

HHS COMM #3
April 13, 2015

WORKSESSION

MEMORANDUM

April 10, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT **FY16 Operating Budget: Department of Health and Human Services**
Public Health Services (except School Health Services)

Those expected for this session:

Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services
Stuart Venzke, Chief Operating Officer, DHHS
Rachel Silberman, Office of Management and Budget

Overview

The Public Health Services portion of the Executive's FY16 Recommended Budget is attached at © 1-5.

For FY16, the County Executive is recommending total expenditures of \$70,266,143 for Public Health Services. This is a 1.5% increase from the FY15 Approved Budget.

An excerpt from the DHHS FY14 Annual Report that highlights the activities of Public Health Services is attached at © 6-7. The report notes that in FY14:

- DHHS reviewed all Montgomery County Public Schools students' (about 154,000) immunization records for compliance with legally required vaccines.
- Held 317 vaccination clinics and administered 7,265 doses of FluMist at 3 high schools, 132 elementary schools, and clinics in Germantown and Silver Spring.
- Posted restaurant and food inspection information on Open Data Montgomery.

- Launched the Food Recovery Program.
- Provided care coordination and health education services for 8,168 medical assistance clients.
- Screened 972 women for breast cancer and provided diagnostic service and case management.
- Screened 226 residents for colon cancer; 74 had pre-cancerous polyps removed and one cancer was found and treated.

The following table shows the budget trends by program area.

Public Health Services Expenditures in \$000's	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	Change FY14-15
Health Care For the Uninsured	12,686	13,073	13,614	14,670	13,857	-5.5%
Comm Disease and Epidemiology	1,773	1,909	2,008	1,998	2,092	4.7%
Community Health Services	11,637	12,307	11,664	4,634	4,730	2.1%
Dental Services	1,963	2,149	2,278	2,306	2,348	1.8%
Environ Health and Regulatory Srvs	2,914	3,085	3,350	3,469	3,601	3.8%
Health Care & Residential Facilities	1,498	1,562	1,523	1,627	1,695	4.2%
Cancer and Tobacco Prevention	1,142	1,150	1,140	1,140	1,211	6.2%
STD/HIV Prevention and Treatment	7,005	7,219	7,306	7,298	7,627	4.5%
School Health Services	19,958	22,096	23,168	24,326	25,538	5.0%
Tuberculosis Services	1,797	1,762	1,657	1,843	1,899	3.0%
Women's Health Services	2,738	2,794	2,805	3,105	2,658	-14.4%
Public Health Emergency Prepared	1,918	1,390	1,173	1,095	1,181	7.9%
Service Area Administration	1,406	1,505	1,708	1,683	1,828	8.6%
TOTAL	68,435	72,001	73,394	69,194	70,265	1.5%

A. Health Care for the Uninsured

CE Recommended Changes:

- 1. Eliminate Matching Funds for Reproductive Health Grant - \$170,133 (0 FTE)**
Reflect State Shift to Contract Directly with Providers
(General Fund)

The State has determined it will contract directly with providers for the services provided through this grant. This allows the County to reduce the General Fund dollars that were associated with its administration.

Council Staff recommendation: Approve as recommended by the Executive.

2. Montgomery Cares Program
 Decrease Caseload due to ACA Implementation
 (General Fund)

-\$500,000 (0 FTE)

The County Executive is recommending a \$500,000 dollar reduction in the funding for primary care encounters reflecting the decline in patients and visits that has occurred in FY14 and is projected in FY15. While it is not clear what the reasons are for this decline, three general issues have been discussed at Montgomery Cares Advisory Board meetings: expansion of Medicaid to people who previously would have been uninsured, implementation of electronic health records in the clinics which impacted the number of people who could be seen, and vacancies in some of the clinics which also impacted the ability to see patients. In February, the Maryland Health Connection reported that statewide the net change in Medicaid enrollment compared to December 2013 was 276,694. Changes to charity care are being seen in many jurisdictions. The Kaiser Health News article attached at © 8-9 describes the experience of the Cleveland Clinic.

Through February 2015 (67% of the Fiscal Year), there were 19,295 patients in the Montgomery Cares program and bills had been submitted for 43,865 visits (©35). Projecting on a straight percentage basis, in FY15 there would be a total of 28,798 patients and 65,470 visits.

The following table shows the changes to the Montgomery Cares budget from FY12 and the proposed reduction for FY16.

MONTGOMERY CARES	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	\$ Change FY15-16
Enrollment for Patients not served through Healthcare for the Homeless	28,000	32,250	32,250	32,250	29,254	(2,996)
Budgeted Number of Primary Care Encounters at \$65 per visit (\$62 before FY14)	75,000	85,625	85,625	82,707	75,217	(7,490)
Services Areas:						-
Support for Primary Care Visits	4,725,000	5,308,750	5,565,625	5,375,955	4,889,075	(486,880)
Community Pharmacy-MedBank	1,785,590	1,793,490	1,669,539	1,761,981	1,761,981	-
Cultural Competency	28,000	22,500	22,500	22,500	22,500	-
Behavioral Health	580,000	652,000	727,000	1,010,330	1,010,330	-
Oral Health	350,000	407,120	407,120	407,120	407,120	-
Specialty Services	486,790	732,303	1,132,304	1,184,045	1,184,045	-
Program Development	110,840	110,840	110,840	421,220	421,220	-
Information and Technology	315,360	415,360	415,360	415,360	415,360	-
PCC-Administration	507,621	502,774	517,860	945,373	932,253	(13,120)
HHS - Administration	478,186	495,608	377,171	392,736	392,736	-
Facility	67,040	67,040	67,040	67,040	67,040	-
Build-out new Holy Cross Clinic	75,000	75,000	-	-	-	-
Subtotal	9,509,427	10,582,785	11,012,359	12,003,660	11,503,660	(500,000)

The following table shows the change in the number of visits (encounters) since FY09.

Mont Cares Visits	Visits	# Change	% Change
FY09	56,597		
FY10	71,480	14,883	26.3%
FY11	73,362	1,882	2.6%
FY12	77,162	3,800	5.2%
FY13	84,547	7,385	9.6%
FY14	76,596	(7,951)	-9.4%
FY15*	65,470	(11,126)	-14.5%

*Council staff projection. PCC projects 67,215 as of Feb 2015

FY15 Enhancements to Montgomery Cares

For FY15, the Council added \$960,000 to Montgomery Cares for the following purposes:

Continued Support of Electronic Health Records	\$260,000*
Community Pharmacy	\$162,000
Behavioral Health	\$306,000
Specialty Care	\$ 81,000
Pharmacy Assessment	\$ 21,600
Patient Satisfaction Survey	\$ 54,000
Population Health	\$ 54,000
Training for Medicaid Participation	\$ 21,600

*DHHS agreed to continue to fund \$180,000 of the on-going costs.

Council Staff recommendation: Several of these items are one-time items and do not need to be carried forward to FY16. **Council staff recommends the following reductions to the Executive's FY16 Recommended Budget.**

Support for Electronic Health Records	\$ 80,000
Pharmacy Assessment	21,600
Patient Satisfaction Survey	54,000
Population Health	54,000
<u>Training for Medicaid Participation</u>	<u>21,600</u>
TOTAL	\$231,200

Patient satisfaction is an important issue for Montgomery Cares and the Committee may hear that there should be annual funding to continue to survey and analyze patient satisfaction.

Other FY15 and FY16 Enhancements

Three additional items were funded in FY15 within existing appropriation:

\$50,000	Build-out of Holy Cross Germantown Clinic
\$45,000	Support for Muslim Community Clinic Dental Clinic
\$35,000	Operating support for Mercy Clinic

Executive staff has indicated that an additional \$50,000 will be provided to Holy Cross Hospital for the Germantown Clinic in FY16.

Requests of the Montgomery Cares Advisory Board and Primary Care Coalition

The Montgomery Cares Advisory Board (MCAB) has requested several enhancements to the Montgomery Cares Program (©10-13). The Primary Care Coalition (PCC) has generally made the same requests (© 14-20; with the FY14 PCC Annual Report at ©21-34). The following is a brief summary. Following the summary, Council staff has several recommendations. **Both MCAB and PCC recommend building the budget on 78,000 primary care visits.**

Item:	MCAB	PCC	Notes
Increase reimbursement to clinics from \$65 to \$68	-\$71,955	-\$52,455	The increase in per visit cost is offset by the reduction in the number of visits, resulting in a reduction to the FY15 base. \$3 increase for 78,000 visits is \$252,720.
Fund additional Specialty Care through Project Access	\$80,000	\$80,000	Project Access is fee for service. This would support services, not administration.
Fund additional Specialty Care through Catholic Charities Health Care Network	\$15,000	\$50,000	Catholic Charities is a support payment to help administer volunteer network
Expand Behavioral Health Capacity	\$50,000	\$50,000	MCAB specifies the new Holy Cross Clinic. PCC indicates it will expand coverage at the highest demand sites.
Increase Community Pharmacy to support cardiovascular and endocrine drugs	\$150,000	\$150,000	
Muslim Community Clinic Dental Clinic	\$182,000	\$182,000	
County Dental Clinic	\$143,000	\$0	
Spanish Catholic Center Dental Clinic	\$98,000	\$0	PCC notes that they support any expansion of dental services but are only requesting for MCC.
Eligibility and Enrollment	\$0	\$50,000	
Public Education	\$120,000	\$60,000	MCAB specifically requests \$5,000 for each of 12 clinics and \$60,000 for a Community Outreach Coordinator

Number of Visits Assumed in Budget:

As previously noted, a straight percentage project based on visits through February would indicate that in FY15 there will be reimbursement for 65,470 primary care visits/encounters. The Primary Care Coalition, looking at monthly trends, projects 67,215 visits in FY15 (©35). Expecting 78,000 visits in FY16 would mean that there would be about 16% more visits than PCC projects for FY15 and 5% more visits than the FY14 actual number.

Council staff recommendation: Assume 28,500 unduplicated patients. This is slightly more than the FY14 actual number of patients. Using 2.6 visits per patient (the average from FY13-15), fund 73,060 primary care visits. **At \$65 per visit, the total cost would be \$4,748,900, or \$140,175 less than the CE Recommended. There would also be an \$11,210 reduction in indirect costs. Total reduction \$151,385.**

Increase Reimbursement from \$65 to \$68 per visit.

Clinic representatives have discussed with the Advisory Board the increased costs for operations, including the ongoing cost of electronic health records. Clinic representatives have also discussed that the full cost of providing a primary care visit is much higher than the Montgomery Cares reimbursement. The reimbursement rate was last raised in FY14 when it increased from \$62 to \$65 per encounter.

Council Staff recommendation: Council staff understands the need for the clinics to address cost increases but notes that there are other contractors in the DHHS budget where no increase is recommended by the Executive. **Council staff recommends placing \$157,810 on the reconciliation list for a \$2 (3%) increase.** The cost of the additional \$1 increase would be \$78,905.

Specialty Care

PCC has indicated that about 24% of Montgomery Cares patients have a need for some type of specialty care. While previous increases in funding has reduced the gap between requests for specialty care services and provision of services, demand continues to exceed supply. Project Access coordinates specialty services and pays providers at a reduced rate when there are no volunteer specialists to perform procedures. Some of the most common are colonoscopy, endoscopy, general surgery, orthopedic surgery, and urology. In addition to Project Access, Catholic Charities Health Care Network (CCHCN) coordinates pro bono specialty care services, it does not pay providers or hospitals. Currently, Montgomery Cares contributes about \$124,000 to CCHCN for administrative support.

Both the MCAB and PCC have recommended an additional \$80,000 for specialty care through Project Access. MCAB has recommended an additional \$15,000 for CCHCN and PCC

has recommended \$50,000. Both the MCAB and PCC request enhance what can be provided, but not an amount tied to a specific need or number of procedures.

While Montgomery Cares was designed to be a primary care program, many diagnostic tools are considered specialty care and are needed to diagnose and to treat the patient.

Council Staff recommendation: Council staff recommends the HHS Committee place **\$50,000 on the reconciliation list for Project Access and \$25,000 on the reconciliation list for CCHCN.**

Behavioral Health

Both MCAB and PCC are recommending \$50,000 be added to the budget to allow an expansion of behavioral health services. The MCAB has recommended this amount with the understanding that additional resources are needed to fund services at the new Holy Cross Hospital Clinic in Germantown. PCC has indicated that the \$50,000 will add 0.6FTE of a licensed clinical behavioral health specialist to expand coverage at the highest demand site. In FY14, 1,482 patients were provided with behavioral health services at 8 clinic sites. The most prevalent diagnoses were depression and anxiety disorder (©51-55) The HHS Committee has previously discussed advantages of providing behavioral health in a primary care settings, particularly for populations that might not seek behavioral health services separately.

Council staff recommendation: Council staff supports the expansion of behavioral health services, but suggests the HHS Committee request additional information on the specific staffing and services expected at each of the clinics in FY16 before making a recommendation for funding.

Community Pharmacy

Both MCAB and PCC have requested \$150,000 in additional funding for the community pharmacy to address the need for additional cardiovascular and endocrine drugs. In FY14, funding for the Community Pharmacy (excluding Medbank) was \$1,414,377 (©45-46). The Council added \$162,000 in FY15 and this is carried forward to FY16, so FY16 funding should be \$1,576,377. PCC conducted a pharmacy analysis which provided information on the drugs most used and the electronic health records system which should improve the analysis and management of prescriptions.

Council staff notes that as the number of Montgomery Cares patients has declined, the average amount of pharmacy funding per patient has increased. In FY14, about \$50.50 per patient was included in the budget. In FY16, assuming 28,500 patients and \$1,576,377, the average would be about \$55.25. In addition to this, almost \$5 million in drugs are obtained through MedBank and patients are asked to use low cost pharmacy programs for many common prescriptions.

Council staff recommendation: Do not increase funding for Community Pharmacy in FY16.

Dental Care

The HHS Committee has previously discussed the increasing evidence about the linkages between oral health and general physical health and prevention of disease. Montgomery Cares patients may get dental services through the Spanish Catholic Center, the County Dental Clinics, and the newly opened Muslim Community Clinic Dental Clinic. The HHS Committee has also previously discussed that many people who have Medicaid, Medicare or private health insurance are uninsured when it comes to dental care.

The MCAB has recommended an additional \$98,000 for the Spanish Catholic Center, \$143,000 for the County Dental Clinics, and \$182,000 for the Muslim Community Clinic Dental Clinic. PCC has recommended the same amount of funding for the Muslim Community Clinic Dental Clinic. While the MCAB has estimated the number of visits these amounts would provide, dental has not been funded in a fee for service contract but rather through fixed contracts. For example, the proposed funding for the Muslim Community Clinic Dental Clinic would require them to see a minimum of 1,000 Montgomery Cares patients. (See ©49-50 for demand trends.)

Because Council staff is concerned about the lack of access to dental care for more than Montgomery Cares patients, Executive staff was asked about the services that would come from adding \$100,000 or \$200,000 to the County Dental Program. Executive staff replied that DHHS has a pending grant application with the State that would provide additional funds to support dental care, oral cancer screenings, and youth oral injury prevention and that, at this time, they do not recommend additional funding for the County Dental Clinics.

Council staff recommendation: Place the \$182,000 recommended for the new Muslim Community Clinic Dental Clinic on the reconciliation list so that it may continue to see Montgomery Cares patients. Do not add to County Dental Clinics based on the response from the Executive. For fiscal reasons, do not increase the funding for the Spanish Catholic Center.

Eligibility and Enrollment

An effort is underway to have an enrollment process for Montgomery Cares. This is based on recommendations from a John Snow, Inc. report with recommendations for the future operations of Montgomery Cares in a changing healthcare environment. PCC is requesting \$50,000 to cover the cost of analyzing eligibility data and preparing recommendations for improving data quality and IT requirements. This funding is not requested by MCAB.

Council staff recommendation: Do not fund. Implementing an enrollment process is indeed a priority of DHHS and so Council staff expects that it will either be funded through the Executive's recommendation or, like the John Snow, Inc. report, private funders that are partnering with DHHS and PCC on plans for Montgomery Cares 2.0.

Public Education and Outreach

The MCAB has requested \$120,000 and PCC has requested \$60,000 for public education and outreach. MCAB seeks \$5,000 for each clinic and a Community Outreach Coordinator while PCC proposes a public outreach effort in multiple languages in order to reach the uninsured who are not accessing Montgomery Cares.

Council staff recommendation: Do not fund. This is not a recommendation against increased and improved outreach. It is clear that there are people who remain uninsured and many may participate in Montgomery Cares with better information. However, Council staff believes a serious effort must be made to use all the existing resources at hand, including the Public Information Office and the Minority Health Initiatives/Programs.

Montgomery Cares – Healthcare for the Homeless

A component of Montgomery Cares is the Healthcare for the Homeless program. While homeless people can access any clinic, there are separate contracts that provide a level of service that is often needed for homeless people who have chronic conditions.

	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	\$ Change FY15-16
Healthcare for the Homeless						
Budgeted Enrollment	500	500	500	500	500	-
Budgeted Primary Care Encounters	1,500	1,500	1,500	1,500	1,500	-
Direct Healthcare services (visits)	217,500	217,500	217,500	217,500	217,500	-
Specialty Care		25,000	25,000	25,000	25,000	-
Pharmacy		40,000	40,000	40,000	40,000	-
HHS Administration (includes hospital discharge planning)	266,140	262,139	236,280	245,134	171,994	(73,140)
Subtotal	483,640	544,639	518,780	527,634	454,494	(73,140)
						-
TOTAL	9,993,067	11,127,424	11,531,139	12,531,294	11,958,154	(573,140)

The Executive has not specified any change regarding this program; however, there is a \$73,140 reduction in hospital discharge planning. Discharge planning for the homeless is often complex and critical to prevent people from being discharged to the street. There is currently a

vacant nurse position in this unit, although the information provided to Council staff is that it will be filled.

Council Staff recommendation: The Committee should discuss the impact of this reduction to hospital discharge planning. Because some of the homeless population is now eligible for Medicaid, FY15 has seen reduced demand for direct services. If needed, Council staff suggests that some funding could be shifted from direct services (visits) to discharge planning to make sure the nurse complement is filled.

Multi-program Adjustments

-\$142,860 (0 FTE)

The Executive is recommending multi-program adjustments equal to about a 1% reduction in this program area.

Council Staff recommendation: Approve as recommended by the Executive unless an adjustment is needed regarding Healthcare for the Homeless.

Other Issues:

Care for Kids

Care for Kids provides public health services and some dental services to uninsured children who live in Montgomery County in households with incomes below 250% of the Federal Poverty Level; however 62% of the children live in households earning below 100% of FPL and 96% below 185% of FPL. For FY15, the Council added \$20,000 to this program after receiving information from the Primary Care Coalition about the increased demand for services. For FY15, the Care for Kids Program was projected to exhaust all its funding but the Executive asked the Council to increase the non-competitive contract amount and is using existing appropriation in DHHS to provide an additional \$124,455. The program is serving children who are fleeing violence. There has been a particular need for specialty dentistry services for these children. PCC notes that they leverage pro bono medical services and funding from Kaiser Permanente. PCC's annual report on Care for Kids is attached at © 64-75.

The Executive has not included any additional FY16 funding for this program. Executive staff has said that should additional funding be needed, it will be managed within the DHHS budget.

FY13 Actual	FY13 Clients	FY14 Actual	FY14 Clients	FY15 Budget	FY15 Clients Projected	FY16 CE
605,486	2,770	630,873	3,024	650,873 now 755,328	3,250 now 4,000	650,873

PCC is seeking total County funding of \$985,847 for FY16. This includes \$42,000 to make technology upgrades that will streamline enrollment and recertification process.

Council staff recommendation: Place \$125,000 on the reconciliation list to ensure that at least as much funding is available in FY16 as in FY15. Place \$42,000 on the reconciliation list for the technology improvements as it is important for children to be enrolled and receive services in a timely manner.

B. Council Grants Reviewed by the Montgomery Cares Advisory Board

For the past several years, the Council has asked the Montgomery Cares Advisory Board to review and provide comments on applications for Council and Executive grants for the Montgomery Cares clinics. The comments and recommendations of the Montgomery Cares Advisory Board are attached at © 59-60.

The following provides a summary of each grant, the MCAB recommendation, and the Council staff recommendation. If the HHS Committee concurs with an Executive recommended grant, no additional recommendation is needed. If the HHS Committee recommends funding a Council grant or an amount above the Executive recommendation, it must be placed on the reconciliation list.

Name	Care for Your Health
Amount	\$29,473
Purpose	Enhance the home-based health program that supports seniors who are aging in place. Partners include HOC (Holly Hall), Washington Adventist, Adventist Home Healthcare, DHHS, and the Latino Health Initiative. Goals include preventing people from having to leave their permanent home, the percent of deaths that occur at home, and the number of patients who have home visits through an electronic medical system.
MC Advisory Board Comments	Recommend
Council Staff Recommendation	Recommend – This effort targets a Medicaid/Medicare population and not a Montgomery Cares population. The program has been underway at Holly Hall. The HHS Committee should schedule a briefing on the program after budget sessions to learn more about the experience.

Name	Chinese Cultural and Community Service Center, Inc.
Amount	\$62,400
Purpose	Support a full-time Registered Nurse for clinical operations and to provide patient centered care navigation. Total cost for the proposed program is \$101,400. CCACC will cover benefits for nurse and salary for a nurse aide. This is a part of FY16 clinic expansion.
MC Advisory Board Comments	Recommend Funding.
Council Staff Recommendation	Recommend Funding. After the expansion has taken place there should to sustain staff through other funding sources.

Name	Chinese Cultural and Community Service Center, Inc.
Amount	\$50,000
Purpose	Expansion of Pan Asian Volunteer Health Clinic. Request is for \$50,000 of the \$120,000 needed for equipment and office furnishings.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding – Holy Cross Hospital is receiving assistance with its expansion and so Council staff agrees that this is appropriate. This should be a one-time only grant.

Name	Community Ministries of Rockville
Amount	\$71,372
Purpose	Support for a Nurse Practitioner, Nurse, Medical Assistance Staff and benefits.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding – \$71,372 was approved by the Council in FY15 for similar staffing. Council staff is concerned about sustainability of these requests but believes supporting this core medical staffing is critical to the clinic.

Name	Community Ministries of Rockville
Amount	\$76,128
Purpose	Referral Coordinator/Patient Navigator – this person would assist in coordinating specialty care, breast and cervical cancer screening through other programs, patient follow-up, health education for diabetic patients, and respond to patient questions.
MC Advisory Board Comments	Recommend Funding;
Council Staff Recommendation	Fund \$35,000. The needs described could apply to any clinic, especially coordination of specialty care referrals. This funding would allow the clinic to start this position or hire a part-time position but it should be looking for ways to sustain this position without County funds.

Name	Community Ministries of Rockville
Amount	\$22,391
Purpose	Funding for a part-time Healthcare Volunteer Coordinator. Kaseman Clinic has identified several more resources for potential volunteers and is looking for ways to recruit and manage and is need of a dedicated coordinator.
MC Advisory Board Comments	Recommend
Council Staff Recommendation	Do not fund. Council staff believes that approving the funds to ensure the continuation of the Nursing and Medical Assistance staffing is a higher priority for County funding.

Name	Mary's Center for Maternal and Child Care, Inc.
Amount	\$113,889
Purpose	One full-time Family Service Worker (\$42,000), one full-time Life Cycle Health Educator (\$42,000), benefits, indirect costs, and emergency assistance (\$3,000)
MC Advisory Board Comments	Do not Fund- The grant request was not sufficient to warrant funding 3 items (should have been submitted separately). Mary's Center is a FQHC and eligible for federal and state grants and other special funds. 62% of Mary's Center patients are uninsured but positions would work with all clients.
Council Staff Recommendation	Do not Fund. Council staff concurs with the comments of the MCAB. The Council approved \$96,914 for similar purposes in FY15.

Name	Medstar Montgomery Medical Center
Amount	\$44,240
Purpose	Population Health ED Navigation Program to reduce hospital readmissions.
MC Advisory Board Comments	Do not Fund As a large hospital system they should invest dollars to keep people who need primary care out of the Emergency Room.
Council Staff Recommendation	Do not Fund – Concur with MCAB comments that the hospital should invest in keeping people out of its emergency department. Council funded \$38,250 for FY15. At that time Council staff recommended this be a one-time start up grant. Medstar indicated that the program would be sustained through other funding.

