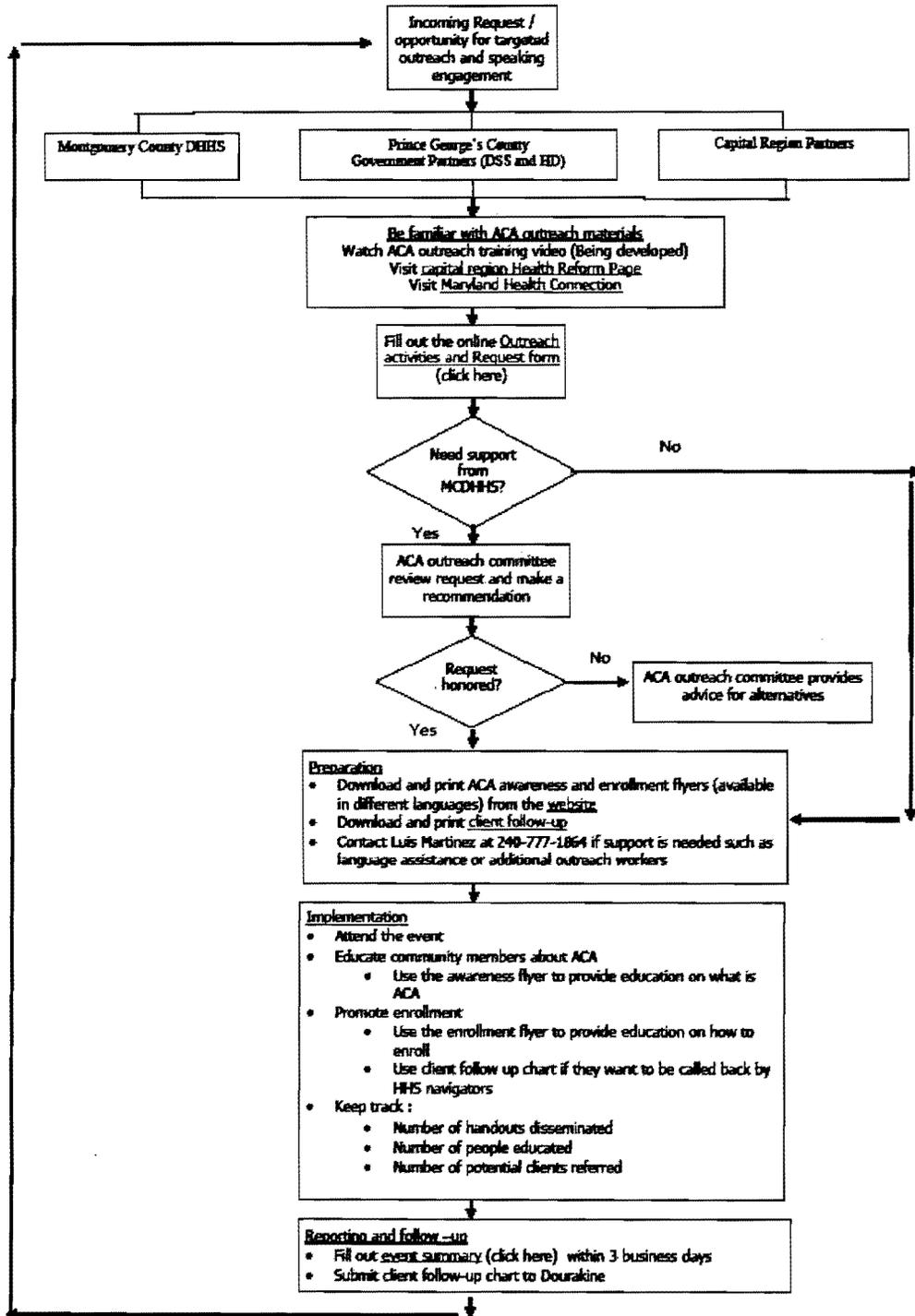
stated earlier, on average, OCA staff, including the Chief and MHI/P program managers, devoted 35-50% of their time to LIEED-related activities.

In FY15, LIEED will continue to work on strengthening the ties among new members of the LIEED Advisory Committee and between committee members and DHHS. We will support the area of focus identified by the Committee – Data, by doing all the background research and debriefing. Staff will also use the systems lens within its program operation to identify potential system improvements. We believe Year II of LIEED will present opportunities and challenges and the hope is that staff, community leaders and DHHS senior leadership together will meet them head on and produce another successful year.

APPENDIX 1 – ACA OUTREACH FLOWCHART

Goals for ACA outreach

- To increase awareness of ACA among residents in capital region
- To promote enrollment of eligible residents in capital region via Maryland Health Connection



**AAHP SMILE PROGRAM BUDGET REQUEST FOR 2016,
SUPPORTED BY THE FIMR COMMUNITY ACTION TEAM**

THE REQUEST: The Community Action Team (CAT) of the County's Fetal and Infant Mortality Review (FIMR) Board requests an additional \$65,000 for the SMILE Program of the African American Health Program, to expand the program by hiring a Community Health Outreach Worker/ Navigator to assist clients with the many non-medical/non-clinical needs that they encounter in the community. This would enable the program's three nurses to recruit and enroll a larger number of pregnant women into the program.

THE ROLE OF THE FIMR AND THE FIMR-CAT: The state-mandated FIMR reviews possibly preventable fetal and infant deaths, a disproportionate number of which occur among African Americans. The most frequent recommendation of the FIMR Board to its Community Action Team (FIMR-CAT) is to increase referrals of pregnant African American women to the SMILE program. The FIMR-CAT looks for ways to implement the recommendations of the FIMR.

THE SMILE PROGRAM: The goal of the SMILE Program- Start More Infants Live Equally healthy - is to reduce the number of premature and low-birth-weight babies born to African American women and women of African and Caribbean descent and to reduce infant mortality. African American women and women of African and Caribbean descent are far more likely to have poor birth outcomes than women of other races. This work is an integral part of the African American Health Program (AAHP).

SMILE OUTCOMES: The SMILE program, following a proven effective community nurse-family partnership model, has succeeded in improving the odds for survival and good health among Black infants born into the program. Birth weights are superior to those of other African American infants and infants of African and Caribbean descent in the County and the State, and the rates of initiated and continued breast feeding (a health protective factor) far exceed those of the Country as a whole.

EXPANSION OF THE SMILE PROGRAM: In order to expand the program with the existing three nurses, the program can benefit from the additional resources of a Community Health Outreach Worker/ Navigator, whose role would include the following: provide additional health education for expectant families (i.e. healthy pregnancy, breast feeding principles, parenting skills, integrating fathers in parenting role); review child development milestones and education; assist with health promotion disease prevention education and topics such as preconception and inter-conception education; offer information about nutrition, physical activity, stress management; make referrals to WIC; provide warm hand-offs to medical and behavioral health services; provide care coordination that assists families in accessing and navigating the health care system.

Ann Jordan, MSN, RNC

Program Mgr, Women's Health

Kaiser Permanente, Mid-Atlantic States

James Rost, MD

Director, Neonatology Unit

Shady Grove Medical Center, AHC



African American Health Program

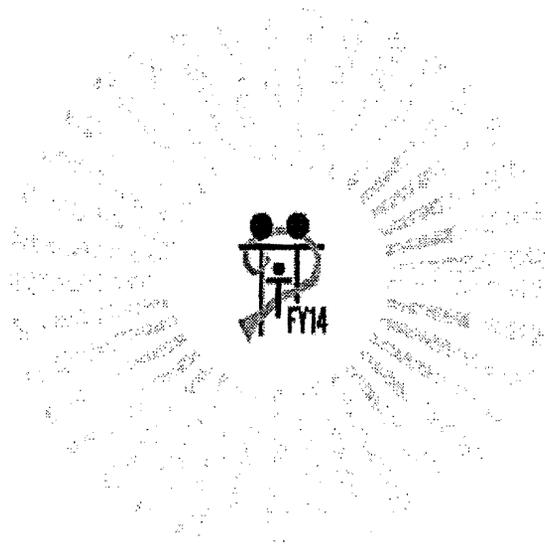
ANNUAL REPORT

Engaging Community. Addressing Disparities. Impacting Lives.



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AAHP Overview

Funded in 1999 by the Montgomery County Department of Health and Human Services (DHHS), AAHP was created by community stakeholders and a core group of DHHS staff who recognized the need to address health disparities disproportionately affecting African Americans in the County.

AAHP is currently funded by the Montgomery County DHHS and administered by BETAH Associates, Inc. The program received additional funding from Holy Cross Hospital through the Minority Outreach and Technical Assistance (MOTA) award, which provides funding for AAHP Community Health Workers in their efforts to encourage improvement of the health care status of African Americans and individuals of African descent by facilitating health education, disease prevention and screening, and other outreach activities.

Vision	African Americans and people of African descent in Montgomery County will be as healthy and safe as the rest of the population.
Mission	Eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County, MD.
Goals	1) Raise awareness in the Montgomery County community about key health disparities. 2) Integrate African American health concerns into existing services and programs. 3) Monitor health status data for African Americans in Montgomery County. 4) Implement and evaluate strategies to achieve specific health objectives.
Strategy	Bring together community partners and resources in a collaborative and effective manner to support AAHP goals.

AAHP focuses on six major health areas: infant mortality, STI/HIV and AIDS, diabetes, oral health, cardiovascular disease, and cancer. Staffed by registered nurses, health educators, and community outreach specialists, the program's services include outreach, health education and testing, support groups, and nurse case management.

AAHP operates in conjunction with a volunteer Executive Committee that provides strategic planning and advocates for increased funding. In addition to the Committee, a larger Executive Coalition of community representatives assists with event planning and encourages support of AAHP events. Smaller Collaboratives of individuals interested in specific AAHP focus areas round out the program's guiding groups. At the start of fiscal year 2014, AAHP had STI/HIV/AIDS and Infant Mortality Collaboratives. By the year's end, four additional groups were formed with community residents serving as chairs. The new Collaboratives focus on behavioral and mental health, men's health, diabetes, and cardiovascular health. In addition, the Diabetes Unit is guided by an advisory group, which is required for accreditation by the American Association of Diabetes Educators.

A Message from the AAHP Project Director and DHHS Program Manager

The African American Health Program (AAHP), now in its 15th year, continues to evolve with each new year. In fiscal year 2014, the program employed more pragmatic approaches and strategies to address health disparities among African Americans and people of African descent in Montgomery County. In doing so, we experienced a lot of "firsts" this year. In addition to program-level improvements such as our redesigned website, monthly e-newsletter, and social media sites, AAHP's units boasted a number of new activities.

The SMILE program hosted *Celebrate the Beauty & Benefits of Breastfeeding*, an innovative event to honor AAHP's commitment to breastfeeding and our clients who choose to breastfeed. The infant mortality unit ended the year planning the #IamBlackandIbreastfeed social media campaign, which included the production of an educational video to reach women in the County and across the nation.

This year also marked the implementation of a special youth-focused program, *Power Play!*, that aims to increase physical activity and obesity prevention awareness. The series was a joint effort between AAHP, White Oak Recreation Center, and the Presidential Active Lifestyle Award (PALA) group.

Also for the first time, the HIV unit facilitated a discussion with faith leaders in the County. The roundtable luncheon focused on unhealthy and risky behaviors, with an emphasis on how to start conversations about sensitive topics from the pulpit. The HIV unit also expanded its testing efforts through the addition of weekly testing at the People's Community Wellness Center and monthly testing on the Takoma Park campus of Montgomery College.

The Diabetes unit implemented changes to its classes and clubs, hosting condensed winter sessions with new partners and at new sites. We also increased outreach to the African community, which led to a gradual increase in attendance at the African Healthy Living Dining Club.

Also this fiscal year, AAHP held an inaugural celebration to acknowledge the services of its Community Health Workers, who contribute greatly to all AAHP units, and thus, their achievements. This year, they provided resources around the Affordable Care Act in addition to their typical outreach.

Along with these new endeavors, we celebrated the continued success of the Health Freedom Walk. This year marked the 10th anniversary of AAHP's coordination of this County event, which is held in partnership with Health Freedom Walk, Inc. The event encourages healthy lifestyles while learning about the history of the Underground Railroad in Montgomery County.

We would like to take this opportunity to express our appreciation to the AAHP staff, Executive Committee, Executive Coalition, and Collaboratives as well as the DHHS staff and BETAH Associates, Inc. for their continued support of efforts to engage the community, address disparities, and impact the lives of residents. We acknowledge our community residents for the opportunity to share information and resources with them, and our partners for their steadfast support of all AAHP activities. We are proud to share our accomplishments with you in this annual report.

We look forward to year of continued engagement and even greater outcomes for those we serve.

Abimbola Idowu, MPA, DrPH
AAHP Project Director

Heather Ross, MS, CHES
DHHS Program Manager

From the AAHP Executive Committee

For over 15 years, the AAHP Executive Committee (EC), which is comprised of volunteers, has helped to ensure that the mission of the program is carried out. We work very closely with the County's Department of Health and Human Services (DHHS); monitor the health status data for African Americans and people of African descent in the county; and advocate for both resources and policy.

This year, the EC designated health, wellness, and prevention as areas of strategic importance. We viewed these areas as key to all of our programmatic priority areas and of utmost importance in how we align strategically to the County's Healthy Montgomery efforts and the State's Health Improvement Process. A significant step involved our advocacy for laying the groundwork to look at mental health as a cross-cutting approach linking it to each of AAHP's existing priority areas. We wanted to ensure future prevention and early intervention programs tailored to the targeted community the African American Health Program serves would be in place.

In addition, this year, the EC concentrated on its infrastructure so that our reach into the community could be expanded, as well as, benefit from additional community input, resources, and support for the AAHP program areas along with our operational and advocacy efforts. This resulted in the creation of the ancillary Executive Coalition, a dynamic and diverse group of volunteers from the community, as well as, service and community-based organizations.

With the Executive Coalition, we have seen an increase in membership and the spawning of a number of key committees that we call collaboratives. Previously, we had two such groups (Infant Mortality and STI/HIV/AIDS), which were originally called coalitions. Now, we've added collaboratives that also focus on Behavioral/Mental Health, Diabetes, and Black Male Health and Wellness. With the collaboratives, we are better able to team up, pool resources, and strategize on the best ways to address specific health disparities that affect our community. For example, during National Minority Health Month, with the support of the Executive Coalition and partnership of several community organizations, we joined together and successfully held AAHP Community Day, as a forum to showcase AAHP services and to inform, educate and empower African Americans and people of African descent in Montgomery County to prevent, address, and be aware of health issues that may affect them. We have also established workgroups that address operational matters, such as data, which is one of our highest priorities.

The AAHP EC is very supportive of numerous health-related organizations for which we designate representatives who help ensure that the concerns and interests of our community are known. The EC has been instrumental in assigning representatives who participate with Healthy Montgomery and several of its workgroups as well as the Commission on Health, the Commission on Aging, and the DHHS' Leadership Institute for Equity and Elimination of Disparities (LIEED).

The EC commends the efforts of all of our volunteers, organizations, and partners who have brought a new breadth and depth to our program. We feel that the measures that we've put in place are helping to facilitate our efforts in supporting the dedicated and talented AAHP program staff, as all of us work together to carry out AAHP's mission to eliminate the many health disparities that plague the community that we serve.

To you all, we extend a hearty thank you!

Sincerely,
Pat Grant, Chair
AAHP Executive Committee



Community DAY

April 19, 2014

The inaugural AAHP Community Day, which boasted the attendance of County Executive Ike Leggett, was a tremendous success. The brainchild of the Executive Committee, Department of Health and Human Services, and other agencies, Community Day was held to raise awareness of AAHP projects and services. The event's offerings included a men's wellness walk, a health information fair, and fun activities for kids.



Success: By the Numbers

3,676 Unique
(unduplicated)
County
residents served
by the program

40/23 Pregnant women/fathers
who attended the Childbirth &
Breastfeeding Education Series

1,482 Home visits
conducted by the
SMILE nurses

40 French-
speaking
laborers
reached by
the Projet
Santé Pour
Tous (Health
for All Project)

333 Outreach
events hosted
or attended by
the program

75 New clients
receiving diabetes
self-management
counseling and
support

81 Ride On drivers
registered in Live
Fit, Drive Fit

100 Youth who participated in
the MaCo "Getting Real and
Going In" Teen Summits

440
County
residents
tested for
HIV

300+ Oral health
kits distributed

522 Individuals
screened for high
blood pressure

74
Inmates
educated
through
WIGO

20 Youth who
participated in
the Power
Play! 16-week
activity series



Primary Focus Areas and Services

Infant Mortality

- Nurse case management
- Home visitation
- Childbirth and breastfeeding classes

Diabetes

- Prevention and control classes
- Healthy Living Dining Clubs
- 1-on-1 counseling sessions

Heart Health

- Blood pressure screening
- Walks and symposiums
- Youth activity program

STI and HIV/AIDS

- Regular and special testing events
- Support groups
- Education series

Cancer

- Screening and service referrals
- African immigrant education

Oral Health

- Oral health kits
- Education as part of other AAHP classes
- Health fairs

Focus Area: Infant Mortality

AAHP Goal: Reduce the number of premature births and low birth weights among the Black community in the County.

The Disparity

According to Healthy Montgomery data for 2012, the rate of infant deaths per 1,000 live births was 5.1. The mortality rates for White and Latino infants were 4.2 and 4.3, respectively. For African Americans, it was 8.2 - nearly double the rate. Of babies born to Black women, 10.3% had low birth weight and 3% were born with very low birth weights. Among White women, 5.9% of babies had low birth weight and 0.9% had very low birth weights.

Our Work

The Start More Infants Living Equally healthy (SMILE) program addresses key factors such as a mother's stress, mental health, and health conditions like diabetes. Support is available to families from pregnancy to the baby's first birthday. Services are free to Black residents of the County regardless of socioeconomic status.

Core Services

- Nurse Case Management
- Home Visits
- Childbirth and Breastfeeding Classes (in partnership with Holy Cross Hospital)
- Manual Breast Pump Program
- Referrals to Additional Supports



Referrals

To SMILE: 127 (104 led to enrollment)

Nurse Case Management

Families served: 184

Home visits: 1,482

Total births: 97

Healthy birth weights: 80.4%

Childbirth and Breastfeeding Classes

Series held: 3 (6 hours each)

Pregnant women/fathers present: 40/23

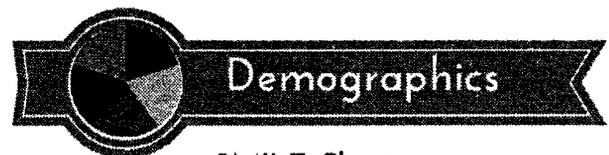
Vouchers: 28 car seats, 27 cribs

Breastfeeding

Moms who initiated breastfeeding: 54*

Breastfed for 6 months or longer: 31

Breastfed for 3-6 months: 5



SMILE Clients

African American: 66%

African: 28%

Caribbean: 4%

Private insurance holders: 11%

Pregnant Class Participants

African American: 62.5%

African: 20%

Caribbean: 12.5%

Focus Area: Diabetes

AAHP Goal: Support consumer prevention and management of diabetes, pre-diabetes, and associated health conditions.

The Disparity

According to the CDC's latest national statistics, more than 29 million people in the U.S. live with diabetes, and nearly 80 million more are at risk of developing type 2 diabetes. The disease disproportionately affects African Americans, who are 1.7 times more likely to have diabetes than non-Hispanic Whites. And, African Americans are more likely to develop related conditions such as diabetic retinopathy, kidney disease, and lower-limb amputations.

Our Work

The Diabetes Unit works to assist the community with diabetes prevention and management through a number of outreach initiatives. These efforts include education classes, testing, dining and activity clubs, self-management counseling, and other special initiatives throughout the County.

Core Services

- Glucose and A1c Testing
- Prevention and Management Classes
- Healthy Living Dining Clubs
- One-on-One Management Counseling
- Live Fit, Drive Fit Program (for Ride On Transit Service Workers)



Education Classes

Series held: 4
Total hours of instruction: 424
Total participants: 42
Reported positive behavior change: 91%*

Dining Club Attendance

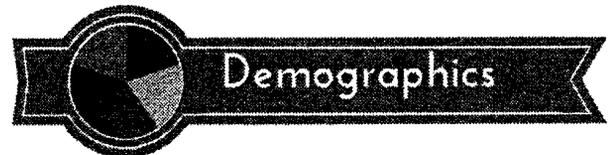
Healthy Living Clubs: 230
African Healthy Living Club: 86
Holiday Club Meeting: 37

Self-Management Counseling

New clients: 75
Existing (follow-up) clients: 60
1:1 teaching consultations: 92
Received help procuring supplies: 51
Received skill education: 122
Referred to medical care: 30
Counseling referrals received: 84

Ride On: Live Fit, Drive Fit

Drivers registered: 81



Demographics

Education Classes

African American: 40.5%
African: 19%
Asian: 14%
Other: 26.5%
Male/Female: 28.5%/72.5%

Focus Area: Heart Health

AAHP Goal: Reduce or eliminate risk factors that predispose Black community members to cardiovascular disease.

The Disparity

Every year, 1 in 4 deaths is caused by heart disease. Hypertension, obesity, and diabetes are the most common conditions that increase risk. African Americans have the highest prevalence of high blood pressure in the world; more than 40 percent of the non-Hispanic Black population has hypertension. African Americans are also disproportionately affected by obesity, and are nearly twice as likely to have diabetes as non-Hispanic Whites.

Our Work

The Cardiovascular Unit works to educate and support the community by providing screening and outreach throughout the County. As part of these activities, the Unit coordinates and works with community partners to plan special screening and education events, including heart health fairs and walks.

Core Services

- Blood Pressure and Other Screening
- Health Freedom Walk
- Power Play! Physical Activity and Obesity Prevention Program for Youth (ages 10-13)
- Wellness Events and Health Fairs
- Referrals to Additional Supports



Blood Pressure Screening

Individuals screened: 522
Normal readings: 31%
Pre-hypertensive: 27%
Stage 1 hypertensive: 21%
Stage 2 hypertensive: 8%
Uncategorized: 13%*

10th Annual Health Freedom Walk
(in partnership with Health Freedom, Inc.)
Participants: ~170

BEGIN YOUR
Journey to Wellness



JOIN US AT THE
**HEALTH FREEDOM:
A PATH TO WELLNESS
2 MILE WALK**



Power Play! 16-Week Series
Participating youth: 20+



Special Events

Heart Health Fairs: 2 (Holy Cross and Washington Adventist Hospitals)

Focus Area: STI and HIV/AIDS

AAHP Goal: Prevent the spread of sexually-transmitted infections, and for those who have HIV, delay the onset of AIDS.

The Disparity

When compared with other races and ethnicities, African Americans account for a higher proportion of HIV infections at all stages of disease. In Maryland, HIV diagnoses disproportionately affect non-Hispanic Blacks, who represented 76.3% of new diagnoses in 2012. Further, over 70% of diagnoses reported for Montgomery County in 2011 were among Black residents, who represent less than 20% of the County population.

Our Work

The HIV Unit works to educate and support the community by providing regular testing throughout the County and hosting special events and education series for special at-risk audiences, including teens and detention center groups. In addition, the Unit offers resources, referrals, and networking opportunities to the community.