Name	Mercy Health Clinic
Amount	\$35,000
Purpose	Pharmacy Program. On-site pharmacy is a critical part of their program especially for patients suffering from chronic illness. Application notes that they work with the University of Maryland.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding. This grant was funded in FY14 and FY15 and there is no evidence that there will be another source of funding in the future. However, medication management is critical and Mercy is leveraging assistance from the University of Maryland. Mercy gets allocation for medications through Montgomery Cares.

Name	Mercy Health Clinic
Amount	\$60,000 request - \$45,000 Recommended by Executive
Purpose	Fund a Nurse Practitioner to sustain capacity. Implementation of electronic health records has resulted in longer patient visits, reducing the number of patients that can be served – it is a particular challenge for volunteer providers. Total cost of position is \$70,200.
MC Advisory Board Comments	Recommend Funding \$60,000
Council Staff Recommendation	Recommend Funding \$60,000. This requires the HHS Committee to put \$15,000 on the reconciliation list.

Name	Mobile Medical Care (Mobile Med)
Amount	\$50,000
Purpose	Diabetes Program – Support for Podiatrist and Optometrist to follow up with diabetic patients that are a part of Mobile Med’s efforts to deliver point-of-care A1C testing and foot exam sensory tests for diabetic patients. Have been able to provide A1C testing to 85% of diabetic patients.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding at \$25,000. This will reduce the amount of specialty consults that can be funded with County dollars.

Name	The Muslim Community Center (Medical Clinic)
Amount	\$25,000 Recommended by Executive
Purpose	Domestic violence awareness and prevention program. Outreach to more than 2,000 people. County programs are not able to reach part of the Center’s population due to language and cultural barriers. The program advances healthy and peaceful families with well adjusted children. MCC Clinic social worker refers women and men to Family Justice Center.
MC Advisory Board Comments	Recommend Funding.
Council Staff Recommendation	The Committee does not need to make a recommendation as the Executive is recommending a Community Grant. This program received \$25,000 in funding in FY13, FY14, and FY15.

Name	The Muslim Community Center (Medical Clinic)
Amount	\$25,000 Recommended by Executive
Purpose	Fund shuttle van service, part-time driver, gas, insurance, etc. There is limited bus service to the clinic during the week and none on weekends. A large number of patients cannot afford private transportation and are unable to drive.
MC Advisory Board Comments	Fund at \$12,500 MCAB agreed that, based on grant information MCC can support a greater portion of the cost. MCAB supports the clinic’s efforts to provide greater accessibility for clients.
Council Staff Recommendation	Concur with MCAB – This would be a reduction of \$12,500 to the Executive’s recommended grants.

Name	The Muslim Community Center (Medical Clinic)
Amount	\$50,000 Executive Recommends \$25,000
Purpose	Quality Assurance Program. The clinic has implemented an EMR, e-pharmacy and e-laboratory systems, robo-caller to remind patients of appointments, e-billing is being installed, started accepting Medicaid patients in December 2012. QA Manager will coordinate with PCC, DHHS and others to provide quality measure in order to implement best healthcare practices.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Concur with Executive's recommended level of funding of \$25,000. This level of funding was provided in FY15.

Name	Proyecto Salud Clinic
Amount	\$48,552
Purpose	Patient Centered Medical Homes – program began with funding from CareFirst and works to improve the condition of patients with chronic conditions. Supports funding for a part-time Registered Nurse/Care Manager.
MC Advisory Board Comments	Recommend Funding
Council Staff Recommendation	Recommend Funding – but request additional information on outcomes.

C. Request from Mercy Clinic for Medicaid Transition Funds

Council President Leventhal has received a request from Mercy Health Clinic for assistance with the transition from a free clinic to a clinic that accepts Medicaid and other reimbursements (©61-63). In order to make this transition, the clinic needs additional paid medical staff, so that there is more certainty of availability than with volunteers, help with obtaining Medicaid provider status, billing system set-up, off-hours coverage, among other things. The letter provides a three year transition. It asks for a total of \$155,200 from the County in FY16.

A part of this funding is the funding for the Nurse Practitioner that was noted in the previous grant section.

Council staff recommendation: Council staff recommends a total of \$155,200 be provided in FY16 to assist with the transition. The County has encouraged Mercy to transition and their transition is unique as they are the County's only free clinic. Council staff recommends the funding be directed to these purposes:

Nurse Practioner:	\$137,000
Obtain Medicaid Provider Status	\$ 3,200
Billing System set-up	\$ 5,000
Chart documentation set-up and training	\$ 7,000
Front Desk Coverage	\$ 2,300

The \$60,000 grant for the Nurse Practioner would not be approved separately. Council staff is concerned that the proposal calls for additional funding in Year 2 and Year 3 after which time, it is expected that revenues could cover the cost. **This recommendation is for Year 1 only.** Council staff hopes that there can be a decline, rather than an increase in Year 2.

D. Communicable Disease and Epidemiology

The County Executive is recommending \$2,092,362 in funding for this program area that is responsible for the investigation, management, and control of the spread of infectious diseases.

For FY16, the Executive is recommending only multi-program adjustments.

- 1. Multi-program Adjustments** **\$93,983 (0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

E. Community Health Services

The County Executive is recommending \$4,729,852 in funding for this program that provides preventive health access services, including nurse case management and home visits.

For FY16, the Executive is recommending only multi-program adjustments.

- 1. Multi-program Adjustments** **\$96,195 (-1.0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

F. Dental Services

For FY16, the Executive is recommending \$2,347,842 in funding for this program that provides oral health through six dental clinics.

For FY16, the Executive is recommending only multi-program adjustments.

1. Multi-program Adjustments

\$41,939 (0 FTE)

Council Staff recommendation: Approve as recommended by the Executive based on the response provided to questions discussed as a part of Montgomery Cares that the County is seeking a grant to expand dental services.

G. Environmental Health Regulatory Services

The Executive is recommending \$3,469,393 in this program that issues permits and provides inspections for food service establishments, swimming pools, health-care facilities, among its other responsibilities. It also houses the County's Food Recovery program.

1. Align Funding for Food Recovery

-\$40,000 (0 FTE)

The Council initiated the Food Recovery program which has grown into Community Food Rescue. A brochure is attached at © 76-77. Original funding for this effort was \$200,000. DHHS has recently executed the contract for the Community Food Rescue Coordinator and FY16 expenses will be \$160,000. This includes funding for continuation of the "mini-grant" program. Community Food Rescue has brought on new partners, is working with the Universities at Shady Grove, and is working to develop a "brand" that will let people know which food establishments are recovering food. An emphasis has been placed on food safety and education about safe food handling.

Council Staff recommendation: Approve as recommended by the Executive.

2. Multi-program Adjustments

\$171,852 (0 FTE)

Council Staff recommendation: Approve as recommended by the Executive.

3. Other Issue: Vacancies

There are currently two Environmental Health Specialist positions vacant in this program. These positions are inspectors. Because of the increased lapse, Council staff asked whether these positions would be filled and what the impact would be if they are not.

The Executive branch has responded that it is unknown if these positions will be filled in FY16. "There is not an intent to keep these positions vacant. However, not filling the positions will result in a reduction of completed mandated food safety inspections. Under full staffing 88% completion was achieved. We anticipate approximately a 70% completion rate with two vacant positions and anticipated retirement of one staff member in FY16."

Council Staff recommendation: Place two items on the reconciliation list of \$90,000 each to reduce lapse in order to fill these positions in FY16. If the Committee agrees, Council staff will ask DHHS and OMB for a more accurate amount based on the specific positions.

H. Health Care and Group Residential Facilities

The Executive is recommending \$1,695,375 for this program that inspects and licenses nursing homes, large assisted living facilities, adult day care, small assisted living facilities, and group homes, as well as responding to complaints.

For FY16, the County Executive is recommending only multi-program adjustments.

1. Multi-program Adjustments **\$68,163 (0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

I. Cancer and Tobacco Prevention

For FY16, the County Executive is recommending \$1,210,603 for this program that houses the tobacco use prevention and cessation programs and education and screening programs funded with the State Cigarette Restitution Fund. It also works collaboratively on other tobacco control programs and the goal of eliminating cancer disparities.

For FY16, the Executive has recommended only multi-program adjustments.

1. Multi-program Adjustments **\$70,990 (0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

J. STD/HIV Prevention and Treatment Program

1. HHS AIDS Case Management Grant **\$222,705 (2.35 FTE)** (Grant Fund)

Ryan White B II Consortia Services **-\$72,983 (-2.88 FTE)** (Grant Fund) - Technical Adjustment

Total funding for the HHS AIDS Case Management Grant is \$536,537 for FY16 and \$896,054 for the Ryan White B Consortia Services. DHHS explains that at the State's request,

clinical and non-clinical were separated into two grants. Non-clinical staff is in the AIDS Case Management Grant and clinical staff is in the Ryan White B grant. This resulted in an increase to one and a decrease to the other.

Council Staff recommendation: Approve as recommended by the Executive.

2. Sexual Health and Recovery Grant **\$151,442 (0.85FTE)**
(Grant Fund)

This is a new grant that will provide a combination of prevention, support services, and education.

3. HIV Prevention Services **\$130,496 (1.55 FTE)**
(Grant Fund)

Total funding for this grant is \$569,802. There has been some shifting of positions between the Ryan White grants, the HIV Positive Women and AIDS case management grant.

Council Staff recommendation: Approve as recommended by the Executive.

4. Ryan White Case Management **\$112,082 (-0.45FTE)**

Total grant funding is \$896,054. There is no change to services. This is a realignment of responsibilities, grant activities, and funding.

Council Staff recommendation: Approve as recommended by the Executive.

5. Nutrition Services Counseling in Ryan White Part A **-\$9,153 (-1.0 FTE)**
(Grant Fund)

This is a technical adjustment to align with the grant funding received. Total funding for this grant is \$113,147.

Council Staff recommendation: Approve as recommended by the Executive.

6. Housing Opportunities for Persons with AIDS \$264,594 (0 FTE)
(Grant Fund)

Total funding for this grant for FY16 is \$535,406. This is the actual amount received in FY15 (the reduction is actually from \$838,000 in FY14 to \$535,406 in FY15). DHHS has said that the impact of this reduction is that approximately 10 individuals living with HIV/AIDS and their families will no longer get this subsidy.

Council staff has asked DHHS to provide the Committee with more information on this change. Is the housing stability of any individual or housing in jeopardy? Is this reduction handled through turnover in the program or will people currently receiving benefits have their benefits stopped?

K. Tuberculosis (TB) Services

The Executive is recommending funding of \$1,899,364 for this program that includes testing people for exposure to TB, treating active cases, identifying people at risk, and performing contact studies.

For FY16, the Executive is recommending only multi-program adjustments.

1. Multi-program Adjustments \$55,888

Council Staff recommendation: Approve as recommended by the Executive.

L. Women's Health Services

The Executive is recommending \$2,657,609 in funding for this program that provides care coordination services for women and children in the Medical Assistance-managed care program. It also houses the Women's Cancer control program for eligible women aged 40 and older.

1. Administrative Care Coordination \$130,000 (0 FTE)
(Grant Fund)

The total grant award for this program is \$835,000. The additional funding will be used for increased personnel costs and two contractual Community Health Workers.

Council Staff recommendation: Approve as recommended by the Executive.

2. Multi-program Adjustments **-\$47,323 (0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

N. Service Area Administration

1. Public Health Officer **\$37,850 (0 FTE)**
(General Fund)

This aligns the County and State share of the costs associated with the Public Health Officer (not just compensation).

Council Staff recommendation: Approve as recommended by the Executive.

2. Multi-program Adjustments **\$107,967 (0 FTE)**

Council Staff recommendation: Approve as recommended by the Executive.

Public Health Services

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or 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

Health Care for the Uninsured

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

Program Performance Measures	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percent of vulnerable populations that have a primary care or prenatal care visit - Adults ¹	28.2	28.2	TBD	TBD	TBD
Percent of vulnerable populations that have a primary care or prenatal care visit - Children ²	25.7	30.5	TBD	TBD	TBD
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	95	97	95	95	95

¹ Changes in the number of people accessing health care are unpredictable due to the unknown impact of implementation of the Affordable Care Act with enrollment in expanded Medicaid and Qualified Health Plans

² Changes in the number of people accessing health care are unpredictable due to the unknown impact of implementation of the Affordable Care Act with enrollment in expanded Medicaid and Qualified Health Plans

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	14,669,661	6.00
Decrease Cost: Eliminate Matching Funds for Reproductive Health Grant Administration Reflecting State Shift to Contract Directly with Providers	-170,133	0.00
Decrease Cost: Montgomery Cares Program Caseload Due to Affordable Care Act Implementation	-500,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-142,860	0.00
FY16 CE Recommended	13,856,668	6.00

Communicable Disease and Epidemiology

Communicable Disease and Epidemiology is responsible for investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis; and lyme disease. Emerging pathogens, such as H1N1 Influenza, are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as residents of long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups that serve persons at risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration and death certificate issuance. Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other community groups. The Refugee Health Program screens all persons who enter the County with refugee status for communicable diseases. Refugees are

medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease	100	100	100	100	100

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	1,998,379	17.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	93,983	0.00
FY16 CE Recommended	2,092,362	17.50

Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, using a family-centered approach. Services include nurse case management and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, and pregnancy testing in regional health centers.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse	95	95	95	95	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	4,633,657	44.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	96,195	-1.00
FY16 CE Recommended	4,729,852	43.80

Dental Services

This program provides dental services to promote oral health in six dental clinics. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-positive clients.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of children who complete their dental treatment plan	84	74	80	80	80

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	2,305,903	16.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	41,939	0.00
FY16 CE Recommended	2,347,842	16.00

Environmental Health Regulatory Services

This program issues permits for and inspects a variety of activities to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and waterborne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans-fat in foods and enforces menu labeling regulations. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, and a variety of other facilities used by the public are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations. The County's rat control ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of swimming pools found to be in compliance upon regular inspection	87	91	90	90	90

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	3,469,393	30.00
Decrease Cost: Align Funding for Food Recovery Program to Appropriately Reflect Demand	-40,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	171,852	0.00
FY16 CE Recommended	3,601,245	30.00

Health Care and Group Residential Facilities

This program inspects and licenses nursing homes, domiciliary care homes (large assisted living facilities with less intensive care than nursing homes), adult day care centers, small assisted living facilities and group homes serving children, elderly, mentally ill, and developmentally disabled persons to ensure compliance with County, State, and Federal laws and regulations. Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of nursing homes with actual harm deficiencies	9	9	10	10	10

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	1,627,212	12.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	68,163	-0.50
FY16 CE Recommended	1,695,375	12.00

Cancer and Tobacco Prevention

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities, as well as the establishment of tobacco-control programs.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	1,139,613	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	70,990	0.00
FY16 CE Recommended	1,210,603	3.00

STD/HIV Prevention and Treatment Program

The Sexually Transmitted Diseases (STD) Program provides diagnosis and treatment to those who have contracted STDs. Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS program.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	7,298,470	42.65
Enhance: HHS AIDS Case Management Grant (2001189)	222,705	2.35
Add: Sexual Health & Recovery Grant (2001861)	151,442	0.85
Enhance: HIV Prevention Services (2001051)	130,496	1.55
Enhance: Ryan White Case Management Grant (2000614)	112,082	-0.45
Technical Adj: Nutrition Services Counseling in Ryan White Part A Grant (2000620)	-9,153	-1.00
Technical Adj: Ryan White II Consortia Services (0F62077)	-72,983	-2.88
Reduce: Housing Opportunities for Persons with AIDS Grant - Administration (F64133A)	-264,594	0.00

	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	58,683	-0.42
FY16 CE Recommended	7,627,148	42.65

School Health Services

This program provides health services to the students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; hearing, vision screenings, and Lead Certification screenings are provided to MCPS students. Immunizations and tuberculosis screenings are administered at School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health Centers or High School Wellness Centers. Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, MCPS, and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

Program Performance Measures	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percent of students who return to class and are ready to learn after a health room visit	87	88	87	87	87

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	24,325,830	257.46
Eliminate: Meade School Health Obesity Grant (2000807)	-20,000	0.00
Decrease Cost: Contracts for Billing Consultants, Marketing and Lab Services	-40,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,272,384	0.99
FY16 CE Recommended	25,538,214	258.45

Tuberculosis Services

This program includes: testing persons for exposure to Tuberculosis (TB), treating active cases, identifying persons at risk of developing TB, performing contact studies to determine who may have been exposed to an infectious person, and medication therapy. A treatment plan is developed for each diagnosed patient and the patient receives supervised medication therapy. Special programs are provided to high-risk populations such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations.

Program Performance Measures	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients with active infectious tuberculosis who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen	95	93	95	95	95

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	1,843,476	17.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	55,888	0.00
FY16 CE Recommended	1,899,364	17.00

Women's Health Services

This program provides care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program to eligible women aged forty years and older.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	3,104,836	20.65
Enhance: Administrative Care Coordination (0F62087)	130,000	0.00
Reduce: HHS Expanded Breast & Cervical Cancer Grant (2000992)	-75,000	0.00
Eliminate: Maryland Family Planning Grant Not Awarded in FY16 (0F62082)	-459,073	-1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-43,154	1.00
FY16 CE Recommended	2,657,609	20.65

Public Health Emergency Preparedness & Response

This program is responsible for the planning, readiness, and response activities in the event of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Departments of Fire and Rescue Services; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development; communication strategies; emergency response drills; partnerships; resources and equipment; the establishment of disease surveillance systems; mass immunization clinics; medication dispensing sites; and readiness.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of PHS Programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	1,094,737	9.30
Enhance: Emergency Preparedness - Cities Readiness Grant (2000766)	133,985	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-47,323	0.00
FY16 CE Recommended	1,181,399	9.30

Service Area Administration

This program area provides leadership and direction for the administration of Public Health Services. Service Area Administration also includes Health Planning and Epidemiology, the Community Health Improvement Process and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, and partnership development.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	1,682,645	12.85
Increase Cost: Public Health Officer	37,850	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	107,967	0.00
FY16 CE Recommended	1,828,462	12.85

PROGRAM SUMMARY

Program Name	FY15 Approved		FY16 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Health Care for the Uninsured	14,669,661	6.00	13,856,668	6.00
Communicable Disease and Epidemiology	1,998,379	17.50	2,092,362	17.50
Community Health Services	4,633,657	44.80	4,729,852	43.80
Dental Services	2,305,903	16.00	2,347,842	16.00
Environmental Health Regulatory Services	3,469,393	30.00	3,601,245	30.00
Health Care and Group Residential Facilities	1,627,212	12.50	1,695,375	12.00
Cancer and Tobacco Prevention	1,139,613	3.00	1,210,603	3.00
STD/HIV Prevention and Treatment Program	7,298,470	42.65	7,627,148	42.65
School Health Services	24,325,830	257.46	25,538,214	258.45
Tuberculosis Services	1,843,476	17.00	1,899,364	17.00
Women's Health Services	3,104,836	20.65	2,657,609	20.65
Public Health Emergency Preparedness & Response	1,094,737	9.30	1,181,399	9.30
Service Area Administration	1,682,645	12.85	1,828,462	12.85
Total	69,193,812	489.71	70,266,143	489.20

Public Health Services

Ulder J. Tillman, MD, MPH, *Public Health Director*

Despite enrollment challenges during the first year, we were encouraged to see thousands of residents gain insurance coverage for the first time through the Affordable Care Act. Staff began training on the new Electronic Health Record, which will also enable us to bill insurance companies, whenever possible. A significant number of residents remain uninsured and we remain committed to continuing services to protect the health of all of our residents. Our staff, contractors and medical volunteers protected and ensured the public's health by providing health room staff at 202 public schools, inspecting restaurants and food service facilities, nursing and group homes, and swimming pools; testing and treating residents for tuberculosis (TB), HIV and other diseases; case managing pregnant teens, women and newborns; and providing primary care to adults, and dental care and cancer screening to uninsured residents. Staff also determined eligibility for Medical Assistance (MA) and other health programs for thousands of residents. Our Healthy Montgomery community-wide health improvement process took a leap forward, with the approval and implementation of both the Behavioral Health and the Obesity Action Plans, two of six priority areas, to improve health throughout the County.

This Service Area Includes:

- Cancer Screening Programs
- Communicable Disease & Emergency Preparedness
- Community Health Services
- Office of Eligibility & Support Services (shared with Children Youth & Families)
- Health Care for the Uninsured
- Planning & Epidemiology, including Healthy Montgomery
- Licensure & Regulatory Services
- School Health Services

Highlights

- Launched the Food Recovery Program, awarding \$126,000 in mini-grants to 16 organizations that promote food recovery. The goal is to build a coordinated system to increase food recovery and distribution from caterers, restaurants, etc.
- Reviewed all Montgomery County Public Schools (MCPS) students' (approximately 154,000) immunization records to identify those requiring mumps and/or rubella vaccine to comply with a new law.
- Posted all restaurant and food service inspection results in electronic format for the public, through the County's Open Data System; completing 6,845 mandated inspections to ensure food safety and reduce food borne diseases.
- Provided care coordination and health education services for 8,168 MA clients, including pregnant women, children, and adults with special needs; and nurse case management for pregnant teens, newborns and pregnant women.
- Protected the public by conducting rabies risk assessments, legionellosis investigations, and vaccine-preventable disease investigations such as measles, pertussis, Hepatitis and mumps. Protected residents through the TB, HIV and STD testing and treatment programs, flu clinics and immunization program.
- Screened 972 County women for breast cancer through the Women's Cancer Control Program, and provided diagnostic services and case management.

- Screened 226 residents for colorectal cancer through Montgomery County Cancer Crusade; 74 had pre-cancerous polyps removed; one cancer was found and treated.
- Provided dental services for 4,518 uninsured low income residents, including 767 maternity clients, 1457 children and 2294 adults.
- Participated in emergency preparedness exercises, planning and trainings with County, regional, state, federal and hospital partners as well as the faith based community, long-term care facilities and large businesses.
- Recognized by the Maryland Department of Health and Mental Hygiene for "Reaching Hard to Reach Populations" with 317 vaccination clinics. Administered 7,265 doses of FluMist vaccine at three high school and 132 elementary school clinics, and held flu clinics at Germantown and Silver Spring health centers.
- Handled 550,676 visits to school health rooms. Eighty seven percent of these visits (481,020) resulted in children returning to class. School nurses also case managed 15,954 children with identified chronic health conditions including asthma, diabetes and severe allergic reactions.

Statistics

Individuals Served by Montgomery County Health Care Access Programs		
	FY13	FY14
Montgomery Cares	29,454	27,934
Maternity Partnership (mothers enrolled in program)	1,668	1,635
Care for Kids	2,770	3,024

- Montgomery Cares provided primary and specialty care, and medications for low income, uninsured adults through a network of community based clinics, hospital partners and the Primary Care Coalition. The reduction in patients was due partly to individuals obtaining MA coverage. Health services were also provided for 266 homeless patients.
- The Maternity Partnership Program provided prenatal care services in partnership with three hospitals. Ninety five percent delivered healthy birth weight babies.
- The Care for Kids Program provided access to primary health care, prescription medicines and limited specialty care for children who were not eligible for the State programs or other insurance.

Trends/Issues

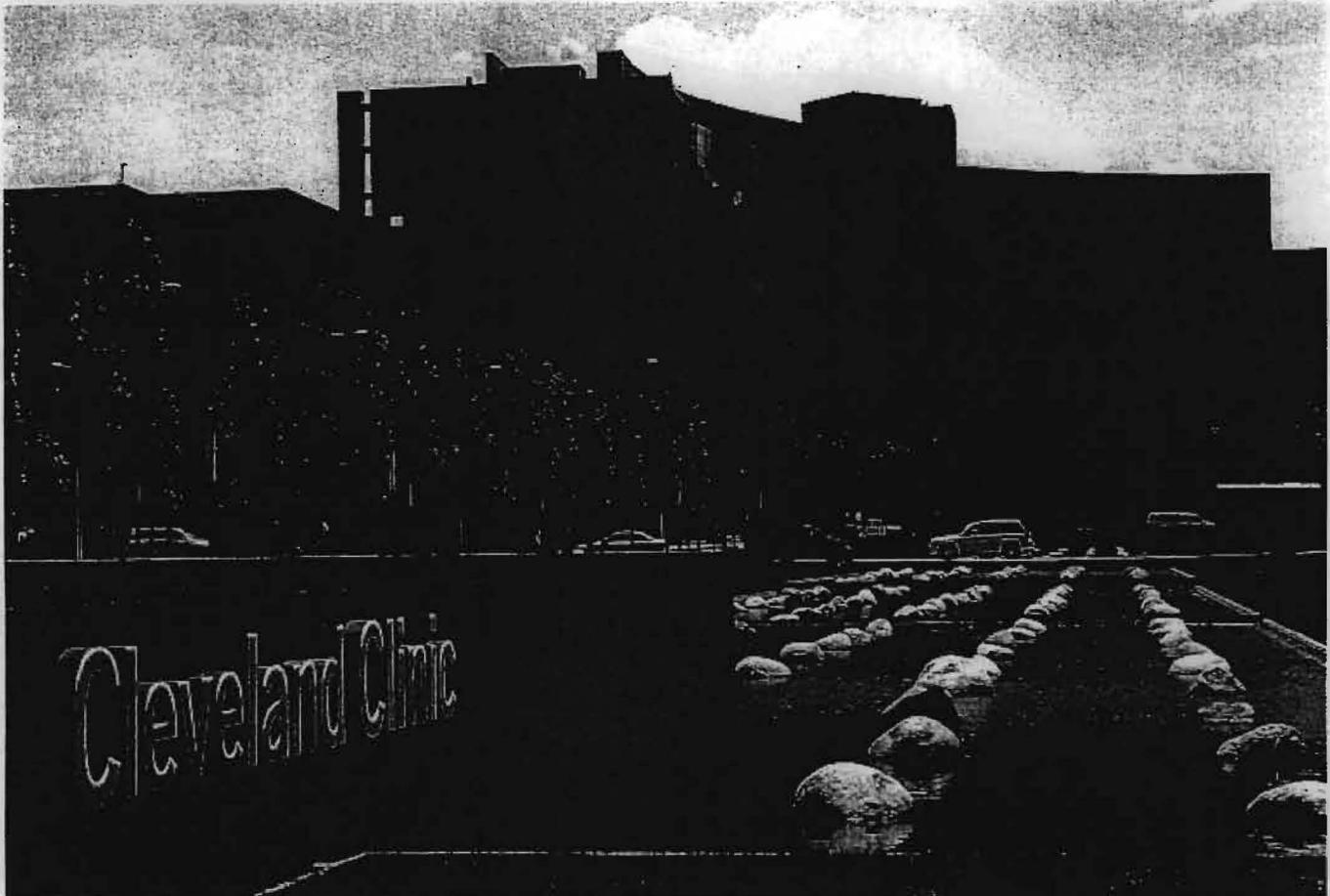
- Staff began training for the electronic medical record and billing insurance companies to adjust to changes and opportunities under the Affordable Care Act. All Montgomery Cares safety net clinics are now using electronic health records.
- Two new high school wellness centers opened at Gaithersburg and Watkins Mill, and two new clinics at Weller Road and Viers Mill elementary schools. Clinic space will be shared after hours with community medical providers to increase primary care services for neighborhood families.





Cleveland Clinic Reports 40% Drop In Charity Care After Medicaid Expansion

By Sarah Jane Tribble, WCPN | April 2, 2015



Cleveland Clinic (Photo by KevinMNord via Flickr)

The Cleveland Clinic, one of the largest hospitals in the country, has cut its charity care spending — or the cost of free care provided to patients who can't afford to pay — to \$101 million in 2014 compared with \$171 million in 2013.

Hospital officials credited the federal health law for the improvement. "The decrease in charity care is primarily attributable to the increase in Medicaid patients due to the expansion of Medicaid eligibility in the State of Ohio and the resulting decrease in the number of charity patients," the hospital's year-end financial statement reported.

That 40 percent drop spotlights a trend in how payments are changing for all providers since the health law rolled out the Medicaid expansion and subsidies that help some lower-income people purchase policies on the new insurance marketplaces, said John Palmer, spokesperson for Ohio Hospital Association.

“Now that you’re starting to see that shift from uninsured or underserved on over into health care programs such as Medicaid and the exchange, that has had a good impact,” he said. “And, obviously, it is reflective of what hospitals are experiencing with uncompensated care in the areas of charity care especially.”

The clinic is not alone. The federal Department of Health and Human Services announced last week that the number of uninsured and self-pay patients has fallen substantially in Medicaid expansion states since the program went into effect last year. In addition, states with expansion saw significant reductions in uncompensated care costs – which includes charity care and bad debt, such as when an insured patient doesn't pay her share of a hospital bill. Hospitals in those states had an estimated savings of \$2.6 billion over that seen in non-expansion states.

part of a partnership
with WCPN/Ideastream,
Kaiser Health News. It can
be read for free. (details)

Even so, Moody's Investors Service released a negative outlook for the nation's nonprofit health care sector. It pointed out that while the increased insured population will funnel dollars into the hospitals, that may not make up for federal cuts in Medicare and other programs.

Ohio is one of 28 states and the District of Columbia to expand Medicaid under the federal health law. More than 492,000 Ohio residents have enrolled through expansion. In addition, another 234,341 people in the state selected or were automatically re-enrolled in a private plan on the state's federally run exchange.

“This has been good for patients because now they are insured through the State of Ohio's adoption of Medicaid Expansion and can go anywhere for the care they need,” a spokeswoman wrote via email.

Another financial report, released by the clinic in early March, indicates that total uncompensated care fell 27 percent to \$211 million in 2014. That number includes both charity care and bad debt costs.

The clinic, however, announced in the earlier March report that 2014 was an “extraordinary” financial year with operating income up 60 percent to \$466 million on total revenues of \$6.7 billion.

Dr. Toby Cosgrove, the clinic's chief executive, noted then that the economic improvement came from a reduction in expenses, with cuts in energy use, employee health insurance costs and staff.

“Everybody in the organization contributed from whether we were turning off the escalators at night or not doing duplication of lab studies,” Cosgrove said. “But it was a total organization involvement in this and it was very gratifying to see people step to the plate.”

This story is part of a partnership that includes WCPN/Ideastream, NPR and Kaiser Health News.

MCAB FY16 Budget Request is as follows:

Area	Current Budget	Budget Request
Primary Care: Increase reimbursement rate for primary care visits from \$65 to \$68 per encounter allotting 78,000 encounters for FY16.* Actual reimbursement rate for clinics is \$68 per encounter.	\$5,375,955	-\$71,955 Overall: \$5,304,000
Specialty Care: Expand specialty care to serve more patients and strengthen the infrastructure of the specialty care networks. <ul style="list-style-type: none"> ▪ Project Access Direct Services \$80,000 ▪ Catholic Charities Health Care Network \$15,000 	\$783,565	\$95,000
Behavioral Health Care: Continue behavioral health expansion by expanding hours at Holy Cross Aspen Hill clinic	\$1,008,520	\$50,000
Pharmacy: Support cardiovascular and endocrine drugs	\$1,761,021	\$150,000
Oral Health Care: Increase capacity of the County dental program, SCC, and MCC dental clinics <ul style="list-style-type: none"> ▪ MCC Dental Clinic 1400 visits: \$182,000 ▪ County Clinics 1100 visits: \$143,000 ▪ SCC 750 visits: \$98,000 	\$407,120	\$423,000
Patient Outreach and Education <ul style="list-style-type: none"> ▪ Provide funds to each clinic to support outreach efforts: \$5,000 x 12 clinics \$60,000 ▪ Support a Community Outreach Coordinator responsible for developing and administering public awareness and education regarding Montgomery Cares. \$60,000 	-0-	\$120,000

Montgomery Cares Total Request:

\$766,045

(P)



Montgomery Cares Advisory Board
Position Statement
Fiscal Year 2016

Overview

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

As the second year of the ACA enrollment is underway, MCares is redefining its role in the health care environment. While many County residents have access to health insurance coverage, MCares helps ensure that accessible care for low-income uninsured residents is affordable, appropriate (without cultural and linguistic barriers) and available. The twelve (12) clinics, which are geographically dispersed, have demonstrated their ability to effectively serve diverse, multi-cultural communities. They are currently in the process of improving clinic operations, practice management, and clinical guidelines in order to ensure their viability in the changing environment.

As we look toward the future, the MCAB will collaborate with other stakeholders to prioritize key components of Montgomery Cares 2.0 which incorporates the Triple Aim principles of improving population health, patient experience and reducing costs.

FY16 Budget Priorities

With the County's current fiscal challenges, MCAB is focusing its advocacy on following budget priorities:

Priority #1: The MCAB is requesting increased funding to improve access to comprehensive services by offering Montgomery Cares patients increased support for medication costs, specialty care, and oral health services.

Priority #2: Enhance Outreach and Education through funding efforts that would capture the estimated 60,000 adults in Montgomery County remaining without health care coverage. We are encouraging clinics to grow and participate in the Medicaid Health care Program to offset operational costs and thereby utilize Montgomery Cares budgetary funds to provide direct patient care only. An increasing balanced patient mix will provide low-income, vulnerable Medicaid recipients with health care coverage devoid of cultural and linguistic barriers. In other words, the uninsured MCares population benefits from a more self-sufficient and sustainable health care provider network.

FY16 MCAB Goals and Activities

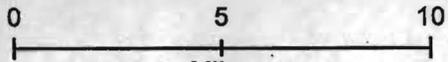
In addition, to help the program further meet the needs of uninsured residents MCAB has committed to the following actions in the upcoming year:

- Shaping the Future Direction of Montgomery Cares: The MCAB is working with stakeholders to strengthen the MCares network and expand capacity to meet the healthcare needs of the uninsured population. This includes:
 - Assure "no-barrier" to access for consumer enrollment in Montgomery Cares and policies on directing patients eligible for other insurance programs
 - Reinforce the patient-centered medical home concept for all MCares patients
 - Strengthen and sustain a high quality workforce within the MCares clinics;
 - Establish linkages to community-based social and support services in order to build an integrated health system

Montgomery Cares FY14 Patient Population by County Council District



primary care coalition
of Montgomery County, Maryland



Miles

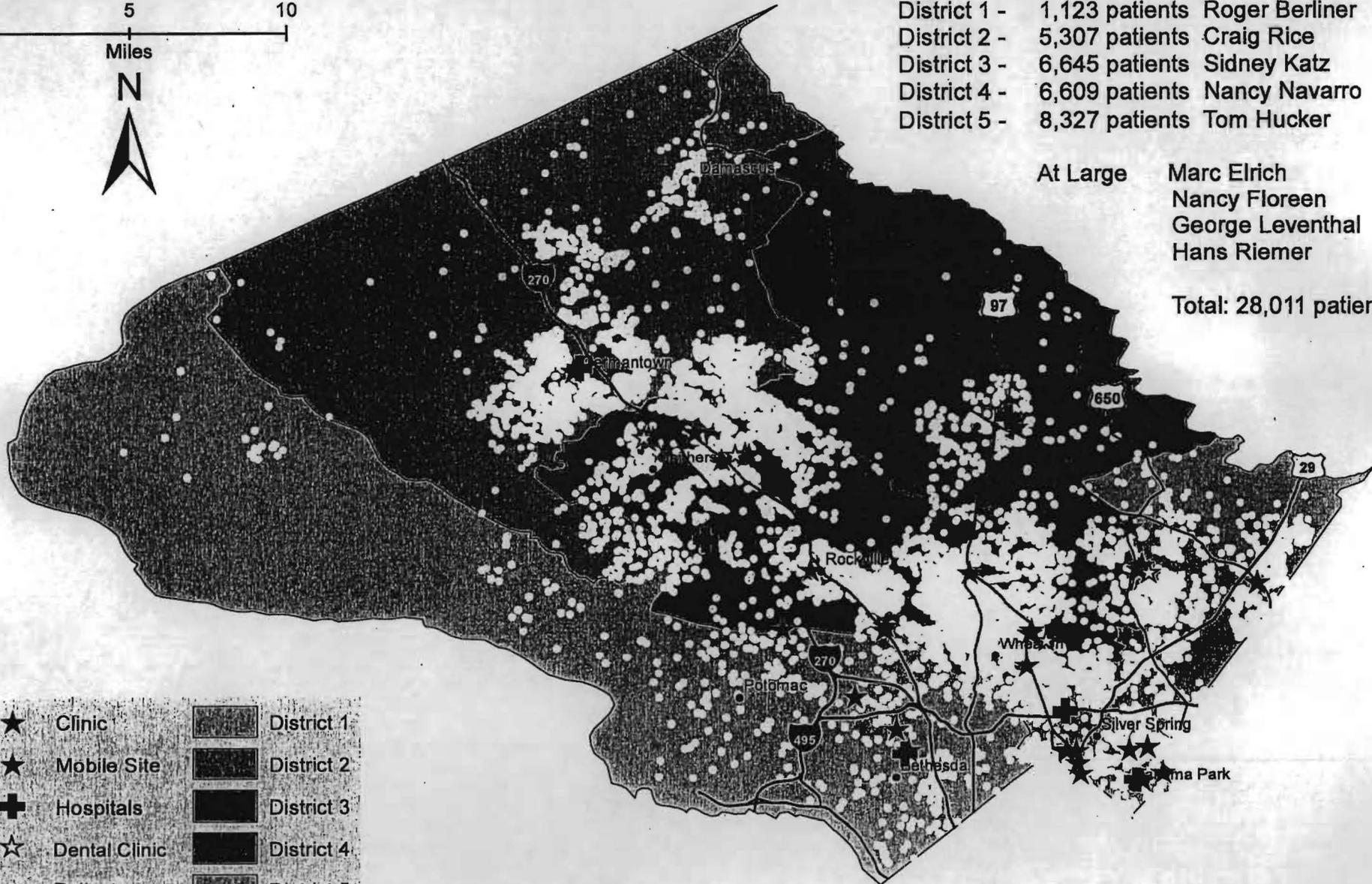
N



District 1 -	1,123 patients	Roger Berliner
District 2 -	5,307 patients	Craig Rice
District 3 -	6,645 patients	Sidney Katz
District 4 -	6,609 patients	Nancy Navarro
District 5 -	8,327 patients	Tom Hucker

At Large Marc Elrich
 Nancy Floreen
 George Leventhal
 Hans Riemer

Total: 28,011 patients *



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

* Map includes data from 12 Montgomery Cares-participating clinics. Addresses for 137 patient could not be mapped.



primary care coalition
of Montgomery County, Maryland

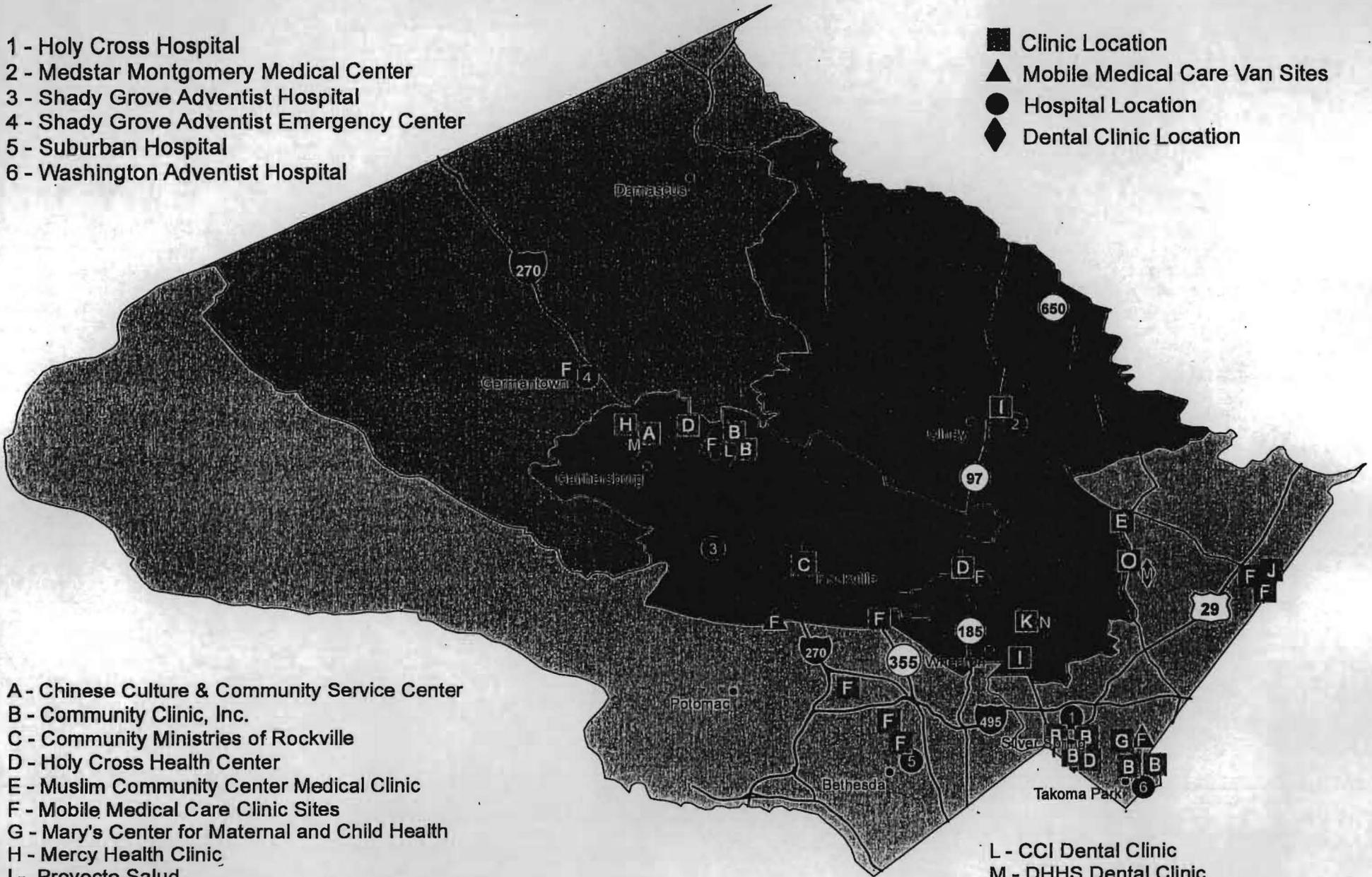
Montgomery Cares Clinic and Hospital Locations by County Council District FY14

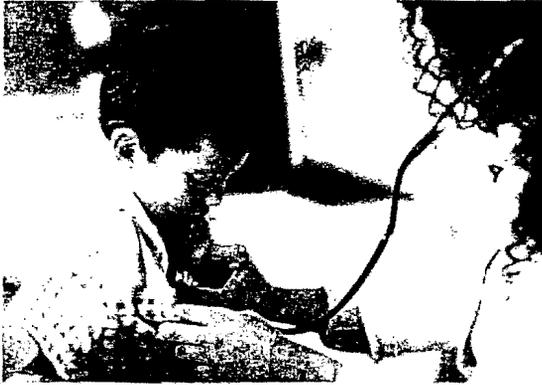
- Clinic Location
- ▲ Mobile Medical Care Van Sites
- Hospital Location
- ◆ Dental Clinic Location

- 1 - Holy Cross Hospital
- 2 - Medstar Montgomery Medical Center
- 3 - Shady Grove Adventist Hospital
- 4 - Shady Grove Adventist Emergency Center
- 5 - Suburban Hospital
- 6 - Washington Adventist Hospital

- A - Chinese Culture & Community Service Center
- B - Community Clinic, Inc.
- C - Community Ministries of Rockville
- D - Holy Cross Health Center
- E - Muslim Community Center Medical Clinic
- F - Mobile Medical Care Clinic Sites
- G - Mary's Center for Maternal and Child Health
- H - Mercy Health Clinic
- I - Proyecto Salud
- J - The People's Community Wellness Center
- K - Spanish Catholic Center

- L - CCI Dental Clinic
- M - DHHS Dental Clinic
- N - Spanish Catholic Center Dental Clinic
- O - Care For Your Health





Montgomery County Can Lead the State in Improving the Health of its Population

FY2016 Advocacy Statement of the Primary Care Coalition

Montgomery County aspires to be the healthiest county in the nation. It is the only county in Maryland that has invested in an expansive health care safety-net that ensures low-income people have access to high quality, culturally competent health services.

The county-funded Care for Kids program must expand to address the health needs of recent arrivals and provide access to specialty care, behavioral health, and oral health services for all children served.

Health services provided by Montgomery Cares network of providers should be comparable to health services available to insured populations, and continuity of care should be preserved for consumers regardless of the payer.

Triple Aim Goals

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



The Bottom Line

Care for Kids. A \$386,000 investment in Care for Kids will sustain the program as it addresses the health needs of recently arrived children.

Montgomery Cares. A return to FY2015 funding levels and an additional investment of \$550,000 will support Montgomery Cares in delivering services comparable to Medicaid and subsidized insurance plans.

Montgomery County Can Lead the State in Improving the Health of its Population

FY2016 Advocacy Statement of the Primary Care Coalition

The United States is experiencing the greatest transformation in health care since the implementation of Medicaid in 1965. The Affordable Care Act (ACA) has extended health coverage to 26 million people across the country. In Maryland alone, 376,850 people obtained Medicaid and 81,000 enrolled in Qualified Health Plans through the Maryland Health Connection. In Montgomery County, an estimated 60,000 residents enrolled in Medicaid or a Qualified Health Plan (QHP).

Although the ACA has increased access for many, an estimated 60,000 of the most medically and socially vulnerable Montgomery County residents will remain uninsured for the foreseeable future.

Many lawfully present working immigrants are not eligible for Medicaid and cannot purchase affordable health insurance. The 'dreamers'—teens eligible for the Deferred Action for Childhood Arrivals program—are not eligible for Medicaid or QHPs. Recently, a significant number of children fleeing violence in Central America have come to Montgomery County to be with their families; they too are not eligible for Medicaid.

Montgomery County's Approach

Montgomery County aspires to be the healthiest county in the nation; providing **universal access** to health care for all of its residents. It is the only county in Maryland that has invested in an expansive health care safety-net that ensures low-income people have access to high quality, culturally competent health services.

To move to universal access, the County-funded Care for Kids program must expand to address the health needs of recent arrivals and provide access to specialty care, behavioral health, and oral health services for all children served. Montgomery Cares, a highly successful public-private partnership, now serving 28,000 low-income uninsured adults must connect with the remaining uninsured and establish public awareness and enrollment process to engage those without coverage.

The Montgomery Cares network of providers has significant cultural and linguistic competencies which can serve Montgomery County's diverse low-income communities regardless of insurance status. Health services for the uninsured should be comparable to health services available to insured populations, and continuity of care should be preserved for consumers regardless of the payer.

To do so, Montgomery County's health safety net must:

- 1) Build stronger relationships with the County's 6 hospitals and develop effective care coordination models to improve access to appropriate care.
 - Strengthen relationships among hospitals, community based health care providers, and social service providers.
 - Improve care coordination with a focus on improving not just health care but health.
- 2) Promote sustainability of Montgomery Cares clinics and prepare to participate in value-based payment reforms being implemented in Maryland.
 - Support sustainable business models and diversified revenue streams at safety-net clinics.
 - Strengthen network services and provide opportunities for partnerships and shared purchasing.
- 3) Expand Montgomery Cares essential services, improve network efficiency, and support the analysis of population health data.
 - Build a specialty care network that provides timely access to services comparable to a Medicaid managed care organization.
 - Increase access to affordable oral health services in the community.
 - Complete Behavioral Health Program expansion to achieve access to behavioral health services for all Montgomery Cares enrollees.
 - Coordinate enrollment for Montgomery Cares, Care for Kids, Medicaid, and QHPs to reduce administrative burden on patients and ensure Montgomery County only subsidizes care for those ineligible for state programs.
 - Measure improvements in population health and reduce health disparities.
- 4) Achieve universal access to high quality, culturally competent primary and behavioral health care for low-income, uninsured children.
 - Increase the capacity of Care for Kids to 4,800 by July 2016.
 - Address the complex medical, behavioral health, and social service needs of immigrant children by December 2016.
- 5) Implement a public education campaign to raise awareness of health care coverage and services available through County health programs, Medicaid, and the Maryland Health Connection.
 - Develop a public information campaign to help consumers identify the most appropriate health resource for them.
 - Conduct outreach and enrollment activities for County safety-net programs targeting underserved populations including newly arrived children, and African and Asian communities.
 - Promote health insurance literacy so that consumers can make the most appropriate health coverage choices.

Care for Kids FY16 Budget Request

Budget Category		Current	FY15 Requested Supplement	FY16 Requested Increase*	FY16 % Increase	Line Item Totals
Essential Services	Medical services to support increased enrollment of 800 additional children in FY16. * CFK leverages nearly \$1 million in pro-bono medical services from Kaiser Permanente and School Based Health Centers. Caps on pro-bono services are expected to be reached before FYE2015.	\$247,218	\$88,416	\$156,585	47%	\$492,219
Program Capacity	Operating Expenses: Client services and supplies to support program operations in light of increased enrollment.	\$352,010	\$26,395	\$73,223	19%	\$451,628
Population Health	Streamline Enrollment: Technology upgrades to increase prompt and consistent access to care by implementing technology upgrades to enrollment processes.	-0-	-0-	\$42,000	100%	\$42,000
Care for Kids Total Request		\$599,228	\$114,811	\$271,808	35%	
Sum of Budget Items Not Affected By FY16 Requested Increase		\$50,335				
Care for Kids Total Budget		\$649,563	\$764,374	\$1,036,182		

*FY16 Request for Care for Kids assumes FY15 supplemental request is approved and becomes core funding.