Core Services

- Regular HIV Testing
- Special Community Events and Testing
- MoCo Teen Summits
- Special Groups and Discussions
- When I Get Out (WIGO) Program
- Referrals to Additional Supports



HIV Testing

County residents tested: 440
Regular testing sites added: 2

WIGO (Boyd's Correctional Facility)

Inmate participants: 74
Units educated: 3
(Juvenile, Women, Crisis Center)

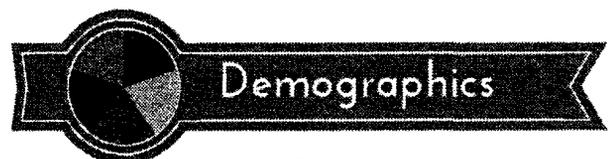
MoCo Teen Summits

Summits conducted: 2
(Gaithersburg and Mid-County)
Total participants: 100

Special Events

Roundtable to discuss risky behaviors and the role of faith in the community: 19 faith leaders and 2 radio personalities attended

Special outreach at event targeting men who have sex with men (in partnership with Health Departments of Montgomery and Prince George's Counties): 60 attendees



HIV Testing

African American: 32%
African: 31.8%
Caribbean: 1%
Other: 35.2%
Male/Female: 51%/49%

Focus Area: Cancer

AAHP Goal: Reduce controllable risks that increase the likelihood of cancer diagnoses and related health issues.



Projet Santé Pour Tous
Laborers reached: 40

The Disparity

Approximately 40.8% of people in the U.S. will be diagnosed with all cancer sites at some point during their lifetime. According to the Office of Minority Health, African Americans have the highest mortality rate of any racial or ethnic group for all types of cancers combined and for most major cancers. Death rates for all major causes of cancer are higher for African Americans than for whites, contributing to a lower life expectancy for the Black community.

Our Work

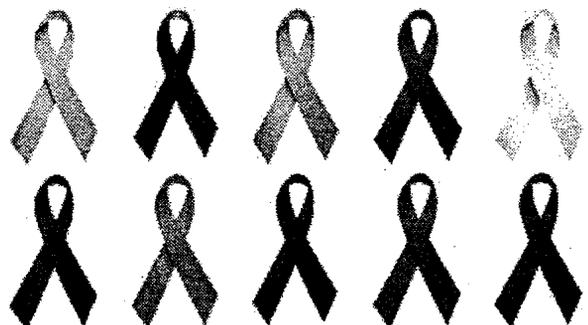
The Cancer Unit conducts outreach and education on a consistent basis throughout the County, including events held by other AAHP Units. Special presentations and demonstrations are facilitated upon request. While all types of cancer are addressed by the Unit, emphasis is placed on breast, prostate, and oral cancers.

Core Services

- Health Presentations
- Distribution of health and hygiene resources
- Projet Sante Pour Tous (Education for French-speaking African Immigrants)
- Referrals to Cancer Screenings and Additional Supports



Breast self-exam (BSE) skill demonstrations (shown above) were provided to MobileMed clients and at health fairs throughout the fiscal year.



Focus Area: Oral Health

AAHP Goal: Promote healthy oral behaviors and reduce oral conditions that can lead to more serious health conditions.



The Disparity

According to the Office on Minority Health, African Americans have higher levels of gingivitis and periodontal loss of attachment than Whites. Black adults are more likely to have missing teeth, and African American children are more likely to have teeth extracted than their White counterparts. African American males have the highest incidence rate of oral cavity and pharyngeal cancers in the nation compared with women and other racial and ethnic groups.

Our Work

The Oral Health Unit conducts outreach and education on a consistent basis throughout the County, including resource dissemination at events of other AAHP Units. Special presentations are facilitated upon request. Whenever possible, oral health and hygiene are included as curriculum topics for AAHP classes.

Core Services

- Health Presentations
- Distribution of health and hygiene resources
- Oral Health Campaign Care Kits
- Referrals to Additional Supports

Oral Health Kits and Outreach

Mouth and toothbrush models were displayed at all general outreach events. Proper brushing and flossing demonstrations were also provided. On average, at least 20 oral health kits were distributed at each event, totaling more than 300 kits for the fiscal year.

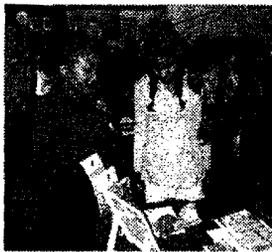
New Outreach Bookmark



Community Health Workers Program

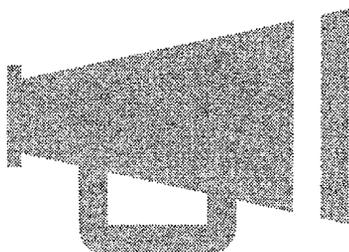


The Community Health Workers Program works to educate the community in a number of AAHP's key focus areas, including cardiovascular health, cancer, and oral health.



Fiscal year 2014 marked the first time that AAHP celebrated and acknowledged the services of Community Health Workers, also known as health promoters, with a special event, "Health Promoter Appreciation Night." The highlight of the evening was a special appearance by Montgomery County Department of Health and Human Services Director Uma Ahluwalia who offered praise and presented recognition certificates. The guest speaker was Ms. Dwyan Monroe from the Public Health Network in Washington, DC.

AAHP also witnessed increased participation of Community Health Workers in creating and implementing presentations at community events during the year.



Community Health Workers represented AAHP at 116 events this fiscal year!

AAHP 2.0



Keeping up with modern trends in health promotion and outreach, AAHP focused on enhancing its online presence during fiscal year 2014. In addition to launching all-new social media accounts on Twitter, Facebook, and YouTube, the program redesigned its website (onehealthylife.org) and created a mobile platform for smartphone and tablet users.

Electronic newsletters were distributed on a monthly basis, each highlighting a unique health observance, upcoming AAHP events, and other inclusions of interest. The distribution list continues to grow, topping 600 recipients by the year's end. Following is a list of the primary topic addressed by each issue.

July: Minority Mental Health Awareness Month
August: Breastfeeding Awareness Month
September: Infant Mortality Awareness Month
October: Breast Cancer Awareness Month
November: American Diabetes Month
December: World AIDS Day

January: Healthy Living in the New Year
February: American Heart Month
March: Nutrition Month
April: Minority Health Month
May: Women's Health Week
June: HIV Testing Day

Getting Social



TWITTER

126 Followers



FACEBOOK

77 Page Likes



YOUTUBE

448 Views

and counting...

The AAHP Team



In addition to the following staff, health promoters, and various steering committees, AAHP receives support from a host of individual community members, representatives from local organizations, and established community partners.

AAHP Staff

Abimbola Idowu, DrPH, Project Director
Xerxeser Kayode, BSN, Deputy Project Director
Tannyka Coleman, RN, BSN, CM/DN, Nurse Case Manager
Denise Dixon, MS, HIV Coordinator, Outreach Specialist
Diane Herron, Outreach Specialist
Saundra Jackson, RN, BSN, CBE, Nurse Case Manager
Msache Mwaluko, Outreach Coordinator
Elna S. Narula, RN, BSN, Certified Diabetes Educator
Nia M. J. Williams-Myles, RN, MSNEdu., MPH, Senior Nurse Case Manager

DHHS Staff

Heather Ross, MS, CHES, AAHP Program Manager
Linda Goldsholl, MS, RD, AAHP Diabetes Program Manager
Anita Mwalui, BS, MPH, AAHP Community Networking Coordinator

Health Promoters (with languages spoken)

Jolene Ayers-Ogunjirin (ASL)	Viviane Makou (French)
Tim Baldauf-Lenschen (German)	Vienna Mbagaya
Karen Blanton	Patricia Morris
Doumo Serges Doumo (French)	Enyeribe Nwokekeh (Ibo)
Yordit Gabremariam (Amharic)	Melanie Reynolds, RN
Juliet Hope (KSL)	Evelyn Tandau (KSW)
Nancy Margai	Juliette Traore (French)

The AAHP Team *continued*

Executive Committee

Pat Grant, MS, Chair
Beatrice Miller, RN, MS, Vice Chair
Marilyn Gaston, MD, MPH
Michelle Hawkins, DNP, MSN, MBA, RN
Patricia Horton, RN, MBA*
Arva Jackson, MSW*
Art Williams, MS*
Jacquelyn Williams, MPH

**AAHP founding member*

Executive Coalition Chairs/Liaisons

Akua Asare, Co-Chair, Behavioral/Mental Health Collaborative
Porlan Cunningham, Chair, Community Day Planning Committee
Kristal Dail, Chair, Diabetes Collaborative
Terrence Dupree, Co-Chair, Black Males Health and Wellness Collaborative
Janell Mayo Duncan, Alt. Representative, DHHS LIEED
Marilyn Gaston, Vice Chair, Data Workgroup; Vice Chair, Cardiovascular Collaborative
Pat Grant, Primary Representative, DHHS LIEED; Alt. Liaison to Healthy Montgomery
Michelle Hawkins, Liaison to Commission on Health
Patricia Horton, Chair, Cardiovascular Collaborative
Arva Jackson, Chair, Infant Mortality Collaborative; Liaison to Commission on Aging; Alt. Representative, DHHS LIEED
Laura Jenkins, Representative to Healthy Montgomery Data/Evaluation Workgroup
Billie Joseph, Chair, Communications Committee
Teresa King, Co-Chair, Behavioral/Mental Health Collaborative
Beatrice Miller, Liaison to Healthy Montgomery
Anthony Morrison, Co-Chair, Black Males Health and Wellness Collaborative
Cheryl Spann, Chair, STI/HIV/AIDS Collaborative
Dawn Valentine, Representative to Healthy Montgomery Data/Evaluation Workgroup
Art Williams, Primary Representative, DHHS LIEED
Jacquelyn Williams, Chair, Data Workgroup; Representative to Healthy Montgomery Obesity Workgroup; Alt. Representative, DHHS LIEED

The Executive Coalition is comprised of many individual volunteer-community representatives, as well as several volunteers from local service and community-based organizations, AAHP partner organizations, local churches, and a host of other interested parties.

Our Community Partners

African Affairs Advisory Group
African American Advisory Group
Adventist Healthcare
Advocates for Youth
Alpha Kappa Alpha Sorority, Inc. (Gaithersburg-Xi Sigma Omega Chapter)
Alpha Phi Alpha Fraternity, Inc., Montgomery County Chapter
Asian American Health Initiative
Black Ministers Conference of Montgomery County
Boy and Girl Scouts of Troops 96 and 6260
Caribbean Affairs Advisory Group
CASA de Maryland
Celebrate Recovery, Church of the Redeemer
CHEER
Daisy Baby Boutique
DC Family Alliance, Inc.
Delta Sigma Theta Sorority, Inc. (Montgomery Alumnae Chapter)
DIVAS MPH
Fit Solution
GapBuster Learning Center, Inc.
GOALS, Inc.
Good Hope Union United Methodist Church
Goshen United Methodist Church
Gwendolyn E. Coffield Community Center
Health Freedom, Inc.
HealthBeam Outreach, Inc.
Heart to Hand, Inc.
Holy Cross Hospital Community Health Department
Journeys Treatment Center
Kaiser Permanente African American Professionals Association
Latino Health Initiative
Lincoln Park Community Center
Lincoln Park Historical Society
Marilyn J. Praisner Community Center
Medical Nutrition Consultant, LLC
Mobile Med
Montgomery Cares
Mid-County Community Center
Montgomery College - Germantown Student Life Services Department
Montgomery College-Takoma Park AIDS Resource Center



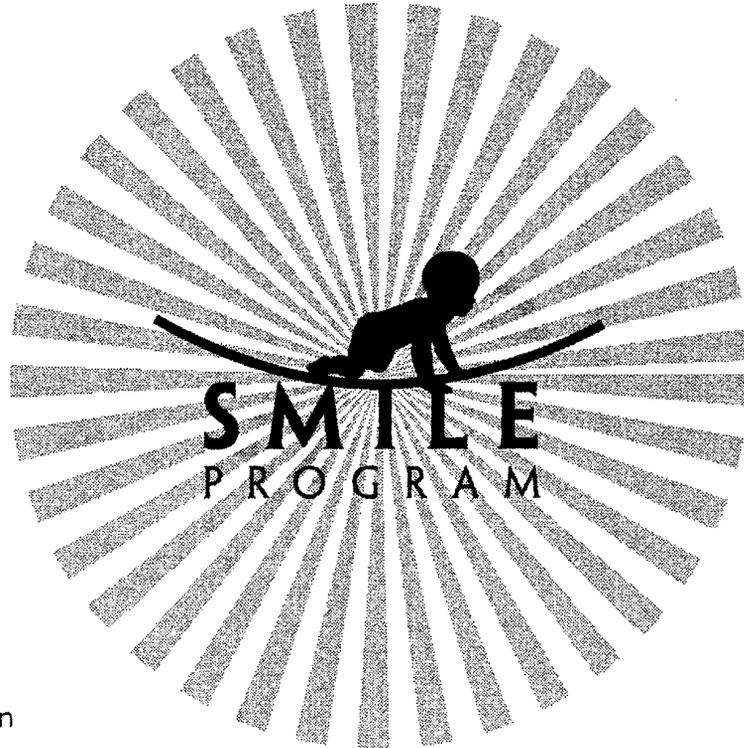
Our Community Partners *continued*

Montgomery College -Takoma Park Nursing Department
Montgomery College - Takoma Park Student Life Department
Montgomery County Cancer Crusade
Montgomery County Department of Health and Human Services Adult Behavioral Services
Montgomery County Department of Health and Human Services STD Clinic
Montgomery County Department of Parks
Montgomery County Department of Recreation
Montgomery County Office of Minority Health Resource Center
Montgomery County Mental Health Association
Montgomery County Pan-Hellenic Council
Mt. Calvary Baptist Church
NAACP, Montgomery County Chapter
National Council of Negro Women, Montgomery County, MD
Phi Beta Sigma Fraternity, Inc., Sigma Sigma Sigma Chapter
Progress Place Resource Center
RaC3, Inc.
Radio One, Inc.
Rockville Pregnancy Center
RTIP Foundation
RVI Motion Media
Safe Kids Car Seat Program
Sasha Bruce Youthwork, Inc.
Shady Grove Fertility Center
Southern Christian Leadership Conference
Street Wize Foundation
St. Andrew's Lutheran Church
Suburban Hospital
Sudden Infant Death Syndrome Mid-Atlantic
Takoma Park CO-OP
Teen and Young Adult (TAYA) Health Connection
The People's Community Baptist Church
The People's Community Wellness Center
U.S. Office of Minority Health Resource Center
Victory Christian Church
Walgreens
Walter Reed Army Medical Center
Wheaton Public Library
Zeta Phi Beta Sorority, Eta Pi Zeta Chapter



Community Referrals

In addition to collaborating with community partners, AAHP refers clients to a number of other community supports. The following resources are those to which SMILE participants were referred for further assistance.



A Wider Circle
Baby's Bounty
Birthright
Caring Connection
Catholic Charities
Child Care Connection
Child Welfare Services
Community Clinic, Inc.
Cribs for Kids
Depression Services
Doula Services
Food and Friends
Gaithersburg HELP
Health Insurance
Holiday Giving Project
Housing Opportunities Commission

Infants and Toddlers Program
Infants at Risk
Interfaith Works
Job Training
Manna Food
Medela
Mission of Luv
MHIP
Responsible Fathers Program
Rockville Pregnancy Center
Service Eligibility Unit
Shady Grove Pregnancy Center
TAYA Clinic
WIC Services
Wider Circle Furniture



African American
Health Program

14015 New Hampshire Avenue
Silver Spring, MD 20904
p: 240.777.1833
f: 301.421.5975

onehealthylife.org





Asian American Health Initiative

Montgomery County, Maryland

Department of Health and Human Services



Annual Report FY2014

Together to Build a Healthy Community

Message from Leadership

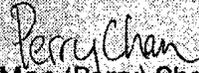
The Montgomery County Department of Health and Human Services' (MCDHHS) Asian American Health Initiative (AAHI) is proud to release its Fiscal Year 2014 (FY2014) Annual Report to highlight its strategic efforts to eliminate health disparities affecting the Asian American community in Montgomery County. In FY2014, AAHI implemented programs to improve access to culturally and linguistically competent care as well as promoted health equity through community empowerment. AAHI also continued its efforts to enhance data collection and strengthen partnerships with key County stakeholders.

With the committed leadership and support of MCDHHS, the AAHI Steering Committee, community partners, multilingual Health Promoters, and dedicated volunteers, AAHI concluded another remarkable year of serving the community. Due to the changed demographics in the state of Maryland and Montgomery County, the minority population has diversified. This has had a profound impact on the delivery of service and coverage to minorities. In FY2014, at the conclusion of major group work involving County and community participants, MCDHHS established the Leadership Institute for Equity and the Elimination of Disparities (LIEED). LIEED's mission is to address social determinants of health, with the goal of eliminating disparities and achieving equity among Montgomery County residents. In this groundbreaking work, the AAHI Steering Committee and staff contributed a significant amount of time to the planning and implementation of LIEED. The effort of MCDHHS' Minority Health Initiatives/Program, Equity Work Group, and Office of Community Affairs, combined with that of local community members and professionals, shall advance LIEED closer to its goal of achieving equity in Montgomery County.

FY2014 also marked a historic year with the launch of the Affordable Care Act's (ACA) open enrollment, which aims to provide health care coverage to uninsured Americans. Because of the ACA, approximately 2 million uninsured Asian Americans and Pacific Islanders now have new opportunities for affordable health insurance. Asian Americans in Montgomery County and across the nation are benefiting from the stronger coverage and consumer protections made possible by the ACA. Since MCDHHS served as the health insurance marketplace Connector Entity for the Capital Region, AAHI was actively engaged in ACA outreach, education, and enrollment efforts for the Asian American community.

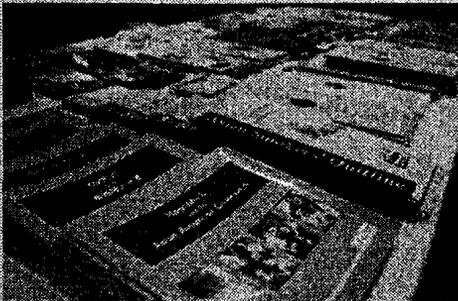
On behalf of AAHI leadership, we hope that you join us in celebrating our progress and achievements from the past year. While we recognize much work remains to be done, we are dedicated to working alongside our committed partners and community members to achieve our vision *to build a healthy community*.


Sam Mukherjee, PhD, CLTC
AAHI Steering Committee Chair


Chun Man (Perry) Chan, MS, CHES
AAHI Program Manager

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Alternative formats of this document are available upon request by calling 240-777-4517. TTY users can call Maryland Relay at 711 (in-state calls) or 1-800-735-2258 (out-of-state calls).

About AAHI

BACKGROUND

AAHI was established in FY2005 under MCDHHS with the support of the Montgomery County Executive, the County Council, and community leaders. Since its inception, AAHI has worked to address the unique health needs of the County's Asian American residents and eliminate the health disparities between them and their non-Asian counterparts. To do this, AAHI partners with various community- and faith-based organizations to identify health care needs of the Asian American community and implement culturally competent and linguistically appropriate programs.

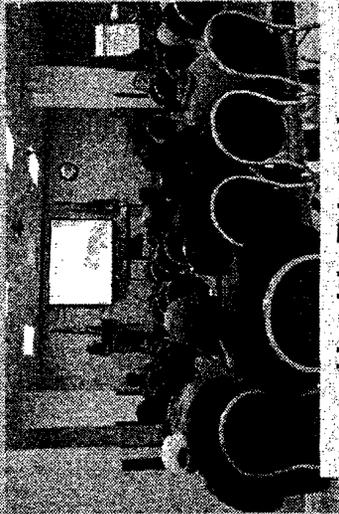
MISSION

To identify the health care needs of Asian American communities, develop culturally competent health care services, and implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

COMMUNITY PROFILE

According to the 2010 U.S. Census, Asian Americans are the fastest growing racial population in the nation. Montgomery County's Asian American population reflects this rapid growth, increasing 37.3 percent between 2000 and 2010, making it the second fastest growing minority group in the County. The County's Asian American residents represent 13.9 percent (135,451) of the County's total population and 42.5 percent of Maryland's total Asian American population. Asian Americans are a linguistically and culturally diverse group with unique needs within each subgroup. The 2010 American Community Survey data shows that almost 75 percent of Montgomery County's Asian population are foreign born and almost 35 percent are linguistically isolated.

Fiscal Year 2014 at a Glance



Health Education Workshops



Health Promoters Program



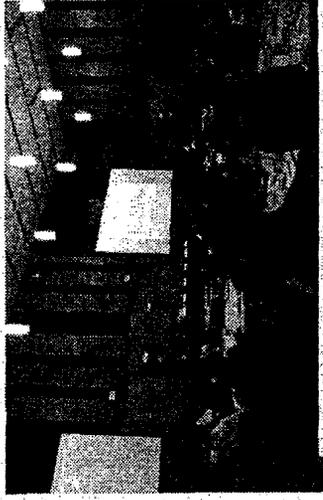
Community Outreach Events



Hepatitis B Prevention Projects



Connecting Communities to Services



Empowering Community Health Organizations Project

Fiscal Year 2014 Accomplishments at a Glance

Enhancing Access to Culturally and Linguistically Competent Care

- **Patient Navigator Program**
7,969 clients encountered
 - 5,432 calls received
 - 1,441 on-site medical interpreting sessions conducted
 - 1,096 medical interpreting sessions conducted by phone96% of clients linked to County services
70% of callers reported not having insurance
- **ABCS Heart Health Project**
11 small businesses reached
46 educational encounters conducted
65 pieces of literature distributed
5 health service referrals provided
100% of referrals resulted in appointments
- **Smoking Cessation Services**
122 pieces of literature distributed
95 educational encounters conducted
19 carbon monoxide screenings provided
- **Affordable Care Act Awareness**
3 presentations given
32 outreach events attended
692 educational encounters conducted
698 pieces of English literature distributed
343 pieces of Asian language literature distributed
133 referrals to a certified ACA Health Navigator
- **AAHI in the News**
1 article published
5 media sources

Enhancing Data Collection and Reporting

- 1 Hepatitis B Project Evaluation Report published electronically
- 2 action plan reports created by Healthy Montgomery Work Groups
- 1 Annual Report published electronically

Promoting Community Mobilization and Empowerment

- **Health Promoters Program**
34 Health Promoters
14 languages and dialects spoken
14 ethnic communities represented
5 trainings offered
5 new Health Promoters recruited in FY2014
16 Health Promoters with 1-2 years of experience in the program
18 Health Promoters with 3+ years of experience in the program
- **Community Outreach Events***
58 resource information tables hosted at outreach events
12 ethnic communities reached
1,863 community members assisted
6,842 pieces of literature distributed
4,429 educational encounters conducted
193 breast self-exams demonstrated
1,167 health screenings and vaccinations given
475 health service referrals provided
- **Empowering Community Health Organizations Project**
2 workshops conducted
238 individuals attended
105 organizations represented

Strengthening Partnerships and Collaborations

- **AAHI 101 Presentations**
6 presentations given
- **AAHI in Social Media**
6 AAHI e-newsletters sent
3 AAHI media sources: Facebook, Twitter, Blogger
346 social media updates posted
10,258 views of AAHI's Facebook and Blogger posts

Connecting Communities to Services

75 small businesses and communities reached
4 clinic outreach events attended
11 resource information tables hosted
481 community members assisted
1,633 pieces of literature distributed
800 educational encounters conducted
162 health service referrals provided

Hepatitis B Prevention Projects

359 community members educated
296 community members screened
79 community members completed or in the process of completing vaccination series
14 community members referred to treatment

Health Education Workshops

2 workshops conducted
2 topics covered
35 community members assisted
220 pieces of literature distributed
200 educational encounters conducted
5 health service referrals provided

**Cumulative total from ABCS project, smoking cessation services, Affordable Care Act awareness, Connecting Communities to Services, hepatitis B prevention projects, and health education workshops.*

Enhancing Access to Culturally and Linguistically Competent Care

Montgomery County's Asian American community originates from over a dozen countries, speaking more than two dozen languages and dialects. As the County's Asian American population grows, health care systems and services must reflect the community's cultural and linguistic diversity in order to respond effectively. Language and cultural barriers can make navigating the health care system very daunting. In the Asian American Health Initiative's (AAHI) 2008 County-wide health needs assessment, Asian Americans reported experiencing challenges to accessing quality health care due to a lack of health insurance, inadequate coverage, financial difficulties, transportation (particularly for seniors), language barriers, and limited access to health care providers who speak an Asian language.