Assumptions

- CFK projects 800 new enrollees in FY16, the average cost of care per child is \$225 (including primary, specialty and dental care).
- At current rate of enrollment caps on pro-bono medical care are expected to be reached prior to FYE2015, therefore all new FY16 enrollees will require paid medical services.
- Although the rate of children entering the county is slowing the rate of enrollment into Care for Kids is expected to remain high because:
 - CFK enrollments have been delayed during open enrollment for Medicaid and Qualified Health Programs, therefore many children who entered the county in FY15 will not be fully enrolled until FY16.
 - CFK is open to all low-income children who reside in Montgomery County and are not eligible for any state or federal health coverage programs, including children fleeing violence. Of the children fleeing violence who enroll in CFK, only a portion were detained at the border, therefore CFK projections are higher than numbers reported by INS or U.S. DHHS.

Primary Care Coalition
 Montgomery Cares FY16 Budget Request

2/18/15

Budget Category		Current	FY16 Requested Increase	FY16 % Increase	Line Item Totals
Essential Services	Specialty Care: Expand specialty care to serve 800 additional patients and strengthen specialty care network infrastructure. <ul style="list-style-type: none"> Project Access Direct Services \$80,000 Catholic Charities Health Care Network \$50,000 	\$783,565	\$130,000	17%	\$913,565
	Oral Health Services: Provide services to a minimum of 1,000 Montgomery Cares patients at MCC Dental Clinic in FY16. <i>*Recognizing the overwhelming need for dental services for Montgomery Cares patient, PCC supports any requests that would expand access to oral health services in addition to this request to provide services to 1,000 unduplicated patients at MCC Dental Clinic.</i>	\$407,120	\$182,000	45%	\$589,120
	Community Pharmacy: Cover costs to supply cardiac and endocrine medications.	\$1,761,021	\$150,000	9%	\$1,911,021
	Behavioral Health Care: Continue behavioral health expansion by adding coverage at a partially covered site.	\$1,008,520	\$50,000	5%	\$1,058,520
	Primary Care: <ul style="list-style-type: none"> Reduce the number primary care encounters from 82,707 to 78,000 at current \$65 reimbursement rate. Increase reimbursement rate by 5% to adjust for inflationary costs of providing health care. 	\$5,375,955	- \$305,955 + \$253,500 - \$52,455	- 1%	\$5,323,500
Population Health	Eligibility and Enrollment: Define and standardize eligibility determination & enrollment processes at clinic level.	-0-	\$50,000	100%	\$50,000
	Public Education: Increase number of patients by raising awareness of Montgomery Cares among eligible residents. Develop linguistically appropriate outreach materials for use by minority health initiatives, clinics and other community-based outreach partners.	-0-	\$60,000	100%	\$60,000
Montgomery Cares Total Request		\$9,376,661	\$569,545	4.5%	
Sum of Budget Items Not Affected By FY16 Requested Increase		\$3,154,631			
Montgomery Cares Total Budget		\$12,531,292	\$13,100,837		

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Montgomery Cares FY16 Budget Request (Aligned)

Budget Category		Current	FY16 Requested Increase	FY16% Increase	Line Item Totals
Essential Services	Specialty Care: Expand specialty care to serve 800 additional patients and strengthen specialty care network infrastructure. <ul style="list-style-type: none"> Project Access Direct Services \$80,000 Catholic Charities Health Care Network \$15,000 	\$783,565	\$95,000	12%	\$878,565
	Oral Health Services: <ul style="list-style-type: none"> Provide services to a minimum of 1,000 Montgomery Cares patients at MCC Dental Clinic \$182,000 Increase minimum number of unduplicated Montgomery Cares patients treated at SCC Dental Clinic to 1,800 \$98,000 	\$407,120	\$280,000	69%	\$687,120
	Community Pharmacy: Cover costs to supply cardiac and endocrine medications.	\$1,761,021	\$150,000	9%	\$1,911,021
	Behavioral Health Care: Continue behavioral health expansion by adding coverage at a partially covered site.	\$1,008,520	\$50,000	5%	\$1,058,520
	Primary Care: <ul style="list-style-type: none"> Reduce the number primary care encounters from 82,707 to 78,000 at current \$65 reimbursement rate. Increase reimbursement rate by 5% to adjust for inflationary costs of providing health care. 	\$5,375,955	-\$305,955 <u>+\$253,500</u> -\$52,455	-1%	\$5,323,500
Population Health	Public Education: Increase number of patients by raising awareness of Montgomery Cares among eligible residents. Develop linguistically appropriate outreach materials for use by minority health initiatives, clinics and other community-based outreach partners.	-0-	\$60,000	100%	\$60,000
	Community Outreach: Provide \$ 5,000 to each Montgomery Cares participating clinic to expand community outreach efforts such as attending health fairs.	-0-	\$60,000	100%	\$60,000
Montgomery Cares Total Request		\$9,376,661	\$642,545	5.1%	
Sum of Budget Items Not Affected By FY16 Requested Increase		\$3,154,631			
Montgomery Cares Total Budget		\$12,531,292	\$13,173,837		

Montgomery Cares Program Value Statement

Access

- Provided health care home for **28,000 low income adults** not eligible for other health coverage
- Services available at **38 locations** county wide

Services include:

- Primary care
- Specialty care
- Medicine access
- Behavioral health care
- Oral health services



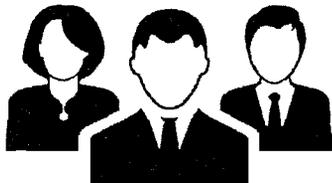
Quality

- Provides quality medical care that reaches or exceeds national benchmarks for select diabetes and hypertension measures
- 95% of patients would recommend their clinic to a family member or friend



Collaboration

- Engaged 12 independent safety net clinics and all hospital systems in the county to provide direct services to vulnerable patients
- Enlisted more than 750 individuals as volunteers in service to the underserved
- Partnered with more than 100 physicians and practices to deliver pro-bono or reduced cost specialty care
- 11 partnerships with faculty and departments at institutions of higher learning



Return on Investment

- Employed 175 FTE health professionals to care for the uninsured
- \$ 4.9 million worth of free medications for 1,800 patients
- \$1.2 million in donated hospital services in FY2014
- \$85,000 worth of pro-bono specialty care
- Leverages at least \$2.30 in private funds for every County dollar invested.



Montgomery Cares FY14 Patient Population by County Council District



primary care coalition
of Montgomery County, Maryland

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Miles

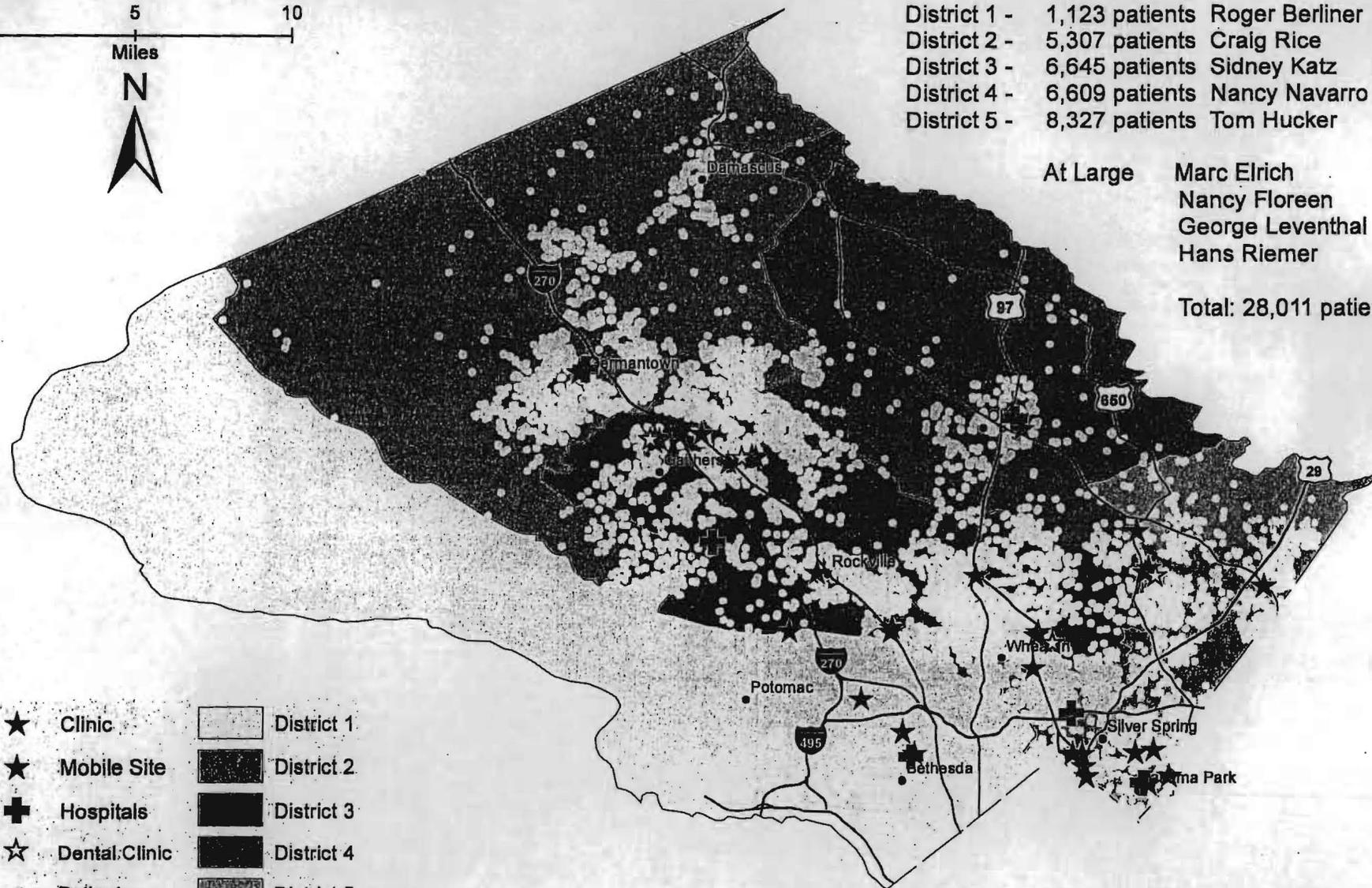
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District 1 - 1,123 patients Roger Berliner
 District 2 - 5,307 patients Craig Rice
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 District 5 - 8,327 patients Tom Hucker

At Large Marc Elrich
 Nancy Floreen
 George Leventhal
 Hans Riemer

Total: 28,011 patients *



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

*Map includes data from 12 Montgomery Cares-participating clinics. Addresses for 137 patient could not be mapped.

Appendix D: Montgomery Cares Fiscal Year 2014 Program Report

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

The Montgomery Cares Program

Montgomery Cares is a public private partnership among PCC, Montgomery County DHHS, 12 community-based safety net clinics and 4 hospital systems. Montgomery Cares provides primary health care to low income uninsured residents of Montgomery County. In addition to subsidizing primary care visits at safety-net clinics, Montgomery Cares provides for network support including:

- Specialty care services
- Oral health care services
- Pharmacy-point of service medications and Medbank
- Behavioral health and
- Quality assurance and quality improvement
- Electronic Health Records and IT support

Montgomery Cares Eligibility

- Age 18 years or older
- Live in Montgomery County
- Be uninsured
- Have income < 250% of Federal Poverty Level (FPL for a family of four \$58, 875)
- Currently, eligibility for Montgomery Cares is conducted by clinics at the point of service

Montgomery Cares Participating Clinics

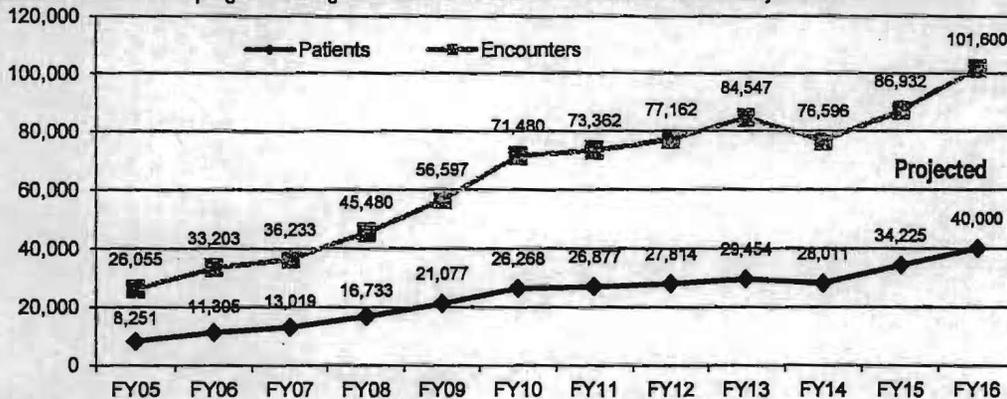
Clinic Organization	Location (s)
Care For Your Health	Silver Spring
Chinese Cultural and Community Center	Gaithersburg
Community Clinic, Inc.	Gaithersburg, Silver Spring, Takoma Park
Community Ministries of Rockville	Rockville
Holy Cross Hospital Health Center	Aspen Hill, Gaithersburg, Silver Spring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

Montgomery Cares Growth

Montgomery Cares grew approximately 20 percent annually between FY05 and FY10 followed by a two year plateau. Montgomery Cares capacity peaked in FY 2013 with 29,454 patients served.

- For the first time, the number of patients served decreased 5% in FY2014, from 29,454 to 28,011 patients
- The number of encounters decreased 9% from 84,547 to 76,596
- The average patient to encounter ration decreased slightly from 2.9 to 2.7

The decline in patients served during FY2014 points to the need to engage in a strategic public education effort to raise awareness about the program among the most vulnerable and difficult to reach county residents.



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ACA Impact on Montgomery Cares

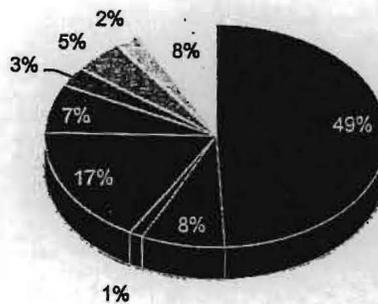
Following the implementation of the Affordable Care Act, clinics have reported that a significant number of patients have obtained Medicaid or other insurance coverage. The PCC and Montgomery Cares partners are working together to promote continuity of care for uninsured and newly insured individuals with Medicaid and Qualified Health Plans by developing and maintaining a high-performing primary care network that provides culturally appropriate care for low-income community members. 7 of the 12 clinics participating in Montgomery Cares serve both uninsured and Medicaid patients.

Montgomery Cares Expenditures

FY2014 Budget \$10.5 million

Fiscal Year Ending June 30, 2014

- The Montgomery cares expended \$10,273,143; 97.2% of the fiscal year 2014 budget
- 85% of expenditures were for direct patient care; 10% was spent on program administration (including indirect costs) and 5% on information technology.
- There was a 6% surplus in funding allocated for primary care visits that was reprogrammed to expand specialty care services (\$105,000) and purchase additional medications (\$125,000).
- eClinicalWorks (eCW), an electronic health record was installed and implemented in eight clinics. The roll-out cost for eCW exceeded \$500,000, with more than \$100,000 secured through private foundation grants.
- Preventive Services (mammography and colorectal screening) were added FY 2014 with total expenditures of \$129,000.



- Primary Care
- Specialty Care
- Preventive Services
- Community Pharmacy
- Behavioral Health Program
- Oral Health Program
- Information Technology
- Quality Improvement/Admin. Indirect Costs

Montgomery Cares Patient Demographics

<p>Mostly female (67%)</p>
<p>Majority Hispanic (62%)</p> <ul style="list-style-type: none"> • 10% are 65+ • 30% are older 50 to 64 • 22% are in their 40s • 23% are in their 30s • 15% are young adults 18 to 29
<p>Racially Diverse</p> <ul style="list-style-type: none"> • 32% Other (Includes Hispanic) • 18% Black • 16% White • 10% Asian • 7% Native American, Alaskan, Hawaiian, Pacific Islander • 17% Unknown
<p>Very Poor</p> <ul style="list-style-type: none"> • 64% report income ≤ 100% FPL • 16% report income between 101% and 133% FPL • 20 report income between 134% and 250% FPL

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Specialty Care

Project Access Highlights

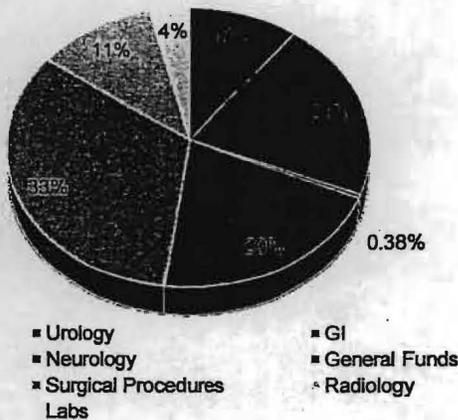
- A least 2,631 appointments representing 2,216 unique patient referrals.
- Minimum of 254 surgeries and other medical procedures performed.
- 14 new providers/practices recruited into the network, including 2 ambulatory surgery centers.
- Outreach visits to 20 provider practices.
- Onsite referral trainings at 20 clinic sites.
- Received an additional \$130,000 in the fourth quarter, resulting in approximately 150 additional patients served.

Specialty Care Appointments by Source FY 2014

Source	Q1	Q2	Q3	Q4	FY 2014 Totals
Clinic On-Site Specialty Care	1,602	1,001	1,465	1,645	5,713
CCHCN	667	772	627	635	2,701
Project Access	513	617	546	955	2,631
MM Heart Clinic	135	97	121	121	474
Total	2,917	2,487	2,759	3,356	11,519

Project Access Challenges

- Demand for specialty care continues to exceed supply.
- Limits on scope and volume of services provided by hospitals significantly impacts capacity.
- Recruiting has become more challenging as small private practices merge into larger, more formally structured group practices.



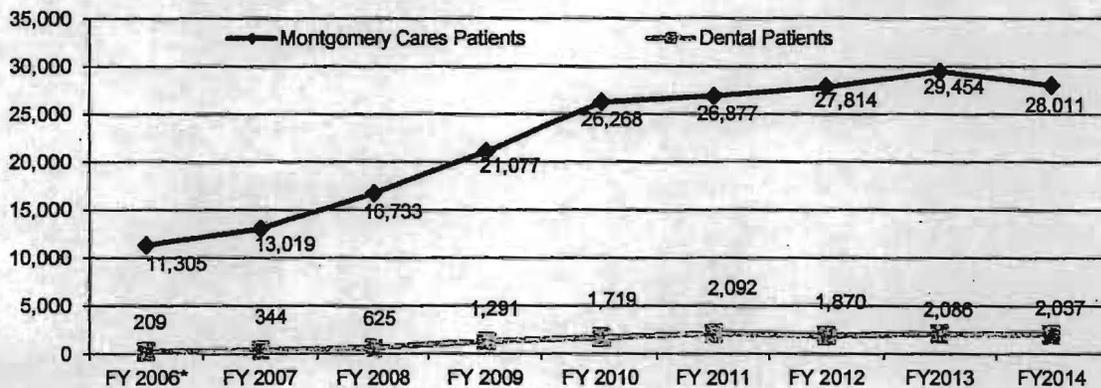
Project Access Direct Services Expenditures by Area

Project Access Hospital Procedures by Specialty Area

Specialty Area	Procedures Commonly Performed	Procedures in FY 2014
Cardiology	Cardiac catheterization	3
ENT	Head/neck tumor removal; Sinus surgery	12
General Surgery	Gall bladder removal; Hernia repair; Tumor biopsy/removal	39*
GI	Colonoscopy; Upper GI endoscopy	89*
Hem/Onc	Chemotherapy; Radiation therapy	4
Neurosurgery	Brain/spine surgery	2
Ophthalmology	Treatment of cataracts and glaucoma	31*
Orthopedic Surgery	Arthroscopic joint and fracture repair	33
Podiatry	Foot/toe amputation; Treatment of bunions	6
Pulmonary/Thoracic	Bronchoscopy; Tumor biopsy/removal	5
Urology	Kidney stone removal; Prostate biopsy/resection	22
Vascular Surgery	Vein repair; Arterial procedures	8
Total		234

Montgomery Cares Oral Health Program

- The demand for dental care continues to exceed capacity.
- Spanish Catholic Center had a 7% decrease in the number of patients served and a 7% increase in encounters. Spanish Catholic Center has a 4 month wait time for new patient appointments.
- Metro Court had a 2% increase in the number of patients served and a 6% increase in the number of encounters compared to FY 2013. Metro Court has a 2 week wait for new appointments.
- DHHS Colesville Clinic serves homeless and Montgomery Cares patients.
- CCI and Mary's Center offer dental services on a sliding fee schedule based on patient income.
- SCC plans to add 2 evening clinics per week to reduce the wait time.
- Muslim Community Center Medical Clinic will begin offering dental services to Montgomery Cares patients in FY 2015.



Oral Health Program FY 2014

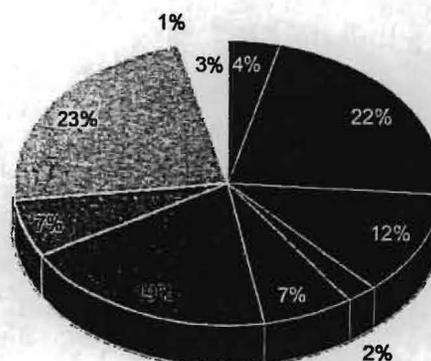
Provider	Unduplicated Patients	Encounters	Ratio
Spanish Catholic Center	1,077	3,745	3.5
DHHS Adult Dental Services Metro Court	758	1,426	2.4
DHHS Adult Dental Services Colesville	202	400	2.0
Total	2,037	5,571	2.7

Medicine Access

Community Pharmacy Highlights

- Montgomery Cares Community Pharmacy provided nearly \$1.5 million in critical medications to very low-income patients.
- A total of 300 patients were surveyed for patient satisfaction and 36 responded. Of the responses, 100% of patients surveyed indicated that they are satisfied with the level of POS medications received at the clinic sites.

Pharmacy Expenditures Breakdown by Category



- Antibiotics
- Cardiovascular
- Endocrine/Diabetic
- Family Planning
- Immunology
- Insulin
- Mental Health
- Pulmonary
- Topicals
- H. Pylori

- Mock Recalls to test compliance with labeling/logging system for POS medication maintained a performance level of greater than 95%.
- Manufacturer voluntary recall for Qvar 80mcg at the clinic level. Inventory successfully tracked at 100%.

Community Pharmacy Challenges

- Clinics continue to request addition funds to support POS medication purchases.
- Several clinics continue to request the ability to allocate funds to purchase over-the-counter medications.
- Due to the implementation of eClinicalWorks, the amount of time to complete the mock recall reporting process has temporarily increased.
- The FY 2014 flu season was more severe than the previous two years, which caused a greater demand for flu shots nationally. This resulted in a delayed delivery of vaccines to the clinic sites. Delays are anticipated in FY 2015 due to an FDA sanction against GlaxoSmithKline.

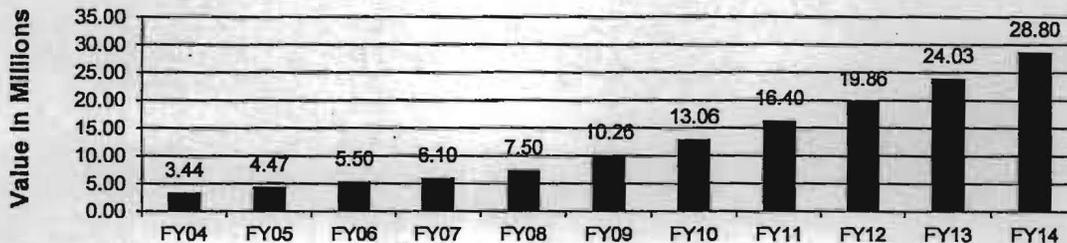
MedBank Highlights

- Processed 7,278 prescriptions for 1,790 patients, and received nearly \$5 million worth of free medications.
- 71% Medication received success rate.
- Transitioned to Care2Care (C2C) Patient Assistance Process Management Module (C2C PAP) which will facilitate communication and work flow processes between Clinic and MedBank staff resulting in more rapid processing of applications.
- Annual Medbank patient survey indicated high levels of satisfaction with program. 96% of the 23 respondents fell into the satisfied/highly satisfied category.