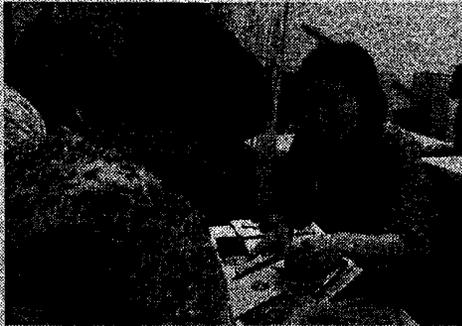
In Fiscal Year 2014 (FY2014), AAHI continued working with existing partners and forging new collaborations in order to enhance access to culturally and linguistically competent care. AAHI's key initiatives — the Patient Navigator Program, ABCS heart health project, smoking cessation services, Affordable Care Act awareness, and health education media campaign — help inform and empower community members and their families to achieve better health outcomes and optimize available resources.

Enabling services such as the Patient Navigator Program and ABCS heart health project help build AAHI's capacity to reach underserved segments of the Asian American community by reducing barriers and improving access to free or low-cost preventive screenings and services.



Highlights: Patient Navigator Program

The 2011 American Community Survey reported that 76.7% of Asian Americans spoke a language other than English at home. Of those individuals, 47% spoke English less than "very well."
- 2011 American Community Survey



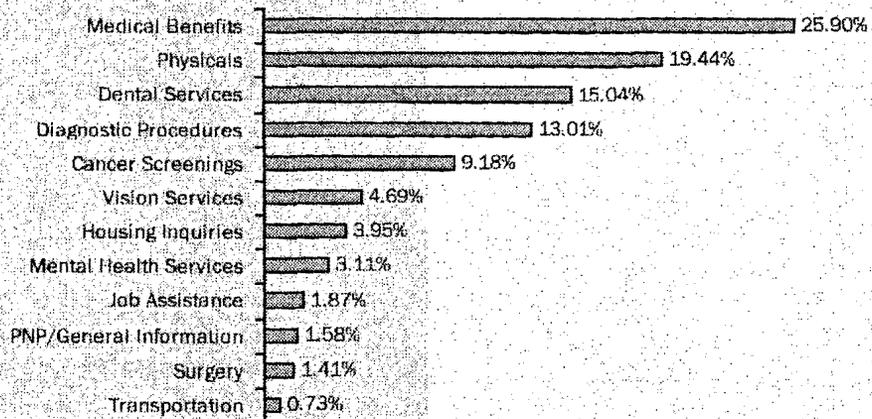
In 2008, AAHI established its Patient Navigator Program (PNP) to provide medical interpretation services to community members in Montgomery County with limited English proficiency (LEP). Communication issues between patients and health care providers can lead to poor health outcomes. Communication problems may also result in inaccurate diagnoses, decreased treatment adherence, and reduced patient satisfaction.

PNP is comprised of two components: (1) the Multilingual Health Information and Referral Telephone Line, which provides general health information and navigates callers through Montgomery County's extensive health and social services network and (2) Trained Multilingual Medical Interpreters who accompany clients to medical appointments, providing face-to-face interpretation and translation of medical forms. Interpretation is available in four Asian languages: Chinese, Hindi, Korean, and Vietnamese. AAHI Patient Navigators are multilingual and multicultural members of the community. They complete rigorous training and certification in order to provide high quality services to the County's Asian Americans in need.

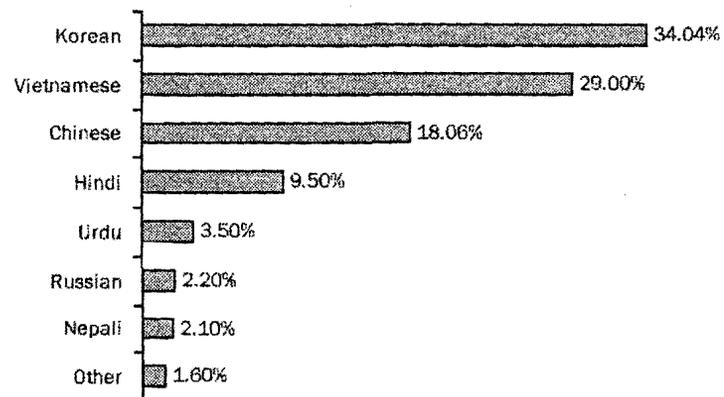
- **7,969 clients encountered**
 - 5,432 calls received
 - 1,441 on-site medical interpreting sessions conducted
 - 1,096 medical interpreting sessions conducted by phone
- **96% of clients linked to County services**
- **70% of callers reported not having insurance**

Highlights: Patient Navigator Program

Percentage of Calls by Category



Percentage of Calls by Language



Percentage of Calls by Age Group



62

Highlights: ABCS Heart Health Project

Heart disease is the second leading cause of death for Asian Americans.
- Centers for Disease Control and Prevention



ABCS is part of the Million Hearts Initiative, a national effort launched by the U.S. Department of Health and Human Services with the goal to prevent one million heart attacks and strokes by 2017. One way the Maryland's Million Hearts campaign plans to achieve this goal is by improving the quality of care for ABCS, which stands for:

- Appropriate Aspirin Therapy
- Blood Pressure Control
- Cholesterol Management
- Smoking Cessation

AAHI's goal with the ABCS project is to connect underserved Montgomery County residents with participating community clinics to receive services that help prevent heart disease and strokes. AAHI Health Promoters visit local small businesses, community-based organizations, and faith-based organizations to conduct brief health education sessions on ABCS and work with them to schedule follow-up clinical appointments, as needed. AAHI received a grant for the ABCS project that lasted through September 2013.

*Be One in a Million Hearts*TM

About Heart Disease & Stroke

Risk Factors

While all at risk for heart disease and stroke, however certain groups—including African Americans, older individuals, and women—are at higher risk than others. With over one a million heart attacks and strokes happening every year in the United States, it's important to know the risks.

Heart Disease and Age

Many people mistakenly think of heart disease and stroke as conditions that only affect older adults. However, a large number of younger people suffer heart attacks and strokes. More than 150,000 heart disease and stroke deaths every year are among people younger than 65.

Heart Disease and Race

Heart disease remains the leading cause of death in the United States for adults of all races. However, there are big differences in the rates of heart disease and stroke between different racial and ethnic groups. Some minority groups are more likely to be affected by heart disease and stroke than others—which contributes to lower life expectancy found among minorities. As of 2011, African American men were 93% more likely to die from heart disease than were non-Hispanic white men. With an American adult of both genders are 40% more likely to have high blood pressure and 10% less likely than their white counterparts to have their blood pressure under control. African American men also have the highest rate of high blood pressure of all population groups, and they tend to become a doctor at age 30.

- 11 small businesses reached
- 46 educational encounters conducted
- 65 pieces of literature distributed
- 5 health service referrals provided
- 100% of referrals resulted in appointments

63

Highlights: Affordable Care Act Awareness



On March 23, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. The ACA establishes comprehensive health insurance reforms to improve access to quality health care, lower health care costs, and provide new consumer protections. Open enrollment through federally- or state-facilitated health insurance marketplaces launched in October 2013. Uninsured Maryland residents signed up for health coverage via the Maryland Health Connection, the State's insurance marketplace. The Connector Program in Maryland was established to provide target populations with in-person education, eligibility, and enrollment assistance.

This year, the Montgomery County Department of Health and Human Services (MCDHHS) served as the Connector Entity for the Capital Region, which includes Montgomery and Prince George's Counties. As part of the MCDHHS, AAHI participated in ACA outreach and education by sharing updates and raising health awareness on health care reform as well as facilitating health coverage enrollment. AAHI also assisted with document creation and translation to help the Capital Region meet the diverse needs of the Asian American community.

- 3 presentations given
- 32 outreach events attended
- 692 educational encounters conducted
- 698 pieces of English literature distributed
- 343 pieces of Asian language literature distributed
- 133 referrals to a certified ACA Health Navigator

Health Coverage Enrollment for Residents of Montgomery and Prince George's Counties
The Affordable Care Act—Quality Health Coverage That Fits Your Budget

maryland health connector




Get covered...enroll now!
By law, under the Affordable Care Act, most people over age 18 must have health insurance (beginning in 2014 or pay a fine). The new health care law offers individuals and families access to affordable health coverage, including private insurance and Medicaid.

If you need health coverage, you can go to the Maryland Health Connection to shop, compare and enroll in quality health coverage. Other related information such as federal tax credits, subsidies, and public health programs is also available.

Who is eligible?

- For Medicaid enrollment, legal residents of Montgomery and Prince George's counties living in the U.S. for more than five years.
- For qualified health plans through Maryland Health Connection, legal residents of Maryland.
- Age 18-64
- Do not have access to health coverage through their employer.
- If you or your children are currently enrolled in Medicaid, you do not need to do anything. You will be contacted when it is time to renew your coverage.
- Active Primary Adult Care (PAC) enrollees will be automatically transitioned to full Medicaid benefits.
- If you have Medicare, you are already covered and do not need to make any changes.

What information do I need to provide?

- Social Security Numbers (or documented numbers for any legal immigrant who need insurance)
- SMI status
- Employer & income information for everyone in your family (for example, paystubs or W-2 wage & tax statements)
- Policy number of any current health insurance
- Information about any job-related health coverage available to your family

For more information, visit www.healthconnection.org, or call 240.773.4280.

What if I can't afford health insurance?
You may qualify for help paying for health care costs, depending on your income and family size.

IF you...	You may be eligible for Medicaid if your household size and your income is like:	You may be eligible for premium assistance or a tax credit if your income is 200% or lower (income varies by household size)
1. 1 person	Less than \$15,176	\$18,881 - \$42,024
2. 2 people	Less than \$21,998	\$21,985 - \$48,640
3. 3 people	Less than \$28,973	\$26,972 - \$59,128
4. 4 people	Less than \$36,049	\$33,980 - \$74,656
5. 5 people	Less than \$43,270	\$42,006 - \$104,736
6. 6 people	Less than \$50,631	\$51,044 - \$144,800
7. 7 people	Less than \$58,133	\$61,092 - \$194,824
8. 8 people	Less than \$65,776	\$72,148 - \$254,824

There are 3 ways to enroll:

- ☎ **Phone:** 1.800.641.8572 (TOLL FREE) / 1.800.642.8573 (TTY)
- 🌐 **Online:** www.marylandhealthconnection.gov
- 📍 **In-person:** Staff is available in different locations at various times.

If you need language assistance, please do not hesitate to ask or point this to the staff. "May I have an interpreter?"

This information is available in alternate formats by calling 240-773-8220. For TTY, call Maryland Relay at 711 and an operator will assist you.

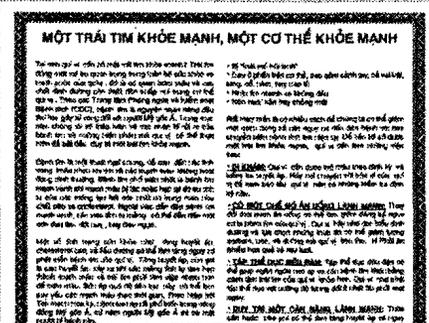
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Highlights: AAHI in the News

"To develop effective health communications, you must understand key aspects of the cultures influencing the intended audience and build that understanding into the communication strategy."
 - National Cancer Institute

AAHI develops educational articles on various health topics affecting Asian Americans. AAHI also works with experts in the health care field to review the content. The culturally- and linguistically-tailored articles are published in a number of print and online media news sources, in both English and multiple Asian languages.

Many Asian Americans look to local media as a reliable source of news and information. Asian newspapers are widely distributed, allowing AAHI to reach hundreds of readers and provide information on free or low-cost resources, screenings, and other health services in the community.



■ 1 article published on heart health

■ 5 media sources:

- The Epoch Times
- India This Week
- Korea Daily
- Migrant Heritage Chronicle
- Tre MDVADC Magazine

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Promoting Community Mobilization and Empowerment

According to the Centers for Disease Control and Prevention's *Community Mobilization Guide*, community involvement promotes empowered decision making and the creation of a unified effort. Through targeted efforts such as the hepatitis B prevention projects and the Empowering Community Health Organizations (E.C.H.O.) workshops, the Asian American Health Initiative (AAHI) works to empower both community members and leaders to define and address their own health priorities for more sustainable outcomes.

In Fiscal Year 2014 (FY2014), AAHI continued to actively engage and mobilize Asian Americans to be well-informed about their own health. AAHI provided technical assistance to local Asian American community- and faith-based organizations with aims to enable community members to share their needs, express their concerns, devise strategies for involved decision-making, and ultimately, to take action.

Moreover, the Health Promoters Program, community outreach events, the Connecting Communities to Services Program, and health education workshops inform and advise AAHI on the emergent health concerns and issues across the County's diverse Asian American community.



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Highlights: Health Promoters Program

AAHI Health Promoter:

A bilingual and bicultural health advocate who receives training to assist with outreach activities, provide language assistance, conduct health screenings, connect residents to County services, and promote the overall health of their community.



The purpose of the Health Promoters Program is to help reduce cultural and linguistic barriers to accessing relevant health education and services for Asian Americans in Montgomery County. As gatekeepers to their respective communities, Health Promoters volunteer their time and enable AAHI to better understand and serve a larger network of the County's Asian American population.

Health Promoters can also be known as community health workers (CHWs). In FY2014, two AAHI Health Promoters participated in Holy Cross Hospital's CHWs: Community Health Education Course. This course provided Health Promoters with an opportunity to participate in an interactive class that covers the identified health priorities in Montgomery County: cardiovascular disease, diabetes, obesity, behavioral health, cancer, and maternal and child health.

- 34 Health Promoters
- 14 languages and dialects spoken
- 14 ethnic communities represented
- 5 trainings offered
- 5 new Health Promoters recruited in FY2014
- 16 Health Promoters with 1-2 years of experience in the program
- 18 Health Promoters with 3+ years of experience in the program

FY2014 Health Promoters

Shahin Azam	Jennifer Lung
Shamim Begum	Kanan Mahendru
Binh Cao	Sufia Mannan
Jennifer Chang	Cathy Ng
Leigh Chang	Ryan Nguy
YuTing Chen	Udara Perera
Jammie Cheung	Visvas Patel
Joyce Choi	Peter Pei
Rose Anne Felipe	Phi Quang
Maggie Fu	Ammar Rai
Jean KoKo Gyi	Sau-Man Lily Shen
Carolyn Ho	Simran Singh
Chi Hon	Tin Truong
Molly Hong	Maggie Tung
Tasneem Hussain	Kusuma Udagedera
Lester Jao Lacorte	Peter Uran
Meilan Kathy Lee	Tammy Wan

Highlights: Community Outreach Events

Throughout the year, AAHI coordinates and collaborates on various community outreach events to promote prevention, screening, and general health and wellness.



AAHI engages in health fairs, resource information tables, and outreach to small businesses as well as community- and faith-based organizations. Through these activities, AAHI helps to promote the latest health information and connect Asian American community members to free or low-cost screenings and health services in the County. Additionally, AAHI convenes planning meetings with leaders from community- and faith-based organizations seeking technical assistance to develop and implement activities that empower their respective groups.



- 58 resource information tables hosted at outreach events
- 12 ethnic communities reached
- 1,863 community members assisted
- 6,842 pieces of literature distributed
- 4,429 educational encounters conducted
- 193 breast self-exams demonstrated
- 1,167 health screenings and vaccinations given
- 475 health service referrals provided

In FY2014, AAHI's community outreach events included the ABCS project, smoking cessation services, Affordable Care Act awareness, Connecting Communities to Services, hepatitis B prevention projects, and health education workshops.



Highlights: Connecting Communities to Services

In 2007, 12.1% of the businesses in Montgomery County were owned by Asian Americans.
- Survey of Business Owners, 2007



AAHI's Connecting Communities to Services (Connect) Program includes small business outreach, outreach to Montgomery Cares Clinics, and resource information tables. The purpose of Connect is to reach out to smaller communities and underserved small business owners and employees.

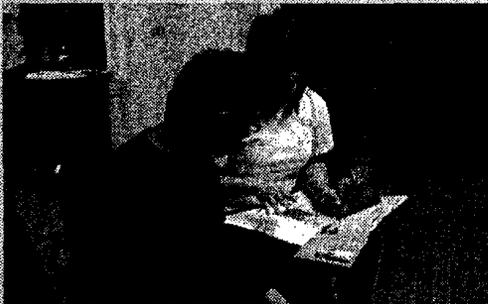
In FY2014, the **small business outreach** model was revamped and piloted. Instead of periodic encounters throughout the year, AAHI coordinated one intensive outreach day where bilingual volunteers visited businesses throughout Montgomery County. Through this new model, AAHI found that health information was more widely accepted by the community. There continues to be a great need for this type of focused outreach in Montgomery County, as a high percentage of small business owners are Asian American.

For **clinic outreach**, bilingual Health Promoters provide one-on-one health education to patients at Montgomery Cares Clinics and inform them of local health services. AAHI also coordinates **resource information tables** at local celebrations and festivals that are not health-related. Similar to clinic outreach, Health Promoters inform the community of health resources in Montgomery County.

- **75 small businesses and communities reached**
- **4 clinic outreach events attended**
- **11 resource information tables hosted**
- **481 community members assisted**
- **1,633 pieces of literature distributed**
- **800 educational encounters conducted**
- **162 health service referrals provided**

Highlights: Hepatitis B Prevention Projects

**Approximately 1 in 12
Asian Americans and
Pacific Islanders is living
with hepatitis B.**
*- Centers for Disease
Control and Prevention*



Although Asian Americans and Pacific Islanders (AAPIs) comprise less than 5 percent of the total U.S. population, they account for more than 50 percent of Americans living with chronic hepatitis B. In addition, the death rate from hepatitis B among AAPIs is 7 times greater than rates among White Americans.

In response to this health disparity, AAHI created a hepatitis B prevention project model with four components: education, screening, vaccination, and treatment referral. AAHI provides these free hepatitis B services to Asian American Montgomery County residents over the age of 18, regardless of income level or insurance status. To date, over 850 community members have been screened for hepatitis B through AAHI's collaborative projects.

To further reinforce the importance of hepatitis B prevention projects, screening and vaccination for hepatitis B can produce long-term cost savings. According to the National Viral Hepatitis Roundtable, the approximate costs associated with the screening blood test for hepatitis B is \$8 and the three-shot vaccination series for hepatitis B is \$180. In contrast, end stage liver disease costs approximately \$30,980 – \$110,576 per hospital admission.

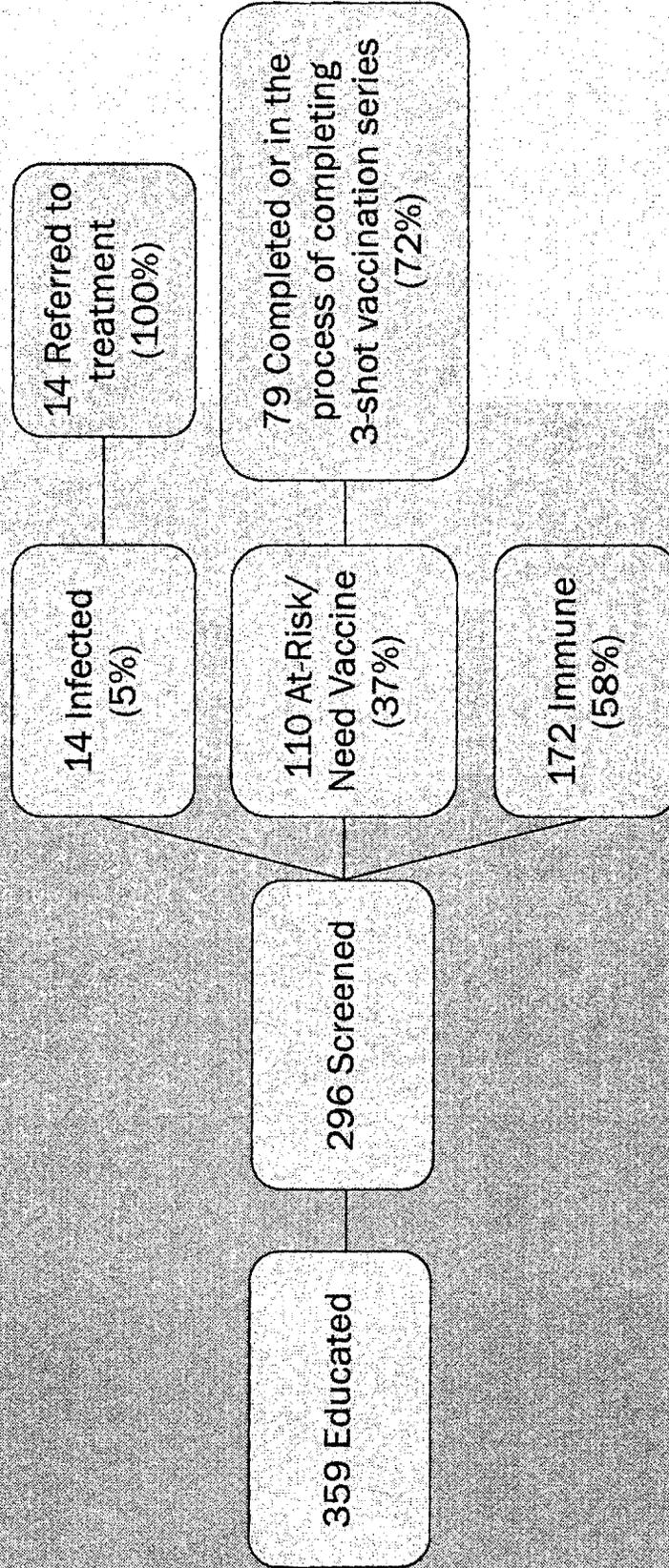
In order to provide culturally and linguistically competent hepatitis B services, AAHI partners with local community- and faith-based organizations. AAHI is committed to empowering organizations with the technical skills needed to develop, implement, and evaluate successful hepatitis B prevention projects. In FY2014, AAHI re-strategized its approach to hepatitis B prevention projects and teamed up with three previous partner organizations: the Chinese Culture and Community Service Center (CCACC), the Korean Community Service Center of Greater Washington (KCSC), and the Viet Nam Medical Assistance Program (VNMAP).

- **359 community members educated**
- **296 community members screened**
- **79 community members completed or in the process of completing 3-shot vaccination series**
- **14 community members referred to treatment**

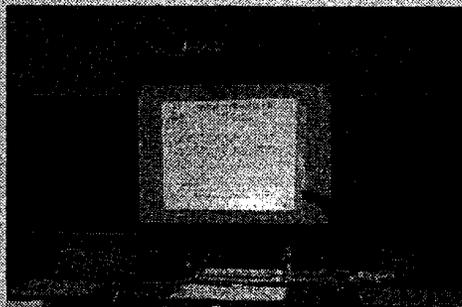
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Highlights: Hepatitis B Prevention Projects

Hepatitis B Prevention Projects Process Flow Chart



Highlights: Health Education Workshops



The goals of AAHI's health education workshops are to inform Asian American communities on various diseases, to promote the importance of preventative screenings for better health outcomes, and to link the Asian American community to screening opportunities and available County resources. Unlike traditional large-scale health fairs or outreach events, these workshops are smaller, in-depth sessions intended to create a more interactive learning environment.



In FY2014, AAHI partnered with the Hope Chinese School and the Muslim Community Center on health education workshops. AAHI and community partners worked with experts in the field to facilitate and inform the community on various health topics as well as link them to local services. Each workshop was tailored to meet the linguistic and cultural needs of the audience.

- 2 workshops conducted
- 2 topics covered: heart health and hepatitis B
- 35 community members assisted
- 220 pieces of literature distributed
- 200 educational encounters conducted
- 5 health service referrals provided

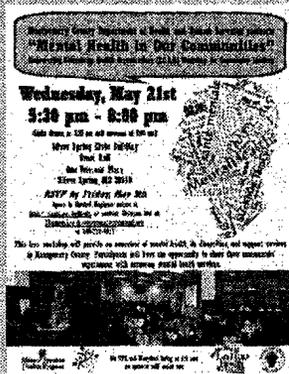
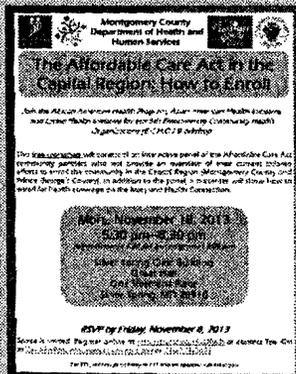
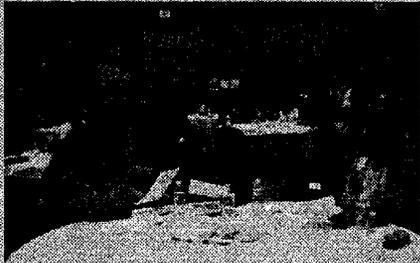


Highlights: Empowering Community Health Organizations Project

As one of its strategic targets to promote community mobilization and empowerment, AAHI created the Empowering Community Health Organizations (E.C.H.O.) Project to provide practical and professional workshops for community leaders. The goal of E.C.H.O. is to encourage community leaders to spread the knowledge gained at the workshop to their respective communities. The E.C.H.O. Project is a series of technical assistance and training workshops aimed to build the capacity and sustainability of community organizations that serve the County. Through the E.C.H.O. Project, AAHI seeks to empower and enhance the ability of community leaders to develop culturally and linguistically sensitive health programming.

In FY2014, AAHI hosted two workshops in partnership with the Montgomery County Department of Health and Human Services' (MCDHHS) African American Health Program and Latino Health Initiative. The fall 2013 workshop was entitled "The Affordable Care Act in the Capital Region: How to Enroll" and consisted of an interactive panel of certified Affordable Care Act (ACA) Health Navigators. Each ACA Health Navigator provided an overview of their ACA enrollment efforts for communities in the Capital Region (Montgomery and Prince George's Counties). In addition to the panel, the Lead Health Navigator of Interfaith Works demonstrated how to enroll for health coverage through the Maryland Health Connection.

The spring 2014 workshop was entitled "Mental Health in Our Communities," which consisted of a presentation on mental health, what a typical encounter with a mental health professional is like, and support services in Montgomery County. The presentation was followed by interactive group discussions on the linguistic and cultural challenges of accessing mental health services.



November 2013:

ACA: How to Enroll

- 138 individuals attended
- 62 organizations represented

May 2014:

Mental Health

- 100 individuals attended
- 43 organizations represented

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Strengthening Partnerships and Collaborations

In order to better serve the community, the Asian American Health Initiative (AAHI) has sought, developed, and nurtured a range of partnerships at the local, state, and national levels. Through strategic collaborations across public and private sectors, and with traditional and non-traditional entities, AAHI leverages resources to improve the health and well-being of the Asian American community.

In Fiscal Year 2014 (FY2014), AAHI continued to partner with organizations of similar visions in order to more effectively meet the health needs of Asian Americans. This year, AAHI forged new partnerships with a number of local faith-based organizations and the Montgomery County Department of Health and Human Services (MCDHHS) School Health Services. AAHI organized resource information tables, health fairs, and presentations on Affordable Care Act (ACA) outreach, education, and enrollment with its new partners. Additionally, AAHI provided technical assistance to organizations on cultural competency and shared its expertise on implementing health projects in the community.

AAHI would like to extend its sincere appreciation to its partners and collaborators for committing time, energy, and hard work to advance AAHI's mission of working together to build a healthier community.



Highlights: Minority Communities Empowerment Project



Since FY2005, AAHI has been a part of the Minority Communities Empowerment Project (MCEP), a partnership with the Community Health Department at Holy Cross Hospital. MCEP is funded through the Maryland Department of Health and Mental Hygiene's Minority Outreach Technical Assistance (MOTA) grant.



MCEP is a multi-organizational collaborative that includes Holy Cross Hospital, MCDHHS' AAHI and African American Health Program, Community Ministries of Rockville, and Maryland Commission on Indian Affairs. The grant targets underserved African Americans, Asian Americans, Latino Americans, and Native Americans in Montgomery County. MCEP's ethnic Health Promoter Program supports community-based health promotion and education in a culturally competent and linguistically sensitive manner. This year, partners developed a standardized public health and population-focused curriculum to further enhance the training and outreach capacity of Health Promoters.



Over the past nine years, MCEP/MOTA has helped AAHI develop long lasting partnerships and culturally competent outreach that address multiple health disparities in Montgomery County.

Highlights: Leadership Institute for Equity and the Elimination of Disparities



Mission of the Leadership Institute for Equity and the Elimination of Disparities:

To address social determinants of health with the goal of eliminating disparities and achieving equity among residents of Montgomery County

The Leadership Institute for Equity and the Elimination of Disparities (LIEED) is supported under the auspices of the MCDHHS' Office of Community Affairs. AAHI and its Steering Committee have worked closely with community members and professionals on the development of this new organization.

The overall functions of LIEED are to:

- Provide strategic leadership and coordination;
- Serve as a capacity builder;
- Act as a resource partner and collaborator;
- Promote effective community engagement;
- Promote innovation and support linkages/opportunities; and
- Support community advocacy.

Launched in July 2013, the establishment of LIEED will be incrementally phased-in over the span of two to three years. The inaugural year of the Institute was devoted to developing basic infrastructure required to operate successfully. This included the establishment of the LIEED Advisory Committee, a committee that consists of ten community members and ten content area experts who provide advice and support to the Institute. LIEED also pursued two projects, the first being the Behavioral Health Workforce Diversity project which helps address the lack of diversity in behavioral health care. This is addressed through the Welcome Back Center, which integrates internationally trained behavioral health professionals into the public and private workforce. The second was LIEED's active participation in outreach activities to educate and promote health insurance enrollment for the ACA.

Highlights: Equity and Social Justice Initiative

Montgomery County Department of Health and Human Services' Definition of Equity:

Fair policies, decisions, and actions that guide the way that we work with our customers, our colleagues, and our community to promote health, safety, well-being, and self-sufficiency

Equity Principles:

- **Dignity** – We believe that all individuals should be treated with dignity and respect;
- **Elimination of Disparities** – We believe in preventing and eliminating social and health disparities to achieve optimal health and well-being;
- **Access** – We believe in ensuring access to effective and high quality services that meet people's needs, when they need them, delivered by a professional workforce which is competent to provide those services in a caring and respectful manner;
- **Distribution of Resources** – We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being, and self-sufficiency of the community as a whole; and
- **Community Engagement and Participation** – We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices, and services.

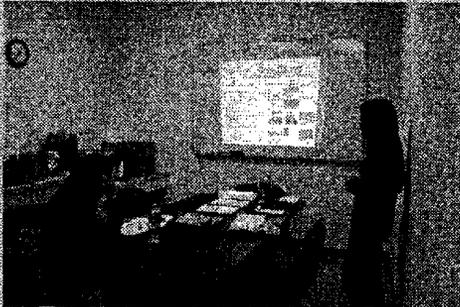
AAHI continued to take part in the MCDHHS' Equity and Social Justice Initiative. Its mission is to improve the Department's capacity to serve the community and fulfill its goal to eliminate inequities in health and human services, including child welfare, juvenile justice, behavioral health services, and employment and housing assistance. This work involves engaging in systematic planning, implementation, and evaluation to help the Department understand and integrate equity in all of its activities.

The Equity Work Group implemented its equity awareness training program, "Creating a Culture of Equity," to promote awareness and expand knowledge about equity amongst all levels of staff within MCDHHS. The overarching goal is to understand and adopt equity as a value in all of the Department's work and to successfully integrate equity.

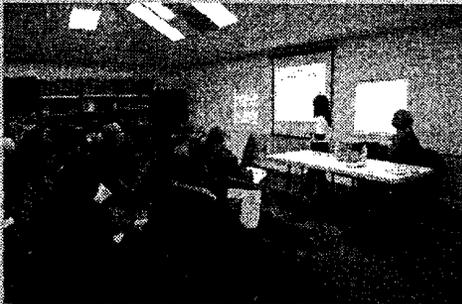
Accomplishments to date include:

- Convened an equity knowledge workshop to the MCDHHS senior leadership team;
- Organized an Equity Forum for HHS Excellence Quarterly;
- Conducted a train-the-trainer on equity awareness to nine MCDHHS peer facilitators;
- Developed a peer facilitator equity training notebook; and
- Convened five capacity building equity trainings to MCDHHS peer facilitators.

Highlights: AAHI 101 Presentations



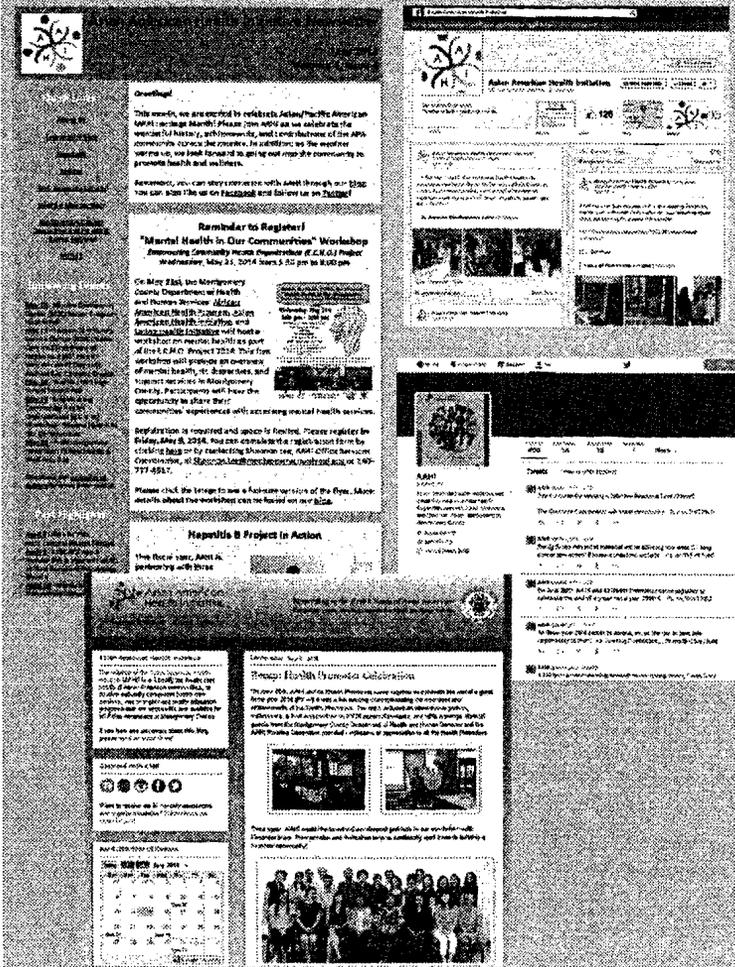
In FY2014, AAHI continued to deliver educational presentations to community partners on Asian American health. AAHI 101 presentations include local and national level perspectives of the health needs and concerns of the Asian American community. Presentations cover demographics, access to care challenges, health disparities, the importance of cultural and linguistic competency, as well as an overview of AAHI and its programs. Furthermore, AAHI 101 presentations provide a valuable opportunity to discuss potential ways to work together to address specific needs of the respective community.



- **6 presentations given to:**
 - Hope Chinese School
 - Interfaith Works
 - Islamic Center of Maryland
 - Muslim Community Center Medical Clinic
 - National Council of Asian Indian Associations
 - National Library of Medicine



Highlights: AAHI in Social Media

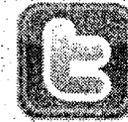


As an emerging trend in public health, health communication tools, such as social media and e-newsletters, are a powerful method to engage community leaders and partners to work together to build a healthier community.

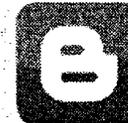
Social media allows AAHI to promote local health events, share information on wellness resources, and increase awareness of volunteer opportunities in the community.



[Like AAHI on Facebook](#)



[Follow AAHI on Twitter](#)



[Read AAHI's community blog](#)

- 6 AAHI e-newsletters sent
- 3 AAHI media sources: Facebook, Twitter, Blogger
- 346 social media updates posted
- 10,258 views of AAHI's Facebook and Blogger posts

Highlights: Local, State, & National Collaborators

Please note this is not a comprehensive list of all AAHL partners.

- Adventist HealthCare
- African American Health Program
- America-Nepal Women's Association of Greater Washington, DC
- Asian American Political Alliance
- Asian Indians for Community Service
- Asian Pacific American Legal Resource Center
- Asian Pacific American Medical Student Association
- Asian Pacific Islander Caucus for Public Health in official relations with the American Public Health Association
- Asian Pacific Islander Domestic Violence Resource Project
- Association of Vietnamese Americans
- Bait-ur-Rahman Mosque
- Bethany Presbyterian Church
- Boat People, SOS
- Burmese American Buddhist Association
- Cambodian Buddhist Society, Inc.
- Chinese Culture and Community Service Center, Inc. Pan Asian Volunteer Health Clinic
- Centers for Medicare & Medicaid Services
- Chinese American Senior Services Association
- Chinese Culture and Community Service Center, Inc.
- Chinmaya Mission
- Community Health and Empowerment through Education and Research
- Community Ministries of Rockville
- Cultural Infotech
- DC Japanese Mental Health Network
- Filipino-American Ministry of Saint Michael the Archangel Catholic Church
- Gaithersburg Chinese Alliance Church
- Germantown Baptist Church
- Global Mission Church
- Guru Gobind Singh Foundation
- Guru Nanak Foundation of America
- Hepatitis B Initiative-DC
- Holy Cross Hospital
- Hope Chinese School
- Hopeside Community Church
- Housing Opportunities Commission of Montgomery County
- Idara e Jaferia Islamic Center
- Indian American Medical Association
- India This Week Newspaper
- Indonesian Muslim Association in America
- Interfaith Works
- International Buddhist Center
- International Rescue Committee
- Islamic Center of Maryland
- Jain Society of Metropolitan Washington
- Japanese Americans Care Fund
- Japanese Christian Community Center of Washington DC
- Johns Hopkins Bloomberg School of Public Health
- Korea Daily Newspaper
- Korean Community Services Center of Greater Washington
- Latino Health Initiative
- Manila Mail
- Maryland Commission on Indian Affairs
- Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities
- Maryland Insurance Administration
- MedStar Montgomery Medical Center
- Migrant Heritage Chronicle Newspaper
- Migrant Heritage Commission
- Mobile Medical Clinic
- Montgomery College
- Montgomery County Cancer Coalition
- Montgomery County Commission on Aging
- Montgomery County Department of Health and Human Services
- Montgomery County Department of Health and Human Services School Health Services, School Based Health Centers
- Montgomery County Mental Health Advisory Committee
- Montgomery County Office of Community Partnerships
- Montgomery County Public Schools, Division of Family and Community Partnerships
- Muslim Community Center
- Muslim Community Center Medical Clinic
- National Council of Asian Indian Associations
- National Library of Medicine
- New Covenant Fellowship Church
- National Institutes of Health
- Our Lady of Vietnam Church
- Primary Care Coalition of Montgomery County
- Shady Grove Adventist Hospital
- Southern Asian Seventh Day Adventist Church
- St. Andrew Kim Catholic Church
- St. Rose of Lima Church
- Substance Abuse and Mental Health Services Administration
- Suburban Hospital
- The Epoch Times Newspaper
- Tre MDVADC Magazine
- University of Maryland College Park, School of Public Health
- U.S. Public Health Service-Asian Pacific American Officers Committee
- Viet Nam Medical Assistance Program
- Washington Adventist Hospital
- Washington Spencerville Korean Seventh Day Adventist Church
- Wat Thai Washington, DC
- Woman's Cancer Control Program

Highlights: Work Group Participation

- Adventist HealthCare Center for Health Equity and Wellness – Advisory Group
- Asian Pacific Islander Caucus for Public Health in official relations with the American Public Health Association – Executive Committee
- Capital Region Health Connector – Collaborative Meeting
- Healthy Montgomery Community Health Improvement Process
- Maryland Million Hearts Initiative – ABCS Heart Health Project
- Minority Communities Empowerment Project/Minority Outreach Technical Assistance
- Minority Communities Empowerment Project – Local Health Disparities Coalition
- MCDHHS Cancer Coalition
- MCDHHS Equity and Social Justice Initiative
- MCDHHS Healthy Montgomery Data Project Team
- MCDHHS Tobacco Free Coalition
- Montgomery County DHHS Quality Service Review
- National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Disease – Multicultural Outreach Workgroup

Enhancing Data Collection and Reporting

Data are used to guide and inform decision making, develop and prioritize goals, and monitor progress. Data may support health organizations to better understand areas of need, as well as offer insight on how to tailor programs to be responsive to such needs.

Disaggregated data, especially for the heterogeneous Asian American community, are critically important to accurately capture and measure the health status of each unique Asian American subgroup. Aggregated data can mask the health needs and challenges with access to care experienced by Asian American subgroups. As a result, the health needs of specific subpopulations may remain unrecognized or inadequately understood.

The Asian American Health Initiative (AAHI) recognizes that the availability of accurate data is important to community leaders, government officials, and policymakers. Thus, AAHI continues to collect both qualitative and quantitative data to enhance the breadth and depth of Asian American health data in Montgomery County. For example, AAHI created the Hepatitis B Project Evaluation Reports to not only disseminate data with existing project partners, but also to provide other community organizations with a framework on how to plan, implement, and evaluate hepatitis B prevention efforts in their own communities.



Asian American Health Initiative
Department of Health and Human Services
Montgomery County, Maryland



ABOUT AAHI
A part of Montgomery County's Department of Health and Human Services, the Asian American Health Initiative (AAHI) was established in 2004 as the first health-focused agency for pan-Asian Americans in the County. Since its inception, AAHI has worked to combine health disparities that exist between Asian Americans and their non-Asian counterparts. AAHI is supported by its Steering Committee that is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advising, advising and securing AAHI in achieving its mission.

Mission
AAHI's mission is to identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available to all Asian Americans in Montgomery County.

DEMOGRAPHICS
Asian Americans constitute 1.3% of Montgomery County's population.



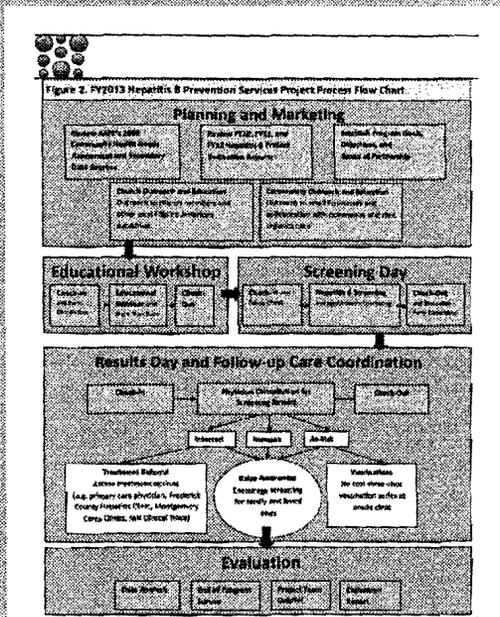
Highlights: Hepatitis B Project Evaluation Report



In an effort to enhance access to culturally and linguistically competent hepatitis B services, AAHI collaborated with local community- and faith-based organizations to develop a successful program model in Montgomery County. In the past few years, AAHI has been involved in several public-private partnerships to expand hepatitis B education, screening, vaccination, and treatment referral for Asian American communities in Montgomery County. AAHI incorporated data collection tools and evaluation measures throughout each project.

In Fiscal Year 2013 (FY2013), AAHI collaborated with the Filipino American Ministry of St. Michael the Archangel Catholic Church, a local faith-based organization, on a hepatitis B outreach project for the Filipino American community in Montgomery County. The Hepatitis B Prevention Services Project Evaluation Report was released and is now available electronically. Similar to previous publications, the report outlines program implementation steps, outcome data, recommendations, and lessons learned. Through the lessons learned from each project, AAHI is able to further identify gaps and continue efforts to eliminate hepatitis B disparities in the Montgomery County Asian American community.

The evaluation reports of AAHI's other hepatitis B projects can be viewed on [AAHI's website](#).

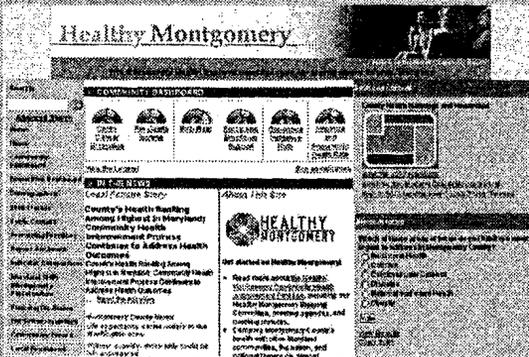


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Highlights: Healthy Montgomery



The Healthy Montgomery website is a one-stop, online resource for population-based data and information about the County's health.



Launched in June 2009, Healthy Montgomery's community health improvement process aims to achieve optimal health and well-being for Montgomery County residents.

Healthy Montgomery's three goals are to:

- Improve access to health and social services;
- Achieve health equity for all residents; and
- Enhance the physical and social environment to support optimal health and well-being.

Its governing body, the Healthy Montgomery Steering Committee (HMSC), is comprised of representatives from the local public health system. This includes government agencies and commissions, hospitals, community-based health and social service organizations, the County planning agency, and development agencies. AAHI's Steering Committee continued to participate on the HMSC during FY2014.