MedBank Challenges

- Pharmaceutical companies removed frequently requested medications from patient assistance programs.
- Maintaining continuity of Medbank assistance for individuals who appear to be Medicaid eligible but do not meet the 5 year residency requirement .
- Medicaid MCOs have a limited brand formulary and restricted access to medications formerly received by the individual through Medbank.

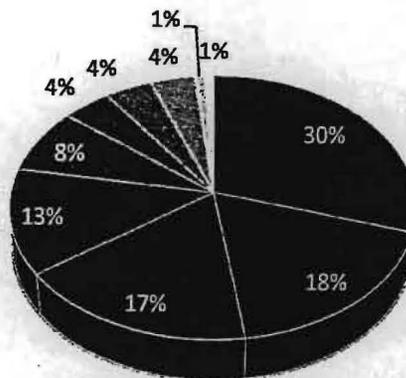
Medbank Cumulative Value of Free & Discounted Meds Received



Behavioral Health

Montgomery Cares Behavioral Health Program Highlights

- Expansion of integrated services to four new partner clinics
- MCC Medical Clinic and The People's Community Wellness Center: Full program services and staffing.
- Mary's Center and Spanish Catholic Center: Access to psychiatric consultation, psychiatry services, and provider education.
- MCBHP continues to provide training to PCPs and clinic staff on relevant behavioral health topics.
- MCBHP staff selected to participate in intensive motivational interviewing training



- Reassessment
- Medication Educ/Mgmt
- Referrals and Referral Followup
- Consultation With Psychiatrist
- Evaluation
- Initial screen
- Therapy
- Other Consultation
- Crisis Intervention
- Direct Psychiatry

FY 2014 Breakdown of Clinical Services

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- for sponsored by the National Network to End Disparities in Behavioral Health and SAMSHA.
- Motivational interviewing training was conducted with MCBHP staff and staff from 7 partner clinics; follow-up training will be provided for 6 months.

Montgomery Cares Behavioral Health Program 2015 Goals

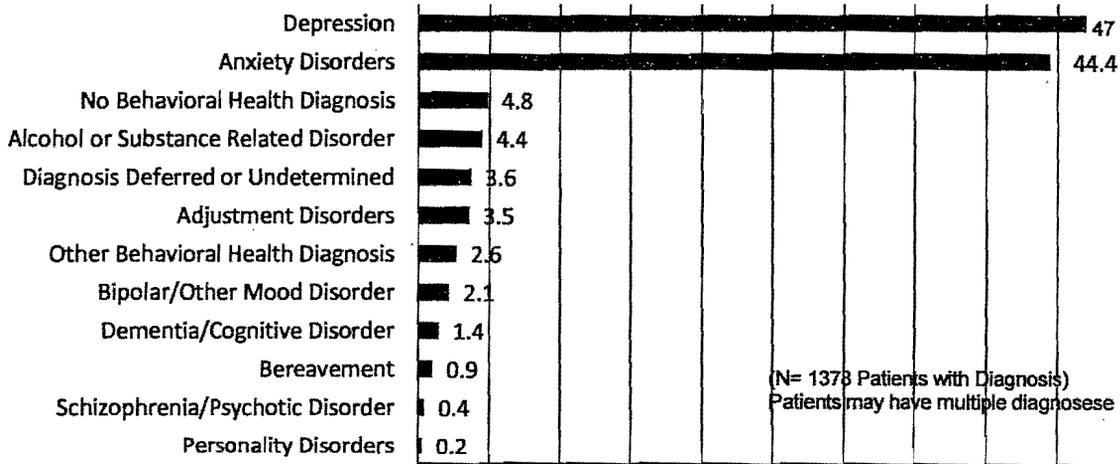
Program Development

- Expand full behavioral health services to 1 additional Montgomery Cares site; serve 2,500 patients.
- Phase in 2 to 4 weekly psychiatry clinics; serve 60% of the population.
- Make psychiatric consultation available to all primary care providers.
- Increase education for medical providers on identification, assessment and management of behavioral health disorders.
- Begin implementation of universal behavioral health screening.
- Expand data collection and reporting using ECW and case management using Care2Care.

On-Going Training and Education

- Five clinics scheduled to participate in IHI Web & Action Series on Integrated Behavioral Health.
- On-going motivational interviewing training for MCBHP and clinic staff.
- MCBHP to provide 5 field placements in integrated care settings to University of Maryland Schools of Social Work students.

Prevalence of Behavioral Health Diagnosis in Patients Who Received MCBHP Services In FY 2014



Montgomery Cares Cancer Screening

Recognizing that early detection and treatment of cancer greatly increase the chances of successful treatment and favorable outcomes, the County Council invested in cancer screening for Montgomery Cares patients. In order to meet the goal of providing early cancer screening.

Cancer Screenings	Target Number	Screenings Performed				Total
		Q1	Q2	Q3	Q4	
Mammography						
• Montgomery Cares Funds	2,910	70	293	306	439	1,108
• County Executive Funds	640	35	147	207	317	706
Totals	3,550	105	440	513	756	1,814
Colorectal Cancer Screenings						
• FIT Tests Ordered	294 Kits	0	62 Kits	11 Kits	87 Kits	160 Kits
• Colonoscopies	158	0	7	20	59	86

- Implementation of preventive health services began slowly and requires further attention to process improvement, documentation and tracking
- The age range for mammography was expanded to include women aged 40-49, in addition to women 50 and older. Approximately 16% of eligible women were screened
- Clinics adopted a colorectal cancer screening protocol and began performing FIT testing and referral for colonoscopy in October 2013. Over 50% of the target was met
- PCC partnered with Community Radiology Associates Inc., Holy Cross Hospital, and Adventist Health Care to provide mammograms for women referred from Montgomery Cares clinics

Quality Assurance

Fiscal year 2014 marks the seventh year that the PCC has published selected annual measures of clinical performance. Clinics have maintained many of the improvements from previous years in diabetes and hypertension management. Montgomery Cares meets or exceeds HEDIS benchmarks in four of the seven reported chronic care measures. Clinics have significantly improved screening rates for breast, cervical, and colorectal cancers, though results remain below targeted performance.

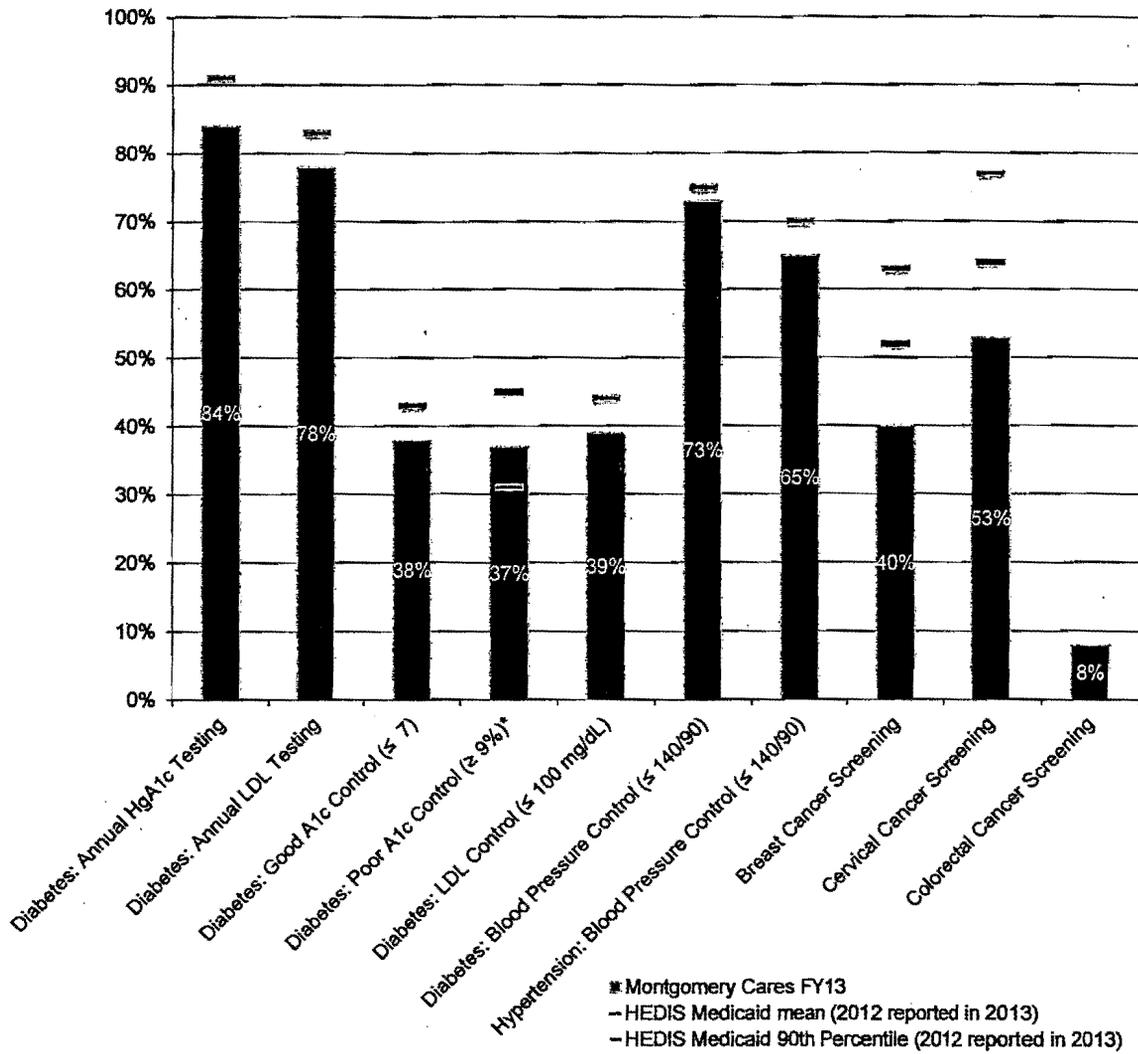
Performance Incentive Program (PIP)

- Medical Directors and PIP Work Group established PIP Metrics, Scoring and Model
- At MCAB request, the PIP will be implemented as an unfunded pilot in FY 2015
- A telephonic patient experience survey was successfully tested in FY 2014 and funded for implementation in FY 2015

Benchmark Thresholds	Diabetes A1c Control <8	Hypertension BP Control <140/90	Cervical Cancer Screening	Colorectal Cancer Screening	Breast Cancer Screening	Likelihood to Recommend	Meaningful Use
Minimum	41.6%	49.5%	59.3%	10.0%	43.6%	n/a	50.0%
Target	48.1%	56.8%	66.7%	20.0%	50.4%	n/a	65.0%
Outstanding	59.4%	69.1%	78.5%	30.0%	62.8%	n/a	80.0%

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Montgomery Cares Clinical Performance Measures FY2014



* Lower numbers are better for Diabetes: Poor A1c Control

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Montgomery Cares Pilot Patient Experience Survey

PCC conducted a pilot patient experience survey between April and June 2014. The survey was conducted by 10 PCC staff members in four languages (English, Spanish, French and Amharic.) Three questions were asked:

- Likelihood to recommend clinic to family and friends
- What do you like about your clinic?
- What do you not like about your clinic?

	N	Percentage
Calls Attempted	640	
Calls Completed	480	75% of Calls Attempted
Surveys Completed	340	71% of Calls Completed 53% of Calls Attempted

Findings:

- Patient responses were very positive (95% would recommend)
- Patient concerns included:
 - Telephone systems difficult to navigate
 - Frequency of no answers
 - Wait times on hold
 - Hours in waiting room despite appointments
 - Difficulty scheduling appointments
 - Follow-up after diagnostic tests

Montgomery Cares Clinic Participation in Medicaid

The expansion of the Maryland Medicaid Program and launch of the health insurance marketplaces under the ACA have extended health coverage to many people who used to receive care through Montgomery Cares. To maintain continuity of care for these patients and to promote sustainability at participating clinics, the PCC has offered technical assistance to clinics interested in becoming Medicaid providers.

- 6 Clinics were Medicaid participants prior to FY14 (Care for Your Health, CCI, Holy Cross Hospital Health Centers, Mary's Center, Mobile Medical Care, Muslim Community Center Medical Clinic (MCC))
- 1 Clinic began participating in Medicaid in FY14 (Proyecto Salud)
- 1 Clinic is working on infrastructure to participate in Medicaid (Community Ministries of Rockville (CMR))
- 4 Clinics are not currently seeking to participate in Medicaid (CCACC, Mercy Health Center, Spanish Catholic Center (SCC) and The People's Community Wellness Center)

Electronic Health Record Conversion

After over 2 years of planning, PCC transitioned clinics using CHLCare to an ONC-Certified EHR system in FY 2014 with supplemental funding provided by Montgomery County DHHS, Health Care Initiative Foundation and Kaiser Permanente.

- On July 1st 2013, the first two clinics went live and each month a new clinic was brought on to the system until completion in December 2013.
- Data for over 75,700 patients, with their 991,942 labs, 548,479 visits and eligibility information was migrated to the new system.
- 4 months post go-live were dedicated just to the activity of data cleanup.
- Each clinic received a minimum of 1 week training and 1 week on-site go-live support with additional support for larger clinics.
- Most clinics recovered productivity within 4-6 weeks post go live.
- In March 2014, the first batch of quality measures were extracted.
- PCC has completed over 800 help desk tickets since November 2013.
- PCC is offering on-going training, a monthly tips newsletters and regular "users group" meetings.

Where Are We Going?

Health care reform is changing the environment but many Montgomery County residents will continue to have difficulty accessing health care.

- 60,000 Montgomery County residents will remain uninsured.
- 50,000 will have coverage through Medicaid or a Qualified Health Plan.
- Access to care for the newly insured will remain a challenge due to linguistic, cultural, literacy, and other barriers.



- In Montgomery County, those who remain uninsured will largely be non-citizen immigrants, ineligible for Medicaid or subsidized insurance plans.
- Through Montgomery Cares Montgomery County has an opportunity to achieve **universal access** for all residents.

Phase I (Maintain and Improve)

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

Phase II (Montgomery Care 2.0)

Develop high performing primary care network to meet the needs of the uninsured and newly insured individuals with Medicaid and Qualified Health Plans to assure equity and promote continuity of care.

- Align the safety-net health care system with national, state and local initiatives that facilitate access to care, improve quality and lower costs
- Harmonize and integrate enrollment processes for Medicaid, the Maryland Health Connection and County safety-net health care programs
- Implement patient-centered medical homes
- Participate in Medicaid to reduce gaps in care related to “churning”
- Achieve ambulatory service equity between Montgomery Cares and Medicaid
- Use data, including “meaningful use” of EHR, to improve quality and efficiency
- Establish linkages to community-based social services and support services
- Focus on improving patient experience
- Achieve clinic sustainability

Challenges and Opportunities

Aligning Montgomery Cares with Federal and State Health Care Initiatives

- Affordable Care Act – Expanded Coverage to Universal Coverage
- State Innovation Model – PCMH to CIMH
- Community Health Improvement Planning – Healthy Montgomery
- Restructuring Health Care Financing – Hospital Medicare Waiver

Establishing partnerships and implementing collaborative strategies to address:

- Workforce Development
- Social Determinants of Health
- Community Engagement

Achieving Triple Aim Goals:

- Improving Population Health
- Improving Patient Experience
- Reducing Health Care Costs



Appendix E: Montgomery Cares Behavioral Health Program Expansion Update (Q1 and Q2 FY2015)

Prepared by:
Rosemary Botchway, Senior Manager
Barbara Raskin, Montgomery Cares Program Manager
Deepa Achutuni, Montgomery Cares Program Assistant

*(Extracted from Montgomery Cares Program Report Second Quarter FY 2015
Presented to Montgomery Cares Advisory Board on January 28, 2015)*

During the first half of fiscal year 2014 the Montgomery Cares Behavioral Health Program (MCBHP) began expansion efforts following an infusion of funds to expand access to behavioral health services. The MCBHP is working with participating clinics to increase the visibility of the program and ensure that all patients at participating clinics are receive a behavioral health screening and are referred for services when appropriate.

MCBHP Highlights

Behavioral Health Reporting

- MCBHP established quality measure related to depression screening at the MCBHP partner clinics.
- Clinical outcome metrics for treatment of depression are being established.
- MCBHP developed a behavioral health documentation template in eClinical/Works to insure uniform data collection and reporting.

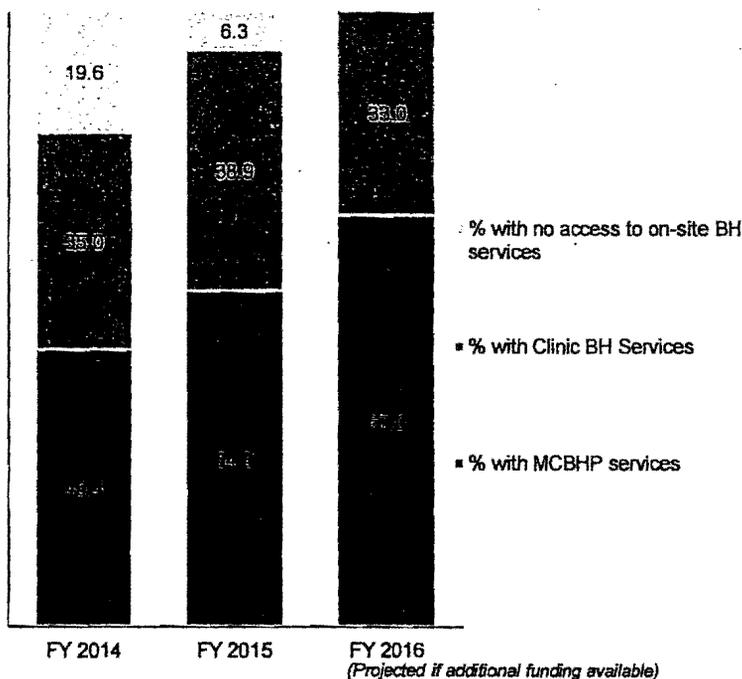
MCBHP Psychiatry services expansion

- MCBHP began providing psychiatry clinic at Holy Cross Health Center - Silver Spring twice a month.
- Training and simulation of telemedicine visits across the Holy Cross Health Centers was done to prepare for utilization of telemedicine.
- MCBHP will begin to have a psychiatry clinic 1-2 times a month at MCC Medical Clinic.

Training

- MCBHP is conducting a two-day Motivational Interviewing training for clinic staff in February 9-10, 2015.

Percent Montgomery Cares Patients With Access to Integrated Behavioral Health Services



**Number of Unduplicated Behavioral Health Patients and
Percent of Clinic Patients Receiving Behavioral Health Services**

Clinic Site	Q1 Number of Patients Receiving Services	Q2 Number of Patients Receiving Services	YTD Patients Receiving BH Services	YTD Number of Clinic Patients	Percent Clinic Patients Receiving BH Services YTD
Holy Cross Health Centers	272	251	409	3,748	11%
Proyecto Salud	250	261	394	3,128	13%
Mercy Health Clinic	94	103	129	1,029	13%
Muslim Community Center Medical Clinic	14	17	26	1,451	02%
The People's Community Wellness Center	16	16	24	322	07%
Mansfield Kaseman Clinic	n/a	136	136	1,112	12%
Total	646	784	1,118	10,790	10%

Behavioral Health Services Provided
(More than one service can be provided in a visit)

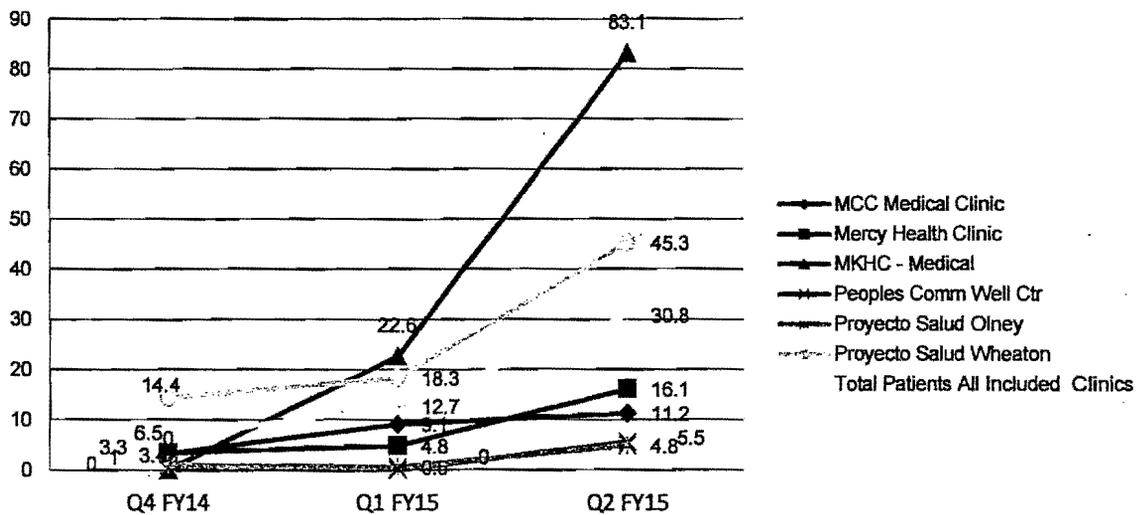
Service*	Q1	Q2	Totals
Initial Screen	54	113	167
Case Review with Psychiatrist	220	277	497
Medication Education and Management	319	339	657
Reassessment	416	422	838
Referrals <i>(Social services, addiction services, outside counselors)</i>	227	309	536
Evaluation	180	212	392
Therapy	90	121	211
Psychiatrist Visit	15	33	48
Crisis Intervention	14	11	25

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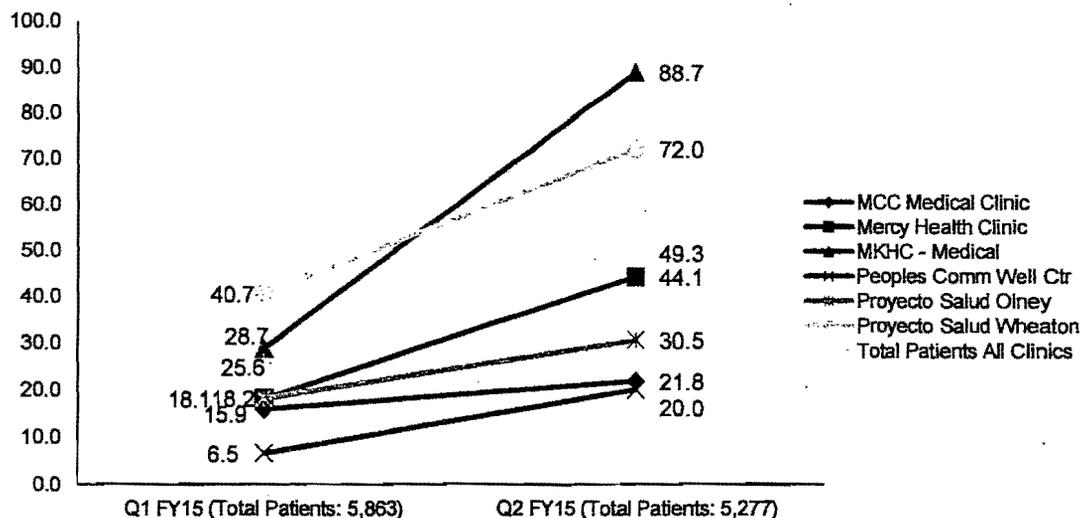
Behavioral Health Quality Measures

During the first half of fiscal year 2014 the Montgomery Cares Behavioral Health Program (MCBHP) began expansion efforts following an infusion of funds to expand access to behavioral health services. MCBHP expanded services to Kaseman Clinic in October. The MCBHP is working with participating clinics to increase the visibility of the program and ensure that all patients at participating clinics receive depression screening and are referred for services when appropriate. MCBHP also completed the first phase of development of outcome measurements that focus on rates of screening for depression and will complete additional reporting measures in the remainder of the year. MCBHP increased access to psychiatric consultation and direct psychiatric services. MCBHP provided training in clinical care for diagnosis and treatment of behavioral health disorders to medical providers, Motivational Interviewing to medical and behavioral health providers and sponsored and IHI Web & Action Behavioral Health Integration workgroup

#1: Percent of primary care and specialty care visits that administer a screening for depression using either the PHQ-2 or PHQ-9. Goal: 75% of PCV and SCV include a depression screen.