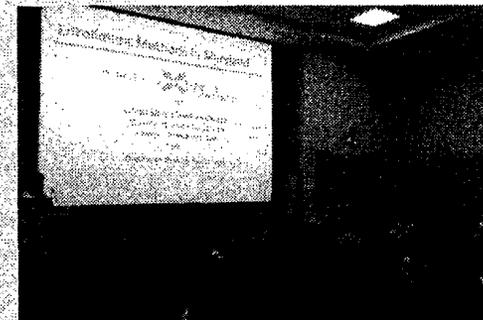
The HMSC identified priority areas for action, focusing its initial efforts on two specific topics: Behavioral Health and Obesity. In FY2014, the HMSC approved two action plan reports — the Behavioral Health Action Plan Report and Obesity Action Plan Report.

Professional Development

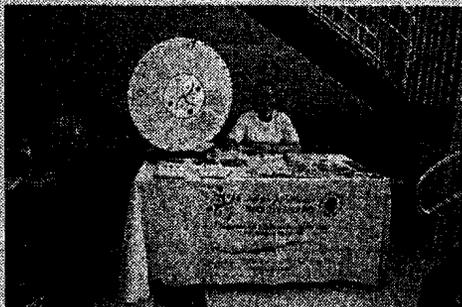
The Asian American Health Initiative (AAHI) is committed to the development and empowerment of future public health professionals. Through the AAHI Internship Program and its own staff development initiatives, AAHI actively supports continuous learning, mentoring, and skill-building for its interns and employees.

Every year, the AAHI Internship Program offers fall, spring, and summer internships for students and recent graduates who are interested in the community health field, as well as those who are seeking firsthand experience and practical skills. Through this program, interns are given opportunities to be involved in a variety of AAHI projects ranging from research, to educational material development, to program implementation. For a meaningful experience, AAHI tailors the internships to meet both programmatic needs and the interns' interests. Interns learn about public health in a community setting while also building professional relationships across public and private sectors. AAHI's vision is for interns to expand their field experience, knowledge, and professional connections for future career development.

AAHI and the Montgomery County Department of Health and Human Services (MCDHHS) encourage staff to further their professional development and training. Such opportunities allow staff to be familiar with emerging health trends and to exchange ideas with other public health professionals, ultimately benefiting program development and refinement.



Highlights: AAHI Internship Program



The goal of the AAHI Internship Program is to provide students and recent graduates with hands-on experience and insight into the dynamics of community health. The program presents students with a multifaceted opportunity to learn about public health from a community-based approach.

FY2014 INTERN

Sarah Tran

University of Maryland, College Park, School of Public Health

Highlights:

- Provided health education and information on local resources at faith-based organizations, small businesses, and cultural events
- Designed promotional materials for the Empowering Community Health Organizations (E.C.H.O.) workshop
- Created interactive osteoporosis game to help community members identify foods that are high or medium sources of calcium so they can incorporate them in their diets
- Developed AAHI Outreach Portfolio, a visual tool used by AAHI staff when conducting AAHI 101 presentations to new community partners



Highlights: Staff Development/Trainings



Throughout the year, AAHI staff participate in professional development opportunities through MCDHHS and other local, state, and national partners. The benefits of trainings are experienced by both the staff and the organization.



- Asian and Pacific Islander American Health Forum Webinars
 - How to Find Your Data – Navigating American FactFinder
 - How to Make Your Data Look Pretty – Creating Tables, Graphs, and Infographics
 - How to Share Your Data – Using Social Media and Other Forms of Communication
- Montgomery County Department of Health and Human Services
 - Ambassador Training on the Affordable Care Act Meeting
 - Montgomery County Affordable Care Act Leadership Summit
- Adventist HealthCare Center on Health Disparities Conference: Partnering Toward a Healthier Future – Addressing Disparities in Behavioral Health
- Hep B United Webinar: Hepatitis B Data Collection and Management
- United States Census Webinar: ACS 5-Year Technical Webinar
- White House Initiative on Asian Americans and Pacific Islanders - Hep B United Webinar: Hepatitis B and Reducing Perinatal Transmission – An Overview and Discussion of New Tools



Financials

The Asian American Health Initiative's (AAHI's) core budget went from \$413,836 in FY2013 to \$464,073 in FY2014. FY2014 expenses for core appropriated funds were captured in two broad categories:

1. **In-House Programs and Administrative:** These include program staff, special projects, office equipment, supplies, printing, and mileage. This category accounts for 32.9% of AAHI's core budget expenditures.
2. **Contract with Primary Care Coalition:** This category accounts for 67.1% of AAHI's core budget expenditures.

Through collaborations with Holy Cross Hospital and other community partners, AAHI also received a \$11,700 grant from the Maryland Department of Health and Mental Hygiene's Minority Outreach and Technical Assistance program. In addition, AAHI received a \$2,354.31 grant from the Million Hearts Initiative and a \$857.15 mini-grant from the Asian Pacific Partners for Empowerment, Advocacy, and Leadership to promote the use of the Asian Smokers' Quitline.

AAHI Steering Committee

The Asian American Health Initiative (AAHI) Steering Committee consists of 16 professionally diverse individuals from the local community who advocate, advise, and assist AAHI staff in their efforts to achieve health equity in Montgomery County. They represent a range of ethnic groups and serve as voices for their respective communities. With expertise and intimate knowledge of various communities, the Steering Committee provides invaluable insight and support to the work of AAHI and the Montgomery County Department of Health and Human Services (MCDHHS). In FY2014, the Steering Committee members continued to work diligently with their unwavering motivation and efforts to serve the Asian American community. Some of their efforts included:

- Volunteered over 390 hours in support of AAHI's programmatic efforts
- Advocated in meetings with key leaders and policymakers in Montgomery County
- Advised AAHI programmatic efforts throughout the year
- Heavily involved on the MCDHHS Advisory Board assessing the evolving role of the Minority Health Initiatives/Program (MHI/P) in addressing racial and ethnic health disparities and well-being with the leadership of the African American Health Program Executive Committee and the Latino Health Initiative Steering Committee
- Served as liaisons to external community workgroups including the Asian American Advisory Group to the County Executive, Maryland Governor's Commission on Asian Pacific American Affairs, County Commission on Health, and Healthy Montgomery Steering Committee
- Assisted AAHI in reviewing ethnic health media for accuracy of content and cultural competency
- Supported planning of two Empowering Community Health Organizations workshops, "The Affordable Care Act in the Capital Region: How to Enroll" and "Mental Health in Our Communities"
- Presented with a proclamation by the Montgomery County Council in recognition of National Minority Health Month with other MHI/P

Members

Chair: Sam Mukherjee
Anis Ahmed
Ji-Young Cho
Nerita Estampador-Ulep
Wilbur Friedman
Yan Gu
Lester Jao Lacorte
Meng K. Lee
Sunmin Lee
Michael Lin
Mayur Mody
Nguyen Nguyen
Wendy Shiau
Ashraf Sufi
Stan Tsai
Sovan Tun



How to Get Involved

HEALTH PROMOTERS

Applications for the Health Promoters Program are accepted on a rolling basis. Health Promoters are trained by the Asian American Health Initiative (AAHI) in areas of health education, health resources, and County and AAHI services. Health Promoters, in turn, educate and connect their communities to these sources. For more information about the program, or to apply, visit the [AAHI website](#) to download an application form.

VOLUNTEERS

Volunteers have the opportunity to assist with health fairs and outreach events. Participation ranges from translation and cultural competency support to event planning and implementation. AAHI is continually searching for dedicated volunteers. Please contact AAHI staff if you are interested.

COMMUNITY PARTNERS

AAHI has long-standing partnerships with many community- and faith-based organizations. With these organizations, AAHI plans health events and participates in cultural festivities. If you are interested in partnering with AAHI or would like AAHI to visit your community, please contact AAHI staff.

INTERNS

AAHI seeks interns during the summer, fall, and spring semesters. Interns have a multifaceted opportunity to assist staff with research, develop educational materials, and implement outreach programs. Interns gain hands-on experience in the areas of public and community health. If you are a current student or recent graduate interested in a meaningful internship at AAHI, visit the [AAHI website](#) for details and to download an application form.

STEERING COMMITTEE MEMBERS

The AAHI Steering Committee is comprised of a professionally and ethnically diverse group of stakeholders from the local community who advocate, advise, and assist AAHI with its efforts to attain health parity in Montgomery County. The dedicated members of the Committee provide a wealth of expertise and intimate knowledge of their respective communities. AAHI is currently recruiting additional members who can actively support the organization to achieve its mission and goals. If interested, please download an application form from the [AAHI website](#).

Acknowledgements

The Asian American Health Initiative (AAHI) would like to express its deepest appreciation to the County Executive, the Montgomery County Council, the Montgomery County Department of Health and Human Services, the AAHI Steering Committee, the AAHI Health Promoters, community partners, staff, and volunteers for their support and dedication during FY2014.

AAHI Staff

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Program Manager

Sierra Jue-Leong, MPH
Program Specialist

Jasmine Vinh
Program Coordinator

Tae Kim
Program Coordinator

Shannon Lee
Office Services Coordinator

Contributor & Design
Jamie Lok Weng, MPH
Former AAHI Staff

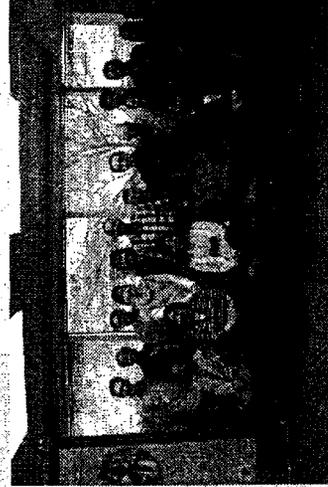
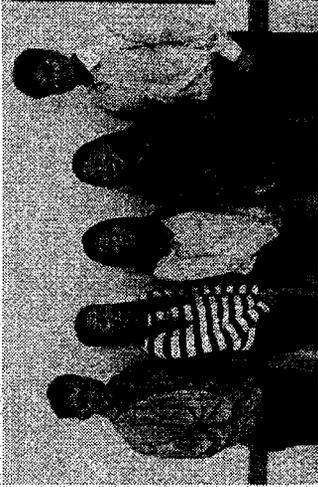
Special Thanks

Betty Lam
Chief, Office of Community Affairs
Montgomery County, Maryland
Department of Health and Human Services

Sanjana Quasem
Former AAHI Staff

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General Info: info@AAHIinfo.org



ELUCIDATING THE TRUE MEANING OF CULTURAL COMPETENCY



FY2014 ANNUAL REPORT

JULY 1, 2013-
JUNE 30, 2014

AMAR TU VIDA
Latino
Health
INITIATIVE
MONTGOMERY COUNTY, MD

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to ensure the validity of the results.

3. The third part of the document describes the different types of data that are collected and how they are used to inform decision-making. It notes that a combination of quantitative and qualitative data is often necessary to gain a comprehensive understanding of the issues at hand.

4. The fourth part of the document discusses the challenges and limitations of data collection and analysis. It acknowledges that there are often obstacles to obtaining complete and accurate data, and that these must be carefully considered and addressed.

5. The fifth part of the document provides a summary of the key findings and conclusions from the study. It emphasizes the importance of these findings for informing future research and practice in the field.

6. The sixth part of the document discusses the implications of the findings for policy and practice. It suggests that the results of the study can be used to inform the development of more effective and efficient programs and services.

7. The seventh part of the document provides a list of references and sources used in the study. This includes both academic journals and other relevant publications in the field.

8. The eighth part of the document discusses the limitations of the study and suggests areas for future research. It notes that while the study provides valuable insights, there are still many questions that need to be answered.

9. The ninth part of the document provides a final summary and conclusion. It reiterates the importance of the study and the need for continued research and practice in the field.

10. The tenth part of the document discusses the overall findings and conclusions of the study. It emphasizes the need for a holistic and integrated approach to data collection and analysis.

11. The eleventh part of the document provides a list of references and sources used in the study. This includes both academic journals and other relevant publications in the field.

12. The twelfth part of the document discusses the implications of the findings for policy and practice. It suggests that the results of the study can be used to inform the development of more effective and efficient programs and services.

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17. The seventeenth part of the document provides a summary of the key findings and conclusions from the study. It emphasizes the importance of these findings for informing future research and practice in the field.

18. The eighteenth part of the document discusses the limitations of the study and suggests areas for future research. It notes that while the study provides valuable insights, there are still many questions that need to be answered.

19. The nineteenth part of the document provides a list of references and sources used in the study. This includes both academic journals and other relevant publications in the field.

LATINO HEALTH STEERING COMMITTEE OF MONTGOMERY COUNTY

The Latino Health Steering Committee is composed of highly qualified professionals who are extremely committed to the Latino community. These volunteer members provide expertise and technical assistance to the Latino Health Initiative and Montgomery County's Department of Health and Human Services. Committee members focus on advocating for policies and practices that will improve the health and wellbeing of Montgomery County Latino residents.

FY14 ACCOMPLISHMENTS

During FY14, the Latino Health Steering Committee of Montgomery County:

- > Reviewed and offered written comments on the County Executive's *Diversity Steering Committee Report & Recommendations: Commitment to Sustain Quality Services for Montgomery County's Diverse Communities*.
- > Elected a new Latino Health Steering Committee Co-Chair, Dr. Rose Marie Martinez.
- > Elected 5 members to form a subcommittee that will determine how the Latino Health Steering Committee will provide oversight of the Latino Youth Collaborative recommendations pertaining to Montgomery County's Department of Health and Human Services. Specific achievements include:
 - Determined and agreed upon the intent of the recommendations in the Latino Youth Collaborative report.
 - Categorized the recommendations in the Latino Youth Collaborative report.



During the Annual Retreat, LHSC members provided extraordinary support and guidance to the Latino Health Initiative.

-
- Developed a preliminary monitoring plan that included the action, responsible party, and target completion date.
 - Developed, reviewed, and revised performance measures for each recommendation and considered effective ways to introduce them to Montgomery County's Department of Health and Human Services, in collaboration with the Latino Data Workgroup.
 - Met with the Director of the County's Department of Health and Human Services, Chief of Behavioral Health Services, and Acting Chief of Children Youth and Family Services to discuss specific recommendations in the Latino Youth Collaborative Report and identify ways to meet the recommendations.
- > Volunteered more than 500 hours to support the Latino Health Initiative's work and the Department of Health and Human Services Leadership Institute for Equity and Elimination of Disparities.
- > Represented the Latino Health Steering Committee in the Leadership Institute for Equity and Elimination of Disparities Advisory Committee with 2 main representatives and 2 alternates supporting work on the structure of the Leadership Institute for Equity and Elimination of Disparities and on the structure and functioning of the Leadership Institute for Equity and Elimination of Disparities Advisory Committee.
- > Provided technical comments in response to a request from Behavioral Health and Crisis Services, Department of Health and Human Services, related to a behavioral health needs questionnaire.
- > Supported Healthy Montgomery by providing feedback on the action plans developed by the Healthy Montgomery Obesity and Behavioral Health Work Groups.
- > Helped secure an additional \$100,000 to support the Welcome Back Center of Suburban Maryland activities related to incorporating behavioral health professionals into Maryland's workforce in fiscal year 2015.



The Latino Youth Collaborative Oversight Committee presented a list of accomplishment related with the oversight of the LYC recommendations.

LATINO DATA WORKGROUP

In 2001, the Latino Health Initiative formed the Latino Data Workgroup under the auspices of the Latino Health Steering Committee. This 5-member volunteer body provides technical assistance, advice, and advocacy support for the collection, analysis, and reporting of health-related data pertaining to Montgomery County Latino residents.

FY14 ACCOMPLISHMENTS

During FY14, the Latino Data Workgroup:

- > Supported Healthy Montgomery by suggesting specific indicators in which to actively monitor from among the newly created set of 37 indicators generated by the Healthy Montgomery Data Team.
- > Developed 24 specific performance measures for the expected outcomes and desired accomplishments included in the Latino Youth Collaborative report.
- > Provided technical assistance to the Montgomery County Department of Health and Human Services on the use of appropriate indicators to capture department-wide program data related to racial/ethnic minorities including immigrant populations. These indicators will be included in the new IT database and electronic records to be utilized by the Department of Health and Human Services to collect, analyze, and report information on the clients served at different service and entry points.



The Latino Data Work group made significant contributions to the Healthy Montgomery Data Project Team and the Latino Youth Collaborative Oversight Committee.

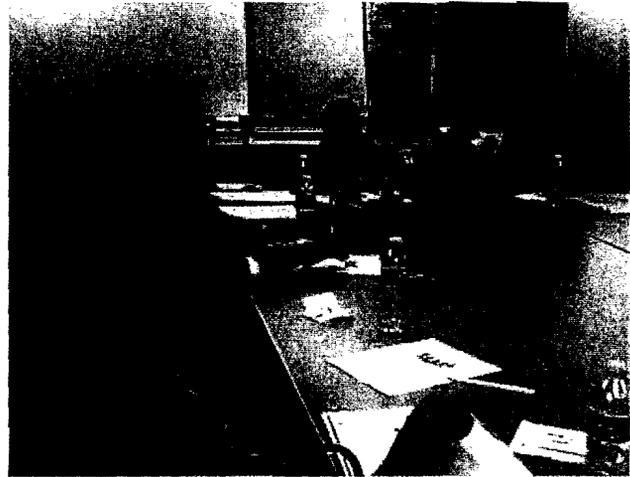
COMMUNITY ENGAGEMENT WORKGROUP

In 2008, the Latino Health Initiative formed the Community Engagement Workgroup with the goal to increase community participation in decisions that affect the health of Montgomery County Latino residents.

FY14 ACCOMPLISHMENTS

During FY14, the Community Engagement Workgroup:

- > Participated in a Healthy Montgomery Steering Committee meeting and provided comments and feedback on the Healthy Montgomery Obesity and Behavioral Health Work Group action plans.
- > Received ongoing trainings on leadership and on the community services available Montgomery County.
- > Participated in Montgomery County Forums including the Affordable Care Act workshop.
- > Hosted an Open House to recruit new members and reconnect with past members.
- > Updated the roles and responsibilities of workgroup members through a team-oriented process.
- > Offered testimonies in support of the Latino Health Initiative budget allocation for fiscal year 2015.



Community Engagement Workgroup members during a general meeting

“

“Estoy muy contenta de haber encontrado este grupo. Por medio del Grupo de Acción Comunitaria he podido obtener información acerca de los recursos disponibles para la comunidad hispana en el condado. Este grupo nos brinda las pautas para poder comunicar esta información a la comunidad. Es valioso saber que hay grupos como éste que se preocupan por nuestra comunidad. En este grupo puedo compartir mis opiniones y apoyar a los foros comunitarios que lidian con recortes presupuestarios en nuestro condado”.

“I am very happy to have found this group. Through the Community Engagement Workgroup, I have been able to obtain information about the resources available to the Hispanic community in the county. This group provides us with guidelines on ways to share this information with the community. It is very valuable to know that there are groups like this one that care about our Hispanic community. In this group, I can share my opinions and support community forums that address budget cuts in our county.”

—PATRICIA JARAMILLO, ACTIVISTA COMUNITARIA (COMMUNITY ACTIVIST)

”

100

COMMUNITY PROGRAMS AND ACTIVITIES

AMA TU VIDA HEALTH FESTIVAL

“

“Estoy muy contenta que este evento haya tenido lugar aquí en Gaithersburg. Llegué de mi país hace varios años y al principio no podía ir al médico por falta de seguro y de información. Hoy me pude hacer muchos exámenes médicos y el personal del festival Ama Tu Vida me dio información que me ayudará mucho”.

“I am very happy that this event took place here in Gaithersburg. I arrived from my country a few years ago and in the beginning I could not go to a doctor due to lack of health insurance and information. Today, I was able to get many medical screenings and the Ama Tu Vida staff gave me information that will help me quite a bit.”

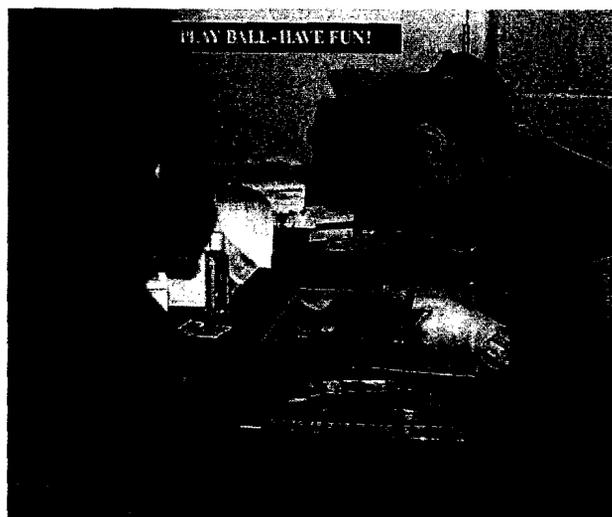
—ANA CONSUELO, PARTICIPANTE EN EL FESTIVAL AMA TU VIDA
(AMA TU VIDA HEALTH FESTIVAL PARTICIPANT)

”

The *Ama Tu Vida* Health Festival seeks to promote health and wellness among Montgomery County Latino residents by facilitating access to preventative health services. The *Ama Tu Vida* Health Festival is part of the Latino Health Initiative’s ongoing *Ama Tu Vida* Campaign inviting community members to commit to a healthier life.

For years, the *Ama Tu Vida* Health Festival has been synonymous with the Wheaton and Silver Spring area, but this year a partnership with the City of Gaithersburg took the event to a new venue. Organizers held this year’s *Ama Tu Vida* Health Festival at the Activity Center in Bohrer Park, Gaithersburg (April 5, 2014). About 52 nonprofit and private agencies partnered with the Latino Health Initiative to provide health and social services to festival attendees.

For more information on the *Ama Tu Vida* Health Festival visit: <http://www.lhiinfo.org/en/programs-and-activities/Ama-Tu-Vida-campaign/>



Medical screenings free of charge help individuals without health insurance to access to the Montgomery County community clinics.

FY14 ACCOMPLISHMENTS

In FY14, the *Ama Tu Vida* Health Festival:

- > Coordinated with 52 exhibitors to provide approximately 800 festival attendees information on disease prevention, health promotion, and ways of accessing services in Montgomery County.
- > Provided 740 medical screenings free of charge through 11 participating healthcare providers.
- > Gave festival attendees without health insurance their screening results and assistance in scheduling follow-up appointments at community clinics. In partnership with community clinics, including Proyecto Salud and Mansfield Kaseman Clinic, we scheduled 20 follow-up appointments for uninsured Montgomery County residents who received abnormal medical screening results.
- > Tracked the 38% of individuals with scheduled appointments that showed to their appointment and obtained appropriate treatment.

AMA TU VIDA HEALTH FESTIVAL MEASURES AND RESULTS

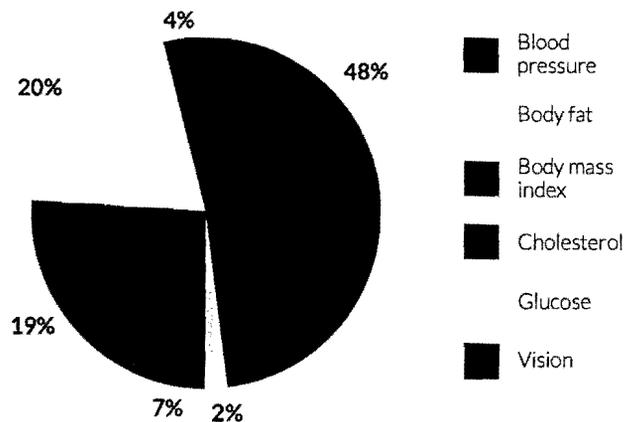
Output / Outcome	# / %
Number of attendees	800
Number of medical screenings performed	740
Abnormal results	3%
Individuals who attended scheduled appointments	38%

TYPE OF MEDICAL SCREENINGS PERFORMED

Screening Type	#
Blood pressure	348
Body fat	15
Body Mass Index	55
Cholesterol	142
Glucose	149
Vision	31
Total	740

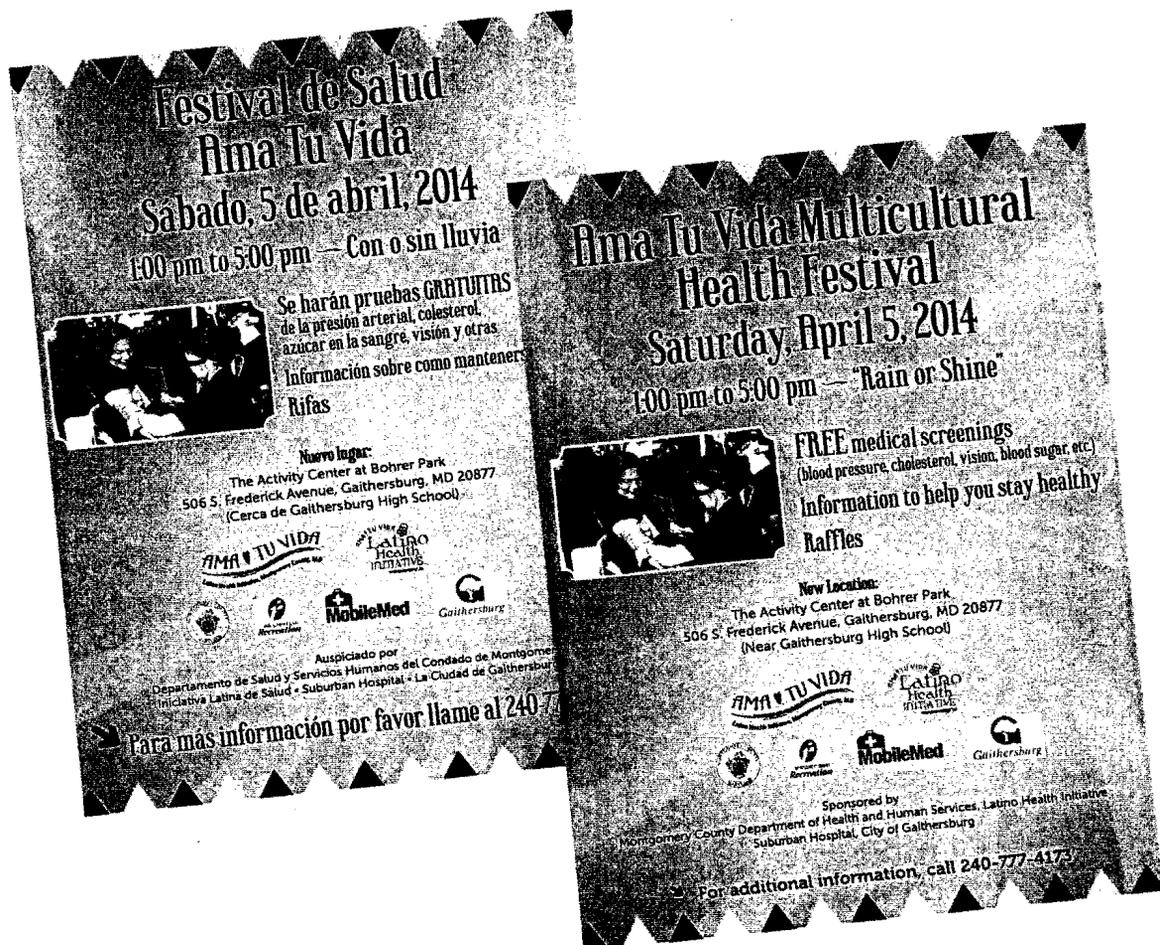
**52 EXHIBITORS
AND OVER
800 FESTIVAL
ATTENDEES**

SCREENINGS PERFORMED



CHALLENGES AND LESSONS LEARNED

- > In FY13, health promoters made reminder calls to *Ama Tu Vida* Health Festival attendees who were given appointments. This year, unfortunately, reminder calls were not a possibility because of budget constraints. Not being able to make reminder calls led to a decrease in appointments kept—77% of festival participants attended their appointments in FY13 compared with 38% of festival participants attending their appointments in FY14.
- > In FY14, partners decided to confront the challenge of giving the festival a truly multicultural flavor. Providers were ready and volunteer interpreters provided assistance, but more than 90% of *Ama Tu Vida* Health Festival attendees represented Latinos. In the future, partners will have to provide stronger and more focused outreach efforts in the communities that they are trying to attract.
- > Due to lack of funding, several partners were unable to offer certain medical screenings as they had in previous years or had to limit the number of screenings they offered in FY14.



ASTHMA MANAGEMENT PROGRAM

“

“Yo sabía muy poco del asma, estaba casi en cero en cuestión conocimiento. Les quiero agradecer por haberme incluido en el grupo de las charlas sobre el asma. Para mí fueron muy importantes. Gracias a todas ustedes he aprendido mucho y ahora siento que puedo enseñar a otros. Ahora sé que el asma es una enfermedad real, no es ficción y uno puede controlarla”.

—LETICIA, MADRE DE UN NIÑO CON ASMA (MOTHER OF A CHILD WITH ASTHMA)

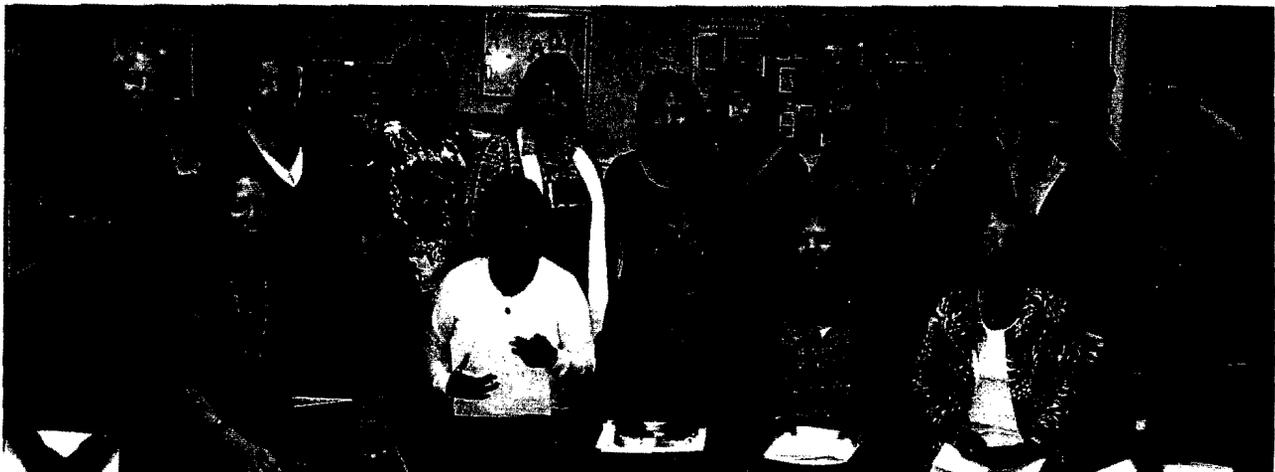
“I knew very little about asthma. I was almost at zero in terms of knowledge. I want to say thank you for including me in the group’s talks about asthma. For me they were very important. Thanks to all of you I learned a lot and now I feel that I can teach others. Now, I know that asthma is a real illness. It is not fictional and you can control it.”

”

Asthma is a life threatening chronic disease that disproportionately affects racial/ethnic minority children living in poverty. Latino children living in low socioeconomic and urban environments experience higher asthma prevalence, morbidity, and mortality than non-Hispanic Caucasian children.

The Latino Health Initiative’s Asthma Management Program focuses on low-income Latino parents and caregivers of 4-11 year-old children whose physicians diagnosed them with asthma. The Asthma Management Program incorporates 3 components: 8 2-hour asthma management group education sessions for parents and caregivers, social support by trained asthma management coaches (“*Consedus*” or counselors/educators), and follow-up with program participants between education sessions.

For more information on the Asthma Management Program visit: <http://lhiinfo.org/en/programs-and-activities/asthma-management-program/>



Volunteer asthma coaches (*Consedus*) after 16-hour training contributed over 170 hours of in-kind social support and counseling to parents of children with asthma.

FY14 ACCOMPLISHMENTS

In FY14, the Asthma Management Program:

- > Reached 19 parents of children with asthma (94.7% girls, 5.3% boys) who completed intensive education and received asthma management support.
- > Offered basic asthma information to 786 individuals through community and school outreach activities.
- > Reached 26 children (57.7% boys, 42.3% girls) with asthma. Over three-quarters of the children (80.8%) had government-subsidized insurance, 15.4% had private insurance, and 3.8% had no insurance.
- > Engaged in 16 hours of asthma training with 15 volunteer asthma coaches (*Consedus*).
 - The training enabled *Consedus* to enhance their ability to support Latino parents of children with asthma.
- > *Consedus* contributed over 170 hours (representing 21 full-day equivalents) of in-kind social support and counseling to parents participating in the program.
- > Was awarded \$20,000 after submitting a FY14 grant proposal to the Maryland Department of Health and Mental Hygiene.
- > Conducted a needs assessment with the intention of developing a new school-based intervention to enhance the current asthma management program.
- > Developed a new curriculum, as informed by the needs assessment findings, to empower Latino parents of children with asthma with the goal of converting schools into asthma-free ones.

ASTHMA MANAGEMENT PROGRAM MEASURES AND RESULTS

Output Measures	#
Asthma outreach and community activities implemented	8
Participants in outreach and community activities	786
Education sessions conducted	24

Quality of Service Measures	%
Participants who completed the education interventions	70%
Parents/caregivers satisfied with the program	97%
Participants reporting the program helped their child's asthma management	100%
Participants who felt their opinions, experiences, and worries were respected in group	100%

Outcome Measures	Percent
Increase in asthma management knowledge by parents/caregivers	20%
Increase in participants who developed an asthma management plan	100%
Increase in participants reporting use of an asthma management plan	64%
Increase in parents feeling fairly or very confident in their ability to manage their children's asthma	48%
Decrease in reported emergency department visits due to asthma	100%
Decrease in reported hospitalization due to asthma	100%
Decrease in reported restricted activity due to asthma	45%

CHALLENGES AND LESSONS LEARNED

- > The economic hardships faced by many parents in the Asthma Management Program interfered with their ability to participate fully in the program. Despite education sessions being offered during morning and evening hours, many parents were not able to attend all sessions because of work schedules and transportation issues.
- > To prevent program attrition, Asthma Management Program staff and *Consedus* increased the number of reminder phone calls, delivered text messages, and offered incentives including transportation and kept parents updated regularly. However, essential to continued successful implementation of education activities include: a properly motivated community that gets involved in programs and services offered by schools and school-based programs and involvement of organizations that do not work in schools regularly.
- > Morning sessions have limited parent participation. Affected children are also unable to attend since they are in classes and hence are not able to participate in asthma management demonstrations (e.g., appropriate use of medicines and flow meters) aimed at increasing their self-sufficiency in managing the disease. The inconsistent attendance has a direct impact on the program outcomes. In the future, sessions will be held at times that both parents and children with asthma can engage.



LATINO YOUTH WELLNESS PROGRAM

“

“Identity ha sido de mucha una ayuda inmensa que Kaisy interactue con otros estudiantes. Ella solía ser muy tímida pero ahora tiene mejor comunicación con otros estudiantes y con su familia”.

—KATTY JAQUEZ, MADRE (MOTHER)

“Identity has been a huge help for Kaisy in socializing with other students. She used to be very shy but communicates much better now with other students and with her family.”

“El programa ayuda a la gente a ser mejor. Me ha ayudado a hacer nuevos amigos y experimentar nuevos lugares y de una manera entretenida.”

—DAMON TORRES, ESTUDIANTE (STUDENT)

“The program helps make people better. It helped me make new friends and experience new places all while having fun.”

”

The Latino Youth Wellness Program’s goal is to reduce the rate of health conditions that disproportionately affect low-income Latino and other minority youth and families by enhancing protective factors and minimizing risk factors. The Latino Youth Wellness Program addresses nutrition, mental health, parent-child relationships, physical activity, reproductive health, and substance abuse.

The Latino Youth Wellness Program, under contract to Identity, Inc., implements its activities with students at four middle schools: Gaithersburg, Montgomery Village, Forest Oak, and Neelsville.

For more information on the Latino Youth Wellness Program visit: <http://lhiinfo.org/en/programs-and-activities/latino-youth-wellness-program/>.

FY14 ACCOMPLISHMENTS

During FY14, the Latino Youth Wellness Program:

- > Served 145 low-income Montgomery County Latino youth and families translating into engaging 922 total individuals.
- > Created 93 wellness plans—serving 345 individuals—to address identified needs including health insurance, affordable and culturally competent medical services, emergency food assistance, and housing.
- > Conducted 947 one-on-one counseling sessions for youth and family members.
- > Made 231 referrals to outside agencies.
 - Completed 110 of these 231 referrals.
- > Engaged in 236 hours of fitness training with youth who enjoyed sports tournaments, hikes, and outings to sports facilities.

- > Engaged in 28 hours of leadership training with 81 youth who increased their communication and team building skills as well as their commitment to engage in community-level activities.
- > Provided 42 hours of parent training to Latino Youth Wellness Program participants.
- > Provided 145 youth with 24 hours of group training as part of Identity's After-School Program with middle school youth.

Evaluation outcomes reflect data from 161 students who completed both a baseline and an exit evaluation survey.

The Latino Youth Wellness Program used a cognitive behavioral approach to determine which variables would measure improvement in participants' healthy behaviors. This approach posits that thoughts impact feelings, which in turn lead to action. According to this approach, improved behavior is thus achieved from increased knowledge and positive attitudes towards health and wellness.

The following tables and graphs provide a socio-demographic profile on the 161 youth served by the Latino Youth Wellness Program.



Demographic Profile (N=161)

GENDER



AGE



Socio-Economic Situation

NO HEALTH INSURANCE

19%

RECEIVE FREE OR REDUCED LUNCH

67%

WORK DURING SCHOOL YEAR

9%

LIVE IN PRECARIOUS HOUSING SITUATION*

16%

*Renting "a single room" in other's home

AVERAGE NUMBER OF PEOPLE LIVING IN HOUSEHOLD **6**

Immigration and Language	Percent
Foreign born youth	47%
Foreign born undocumented	47%
—Did not respond to this question	12%
Foreign born recent arrivals, <1 year	41%
Foreign born, <5 years	23%
Foreign born, >5 years	34%
Foreign born selected Spanish survey	53%

Domestic Violence	Number
Victims of physical abuse	8
Not feel safe at home	11
Witnessed domestic violence in home	19
Victim of sexual abuse	3

Family Situation	Percent
Live in single parent home	31%
Student living in a re-structured family (e.g., with step-parents)	21%
Not living with either parent, nor with any immediate family member	6%
Separated from one or both parents for over a year —Length of time youth separated from parents, 7 years average	57%

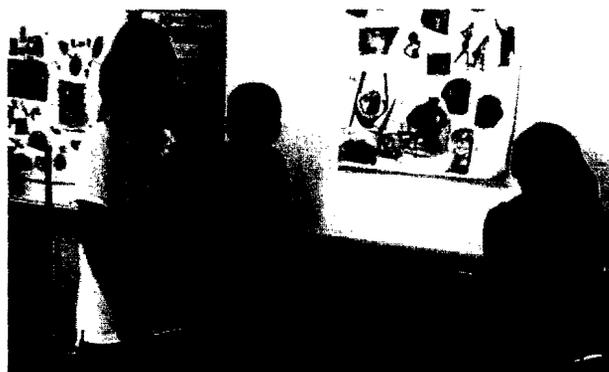
LATINO YOUTH WELLNESS PROGRAM FY14 PROGRAM MEASURES AND RESULTS

Outputs Measures	Number
Families served	145
Hours of group training to parents	42
Counseling sessions with youth, parents, and youth with parents	947
Referrals to health and human services	231
Community Advisory Board meetings	6
Wellness plans created	93
Hours physical activity with 20 youth	215
Hours leadership training with 20 youth	28

Quality of Service Measures	Percent
Youth who would recommend program to friends	97%
Youth satisfied with availability of Youth Development Counselors	94%
Youth feeling safe and respected in the program	97%



In this activity, youth learned that helping each other as a team is an important leadership quality.



Youth presenting posters about healthy eating and exercising habits they can adopt in their lives.

Outcome Measures	Percent
Healthy behaviors	58%
Reproductive health	54%
Substance abuse decrease	75%
Physical activity increase	63%
Parent-youth connectedness increase	34%
Self-esteem increase	75%
Depression decrease	81%
Future expectations increase	63%
Substance abuse knowledge increase	64%
Conflict resolution skills increase	49%
Self-efficacy to refuse joining a gang increase	63%
Self-efficacy to refuse unsafe sex increase	68%
Avoiding teen pregnancy (unsafe sexual behavior)	67%
Risk or Protective Factor	Percent
Reproductive and HIV healthy behaviors increase	54%
Substance abuse behaviors increase	75%

The Latino Youth Wellness Program met and, in most cases, exceeded the required program output targets. Data analysis of baseline and exit surveys revealed encouraging results with respondents demonstrating considerable improvements in several domains. Results were more significant with youth who reported higher risks at baseline (i.e., lower protective factors and/or higher risk factors). Pre- / post- changes were statistically significant in these 6 domains:

- > Healthy behaviors increase
- > Self-efficacy to refuse risky behaviors (substance abuse, unsafe sex, and gang involvement)
- > Emotional well-being increase
- > Sense of school connectedness increase
- > Parent-youth connectedness
- > Delinquent activities and gang-related behaviors decrease



Identity staff, youth and parents pose at Bohrer Park playground after volunteering in a community fundraiser for Gaithersburg HELP.



Parents and youth at the first parent session discussing what are the ideal circumstances in their community to help youth succeed in their future.



Parents and youth are volunteering at Interfaith Works organizing clothes.

SYSTEM NAVIGATOR AND MEDICAL INTERPRETER PROGRAM

“

“No tengo palabras para expresar la gratitud que siento por este programa. No poder acceder un servicio que mi familia realmente necesita por el idioma que hablo es muy frustrante y me asusta. Saber que este programa existe y es capaz de ayudar a gente como yo mientras nos aclimatamos a este país es muy reconfortante. ¡Gracias!”

—EFRAIN, PERSONA QUE RECIBIÓ SERVICIOS DEL PROGRAMA (CLIENT SERVED BY THE PROGRAM), WHEATON, MD

“I have no words to express the gratitude I feel for this program. To not be able to access a service my family really needs because of the language I speak is very frustrating and scary. Knowing that this program exists, and is able to help people like me as we get acclimated to this country, is very comforting. Thank you!”

”

Montgomery County, Maryland, continues to be a gateway community for recently arrived immigrants to this country and as such, it finds itself with a large vulnerable population of low-income, Limited English Proficient residents facing a variety of barriers to obtaining equitable access to quality healthcare and needed social services.

Even for more established residents, factors such as unfamiliarity with the United States healthcare system, confusion over eligibility requirements (as witnessed by the Affordable Care Act's first year enrollment process), and the current political environment have converged to create a climate of distrust by the immigrant community toward mainstream and government-related providers and programs.

Montgomery County Latino residents often learn to live without healthcare services altogether because they worry that encounters with the medical system and social safety net might lead to their own deportation or that of a close family member. Lack of sufficient culturally and linguistically competent health services is a major barrier to Latinos' access to healthcare as well. Latinos report not knowing where

to go for care when they are sick and not scheduling appointments because of language issues. All of the aforementioned contribute to health disparities endured by the Limited English Proficient immigrant community.

The System Navigator and Medical Interpreter Program, currently under contract with CASA de Maryland, addresses health disparities by enhancing access to quality medical and social services for low-income Limited English Proficient immigrants residing in Montgomery County through a culturally proficient bilingual information and navigation hotline. Navigators assess hotline callers' needs and refer them to appropriate services, providing follow-up assistance and ensuring delivery of services. To complement the bilingual information and navigation hotline, the System Navigator and Medical Interpreter Program provides medical interpretation services during patient-provider encounters.

For more information on the System Navigator and Medical Interpreter Program visit: <http://www.lhiinfo.org/en/programs-and-activities/System-Navigator-and-Interpreter-Program/>

FY14 ACCOMPLISHMENTS

During FY14, the System Navigator and Medical Interpreter Program:

- > Served 5,481 community members with information, referrals, and system navigation and medical interpretation services.
- > Provided 4,501 referrals to health and human services for community members seeking assistance through the Bilingual Health Information Hotline.
- > Conducted 1,786 medical interpretations at Mercy Health Clinic, Mobile Medical Care, Holy Cross Hospital Health Center, Mansfield Kaseman Health Clinic, and other Department of Health and Human Services agencies and Montgomery County specialty care providers.
- > Contracted with 9 certified medical interpreters to provide services in Spanish and French, an increase of 2 certified interpreters from last year.
 - Medical interpreters obtain certification after completing 40 hours of training that uses a nationally recognized curriculum designed by Bridging the Gap and offered through the Cross-Cultural Health Care Program.
- > Helped 99% of clients surveyed successfully access medical and social services.

SYSTEM NAVIGATOR AND MEDICAL INTERPRETER PROGRAM MEASURES AND RESULTS

Output Measures	Number
Bilingual information line call assessments	3,695
Referrals by information specialists	4,501
Medical interpreter appointments completed	1,786

Quality of Service Measures	Percent
Satisfaction with bilingual information line ¹	100%
Satisfaction with medical interpreter services ²	100%

Outcome Measures	Percent
Clients accessing services	98%

¹Percent of clients reporting the most positive responses on a customer satisfaction survey about the Information Line with these response options: Very Helpful, Helpful, Adequate, Not Very Helpful, or Not Helpful At All.

²Percentage of clients reporting the most positive responses on a customer satisfaction survey about the Medical Interpreter Program using these response options: Excellent, Good, Adequate, Poor, or Bad.

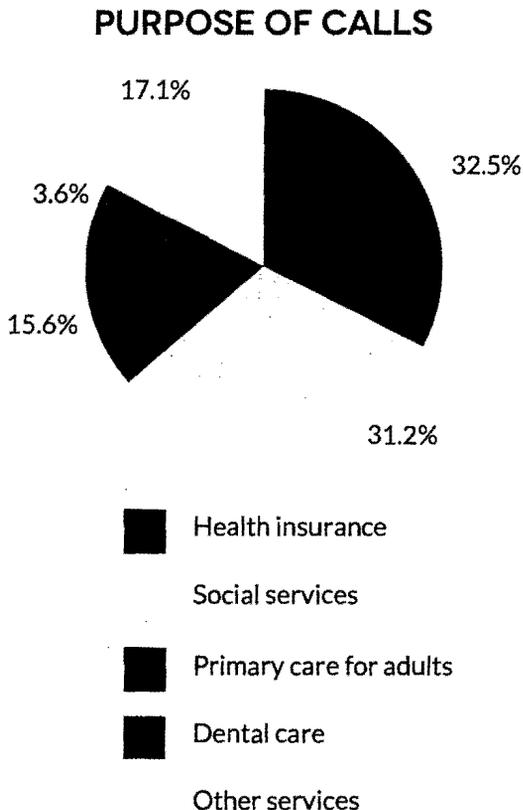
Despite flat-lined funding combined with increased staffing costs, the System Navigator and Medical Interpreter Program responded to the needs of nearly 4,000 community members. This accomplishment is largely attributable to the implementation of the Affordable Care Act. CASA de Maryland partnered with Montgomery County's Department of Health and Human Services to launch a program designed to assist low-income Limited English Proficient residents in the region to enroll in the Affordable Care Act. As a result, System Navigator and Medical Interpreter personnel at the hotline became the first point of contact for many community members interested in learning how to enroll in the Affordable Care Act.