#2: Percent of patients who received an annual screen for depression (PHQ-2 or PHQ-9). Goal: 90% of patients receive an annual depression screen.



- Results for both screening indicators show progress over time for all clinics.
 - Percentage of patients with annual screen increased from 25.6 to 49.3 in a three month time period.
 - Percentage of PCV/SCV visits screened increased from 5.7 to 27.9 in six month time period.

- Holy Cross Health Center data is not available at this time; Holy Cross Health Centers have a well-established screening protocol.
- Clinics with low results may be a result of incorrectly entering screening data into the electronic medical record. PCC and the clinics are addressing data entry related to depression screening.

MCBHP Expansion

- MCBHP is establishing a referral process with Care For Your Health (CAYH) so that patients can access behavioral health care at other locations convenient to them.
- MCBHP is working with MCC to increase productivity and hours of service at this site.
- Three Montgomery Cares clinics have established behavioral health services:
 - CCI and Mary's Center both received grants from HRSA to integrate behavioral health services and primary care.
 - Mobile Medical Care contracts with ASPIRE to provide integrated services that are provided by behavioral health clinicians and psychology students.
- MCBHP will provide access to psychiatric evaluation and treatment to Montgomery Cares patients served at these sights, as well as consultation to behavioral health specialists and primary care providers as needed.

Access to Integrated Behavioral Health Services for Montgomery Cares Patients

Clinic	Source of On-Site Behavioral Health Services	Access to Psychiatry Consultation and Psychiatric Services
Holy Cross Health Centers (SS, AH, G)	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Mercy Health Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics; volunteer psych ½ day a month
Proyecto Salud (Wheaton and Olney)	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
The People's Community Wellness Center	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Muslim Community Center Medical Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
CMR – Kaseman Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Care for Your Health	None	Exploring linkage to MCBHP in FY 2015 and FY 2016
Community, Clinic Inc.	FQHC - CCI Staff	n/a
Mary's Center	FQHC Mary's Center Staff	n/a
Mobile Medical Care	MM Contract With ASPIRE	Mobile Med has a volunteer psychiatrist, and is exploring collaboration with MCBHP psychiatric consultation
Spanish Catholic Center	SCC Staff	Exploring linkage to MCBHP psychiatry consultation and clinics in FY15
CCACC - PAVHC	CCACC Staff/Volunteer	CCACC has volunteer psychiatrist on staff

Montgomery Cares Program Report

March 25, 2015

Rosemary Botchway, Senior Manager
 Barbara Raskin, Montgomery Cares Program Manager
 Deepa Achutuni, Montgomery Cares Program Assistant



primary care coalition
 100 Montgomery County, Maryland

100 Montgomery County, Maryland
 301-279-1234
 www.pcccoalition.org

YTD Patients and Encounters – February 2015

Year to Date	FY15 Unduplicated Patients			FY15 Encounters			Reimbursement MCares Payment \$65/Visit*	
	Clinic	FY15 Projected Patients	FY15 Unduplicated Patients	FY15 % of Projection	FY15 Projected Encounters	FY15 YTD Encounters		FY15 % of Target Met
CCACC-PAVHC		200	198	99%	600	337	56%	\$21,905.00
Community Clinic, Inc.		3,200	2,206	69%	8,960	4,113	46%	\$267,345.00
CMR - Kaseman Clinic		2,100	1,142	54%	6,002	2,542	42%	\$165,230.00
Holy Cross Hospital Health Centers		6,700	4,501	67%	17,742	8,322	47%	\$540,930.00
Mary's Center		1,200	671	56%	2,760	1,370	50%	\$89,050.00
Mercy Health Clinic		1,793	1,127	63%	5,200	3,596	69%	\$233,740.00
Mobile Med		5,200	2,853	55%	14,100	7,549	54%	\$490,685.00
Muslim Community Center Medical Clinic		3,000	1,698	57%	7,500	4,173	56%	\$271,245.00
Proyecto Salud - Wheaton & Olney		5,700	3,607	63%	17,100	9,219	54%	\$599,235.00
Spanish Catholic Center		1,322	876	66%	3,438	1,850	54%	\$120,250.00
The People's Community Wellness Center		1,200	367	31%	2,760	741	27%	\$48,165.00
General Medical Clinic Sub-totals		31,615	19,246	61%	86,162	43,812	51%	\$2,847,780.00
Montgomery Cares FY15 Budget		32,250		60%	82,707		53%	\$5,375,955.00
CCI - Homeless*		300	71	24%	495	86	17%	\$5,590.00
CMR - Kaseman Clinic - Homeless*		100	41	41%	230	67	29%	\$4,355.00
Homeless Medical Clinic Sub-totals		400	112	28%	725	153	21%	\$9,945.00
Medical Clinic Totals		32,015	19,358	60%	86,887	43,965	51%	\$2,857,725.00

*Homeless encounters are reimbursed at \$143 per visit. Homeless Medical Clinic reimbursements are a separate budget line item. Reallocated \$25,000 to Mantoni Mobile Dentistry

Year to Date	Clinic	Patient Panel	Encounters YTD	Payments YTD
	Care For Your Health*	49	53	\$7,851.57



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Montgomery Cares February 2015 Performance

The benchmark for February is 66%.

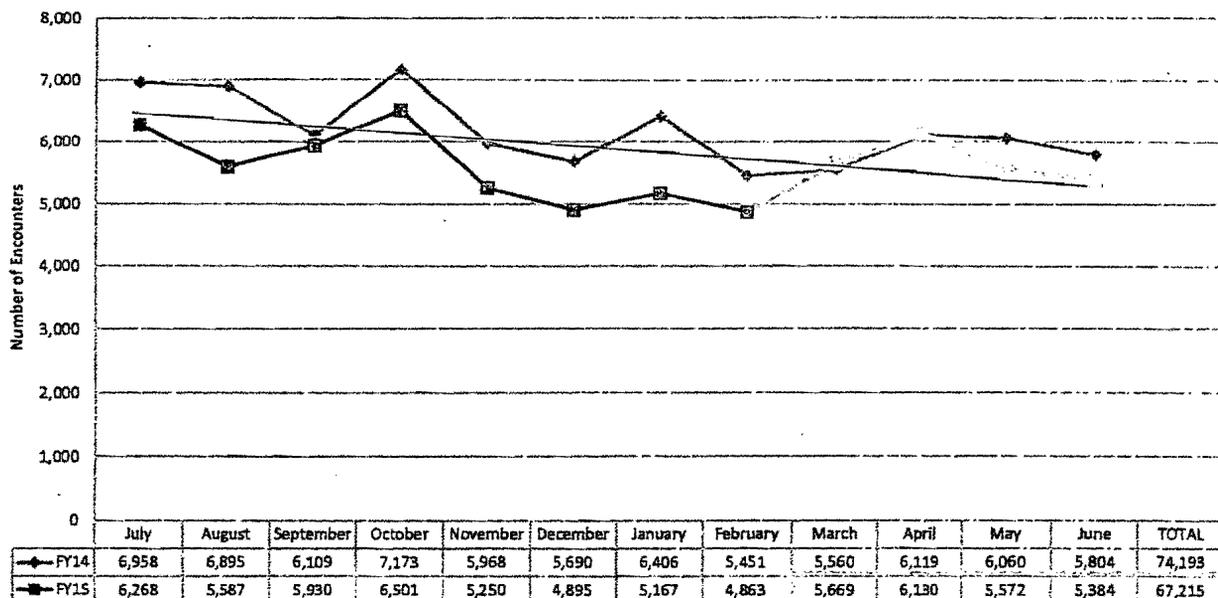
- Clinics have served 61% of the projected number of unduplicated patients within the first seven months of the fiscal year, and have reached 51% of their projected number of encounters
- 53% of the budget for clinic visits has been expended
- Care For Your Health, which is reimbursed on a capitated basis, has a patient panel of 49 Montgomery Cares eligible patients; 45% of its 110 patient target

Length of Time to Next Appointment for New Patients

- Proyecto Salud in Olney and Wheaton, and Spanish Catholic Center can see patients within two days
- Care for Your Health, Holy Cross Aspen Hill, Mansfield Kaseman Clinic, Mobile Med, Muslim Community Center Medical Clinic, and The People's Community Wellness Center can provide appointments within 1 week
- CCACC, Holy Cross Silver Spring, Mary's Center, and Mercy Health Clinic can provide appointments within 2 weeks
- Community Clinic Inc. and Holy Cross Gaithersburg can provide appointments within 3 weeks



Growth Trends: FY14 vs. FY15 Projection



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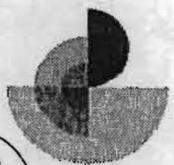
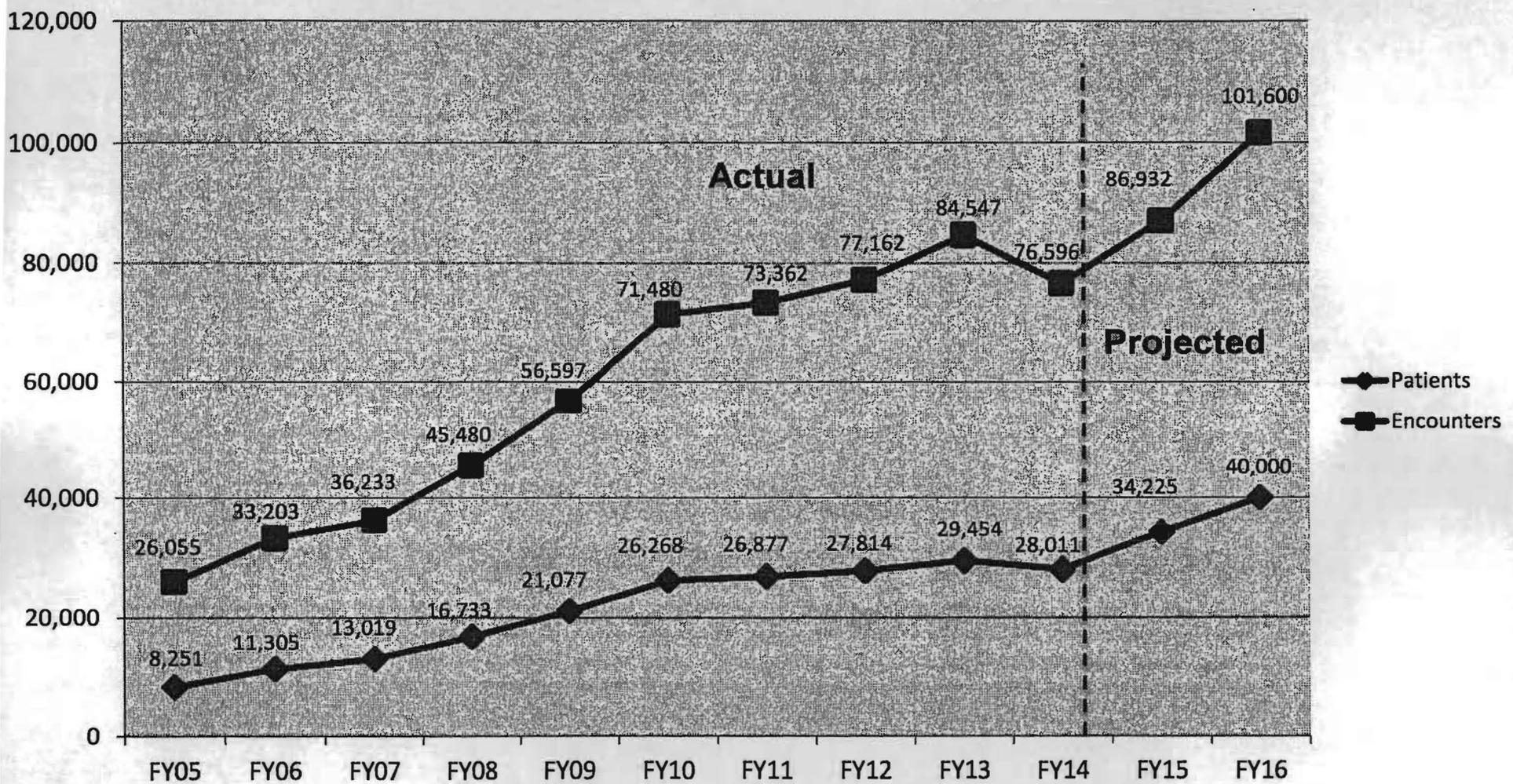
Declining Montgomery Cares Encounters

- Results
 - There is no uniform decline in encounters across the Montgomery Cares Clinics.
 - Of the seven clinics for which PCC can get comparable data:
 - In 2014 almost half of the clinics equaled or exceeded their encounter totals of 2012
 - For the remainder:
 - Data show an estimated 4-6% loss of clients to Medicaid (and likely more in the smaller clinics)
 - A review of encounters for the four clinics outside of accessible eCW data revealed a similar pattern.

- Next Steps
 - Clarify and confirm our findings with the clinics
 - Meetings have been scheduled and/or requested with the clinics that have the greatest impact on encounter totals
 - Work with the clinics where opportunities for improvement are identified
 - Provide more detailed information to MCAB following a review with the clinics and DHHS



Montgomery Cares Growth FY 2005 – FY 2014



FY 2014 Patients and Encounters

Year to Date	FY14 Unduplicated Patients			FY14 Encounters			Reimbursement
	Clinic	FY 2014 Projected Patients(1)	FY14 Unduplicated Patients	FY14 % of Projection	FY14 Projected Encounters(1) †	FY14 YTD Encounters	FY14 % of Target Met
CACC-PAVHC	400	374	94%	800	722	90%	\$46,930
Community Clinic, Inc.	4,500	2,847	63%	12,500	7,814	63%	\$507,910
MR - Kaseman Clinic	2,500	2,027	81%	5,850	5,355	92%	\$348,075
St. Mary's Center	6,500	6,165	95%	16,500	15,311	93%	\$995,215
St. Mary's Center	1,400	1,136	81%	3,200	2,714	85%	\$176,410
St. Mary's Health Clinic	2,000	1,685	84%	5,300	5,899	111%	\$383,435
Mobile Med †	5,300	4,656	88%	13,000	12,419	96%	\$807,235
Muslim Community Center Medical Clinic †	3,000	2,407	80%	6,800	6,894	101%	\$448,110
Proyecto Salud - Wheaton & Olney	4,500	4,823	107%	13,600	14,827	109%	\$963,755
Spanish Catholic Center	2,076	1,142	55%	3,814	2,943	77%	\$191,295
The People's Community Wellness Center	1,320	672	51%	2,050	1,609	78%	\$104,585
General Medical Clinic Sub-totals	33,496	27,934	83%	83,414	76,507	92%	\$4,972,955
Montgomery Cares FY14 County Approved Budget *	32,250		87%	85,625		89%	\$5,565,625
Montgomery Cares FY14 Amended Budget**	31,083		90%	82,707		93%	\$5,375,955
CCI - Homeless***	300	153	51%	460	190	41%	\$27,170
CMR - Kaseman Clinic - Homeless***	100	113	113%	300	196	65%	\$28,028
Homeless Medical Clinic Sub-totals	400	266	67%	760	386	51%	\$55,198
Medical Clinic Totals	33,896	28,200	83%	84,174	76,893	91%	\$5,028,153

†) Revised projections received from all Clinics in December 2013

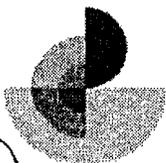
Received revised projections from Muslim Community Center Medical Clinic and Mobile Medical Care.

County Council Approved Budget. **Amended budget.

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

Year to Date	Patient Panel	Number of Encounters	Payments Year to Date
Care For Your Health	77	89	\$19,107

Care for Your Health is a pilot program paid on a capitation basis. Provider is reimbursed \$16.67 per person per month.



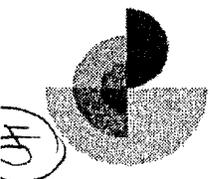
FY 2013 vs. FY 2014 Patients and Encounters

Clinic	Unduplicated Patients			Encounters		
	FY 2013 Unduplicated Patients	FY14 Unduplicated Patients	FY13 v. FY14 Difference in Unduplicated Patients	FY 2013 Encounters	FY14 Encounters	FY13 v. FY14 Difference in Encounters
CCACC-PAVHC	444	374	-19%	908	722	-26%
Community Clinic, Inc.	2904	2,847	-2%	8,855	7,814	-13%
CMR - Kaseman Clinic	1726	2,027	15%	4,477	5,355	16%
Holy Cross Hospital Health Centers	6379	6,165	-3%	17,211	15,311	-12%
Mary's Center	1206	1,136	-6%	2,975	2,714	-10%
Mercy Health Clinic	1891	1,685	-12%	7,449	5,899	-26%
Mobile Med †	5366	4,656	-15%	14,453	12,419	-16%
Muslim Community Center Medical Clinic †	2583	2,407	-7%	7,085	6,894	-3%
Proyecto Salud - Wheaton & Olney	5081	4,823	-5%	15,961	14,827	-8%
Spanish Catholic Center	1120	1,142	2%	3,234	2,943	-10%
The People's Community Wellness Center	754	672	-12%	1,939	1,609	-21%
General Medical Clinic Sub-totals	29,454	27,934	-5%	84,547	76,507	-11%
CCI - Homeless***	196	153	-28%	495	190	-161%
CMR - Kaseman Clinic - Homeless***	94	113	17%	254	196	-30%
Homeless Medical Clinic Sub-totals	290	266	-9%	749	386	-94%
Medical Clinic Totals	29744	28,200	-5%	85296	76,893	-11%

(1) Revised projections received from all Clinics in December 2013

† Received revised projections from Muslim Community Center Medical Clinic and Mobile Medical Care.

Care for Your Health	FY 2013	FY 2014	Difference
Patient Panel	78	77	-1%
Encounters	143	89	



Program Performance

FY 2014 was a unique and challenging year for the Montgomery Cares program.

For the first time since the program began, the number of patients served decreased 5% from 29,454 to 28,011. The number of encounters decreased 9% from 84,547 to 76,596. The average patient/encounter ratio decreased slightly from 2.9 to 2.7.

- Nine of the twelve Montgomery Cares clinics converted to ONC-certified electronic health records which temporarily impacted productivity.
- Following the implementation of the Affordable Care Act, clinics reported that a significant number of patients have obtained Medicaid or other insurance coverage.
- A total of seven clinics serve both uninsured and Medicaid patients.
- There is capacity to accept new uninsured patients at nine clinics; three clinics have significant wait times for new patient appointments (over 21 days).
- The demand for specialty care, behavioral and oral health services continues to exceed supply.
- Clinics continue to report shortages of essential POS medications.



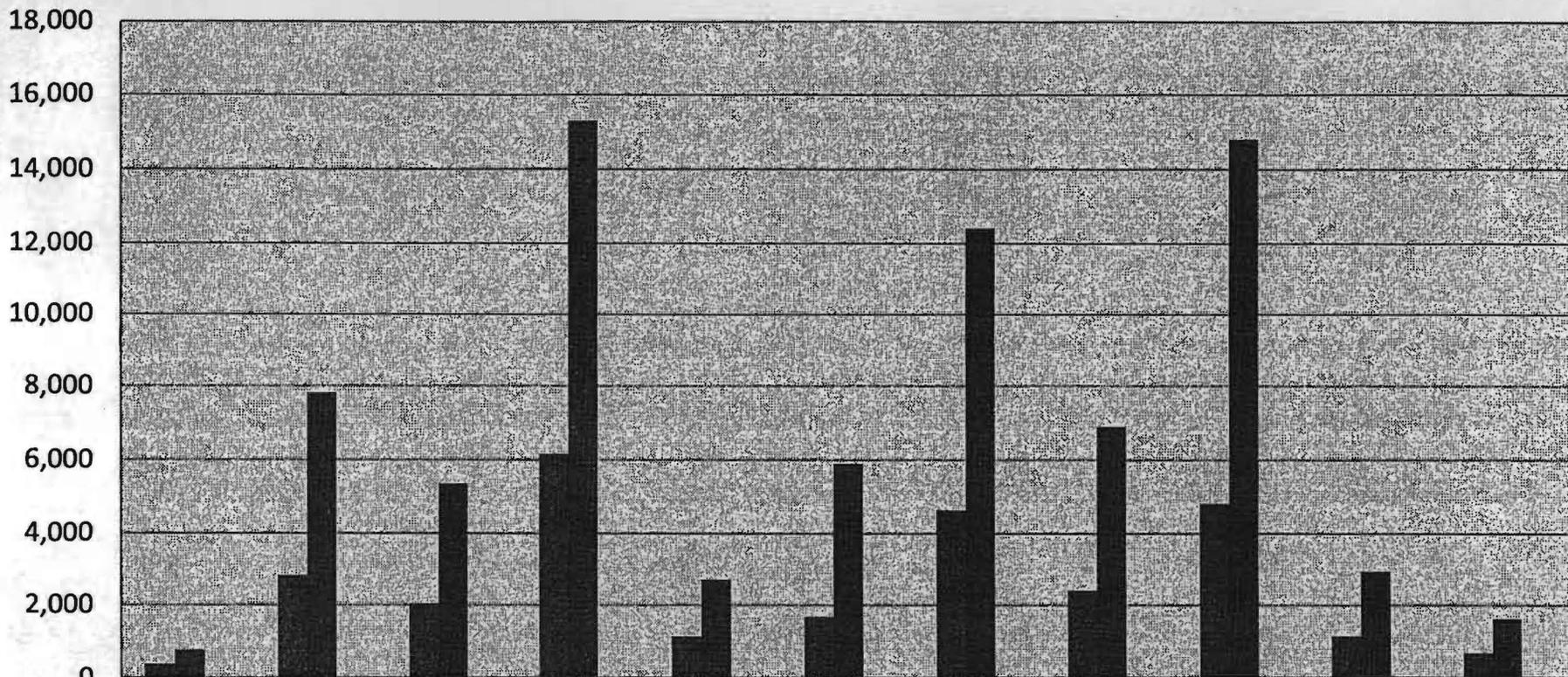
ACA Impact on 8 Montgomery Cares Clinics

Description	Patient Count
Patients with Montgomery Cares	15,668
Patients with Medical Assistance and Commercial Insurance	1,461
Total Patients Analyzed for Insurance Differences (N)	17,130
Subsets	
Patients who Switched from Montgomery Cares to MA or Insurance	503
Patients Newly Registered with MA or Insurance	958
Patients who Switched Back to Montgomery Cares from MA or Insurance (Previously Montgomery Cares)	59



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Unduplicated Patients & Encounters by Clinic



	CCACC	CCI	CMR	HC	Mary's Ctr.	Mercy	MMed	MCC	PS	SCC	TPCWC
■ Patients	374	2,847	2,027	6,165	1,136	1,685	4,656	2,407	4,823	1,142	672
■ Encounters	772	7,814	5,355	15,311	2,714	5,899	12,419	6,894	14,827	2,943	1,609
■ Ratio	1.93	2.74	2.64	2.48	2.39	3.50	2.67	2.86	3.07	2.58	2.39

*Care for Your Health is not included in this chart.

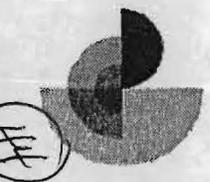


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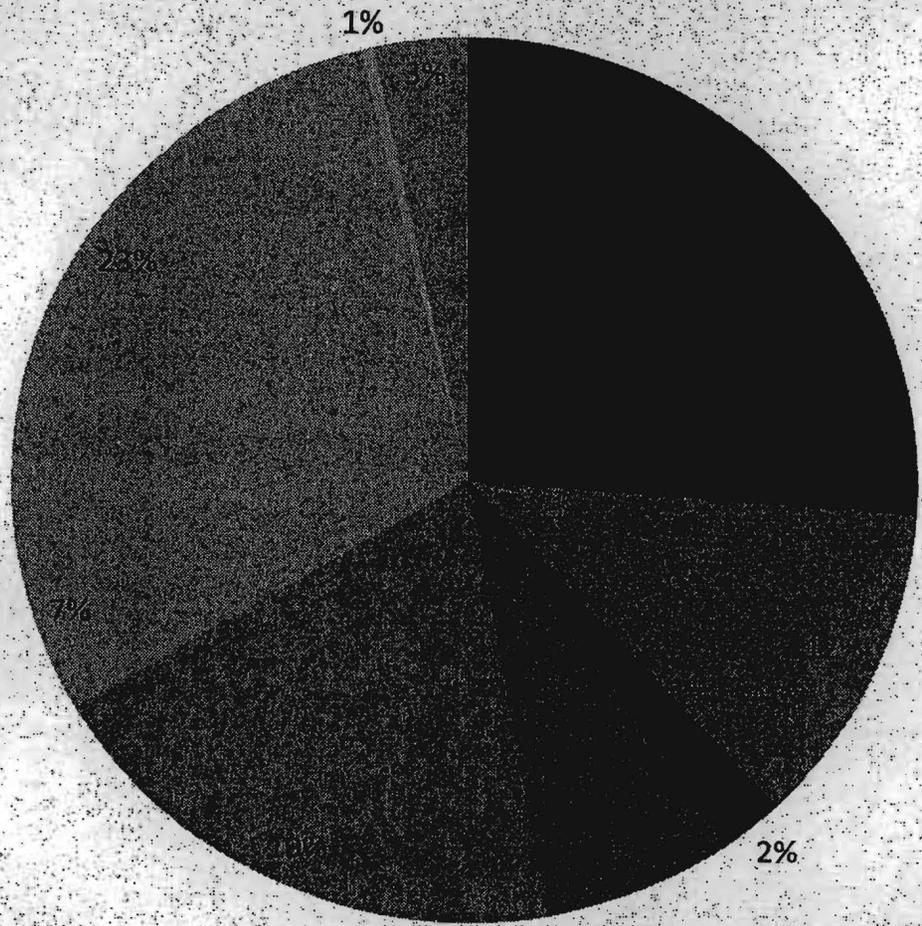
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Montgomery Cares Patient Demographics

67% Female	62% Hispanic
Mid-Age	10% 65+
	30% 50 – 64
	22% 40 – 49
	23% 30 – 39
	15% 18 – 29
Racially Diverse	32% Other (includes Hispanic)
	18% Black
	16% White
	10% Asian
	7% Native American, Alaskan, Hawaiian, Pacific Islander
	17% Unknown
Very Poor	64% report income ≤ 100% FPL
	16% report income between 101 – 133% FPL
	20% report income between 134 – 250% FPL

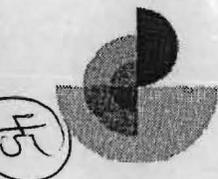


Pharmacy Expenditures Breakdown by Category



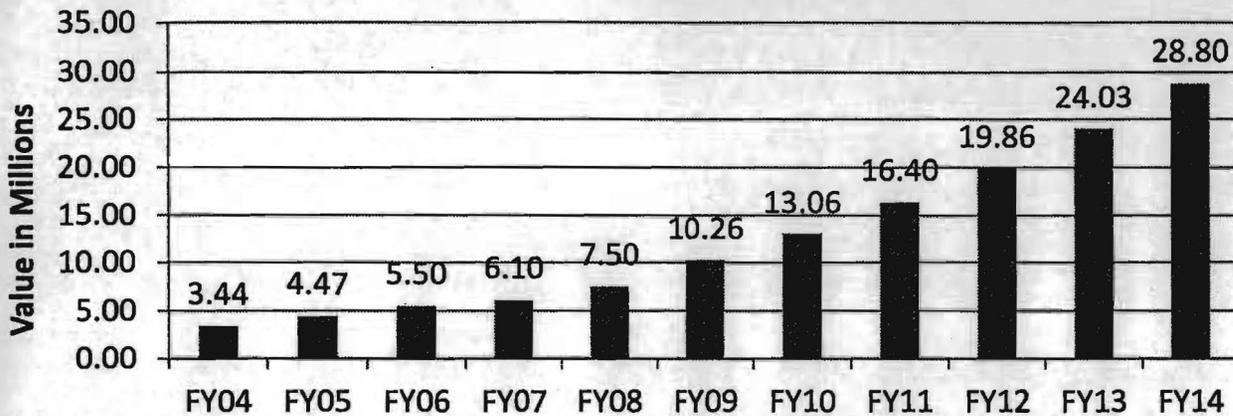
- Antibiotics
- Cardiovascular
- Endocrine/Diabetic
- Family Planning
- Immunology
- Insulin
- Mental Health
- Pulmonary
- Topicals
- H. Pylori

FY 2014 Expenditure	
Point of Service Medication	\$1,098,934
Diabetic Supplies/H. Pylori	\$314,745
Bradley (Bridge Meds)	\$698
Total	\$1,414,377



Medbank Program Impact FY 2014

Medbank Cumulative Value of Free & Discounted Meds Received



Program Impact	
Value of Meds Received	\$4,898,685
Patients Assisted	1,790
Prescription Requests Processed	7,278
Prescriptions Received	5,180
Medication Received Success Rate	71%

Medbank value of free and discounted meds (millions)

	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
Fiscal Year Value		2.00	1.03	1.03	.60	1.40	2.76	2.80	3.34	3.68	4.17	4.90
Cumulative Value	1.44	3.44	4.47	5.50	6.10	7.50	10.26	13.06	16.40	19.86	24.03	28.93



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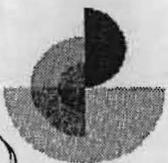
Project Access Highlights and Challenges FY 2014

Highlights

- A least 2,631 appointments representing 2,216 unique patient referrals.
- Minimum of 254 surgeries and other medical procedures performed.
- 14 new providers/practices recruited into the network, including 2 ambulatory surgery centers.
- Outreach visits to 20 provider practices.
- Onsite referral trainings at 20 clinic sites.
- Received an additional \$130,000 in the fourth quarter, resulting in approximately 150 additional patients served.

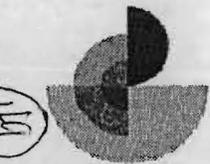
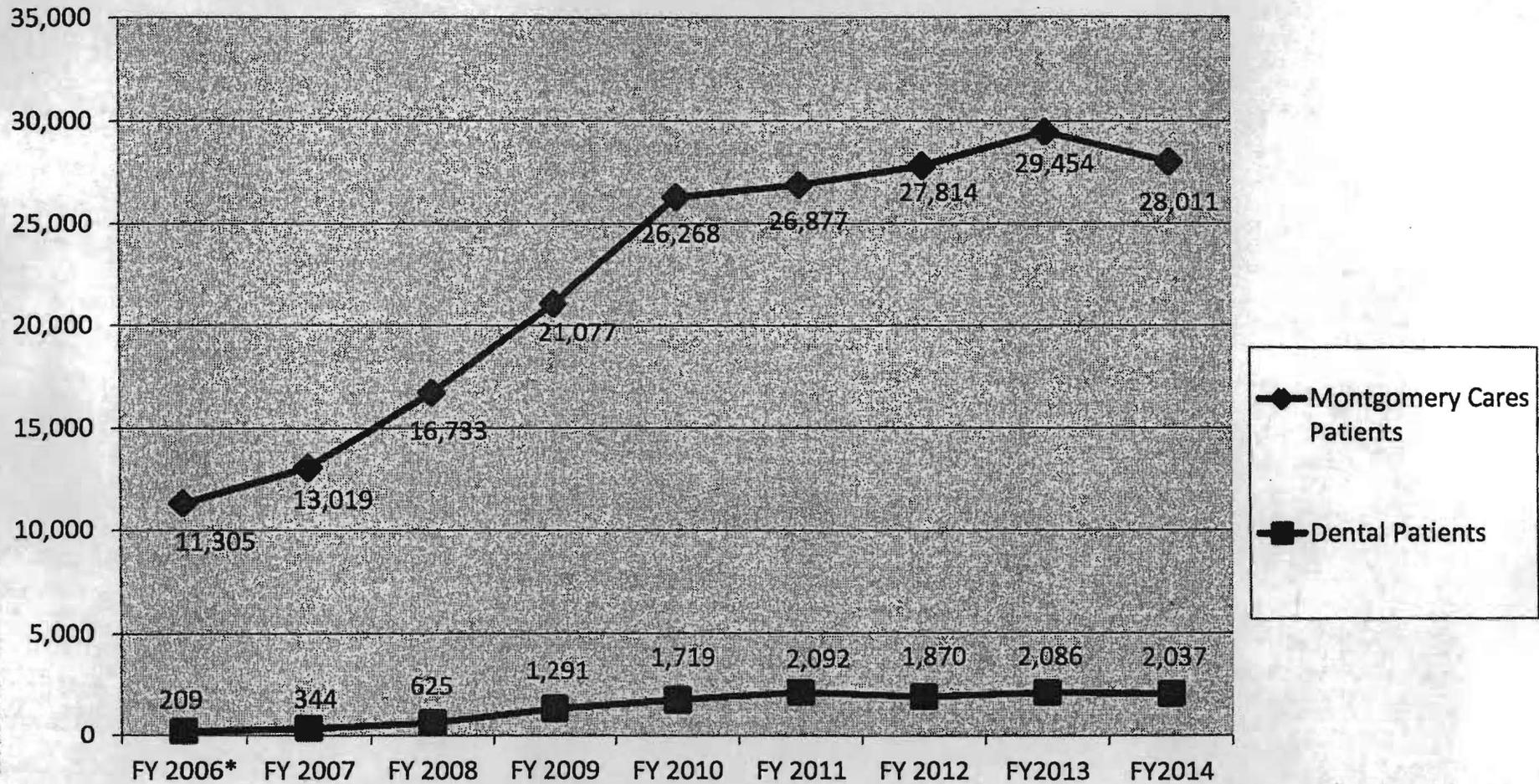
Challenges

- Demand for specialty care continues to exceed supply.
- Limits on scope and volume of services provided by hospitals significantly impacts capacity.
- Recruiting has become more challenging as small private practices merge into larger, more formally structured group practices.



Oral Health Program FY 2006 – FY 2014

The demand for dental care continues to exceed capacity.



Oral Health Program FY 2014

Provider	Unduplicated Patients	Encounters	Ratio
Spanish Catholic Center	1,077	3,745	3.5
DHHS Adult Dental Services Metro Court	758	1,426	2.4
DHHS Adult Dental Services Colesville	202	400	2.0
Total	2,037	5,571	2.7

Spanish Catholic Center had a 7% decrease in the number of patients served and a 7% increase in encounters. Spanish Catholic Center has a 4 month wait time for new patient appointments.

Metro Court had a 2% increase in the number of patients served and a 6% increase in the number of encounters compared to FY 2013. Metro Court has a 2 week wait for new appointments.

DHHS Colesville Clinic serves homeless and Montgomery Cares patients.

CCI and Mary's Center offer dental services on a sliding fee schedule based on patient income.

SCC plans to add 2 evening clinics per week to reduce the wait time.

Muslim Community Center Medical Clinic will begin offering dental services to Montgomery Cares patients in FY 2015.

Montgomery Cares Behavioral Health Program

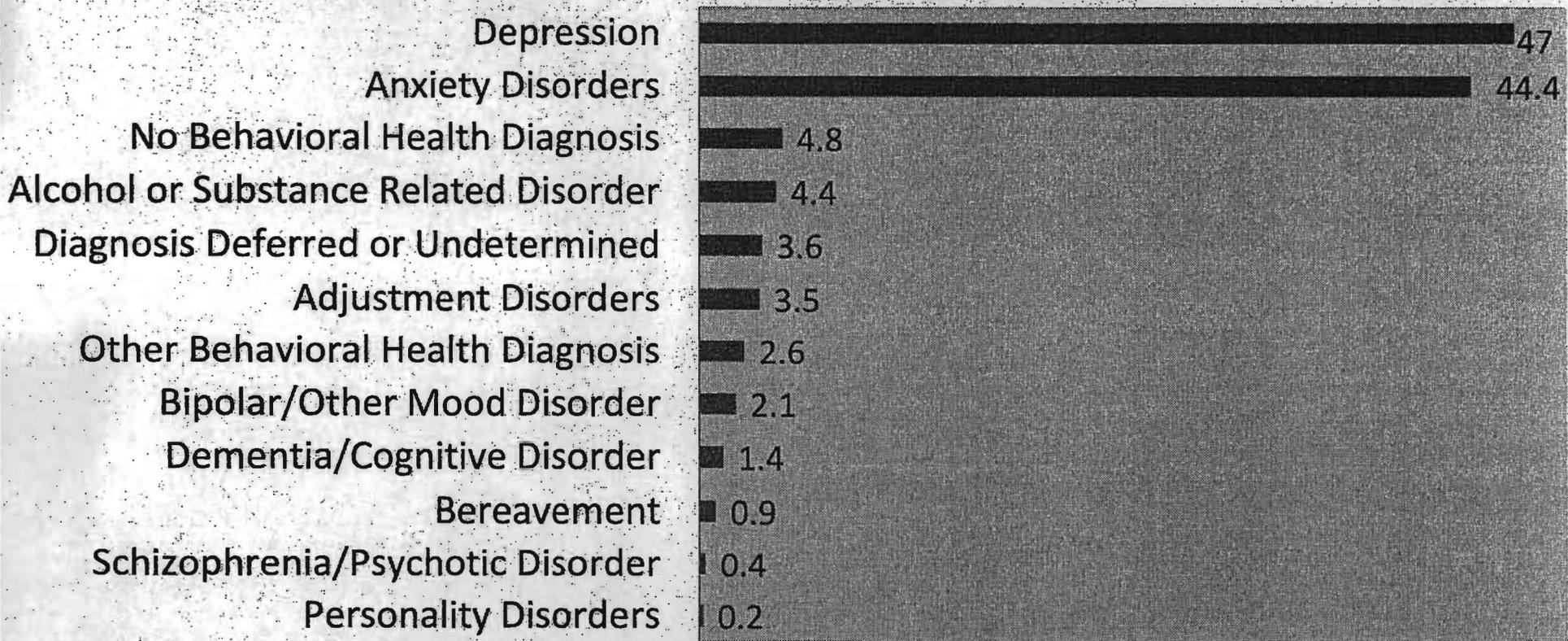
Clinic Site	Montgomery Cares Patients	Patients Receiving MCBHP Services	Percent Patients Served by MCBHP
Holy Cross (3 Sites)	6,165	751	12.2%
Proyecto Salud (2 Sites)	4,823	458	9.5%
Mercy	1,685	238	14.1%
Total for Established Clinics	12,673	1,447	11%
Muslim Community Clinic *	2,407	15	n/a
People's Community Wellness Center*	672	20	n/a
Total All Clinics	15,752	1,482	n/a

*Services started in mid-April 2014.



Prevalence of Behavioral Health Diagnosis in Patients Who Received MCBHP Services In FY 2014 (N= 1378 Patients with Diagnosis)

Patients may have multiple diagnoses.



MCBHP FY 2014 Highlights

- Expansion of integrated services to four new partner clinics
 - MCC Medical Clinic and The People's Community Wellness Center: Full program services and staffing.
 - Mary's Center and Spanish Catholic Center: Access to psychiatric consultation, psychiatry services, and provider education.
- MCBHP continues to provide training to PCPs and clinic staff on relevant behavioral health topics.
- MCBHP staff selected to participate in intensive motivational interviewing training for sponsored by the National Network to End Disparities in Behavioral Health and SAMSHA.
- Motivational interviewing training was conducted with MCBHP staff and staff from 7 partner clinics; follow-up training will be provided for 6 months.



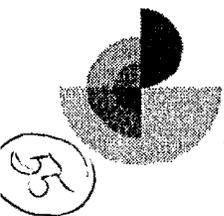
MCBHP FY 2015 Goals

Program Development

- Expand full behavioral health services to 1 additional Montgomery Cares site; serve 2,500 patients.
- Phase in 2 to 4 weekly psychiatry clinics; serve 60% of the population.
- Make psychiatric consultation available to all primary care providers.
- Increase education for medical providers on identification, assessment and management of behavioral health disorders.
- Begin implementation of universal behavioral health screening.
- Expand data collection and reporting using ECW and case management using Care2Care.

On-Going Training and Education

- Five clinics scheduled to participate in IHI Web & Action Series on Integrated Behavioral Health.
- On-going motivational interviewing training for MCBHP and clinic staff.
- MCBHP to provide 5 field placements in integrated care settings to University of Maryland Schools of Social Work students.



Quality Metrics

Montgomery Cares Measures	FY08	FY09	FY10	FY11	FY12	FY13	Target Range HEDIS 2012 (mean-90 th Percentile)
* Diabetes: Annual A1c Testing	54%	74%	77%	77%	84%	84%	83-91%
* Diabetes: Annual LDL Testing	47%	65%	70%	70%	75%	78%	75-83%
* Diabetes: Good A1c Control (≤ 7)	26%	35%	37%	37%	42%	38%	34-43%
Diabetes: A1c Control (≤ 8)	NA	NA	NA	NA	NA	53%	46-59%
* Diabetes: Poor A1c Control ($\geq 9\%$ or no A1c testing)	57%	44%	37%	37%	42%	37%	45-31%
* Diabetes: LDL Control (≤ 100 mg/dL)	22%	32%	35%	35%	38%	39%	34-44%
* Diabetes BP Control ($\leq 140/90$)	70%	73%	73%	73%	72%	73%	59-75%
* Diabetes BP Control ($\leq 130/80$)	NA	NA	48%	48%	47%	48%	39-55% benchmarked HEDIS result for BP $< 140/80$
* Hypertension: BP Control ($\leq 140/90$)	52%	60%	65%	65%	62%	65%	56-70%
Breast Cancer Screening	12%	26%	29%	29%	34%	40%	52-63%
Cervical Cancer Screening	7%	15%	29%	29%	50%	53%	64-77%
Colorectal Cancer Screening	1%	2%	2%	2%	4%	8%	N/A

Montgomery Cares Clinic Participation in Medicaid

Clinic	United	Amerigroup	Maryland Physicians Care	Priority Partners	Riverside Health Plan	MedStar Family Choice
Care for Your Health	Yes	Yes	Yes	Pending	Pending	
CCI	Yes	Yes	Yes	Yes	Yes	
Community Ministries of Rockville	In Process	In Process	In Process	In Process	In Process	
Holy Cross Health Centers	Yes		Yes			
Mary's Center	Yes	Yes	Yes	Yes	Yes	Yes
Mobile Med		Yes		Yes	Yes	
MCC Medical Clinic	Yes	Yes	Yes	Yes	Yes	Pending
Proyecto Salud	In Process	In Process	Yes	Yes		

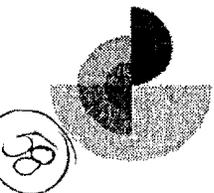


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Electronic Health Record Conversion

After over 2 years of planning, PCC transitioned clinics using CHLCare to an ONC-Certified EHR system in FY 2014 with supplemental funding provided by Montgomery County DHHS, Health Care Initiative Foundation and Kaiser Permanente.

- On July 1st 2013, the first two clinics went live and each month a new clinic was brought on to the system until completion in December 2013.
- Data for over 75,700 patients, with their 991,942 labs, 548,479 visits and eligibility information was migrated to the new system.
- 4 months post go-live were dedicated just to the activity of data cleanup.
- Each clinic received a minimum of 1 week training and 1 week on-site go-live support with additional support for larger clinics.
- Most clinics recovered productivity within 4-6 weeks post go live.
- In March 2014, the first batch of quality measures were extracted.
- PCC has completed over 800 help desk tickets since November 2013.
- PCC is offering on-going training, a monthly tips newsletters and regular “users group” meetings.





MONTGOMERY CARES ADVISORY BOARD

March 31, 2015

FY16 County Council Grants Recommendations

1. Care for Your Health - Home Based Health Program - \$29,473
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$29,373
2. Chinese Culture and Community Service Center, Inc. – Full Time Nurse Assistance - \$62,400
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$62,400.
3. Chinese Culture and Community Service Center, Inc. – Pan Asian Volunteer Health Clinic Expansion - \$50,000
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$50,000.
4. Community Ministries of Rockville – Nursing and Medical Assistance Staffing - \$71,372
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$71,372
5. Community Ministries of Rockville – Referral Coordinator/Patient Navigator - \$76,128
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$76,128
6. Community Ministries of Rockville – Volunteer Coordinator - \$22,391
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$22,391
7. Mary's Center for Maternal and Child Care, Inc. – Family Support Worker, Life Cycle Health Educator, and Emergency Participant Assistance - \$113,889
 - a. The MCAB does **not recommend** any funding for this grant.
 - b. MCAB members agreed that
 1. The grant request was not detailed enough to warrant funding for the three different positions. A suggestion was made stating three different grant applications should have been submitted for the three different positions
 2. 62% of Mary's Centers patients are uninsured. The requested grant positions would work with all their clients. As an FQHC, Mary's Center is eligible for federal and state grants and other special funds. MCAB members believe the clinic could tap into other methods of funding to support the positions.
8. Mercy Health Clinic – Pharmacy Program - \$35,000
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$35,000.

9. Montgomery General Hospital, Inc. – Population Health - \$44,240
 - a. The MCAB does **not recommend** any funding for this grant.
 - b. MCAB members agreed that
 1. As a hospital part of a large system, they should invest dollars to keep people who need primary care out of the Emergency Room.
 2. This grant was funded in FY15. Based on Council Staff Recommendations, it was noted that funding be for one year only and the hospital should sustain this project after the start-up period.
 3. The hospital participated in a similar state grant and MCAB believes their efforts are to sustain outside funding for this position.
10. Mobile Medical Care, Inc. – Diabetes Program - \$50,000
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$50,000.
11. The Muslim Community Center: Medical Clinic – Domestic Violence - \$25,000
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$25,000.
12. Muslim Community Center: Medical Clinic – Quality Assurance - \$50,000
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$50,000.
13. Muslim Community Center: Medical Clinic – Shuttle Van Services - \$12,500
 - a. The MCAB **recommends partial funding** for this grant at \$12,500.
 - b. MCAB members agreed that
 1. Based on the grant information, the Medical Clinic can support a great portion of the cost. Overall, MCAB supports the work of the clinic and its efforts to provide greater accessibility for clients.
14. Montgomery County Language Minority Project: Proyecto Salud – Patient Centered Medical Home - \$48,552
 - a. The MCAB **recommends** funding for this grant at the requested amount of \$48,552



Mercy Health Clinic

100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Telephone: 301-986-1000
Fax: 301-986-1001
www.mercyhealthclinic.org

April 1, 2015

George Leventhal
President, Montgomery County Council
Chair, Health and Human Services Committee
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear Council President Leventhal:

The board of directors of Mercy Health Clinic has made a strategic decision to embrace the vision of Montgomery Cares 2.0, including service to Medicaid patients. The Board reached this decision last Fall after considerable deliberation following discussions with DHHS leadership, PCC leadership, yourself and funders. Montgomery County was clear in its desire for Mercy Health Clinic to increase our payor mix and accept Medicaid, as part of Montgomery Cares 2.0. The Board responded to the County's overtures and is committed to enhancing patient care, increasing healthcare access and diversifying its funding.

This represents a significant shift for Mercy Health Clinic, which has been an all-free clinic since its founding over 14 years ago. In order to make this transition, the Clinic seeks 3-year transition funding from Montgomery County to provide Medicaid preparation and staffing support during the transition. A budget was proposed to DHHS Director Ahluwalia in November, followed by numerous meetings and discussions with county officials and staff. Attached is a revised budget with lower costs.

Benchmarks

Year 1: The focus of Year One is preparations to accept Medicaid, including submission of a completed application to become a Medicaid provider. The budget for year one includes consultants to assist with the application process and other preparations.

Year 2: By the end of Year Two the goal is for MHC to be serving Medicaid patients, representing approximately 6% of the Clinic's total patients.

Year 3: By the end of Year Three the goal is to increase the number of Medicaid patients served to 8% of all MHC patients.

This time frame and these goals reflect the experiences of other clinics that have transitioned to serving Medicaid patients.

The largest budget item is for a transition to primary care providers who are paid staff. Currently the Clinic relies heavily on volunteer providers. Year One includes 1.5 FTE nurse practitioners, increasing to 1.75 FTE in Year Two, and to 2.0 FTE in Year Three. All nurse practitioners would be part-time. This shift to paid primary care providers is important for

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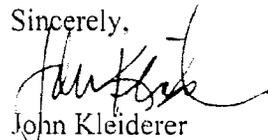
increasing continuity of care, to serve Medicaid patients, and for sustainability as the number of volunteers declines and with new volunteers more difficult to recruit. Mercy Health Clinic has a long and proud history of utilizing volunteer providers and this will continue, particularly in the area of specialty care. MHC is unique among other clinics in that its staffing has relied so heavily on volunteers. MHC now seeks to transition to a model in which most of the primary care is provided by paid providers, with volunteers supplementing this care and also offering specialty care. MHC is currently able to offer nearly 20 specialties on site, which is a great benefit to patients and also relieves pressure on Project Access and the Catholic Charities Health Care Network. Mercy Health Clinic's specialty care thus enables more Montgomery Cares patients throughout the entire program to access specialty care.