The most important factor affecting the decrease in the number of interpretations provided this year, compared with last year, was the overall reduction in funding for this program. The problem of lack of sufficient funding for the program was further compounded by challenges resulting from the weather. Winter 2013/2014 brought an above average number of snowstorms and weather-related closings in the region causing many clinics to close temporarily and at times presented a major barrier for patients and/or medical interpreters to attend appointments.

The table below shows the distribution of medical interpretations provided by the System Navigator and Medical Interpreter Program to participating clinics.

Medical Interpretation Locations	Percent
Mercy Health Clinic	19%
Holy Cross	39%
Mobile Medical Care	39%
Mansfield Kaseman Health Clinic	1%
Special providers	2%

The graph below provides information on the nature of services requested through the bilingual health hotline. As demonstrated by the table, the purpose of the calls and the needs of the callers are diverse. This year, the program experienced a large volume of calls related to health insurance and the Affordable Care Act. Together with certified Affordable Care Act navigators, System Navigator and Medical Interpreter Program staff scheduled enrollment appointments for interested community members.



HEALTH INFORMATION HOTLINE

Call to obtain information about health and human services in Montgomery County

(301) 270-8432

MONDAY – THURSDAY: 8:00 AM – 8:00 PM
FRIDAY: 8:00 AM – 5:00 PM

A service of
CASA de Maryland, Inc.
Funded by the
Montgomery County
Latino Health
Initiative

CASA
DE MARYLAND.

LÍNEA INFORMATIVA DE SALUD

Le brindamos información sobre servicios de salud en el Condado de Montgomery

(301) 270-8432

LUNES – JUEVES: 8:00 AM – 8:00 PM
VIERNES: 8:00 AM – 5 PM

Un servicio de CASA de Maryland, Inc.
Auspiciado por la
Iniciativa Latina de
Salud del Condado
de Montgomery

CASA
DE MARYLAND.

Despite the demand for Affordable Care Act-related information and services experienced this year, the continued demand for social services continues to be evident. By FY14, one-third of all callers received some type of social service referral beyond the main reason for calling. Social service referrals encompassed a variety of services including those related to legal, financial, education, and employment assistance. As a result of one single assessment, many callers receive multiple social service referrals in addition to a health-related referral. The average number of referrals provided through the hotline to each caller throughout the reporting period was 1.22. This finding reveals the complexity of cases assessed through the hotline as well as the quality of the assessments themselves. The quality and effectiveness of the services provided are also marked by high customer satisfaction ratings consistently reported throughout the documentation period as demonstrated in the tables below.

CHALLENGES AND LESSONS LEARNED

- > The System Navigator and Medical Interpreter Program has endured a number of challenges over the past year as funding for the program has remained flat while costs rise. To account for rising operational costs, we have had to slightly reduce services over time yielding a decrease in the number of interpretations and net clients served despite growing demand.
- > The System Navigator and Medical Interpreter Program experienced a sharp increase in the number of mid- to aggressive-level case management services generated through the information hotline. These clients require intensive case management services as a result, including cases of homelessness. Program personnel provide these individuals with a comprehensive assessment, typically resulting in multiple referrals and substantial follow-up services. Limited staff assigned to the program due to funding restrictions affects the number of clients the program is able to serve.
- > One of the major challenges experienced by the program this fiscal year was keeping up with the volume of calls from community members seeking information and application assistance related to the Affordable Care Act. To help with call volume, we assigned several staff members including an Affordable Care Act Assister and the Interpretation Program Coordinator to answer hotline calls for several hours during the week as part of their daily tasks. Tasks included communicating basic information, assisting in the prescreening process, and reminding clients of the documents to bring to their appointments.
- > The weather played a limiting role in our ability to provide services to the community. CASA de Maryland follows Federal government guidelines for closures and delayed openings to safeguard our staff and community. Likewise, many community clinics, hospitals, and providers with which we work had to close due to weather concerns. The aforementioned led to challenges in providing direct services to consumers spanning multiple days during the winter months.



Navigator helping a client to navigate in the health system through the Health Information Hotline.

TOBACCO CESSATION PROGRAM

Smoking is the most preventable cause of disease and death in the world.

- > 438,000 people die in the United States each year because of tobacco use.
- > Use of tobacco is responsible for 90% of lung cancer (the most frequent cancer among Latinos).
- > Smoking is a determinant of other chronic diseases including diabetes and heart and respiratory diseases, among both adults and children (as a consequence of being exposed to secondhand smoking).

Smoking is highly addictive and it is very hard to quit without help. In Maryland, 15% of Latinos smoke. The Tobacco Cessation Program is a culturally and linguistically appropriate intervention designed to help Latinos quit smoking. The goal of the Tobacco Cessation Program is to educate the smoker about the detrimental effects of tobacco use on health and to provide information on nicotine addiction and mechanisms for quitting.

The Tobacco Cessation Program provides the culturally appropriate and linguistically accurate tools necessary to become tobacco-free. Program staff members offer a variety of interventions customized to the individual, making available group and individual counseling in schedules and locations that facilitate smokers' access to this service.

During the program sessions, a Tobacco Treatment Specialist assesses the need of each smoker and provides nicotine replacement, when needed, at no cost to the participant. Additionally, the smoker learns how to manage stress, and other situations that can trigger a desire to smoke, to avoid relapses. The family is integrated as a supportive resource.

For more information on the Tobacco Cessation Program visit: <http://lhiinfo.org/en/programs-and-activities/past-programs/tobacco-cessation-program/>

“

“He tratado muchas veces dejar de fumar y no lo he podido hacerlo solo. Con la dedicación que ustedes le ponen al programa, no sólo durante las clases sino cuando nos llaman y se preocupan por nosotros, he tenido la fuerza suficiente para lograrlo. Ahora que dejé de fumar me siento mucho mejor y mi doctor me ha felicitado porque puedo manejar mejor mis enfermedades. Gracias”.

“I have tried many times to quit smoking but I have never been able to do it by myself. With the dedication that you put into the program, not only during the classes but when you call us and show concern for us, I have had the necessary strength to achieve this. Now that I quit smoking I feel much better and my doctor has congratulated me because I am able to more easily manage my diseases. Thank you.”

—CARLOS, FUMADOR POR MÁS DE 30 AÑOS QUE PARTICIPÓ EN LAS SESIONES
(SMOKER OF OVER 30 YEARS WHO PARTICIPATED IN THE GROUP SESSIONS)

”

FY14 ACCOMPLISHMENTS

During FY14, the Tobacco Cessation Program:

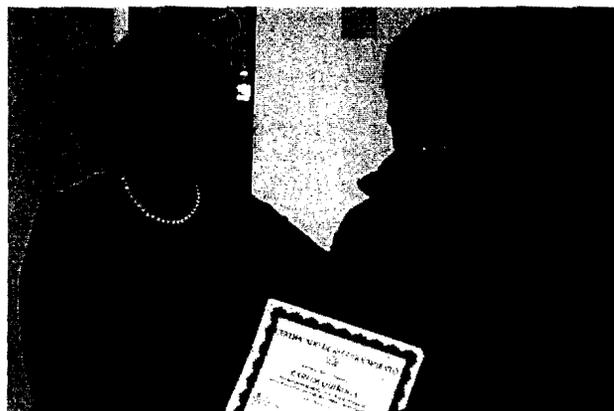
- Implemented group and individual tobacco cessation interventions customized to each smoker's needs with respect to being both culturally and linguistically appropriate and to offering sessions at locations and schedules convenient to 16 smokers.
- Educated and trained a group of 21 *Promotoras* and *Consedus* on ways to identify smokers and motivate them to quit smoking.
 - The program trained *Promotoras* and *Consedus* during brief interventions and motivational interviews.
 - A referral system that coordinates with the *Vías de la Salud* Health Promoter Program and

Asthma Management Program helps smokers access Tobacco Cessation Program services.

- Reviewed the content of Tobacco Cessation Program sessions and modified the content to conform to best practices as reflected in currently published literature.
- Referred 73 smokers to the Tobacco Cessation Program and contacted them to evaluate their readiness to quit and to offer support during this process.
 - 10 smokers participated in a cessation group intervention. Another 6 smokers received individual educational sessions to increase their level of readiness to quit smoking.
 - All smokers (8) who completed the smoking cessation sessions quit smoking.



Promotora and Consedus in play role: how to motivate a smoker to quit



Closing Group Smoking Class: Participant quit smoking and received diploma.



Group of smokers in the closing class

TOBACCO CESSATION PROGRAM MEASURES AND RESULTS

Output Measures	Number
Smokers invited to participate in smoking cessation group sessions	73
Persons registered for group sessions	18
Persons who began group sessions	10
Participants who completed group sessions	8

Quality of Service Measures	Percent
Participant who would recommend the program to relatives and friends	100%

Outcome Measures	Number or Percent
Smoke-free participants at end of group sessions	8
Change in participants' knowledge about use and hazards of tobacco	20.5%
Smoke-free participants 3 months follow-up	60%

CHALLENGES AND LESSONS LEARNED

- Group interventions enjoy the highest quit rates for those who participate regularly. However, the readiness level is very variable across participants and thus affects program attendance.
- *Promotoras* and *Consedus* participated actively during the training. Both groups have extensive experience working in the community. Despite *Promotoras'* and *Consedus'* enthusiasm and experience, the Tobacco Cessation Program needs a dedicated Coordinator to oversee the referral system and monitor attendance and activity compliance.
- Participants are grateful for the Tobacco Cessation Program and have established strong bonds with their smoking cessation coaches. The coaches' model works well for this program.

VÍAS DE LA SALUD HEALTH PROMOTERS PROGRAM

“

“Cada día veo cómo en el programa se preocupan por implementar nuevas estrategias, y con los proyectos venideros es un gran adelanto para lograr un mejor futuro para nuestra comunidad. ¡Sigamos adelante!”

“Every day I see how the program is invested in taking new directions and with the new projects coming up, it is a lot of progress toward achieving a better future for our community. Let’s keep moving forward!”

—NORMA COLOMBUS, PROMOTORA DE SALUD (HEALTH PROMOTER)

”

The mission of the *Vías de la Salud* Health Promoters Program is to improve the health and wellbeing of the low-income Latino community in Montgomery County. The program strives to achieve its goals by training and empowering Latino Health Promoters to promote healthy behaviors, facilitate access to health and medical services, and advocate for health policies that benefit the community.

For more information on the *Vías de la Salud* Health Promoters Program visit: <http://lhiinfo.org/en/programs-and-activities/vias-de-la-salud-health-promoters-program/>

FY14 ACCOMPLISHMENTS

During FY14, the *Vías de la Salud* Health Promoters Program:

- Completed participation in the September 2013 Million Hearts Initiative by working alongside County partners to promote appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation. The program conducted outreach activities and referred individuals at high-risk for cardiovascular disease to participating community clinics for appointments.
- The following are the results achieved by four health promoters who participated in the Million Hearts Initiative:
 - 72 activities conducted
 - 1,500 clients reached
 - 220 referrals sent
 - 69 appointments completed
 - 41 appointments pending



Parents and children at the end of a walking session at Gaithersburg Elementary School.

- > Health Promoters completed 4 *caminatas* (walks) with 78 participants.
 - There was a 45% increase in reported intention to engage in 20-30 minutes of physical activity at least 3 times a week.
- > Reached 12,647 individuals through outreach activities at churches, community clinics, supermarkets, Laundromats, health fairs, and other community venues (20 Health Promoters).
- > Worked arduously with outreach activities focused on Affordable Care Act enrollment (13 Health Promoters).
 - Reached an additional 1,595 individuals.
 - Provided an additional 138 volunteer hours.
- > Secured \$15,000 to conduct outreach activities focused on informing individuals about the Maryland Children's Health Program and Family Planning Program.

VÍAS DE LA SALUD HEALTH PROMOTERS PROGRAM MEASURES AND RESULTS

Output Measures	Numbers
Families referred to programs including Maryland Children's Health Program, Care for Kids, Proyecto Salud, Mercy Clinic, Mobile Med, Holy Cross Maternity Program, MC311, Obama Care Bilingual and Information Line	747
Health Promoter volunteer hours	2,674
Persons reached by Health Promoters	12,647

Quality of Service Measures	Percent
Health Promoters satisfied with program	100%
Health Promoters retained in program	95%

Outcome Measures	Percent
Individuals who completed an appointment to a Montgomery Cares clinic	28%
Increase in physical activity intent by walking session participants	45%

CHALLENGES AND LESSONS LEARNED

- > After the FY13 Health Promoter Coordinator's retirement, we engaged in efforts to identify a new coordinator. The recruitment and hiring took close to one year to complete. During this time, only a part-time Health Promotion Specialist staffed the *Vías de la Salud* Health Promoters Program.

WELCOME BACK CENTER OF SUBURBAN MARYLAND

“

“I was a university-level nurse in Eritrea where I worked for five years. I arrived to the United States in August 2011. I had no family or close relatives here. Life was difficult in a new environment facing cultural shock and lots of challenges. A friend introduced me to the Welcome Back Center, and I was accepted into the program in April 2012. I worked hard studying for the registered nurse board exam. I got amazing guidance and trainings from the Welcome Back Center. Above all, receiving financial assistance was a huge relief. I was working at Seven Eleven earning \$8.25 an hour. The Center offers its participants nurse-in-training job opportunities. I was one of the two selected to start working as a nurse-in-training at Washington Adventist Hospital where they paid me \$18.38 an hour. I passed the board exam in November 2013 and hired as an Registered Nurse with a pay of \$30.58 an hour in April 2014. If it had not been for the Welcome Back Center, all of these opportunities and successes would not have occurred. I am a Welcome Back Center advocate.”

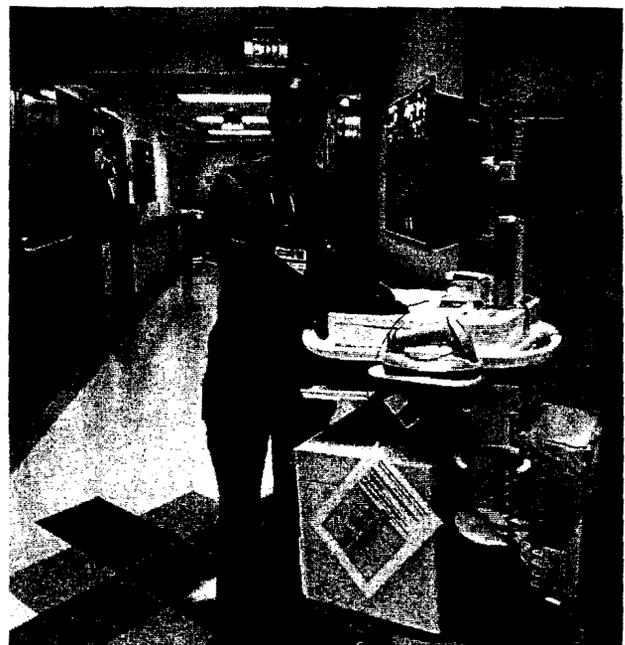
—ADHANOM TEWELDEBRHAN, RN, WASHINGTON ADVENTIST HOSPITAL, WELCOME BACK CENTER PARTICIPANT

”

The Welcome Back Center of Suburban Maryland is an innovative model that builds on the personal and professional assets of internationally trained health professionals living or working in Maryland. The Welcome Back Center facilitates the health professions licensure and/or certification process and helps professionals re-enter Maryland’s health workforce.

The Welcome Back Center of Suburban Maryland works in close collaboration with partners in the academic and private sectors as well as with local and State governments.

For more information on the Welcome Back Center of Suburban Maryland visit: <http://www.lhiinfo.org/en-programs-and-activities/Welcome-Back-Center.asp>



Adhanom Teweldebrhan, RN

FY14 ACCOMPLISHMENTS

During FY14, the Welcome Back Center of Suburban Maryland:

- > Conducted a recognition event for a group of 22 internationally-trained health professionals obtaining their Register Nurse licenses and re-entering the health workforce. The Highlight of the night was having Eric Seleznow, Deputy Assistant Secretary for Employment and trainings, US Department of Labor.
- > Engaged in recruitment efforts to select 32 new nurses to begin receiving services in FY15.
 - 90 individuals attended application information sessions (one session in English and one session in Spanish).
 - 70 candidates submitted applications.
 - 32 new nurses were selected.

GROUP AND INDIVIDUAL GUIDANCE AND SUPPORT SERVICES TO CENTER PARTICIPANTS

- > Provided the following services to 190 internationally trained healthcare professionals:
 - Intensive services to 97 internationally trained healthcare professionals (73 nurses, 18 physicians, 6 behavioral health professionals) working towards licensure and/or certification in the healthcare field to secure jobs in Maryland.
 - Delivered information about the Center to 93 internationally trained health professionals (23 hours via telephone and email) to:
 - 43 physicians
 - 43 nurses
 - 3 psychologists
 - 2 dentists
 - 1 behavioral health therapist
 - 1 occupational therapist
- > Provided general guidance and detailed information on how to access the Center's website to obtain the *Guide to Complete the Steps for Foreign-Trained Nurses to Obtain the Maryland Registered Nurse (RN) License* (available in English, Spanish, French) to 43 nurses interested in obtaining RN licensure.
 - We entered these individuals' contact information into the Center's database. We will contact these individuals again when new recruitment opens.
- > Seven Center participants successfully passed the Registered Nurse licensure exam.
- > Maintained a cadre of 4 Center participants in on-the-job practical exposure to the United States healthcare system working as nurses-in-training at 2 local Maryland hospitals.
- > Provided financial assistance to 17 eligible participants through 26 referrals processed for expenses associated with academic training and obtaining licensure and/or certification in Maryland's healthcare landscape.
- > Engaged in continued evaluation throughout the year to monitor implementation processes and improve outcomes with timely interventions that respond to participant needs.
- > Administered the online Overall Center Services Satisfaction Survey to evaluate the period July 2013 to June 2014.
 - 22 nurses completed the survey.

- Results showed respondents consistently rating their satisfaction level with the services they received as “good” or “excellent.”
- The highest overall rating was given to *On-the-Job Practical Exposure to the U.S. Healthcare System*.
- The lowest overall rating was given to *Financial Assistance Services*.

CAREER DEVELOPMENT AND JOB SEARCH SUPPORT SERVICES TO CENTER PARTICIPANTS

- > 17 Center participants successfully started working in the healthcare field in Maryland:
 - 6 participants as Registered Nurses (5 nurses, 1 physician)
 - 4 Nurses-in-Training
 - 5 nurses as Patient Care Technicians
 - 1 physician as a Technical officer
 - 1 behavioral health professional at Montgomery County Public Schools
- > Maintained a cadre of 4 Center participants in on-the-job practical exposure to the United States healthcare system working as nurses-in-training at 2 local Maryland hospitals.
- > Provided a 3.5-hour training session to 13 participants (May 17, 2014). During the training session, participants learned ways to become a culturally competent healthcare professional in the United States.
 - Participants shared their experiences and challenges and celebrated accomplishments in their journey reentering the Maryland healthcare workforce as well as asked questions.
 - Marcos Pesquera, Executive Director, Center on Health Disparities, Adventist HealthCare, Inc. facilitated the training.
- > Provided 3.5 hours of group guidance and support for 19 participants (February 22, 2014). During the meeting, participants learned about nursing trends and professional opportunities in the United States, established an internal network with each other, and shared challenges and successes from their journeys towards licensure and/or certification. Participants met Welcome Back Center Advisory Council members and heard about planned FY15 activities.
- > Provided 3.5 hours of group guidance and support for 21 participants on the Affordable Care Act (October 19, 2013). Two participants who recently obtained the Registered Nurse license shared their experiences passing the board exam. Participants felt motivated to continue pursuing their goals for re-entering the healthcare workforce. Participants shared accomplishments and challenges on the licensure and/or certification process and thanked the Center for its financial assistance services. A participant announced that she had completed the physician-to-registered nurse program and shared her experiences encouraging other physicians to explore alternative career pathways.
- > Provided 2-hour training in Spanish on the Affordable Care Act to 9 participants to help them better understand the Affordable Care Act and learn key messages to share with community members (August 17, 2013).

MARYLAND BOARD OF PHYSICIANS

- > Developed the document, “U.S. Pre-Licensing Process for Internationally-Trained Medical Graduates Overview,” that describes the steps for obtaining a Medical License in Maryland as an internationally trained medical graduate.
 - Collaborated with the Welcome Back Initiative and Maryland Board of Physicians to ensure the information in the document is accurate.

STRATEGIC PLANNING TO INCREASE PERFORMANCE AND EXPAND SERVICES

In winter 2013/spring 2014, Welcome Back Center leadership and 6 advisory council members engaged in strategic planning to chart the Center's direction for the next 3 years that will lead to an increase in performance and an expansion of services. Through this process, we developed 5 strategic initiative priorities:

1. Increase the Center's job development capacity and connect more participants to jobs in the health sector both prior to and following certification and/or licensure.
2. Expand the Center's target professions to serve other workforce shortage areas, beginning with behavioral health.
3. Expand the geographic reach by launching a satellite location in Prince George's County.
4. Explore the potential of developing a revolving loan fund to provide a sustainable source of financial assistance for participants.
5. Redesign the program database to improve performance tracking and staff members' ability to use data to inform program improvement.

We will present the proposed strategic initiative priorities to the Center's full advisory council and work with the council to develop detailed timelines and resource requirements for the initiative's implementation.

EXPANDING SERVICES TO BEHAVIORAL HEALTH PROFESSIONALS

There is an alarming shortage of behavioral health providers in Maryland with the language skills and cultural competency to address the behavioral health needs of the state's increasingly diverse population. To address this challenge, we are developing a pilot program for internationally trained behavioral health providers. We have engaged 5 major Maryland behavioral health employers. These employers are enthusiastic about working with us on the program and committed to bringing qualified participants into their organizations in paid "stepping stone" positions. These stepping stone positions will give participants valuable experience in the behavioral health field as they work toward certification and/or licensure. We anticipate serving 20 to 25 internationally trained behavioral health professionals in the first year, including social workers and psychologists. Our program model will be the first among all of the Welcome Back Centers across the United States and could serve as a model in the field.

WELCOME BACK CENTER OF SUBURBAN MARYLAND MEASURES AND RESULTS

FY14 Output Measures Results

Total number of participants: 97

- 73 nurses
 - 6 behavioral health professionals
 - 18 physicians
- > 71 hours of individual case management with participants
- > 13 hours of group guidance and support

Cumulative Output Measures Results (FY06 – FY14)

- > Total number of participants: 153
- 129 nurses
 - 6 behavioral health professionals
 - 18 physicians
- > 1,011 hours of individual case management with participants
- > 223 hours of group guidance and support

Outcomes Measures	FY14	Cumulative 2006 - 2014	Cumulative 2006 - 2014
Completing Credentials Evaluation and Licenses	Number / Percent	Number	Percent (n=129)
Participants completing credentials evaluation	2	74	57%
Participants passing English oral proficiency exam	3	83	64%
Participants passing Nursing Licensure Exam as Registered Nurse	7	53	41%
Participants obtaining alternative license/certificate:			
Licensed Practical Nurse	-	1	1%
Phlebotomist	-	1	1%
Certified Nursing Assistant	2	55	43%
Job Placement			
Participants who began working in their profession as Registered Nurses in Maryland	5	41	32%
Participants who began working as Nurses-in-Training in Maryland	1	47	36%
Participants who began working in the healthcare field as Patient Care Technicians and Certified Nursing Assistant jobs in Maryland	5	19	15%
Career and Economic Development Impact			
Average time to complete the program (from entering program until passing Registered Nurse licensure exam)	18 months	53	19 months
Average increase in wages (from entering program until hired as Registered Nurses)	145%	41	154%
Quality of Service Measures			
Nurses retained	73	119	92%
Nurses satisfied	99%	-	-

CHALLENGES AND LESSONS LEARNED

- Financial assistance services continue to demand close monitoring. This challenge is an important one to meet to assure that eligible participants are able to receive financial assistance in a timely manner for completing the steps necessary towards licensure and/or certification. As much as available resources permit, we must aim to retard or eliminate delays in offering financial aid.
- We learned the importance of expanding partnerships with potential employers to provide job opportunities to nurses. In addition to the nurse-in-training jobs at partner hospitals, we also learned the importance of identifying new employers that can offer suitable job opportunities in the health and medical fields to participants interested in working as behavioral health professionals, physicians, or alternative career professionals as part of a career ladder to reach participants' longer term goals.
- We learned the importance of strengthening the Center's employment-seeking guidance and support to assist participants in securing a first health-related job or a health-related job promotion in a Maryland.



December 2014, Recognition Event to Welcome Back Center participants with Deputy Assistance Secretary Eric Seleznow

OTHER FY14 LATINO HEALTH INITIATIVE AND WELCOME BACK CENTER ACTIVITIES

AFFORDABLE CARE ACT

From October 1, 2013 to March 31, 2014, the Affordable Care Act has provided health coverage for previously uninsured Americans. The goals of the Affordable Care Act are to provide access to healthcare coverage among Americans, control the rising cost of healthcare, improve the quality of healthcare, and make healthcare choices easier to understand.

To assist Maryland residents in applying to and enrolling in an appropriate health insurance product, including Medicaid, the State of Maryland established the Maryland Health Connection. The Maryland Health Connection serves as the new health insurance marketplace for providing outreach and enrollment mechanisms.

The Maryland Health Connection designated 6 organizations to serve as prime “connector entities” throughout the state. Montgomery County’s Department of Health and Human Services served as the Connector Entity for the Capital Region. The responsibility of the Connector Entity for the Capital Region is to organize partners and services to enroll residents of Montgomery and Prince George’s Counties into



Health Promoter giving appointments for enrollment in ACA.

“

“Estoy muy contenta, todo salió bien y rápido. Califiqué para el seguro y acabo de inscribirme. ¡Tengo seguro por primera vez! Ahora sólo tengo que esperar que me llegue la confirmación. Me atendieron con cortesía, me explicaron cómo funciona el seguro y listaron los papeles que tenía que traer y lo que debo hacer cuando el seguro envíe la documentación”.

“I am so happy, everything went well and fast. I qualified for the insurance and I just signed up. I now have insurance for the first time! I just have to wait until I get the confirmation. I was treated politely. They explained how the insurance works, listed the documents that I had to bring and what I should do when the insurance sends me the paperwork.”

—LUCIA ORELLANA. PERSONA QUE SE REGISTRÓ CON EL PROGRAMA AFFORDABLE CARE
(REGISTRANT WITH THE AFFORDABLE CARE ACT PROGRAM)

”

qualified health plans and Medicaid.

To facilitate the application by and enrollment of Montgomery County Latino residents into the Affordable Care Act, the Latino Health Initiative responded actively by providing culturally and linguistically appropriate outreach events and activities. A Latino Health Initiative staff member supported the Connector Entity for the Capital Region as member of the Connector Entity for the Capital Region Outreach Committee and participated in the Connector Partners meeting. The Latino Health Initiative involved 15 Health Promoters in the enrollment process.

In FY14, the Latino Health Initiative:

- Conducted 3 Affordable Care Act-related community forums for the Latino community.
 - We informed and educated 155 individuals on the Affordable Care Act enrollment process.
 - 71 individuals requested an enrollment appointment.
- Performed 1,750 individual encounters with Latino community members (March 2014).
 - 295 individuals requested an enrollment



Health Promoters in one-on-one encounter provide valuable information on the ACA enrollment process.

appointment.

- We made 178 referrals to Connector's partners.
 - We scheduled 117 appointments.
 - 59% of those who requested an appointment enrolled in the Affordable Care Act.
- Conducted 4 presentations, in Spanish, tailored to Latino community leaders.
 - 108 Montgomery College Hispanic Business Institute Forum, Latin American consulates, Mexican leaders, and Latino Health Initiative volunteers attended.
 - Served as a panelist in *Línea Directa*, a Telemundo television show that airs weekly in the Washington, D.C. Metropolitan area.

OTHER ACTIVITIES

- Served on the Planning Committee for the Latino Health Forum of the Metropolitan Council of Governments. This event, held September 30, 2013, secured the participation of local and national experts in public health who provided state-of-the-art information on the topic of access to and quality of healthcare to over 300 attendees from the region. The Latino Health Initiative also participated in the forum as a gallery exhibitor.
- The Latino Health Initiative served as a co-sponsor of the 2014 Annual Montgomery County Public Schools Latin Dance Competition held at Strathmore. This event, conducted by After School Dance Fund brings together high school students to compete in several categories of Latin dance. Through the After School Latin Dance Programs, After School Dance Fund works to combat the troubling prevalence of preventable social and health issues in the Latino community, including teen domestic violence, childhood obesity, teen pregnancy, and high dropout rates from schools. Participants in the After School Program learn to perform popular Latin dances and live a healthy lifestyle. Latin dancing becomes the vehicle for increased cultural awareness and pride, while fostering exercise and building community. Nine Montgomery County Schools participated in the After School Dance Fund program for 2014: Blake High School, Clarksburg High School,

Einstein High School, Gaithersburg High School, Wheaton High School, and Watkins Mill High School. A total of 260 students participated in the After School Dance Fund program.

- Delivered a presentation on Welcome Back Center of Suburban Maryland activities at a meeting with Delegate Jaseline A. Peña-Melnyk.
 - Title of the presentation: "Tapping into Community Assets to Enhance Access to Culturally and Linguistically Competent Health Care: The Role of the Welcome Back Center of Suburban Maryland."
 - Representatives of the Maryland Hospital Association, Welcome Back Center of Suburban Maryland's hospital partners, and the Secretary of the Maryland Department of Health and Mental Hygiene attended.
- The Welcome Back Center of Suburban Maryland met with the Health and Human Services Behavioral Health Services Provider Council to assess the critical skills and needs in the behavioral health industry based on providers' experiences.
- In May 2014, the Director of the Welcome Back Center participated as a subject matter expert at a White House meeting to discuss ways to better incorporate immigrants and refugees into the Obama Administration's job-driven agenda. Present at this event were approximately 20 individuals representing different workforce sectors at the national, state, and local levels, as well as members from several Federal agencies including the U.S. Department of Labor.
- The Director of the Welcome Back Center served as a panelist in the session titled *Skilled Immigrant Integration: Promising Practices & Effective Communication* at the Global Great Lakes Pittsburg Convening held in June 2014.

IN THE NEWS



Amanda Becker from Reuters interviewed U.S. Labor Secretary Thomas Perez during the AFL-CIO 2013 Convention in Los Angeles, California on September 10, 2013. Secretary Perez referred to Maryland's Welcome Back Center saying, "Montgomery County officials saw that a number of foreign-born nurses with legal status were working in the cleaning industry. With nominal investment, the county helped them improve their language skills and update their credentials. Local hospitals, which had resorted to recruiting nurses abroad, could then hire locally."



José Amaya from the Welcome Back Center at the Community Forum with Councilmember Nancy Navarro



Rev. Kennedy Odzafi, Welcome Back Center Advisory Councilmember, with Ike Legget, County Executive.

FUNDS RECEIVED AND INVESTED

During FY14, the Latino Health Initiative received a total of **\$1,181,693** from Montgomery County general funds. These funds were appropriated to support programmatic and operational activities of the Latino Health Initiative and the Welcome Back Center of Suburban Maryland.

Expenses for FY14 core appropriated funds are captured into the following broad categories: (1) programs and other activities, including contracts and in-house program expenses and (2) administrative expenses.

FY14 CONTRACTS AND IN-HOUSE PROGRAM EXPENSES

Contracts and in-house program expenses include those incurred by program staff, contractors, major programs and activities (Latino Youth Wellness Program, Tobacco Cessation Program, *Vías de la Salud* Health Promoter Program, Asthma Management Program, and Welcome Back Center of Suburban Maryland). This category accounts for 97% of the Latino Health Initiative's core budget expenditures.

The Office of Community Affairs handles funds appropriated to the System Navigator and Medical Interpreter Program; these funds are thus not included in this allocation.

FY14 ADMINISTRATIVE EXPENSES

Administrative expenses include operational ones such as for the Latino Health Steering Committee and Welcome Back Center Advisory Council support, interpretation services, office equipment, supplies, printing, parking permits for staff, and mileage reimbursement. This category accounts for 3% of the Latino Health Initiative's core budget expenditures.

FY14 LEVERAGED FUNDS

The Latino Health Initiative and Welcome Back Center staff had another heavy workload year in FY14 and still managed to leverage \$202,244 in additional funds from public and private sources.

FY14 LEVERAGED FUNDS

Funding Source	Amount
Vías de la Salud Health Promoter Program (Maryland Department of Health and Mental Hygiene via Public Health Services, Department of Health and Human Services)	\$19,744
Tobacco Cessation Program (Cigarette Restitution Funds)	\$10,000
Asthma Management Program (Maryland Department of Health and Mental Hygiene)	\$20,000
Welcome Back Center of Suburban Maryland (Maryland Department of Labor, Licensing and Regulation; Annie E. Casey Foundation, and National Kaiser Permanente)	\$152,500
Total	\$202,244

PARTNERS AND COLLABORATORS

Adventist Healthcare
Adventist Behavioral Health
Center for Health Equity and Wellness
Shady Grove Adventist Hospital
Washington Adventist Hospital
Annie E. Casey Foundation
Asthma Control Program, Maryland Department
of Health and Mental Hygiene
Care for Your Health, Inc.
CASA de Maryland
Center for Health Disparities
Cigarette Restitution Program
Community Clinic, Inc.
Community Ministries of Rockville
Cornerstone Montgomery
Family Services, Inc.
Frederick County Workforce Services
Governor's Commission on Hispanic Affairs
Healthy Montgomery
Holy Cross Hospital
Highland Elementary School
Identity, Inc.
Linkages to Learning
Maryland Department of Labor, Licensing and
Regulation
Maryland Office of Minority Health Disparities,
Department of Health and Mental Hygiene
Mary's Center for Maternal and Child Care
Maryland Hospital Association
Maryland Treatment Centers
Mercy Clinic
Millian Memorial Methodist Church

Montgomery Cares
Montgomery College
Montgomery County Commission on Health
Montgomery County Department of Economic
Development
Montgomery County Department of Health and
Human Services
Behavioral Health and Crisis Services
African American Health Program
Aging and Disability Services
Asian American Health Initiative
Children, Youth, and Family Services
Public Health Services
Montgomery County Public Schools
Montgomery County Workforce Investment
Board
Montgomery Medstar Medical Center
Montgomery Works One-Stop Workforce Center
National Kaiser Permanente
Primary Care Coalition
Priority Partners MCO
Proyecto Salud
Spanish Catholic Center
Suburban Hospital
TESS Center
United Healthcare
University of Maryland College Park, School of
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Viers Mill Elementary School
Welcome Back Initiative
Workforce Solutions Group of Montgomery
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Community Action Agency's VITA Partnership and the EITC

- CAA coordinates with the national EITC Outreach Campaign (Center on Budget & Policy Priorities); CAA distributes 250 outreach packets among HHS colleagues through service areas and with nonprofits, with posters and multilingual flyers;
- CAA and the Community Action Board participate in local and national annual EITC outreach and volunteer recognition events;
- CAA distributes an annual EITC press release with links to partners through the CE; we participate in County segments for Cable TV/You-tube, and VITA was featured in an article for Consumer Credit Counseling Services to help consumers prepare for the tax season;
- CAA distributes special flyers and distributes record keeping tools for self-employed taxpayers who are VITA eligible;
- CAA and Maryland Hunger Solutions have developed joint flyers for our VITA and SNAP outreach project;
- VITA and CAA staff participate and share resource info, presentations and/or trainings at consumer and provider events, including: the Head Start Community Forum; volunteer events at Montgomery College, AU and U of MD; SCUP (School and Community United Conference); Community Action Agency network events (for nonprofits delivering food, legal, social services, community engagement, emergency, youth, or employment services); World of Montgomery/Amu Tu Vida; MLK Day of Service; Pan-African Festival; Asian American Health Initiative event; Homeless Resource Day; poverty/hunger meetings; Military/Vets Resource Fair; Gaithersburg's Landlord's Breakfast; CAFÉ Montgomery's Financial Education events; Housing and Financial Wellness Day, Caregiver's Conference; Interfaith Coalition on Adolescent Pregnancy; Community Connectors (Neighborhood Opportunities Network); Up-County Coalition of Providers, Rockville Caregivers, the Emergency Assistance Coalition, Gaithersburg's "Bank On," the Down-County Provider's Network; MCAEL; Gilchrist; Primary Care Coalition; etc.
- CAA forwards outreach flyers through Holiday Giving: City of Gaithersburg, Rockville, Interfaith Works, Linkages to Learning, Housing Opportunities Commission;
- VITA provides special tax preparation for ARC and International Rescue Committee customers, and for HHS clients' needing case management who have Power of Attorney.

THE ANSWERS TO THE QUESTIONS 5 AND 6 BELOW ARE MERELY FACTUAL RESPONSES TO THE QUESTIONS ASKED AND SHOULD NOT BE CONSIDERED AS AN ASK FOR FUNDING.

5. Is there an unmet demand for services?

- A survey conducted by the Maryland CASH Campaign estimated **14,404** of EITC eligible households in Montgomery did not file, leaving **\$ 30,942,598** in federal EITC unclaimed for TY12. **HHS has not verified these numbers we are only providing the survey results as reported to us by Maryland CASH campaign.**
- 2010 IRS tax data indicate only 2% of Montgomery's low income taxpayers receive volunteer, free tax preparation; 53% of our low income taxpayers rely on paid preparers; 45% prepare taxes on their own.
- Most Montgomery sites with appointments are full or almost full by early March.
- Individuals at community-based walk-in sites must frequently return a 2nd date to receive services.

Community Action Agency's VITA Partnership and the EITC

- Since the recession, the IRS continues reducing and limiting the types of services provided at the Taxpayer Assistance Center, referring individuals to VITA or TCE sites.
- Most people continue to seek paid or free tax preparation, especially those with limited education, English proficiency and disabilities. In last season's VITA survey, 57% of respondents reported speaking a language other than English at home. Most taxpayers find the IRS' complex 214 pages of instructions to be very challenging.
- Free tax preparation services are also provided by the Montgomery County Volunteer Center through the RSVP/AARP Tax Aide Program at County libraries. This program is also volunteer based serving low and moderate income tax payers; 120 volunteers completed more than 4,300 tax returns. The program has 8 bilingual volunteers.

6. How much would it cost to allow the program to meet any estimated unmet demand?

The program would need approximately \$60,800 to provide tax preparation services to 1,500 households. This includes a Contractual Staffing Program Specialist, PT, .75 FTE \$55,800 and \$5,000 in operating expenses. This assumes that additional in-kind resources are available.

- **What activities could be expanded to meet the demand for the program?**
 - Expand access to free tax services, engaging nonprofits providing social services assistance, financial education, or services to culturally diverse and LEP populations;
 - This is a very technical program, and new funding may be required to support capacity development, coordination, and training of new providers.
 - Colleges and some high schools could host sites, and award academic credit (University of MD at College Park currently recruits students for our program). Or, provide stipends, expanding Montgomery's cadre of Community Fellows.
- **How could outreach for the program be expanded and how much would that cost?**
 - Development of an integrated website to provide info about all Countywide free tax programs, including free tax software, with mapping links and social media—the IRS and national partners have numerous "tools" available.
 - Production of a professional, countywide flyer, reflecting all services and partners, (like MCAEL's), with locations mapped.
 - A higher visibility effort would include outreach to employers, who are now required by Maryland to provide EITC Information to employees.
 - A comprehensive community wide media campaign could target consumers, with banner advertising via Ride On and county bus stops.

OMB wanted to alert you that similar free tax preparation services are also provided by the Montgomery County Volunteer Center through the RSVP/AARP Tax Aide Program at County libraries. This program is also volunteer based serving primarily seniors with low and moderate income tax obligations; 120 volunteers completed more than 4,300 tax returns. The program has 8 bilingual volunteers. This is not part of the VITA program.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

HANS RIEMER
COUNCILMEMBER AT-LARGE

April 21, 2014

To: HHS Committee
Fr: Councilmember Hans Riemer
Re: Strengthening our EITC through tax preparation services

Montgomery County's EITC program is a national model, one of only a few local government EITC programs in the country. Residents claim our local EITC when they claim the Federal and State EITC.

According to research, about 20 percent of workers who are eligible for the EITC do not claim the EITC, presumably because they failed to file taxes.

The Maryland CASH Campaign estimates that more than 14,000 residents of Montgomery County were eligible but did not claim the EITC. If those residents had claimed the EITC, they would have had about \$30 million in additional income to improve their circumstances as well as spend in our local economy.

We can do something about this. Boosting our funding for Montgomery County's Volunteer Income Tax Assistance Program (VITA) would help.

Please consider adding \$60,800 to the reconciliation list for VITA. This amount of money would allow VITA to organize more volunteer tax preparers and better meet the demand for these services. Today, demand exceeds resources that are available.

Clearly, Montgomery County has a strong interest in helping residents claim EITC tax refunds, since the refunds are proven to reduce poverty, improve educational outcomes, help women stay in the workforce, and many other benefits.

The proposal for an additional \$60,800 comes from the Community Action Agency, which provides VITA services for the county. They estimate that they could help as many as 1,500 more residents gain assistance with tax preparation through these funds. VITA is administered by the Community Action Agency within the Department of Health and Human Services.

We know that VITA is effective. According to our Department of Health and Human Services, for every dollar invested in the program, \$30.43 is returned to our most vulnerable county residents in the form of tax credits and refunds. The average household received \$1,949 in tax refunds and credits. In FY13, 2,359 tax filers were served for just \$151,110.

VITA FY16 Q&A for Council 4-3-15

1. Please provide the FY15 and recommended FY16 budget for the VITA program broken out for staffing and operating costs. How many staff (FT or PT) and FTEs are assigned to the program?

Office of Community Affairs

VITA	FY15	FY16 REC
Program Specialist II (FT, 1.0FTE)	90,145	92,225
Personnel Costs	90,145	92,225
VITA Assistant Site Coordinator (contractual, FT)	69,791	70,800
Consultants	6,360	18,000
Supplies/Equipment/Printing	10,500	14,500
Operating Cost	86,651	103,300
Total Program Cost	176,796	195,525

Does not Reflect in-Kind Budget:

- Resources from Maryland CASH Campaign: FY15 \$3,296
- FY15 \$9,000 Stipend –for one Maryland Community Fellow
- Does not include staff time or In-Kind space from Partners

Comments:

- Does not reflect management support or seasonal support of CAA staff in Wheaton/TESS
- Volunteer Maryland application in process to State (AmeriCorps)

2. **Service Outcomes:**

Please provide the following services information for FY14 & FY15 projected for the VITA program: Note- *YTD outcome data is reported from January 1- Dec. 30; coincides with the tax year cycle (TY)

	TY13* Jan 2014- Dec 2014	TY14* Jan 2015- Dec 2015
# Volunteers	72	82
# Households Served/Projected	n/a	1,028 (Jan 26-Mar 25)
# Tax Returns Filed/Projected	2,073 <i>(includes 274 Schedule C/CEZ)</i>	Data not yet available
\$ Refunds	\$4,089,093	Data not yet available
\$ Taxes Owed/Projected	\$1,041,198	Data not yet available
\$ Total EITC	\$1,067,727	Data not yet available
\$ Tax Savings	\$398,016	Data not yet available

- Introduction of the Affordable Care Act has lengthened the time to process returns
- Amount owed: Related to serving Self-employed Individuals filing with Schedule C or CEZ through MD CASH pilot with the IRS, expands "VITA" scope

3. **Does the program report a wait list for services in FY15?**

- No. Consumers are referred to other community VITA programs.

4. How was the increased FY15 funding to support the VITA Program used? 5. What additional services were provided as a result of the increased funding?

- Allowed for continuation of year-round services and delivery of FY15 season services to cover temporary vacancy.
- Offset unanticipated reductions from partner (loss of one Fellow position, and of in-kind expenses).
- Increased recruitment of volunteers.
- Additional EITC/VITA outreach and events for Head Start PreK; Developed new flyers for head Start parents, and for self-employed Family Child Care providers.
- Focused attention on EITC outreach, new efforts with PIO and 311—banner ads for County website through peak period in tax season; revision of 311 Knowledge-based articles. Led to new “Call 311 to Get it Done” ads, Gazette page one article, and La Dia radio interview.
- Focused attention on recruitment of new bilingual volunteers—focusing on services at TESS and in Gaithersburg, including participation in placement of SSA Senior interpreters.
- With input from all County VITA partners, developed/printed/distribution of “ONE”-VITA flyer—all Montgomery free tax services in one flyer.
- Increased capacity to deliver IRS training, including for the ACA, to volunteers, and cross-promotion of ACA services.
- New outreach to Gilchrist ESL participants.

6. What outreach did the program perform in FY14 and FY15?

Continued and strengthened efforts reported in FY14. Highlights include:

- CAA coordinates EITC awareness and County free tax provider info through our partnership among the IRS and free tax providers, working with 311, Maryland CASH Campaign, the Volunteer Center, and MCPL. CAA enhanced its website presence and links VITA services to partners’ websites. 311 CSR link customers to the VITA online appointment system, with appointment reminders and language preference information;
- Referrals are made through caregivers/providers from nonprofits and public agencies, especially from DHHS and partners, & IRS website and Wheaton Taxpayer Assistance Center;
- CAA coordinates with the national EITC Outreach Campaign (Center on Budget & Policy Priorities); CAA distributes outreach packets among HHS colleagues through service areas and with nonprofits, with posters and multilingual flyers;
- CAA distributes record keeping tools for self-employed taxpayers who are VITA eligible, developed joint flyers with Maryland Hunger Solutions for VITA and SNAP outreach;
- VITA and CAA staff participate, recruit volunteers and share resource info, and present at dozens of consumer and provider events, including County Fair, MCPS Back to School, Caregiver’s Conference, SCUP, Housing & Financial Fitness Fair, etc.
- VITA provides special tax preparation for ARC and International Rescue Committee customers, and for HHS clients’ needing case management through a Power of Attorney designation.