Our proposal includes shared funding support from the County, from private foundations and from Mercy Health Clinic. The proposal also includes support for a development position, which would be funded by Mercy Health Clinic. This is an investment in the Clinic's future sustainability beyond the 3-year transition period. In order to raise additional revenue on an annual basis to support paid providers and operations, MHC requires this additional development staffing. This will ensure that the County's investment during the 3-year transition period will continue for years afterwards.

Mercy Health Clinic values the public-private partnership with Montgomery County to provide access to health care for all residents. The Clinic is making a commitment to the vision of Montgomery Cares 2.0 and is responding to the desire of the County for MHC to serve Medicaid patients. However, we need the financial support of the County during this crucial period of transition for our organization.

Thank you for your consideration of this proposal and for your tremendous commitment to provide accessible and affordable healthcare for those most in need. I appreciated the opportunity to discuss this with you in person this week and I look forward to answering any questions you or your staff may have.

Sincerely,



John Kleiderer
Executive Director

Enclosure: 3-year budget proposal

Mercy Health Clinic
 Medicaid Transition Proposal
 Revised March 2015

	Year 1 FY2016	Year 2 FY2017	Year 3 FY2018	Notes
Assumptions				
Total Annual visits	6120	6840	7560	1,800 specialty care visits/yr
Total Primary Care Visits	4320	5040	5760	
Anticipated Medicaid Visits	0	151	403	
% Medicaid Utilization	0%	3.0%	7.0%	6% by end of year 2; 8% by end of year 3
Expected Medicaid payment per visit	\$ 87	\$ 88	\$ 89	
Part-time front desk/insurance verification staff	0.15	0.50	0.50	
Nurse practitioners (FTEs)	1.50	1.75	2.00	

Expense Increase				
Nurse Practitioner	\$ 137,700	\$ 174,960	\$ 210,600	gradual increase from 1.5 to 2.0 FTE
Front Desk Coverage	\$ 6,000	\$ 20,000	\$ 20,000	PT administrative/insurance verification
Development Director	\$ 50,000	\$ 96,000	\$ 96,000	
Off-hours coverage	\$ -	\$ 7,000	\$ 7,000	Patient access to care 24/7 (phone)
Medical Director & NP Malpractice Insurance	\$ 1,300	\$ 12,600	\$ 13,500	
Strategic Consulting Services	\$ 3,000	\$ 2,000	\$ -	
Obtain Medicaid provider status	\$ 3,200	\$ 1,600	\$ -	
Chart Documentation set-up and training	\$ 7,000	\$ 4,000	\$ -	
Billing system set-up and contract initiation	\$ 5,000	\$ 3,000	\$ -	
Billing fees (8% of collections)	\$ -	\$ 1,064	\$ 2,871	
Legal Fees	\$ 2,000	\$ -	\$ -	
Total expense increase	\$ 215,200	\$ 322,224	\$ 349,971	

Funding Support				
County Executive	\$ 45,000	\$ 187,918	\$ 192,186	
County Council	\$ 110,200			
Foundation funding support	\$ 20,000	\$ 25,000	\$ 25,000	
Mercy Health Clinic investment	\$ 40,000	\$ 96,000	\$ 96,000	
Medicaid payment (90% collection rate)	\$ -	\$ 13,306	\$ 35,885	
Total funding support	\$ 215,200	\$ 322,224	\$ 349,071	

County Funding Request	\$ 155,200	\$ 187,918	\$ 192,186	
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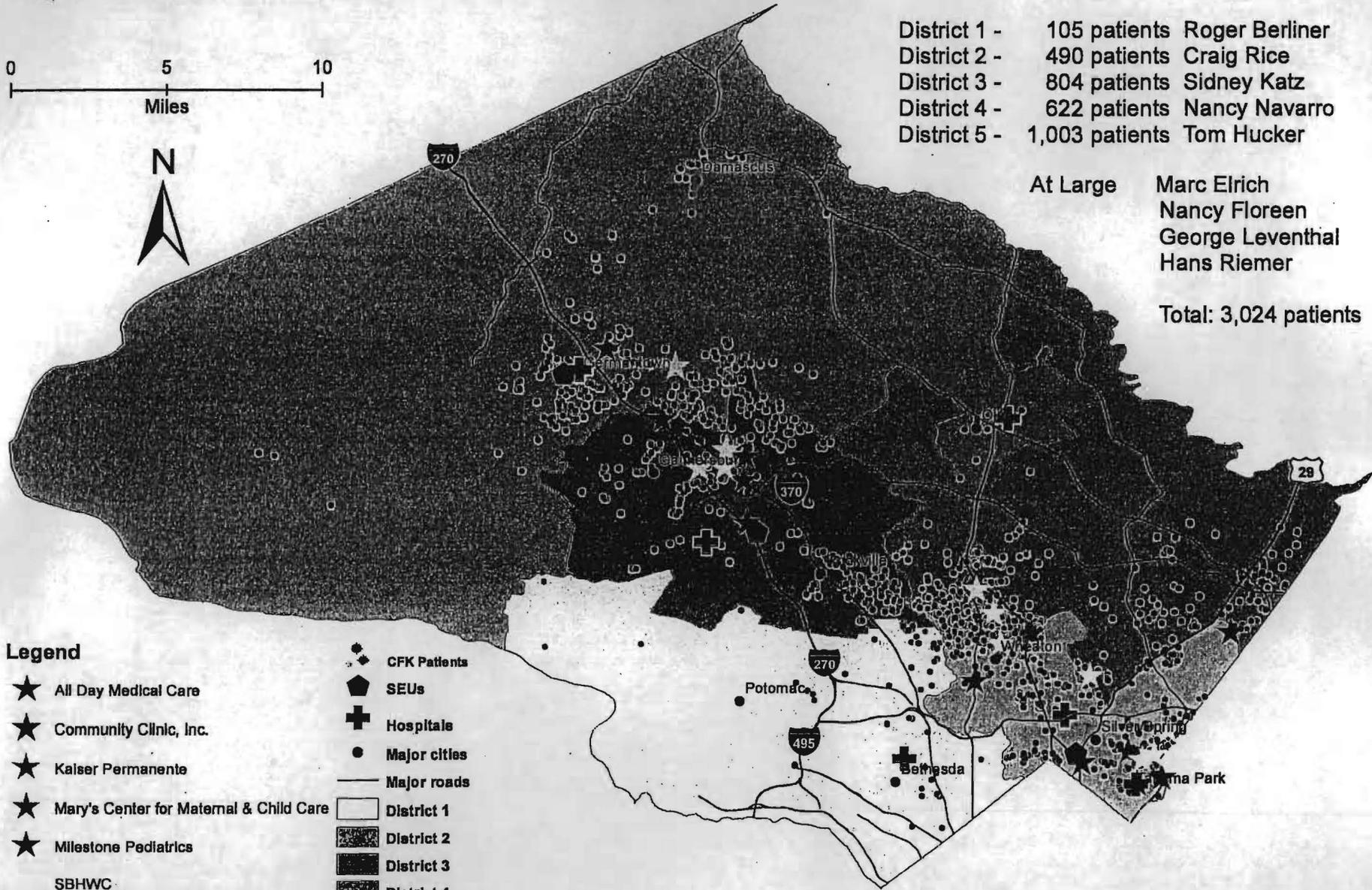
\$535,304 total County funding request over 3 years





primary care coalition
of Montgomery County, Maryland

Patient Population - FY14 Care For Kids



District 1 -	105 patients	Roger Berliner
District 2 -	490 patients	Craig Rice
District 3 -	804 patients	Sidney Katz
District 4 -	622 patients	Nancy Navarro
District 5 -	1,003 patients	Tom Hucker

At Large
 Marc Elrich
 Nancy Floreen
 George Leventhal
 Hans Riemer

Total: 3,024 patients

Legend

- ★ All Day Medical Care
- ★ Community Clinic, Inc.
- ★ Kaiser Permanente
- ★ Mary's Center for Maternal & Child Care
- ★ Milestone Pediatrics
- SBHWC
- ★ Spanish Catholic Medical Clinic
- ◆ CFK Patients
- ◆ SEUs
- ✚ Hospitals
- Major cities
- Major roads
- District 1
- ▨ District 2
- District 3
- ▩ District 4
- ▧ District 5

DISCLAIMER:
 This map was created and assembled by Primary Care Coalition of Montgomery County for informational, planning reference and guidance only. The depiction and use of boundaries or geographic names are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by PCC.

Appendix B:

Care for Kids Fiscal Year 2014 Program Report

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

Care for Kids Program Description

The Care for Kids Program (CFK) ensures that children in Montgomery County have access to primary and specialty health care services. This program serves children in Montgomery County who do not qualify for the Maryland Children's Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level. It is a partnership among the Primary Care Coalition, Montgomery County DHHS, the School Health Program, non-profit clinics and private health care providers.

Program Goals

- Enroll new children in the Care for Kids program.
- Enroll children within 30 days of receiving eligibility notification from the SEU.
- Recertify 100% of CFK children who continue to be eligible for the program.
- Provide case management services for children and their families requiring assistance with special or complex medical and social needs.
- Provide access to prescribed medications for all children enrolled in the program.
- Provide information for dental services through the DHHS dental clinics for all children enrolled in Care for Kids.
- Manage referrals for specialty dental care.
- Provide referrals for optometry, orthopedic care, and behavioral health as well as support for accessing specialty care when requested by the primary provider.
- Conduct outreach through partnerships and participation in community activities such as health fairs, school meetings and others.
- Prioritize enrollment of children in Montgomery County School-Based Health Centers as SBHC capacity permits.
- Enroll children in need of specialty medical care services in the DHMH Children's Medical Services program.

Progress Meeting Goals

Overall, the CFK program served 3,024 children and had an average monthly enrollment of 2,139.

New Children Enrolled: Care for Kids staff makes every effort to contact and complete the enrollment process for all eligible children. The CFK Program receives notice of CFK-eligible children in a Family Summary Report from the DHHS Service Eligibility Unit (SEU) and contacts parents or guardians to complete the enrollment process. This year 875 new children were eligible and CFK successfully enrolled 699 (80%). Of the total, 537 (61%) new children were enrolled within 30 days. However, the average length of enrollment time for new children continues to be 56 days. New families are often difficult to reach, increasing the time it takes to complete enrollment. The primary reason that some children are not enrolled is that CFK staff is unable to contact the families because they moved and changed telephone numbers or because the parent did not follow through with the enrollment process after multiple contacts from CFK.

CFK Children Recertified: Each year families must renew their eligibility for CFK with SEU. In FY14, CFK received notice of eligibility for 1,753 current CFK children and successfully enrolled 1,663 (95%). This is a higher recertification rate than similar access programs in other Maryland and Virginia jurisdictions. The average recertification time was 32 days. Some children become ineligible for CFK each year if their family income increases or if they reach 19 years old.

Case Management: Care for Kids provided case management to 1,028 children (unduplicated) requiring assistance either with specialty services or with interventions related to their primary care services. Currently, case management is primarily provided for children requiring specialty care services, pharmacy services, and ancillary health care services. Interactions with families occur by telephone or in person.

Short-term case management requiring limited follow-up helps families obtain services such as optometry, routine medication authorization, or ancillary care services. Physical therapy after orthopedic treatment is the most frequently requested ancillary service. In FY14, 959 children received short term case management.

Long-term case management occurs when children require more complex or extended health care. In FY14, 286 children received long term case management. The case manager arranges specialty care appointments, follows-up with parents, coordinates ancillary specialty requests, and continues follow-up until the child's health concerns are resolved. Depending on eligibility, the case manager arranges appointments through the state CMS program, Catholic Charities Health Care Network, or (for a very few patients) Project Access. The case manager also links families to appropriate social services when she identifies needs.

Medication: CFK provided pharmacy services for prescribed medications to all enrollees. CFK works through Catamaran, a local pharmacy benefits management program, and Bradley Care Drug, a commercial pharmacy. Bradley fills CFK prescriptions at a reduced rate and delivers medication directly to the family home whenever there is an exceptional medication need.

Dental Information and Services: All new enrollees receive a letter giving information about proper oral health care and explaining the process for accessing DHHS dental services. CFK children have access to dental care for a co-pay of \$10 per visit regardless of the services provided. DHHS provided regular check-ups and uncomplicated restoration care for 1,487 (49%) CFK children in FY14. Access to specialty dental services when needed is critical to maintaining the overall health. Sixty-six (66) children received specialty dental services provided through private pediatric dentists, general dentists, endodontics, and oral surgeons. CFK maintains service provider agreements with dentists willing to accept Medicaid payment rates.

Optometry: In FY14, CFK received and managed a total of 466 referrals for optometry services. Of these, 370 (79%) children received optometry services.

Specialty Referrals: Care for Kids nurse case manager process referrals and provide follow-up care coordination and case management. A CMS specialty care coordinator funded by the state works at PCC with CFK staff to manage care for children with chronic specialty care needs served by the state CMS program.

- CFK Primary care physicians made 1,056 referrals for medical specialty services. Of the 1,056 referrals, 125 were for orthopedic conditions requiring immediate attention and 251 for follow-up physical therapy appointments. The referrals included 39 children sent to DHHS or other behavioral health services.
- The CMS specialty care coordinator processed 166 applications and scheduled 405 appointments with specialty providers. In addition, the CMS specialty care coordinator provided case management to 241 children from Montgomery County and 61 children from Prince Georges County, scheduling 58 specialty care visits.

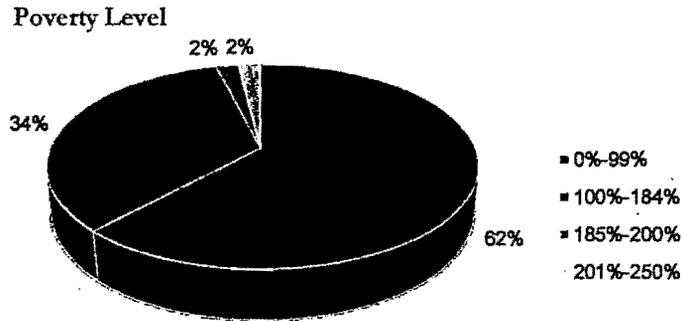
School Based Health Centers: During FY14, Care for Kids program received an increased number of new children to be enrolled in the program. Whenever appropriate, CFK prioritizes and assigns children to receive primary care from the county-run School Based Health Centers in their community.

Client Satisfaction Survey: In FY14, Care for Kids included three additional questions about the Care for Kids program customer services to assess client experience with the program enrollment process. The results showed that 98% of respondents were satisfied with the program.

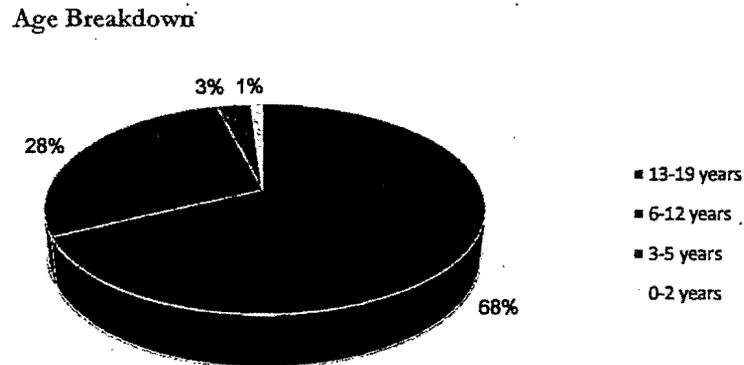
The demographic report on the following pages provides detailed information on the population served.

Demographic Profiles

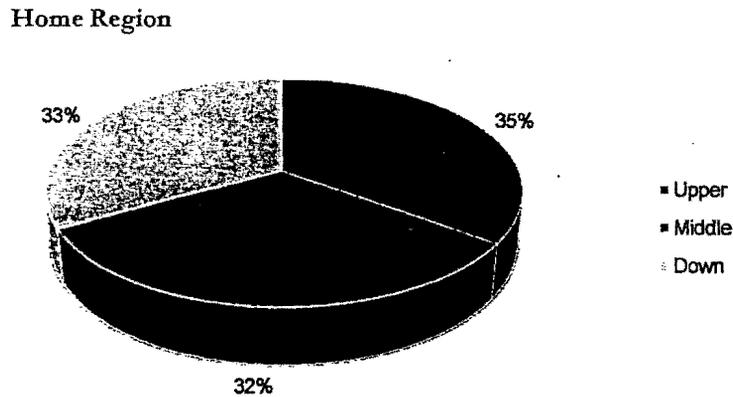
In FY14, 96% of Care for Kids children served come from families with a Federal Poverty Level of 185% or below.



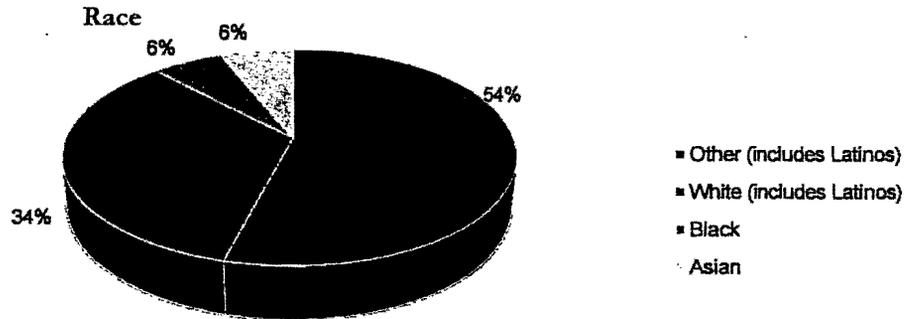
In FY14, 96% of Care for Kids children served were between the ages of 6 to 19 years old.



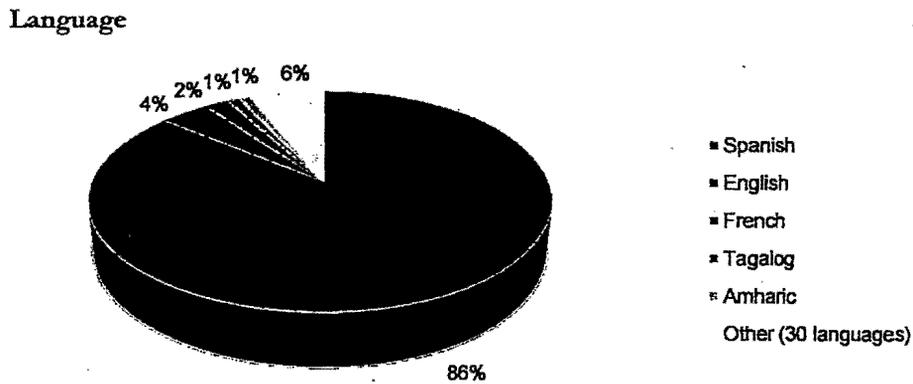
In FY14, the Care for Kids children came from homes that were equally distributed throughout the county.



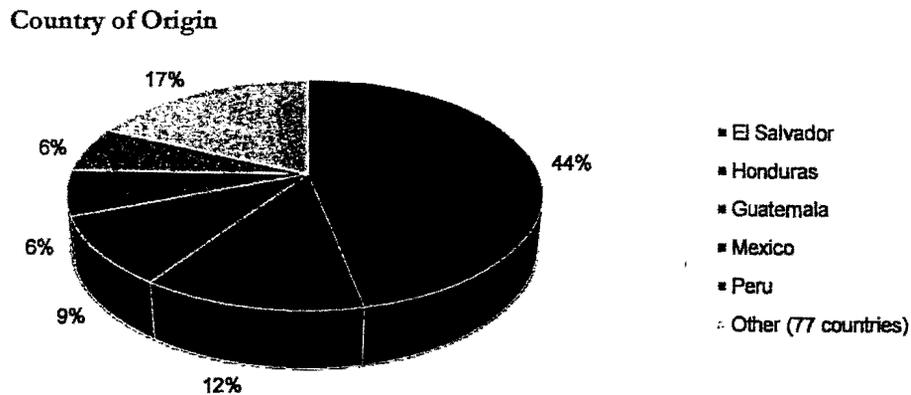
In FY14, 88% of Care for Kids children served identified as white and other. Both of these categories include Latinos. This data is obtained by DHHS Services Eligibility Units.



In FY14, 86% of Care for Kids children served identified their primary language as Spanish. The chart below represents the distribution of the top five languages. The Care for Kids population reports a total of 35 primary languages.



In FY14, 77% of Care for Kids children came from Latin American countries. Most of them came from Central America. The chart below represents the top five countries of origin. The Care for Kids population reports 82 countries of origin.



Utilization Reports

The utilization reports below provide detailed information regarding primary care, specialty care, dental and pharmacy utilization.

Primary Care Encounters

Encounter Type	Visits*
Number of Well Visits	1,530
Number of Sick Visits	3,205
Total Number of Visits*	4,735

* Kaiser data has been estimated.

Enrollment and Visit Distribution by Provider

CFK Provider	Total Enrolled	Total # of Visits	# of Well Visits	# of Sick Visits
All Day Medical Care	51	46	16	30
Broad Acres SBHC	134	285	112	173
Community Clinic, Inc.	1088	1,109	409	700
Gaithersburg SBHC	138	314	105	209
Gaithersburg Wellness Center	28	37	8	29
Harmony Hills SBHC	151	321	122	199
Highland SBHC	15	48	13	35
Kaiser Permanente	555	1,331	334	997
Mary's Center for Maternal and Child Care	135	157	71	86
Milestone Pediatrics	212	330	106	224
New Hampshire Estates SBHC	71	133	45	88
Northwood Wellness Center	29	73	16	57
Rolling Terrace SBHC	7	30	4	26
Spanish Catholic Center	312	224	76	148
Summit Hall SBHC	89	262	81	181
Veirs Mill SBHC*	0	1	0	1
Watkins Mill Wellness Center	6	28	10	18
Weller Road SBHC	3	6	2	4

* Veirs Mill SBHC provided services to a CFK child assigned to other CFK provider.

DHHS Dental Encounters

Dental Clinic Location	Visits
Piccard	1027
Germantown	967
Silver Spring	715
Total Number of Visits	2,709

Optometry

Referrals and Services	Total	Percentage*
Number of Referrals Received	466	100%
Number of children received eye exam	370	79%
Number of children received eye glasses	355	76%

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Pharmacy

Services	Total	Percentage
Number of unduplicated children served	120	100%
Number of prescriptions received	215	100%
Number of prescriptions filled	196	91%
Number referred to Medbank (long-term medication needs)	16	13%

Specialty Referrals

Services	# Served	Percent of Total Referrals
Orthopedic	125	12%
Mental Health	39	4%
Children's Medical Services	249	24%
Catholic Charities	123	12%
Specialty Dental Care	223	21%
Physical Therapy	251	24%
Project Access	17	1%
Other (Audiology, Podiatry, Breast and Cervical Cancer Program, Planned Parenthood and TAYA Gyn Clinic, MRIs, ENT, Orthopedic Surgeries)	29	2%
Total	1,056	100%

Case Management

Case Management Services	FY 14
Short Term Care Coordination (Children Managed)	959
Long Term Case Management (Children Managed)	286
Total Interactions	2,685

Outreach Initiatives

The Care for Kids program increased efforts to inform low-income parents and families about ways children can gain access to health care. The CFK staff participated in outreach activities, including participation in 16 health fairs and community events. Among these events were the Ama Tu Vida Health Fair, Montgomery County Public School Back to School Fair with the partnership of Montgomery County Medical Society, and Casa de Maryland Health Fair. The CFK staff also distributed brochures to community providers, Montgomery County schools, and the general community.

As part of its outreach initiative, Care for Kids developed a booklet, entitled Getting Covered, about health care access programs for Montgomery County children. This guide is written in Spanish and English for parents and a training curriculum for outreach workers, health promoters, case managers, and others who regularly encounter low-income families. The booklet describes eligibility criteria and enrollment processes for both MCHIP and CFK; state-funded MCHIP offers broader health care coverage, and county-funded CFK is available to children who do not meet MCHIP eligibility criteria. In addition, it provides general information about the Medicaid expansion. Parents will learn on how to apply for the health care programs, navigate the health care system, learn about normal child development and recommended well-child care, and develop skills to manage their children's health care. CFK staff has trained a small group of community health workers to use this guide, In FY15, staff plans to train more community health workers from community organizations and government social service agencies. Funding for Getting Covered came from The Morris and Gwendolyn Cafritz Foundation.

The Primary Care Coalition and Care for Kids established a partnership with Casa de Maryland through this project. Care for Kids program manager provided training to Casa de Maryland health promoters. Care for Kids will continue to reach out to community organizations to build further partnerships.

Challenges

Several factors presented challenges for the Care for Kids Program in FY14 including:

- Care for Kids enrolled 254 new children this year, including an estimated 150 from the recent immigration influx of unaccompanied minors to the country and county. We anticipate that these children may have more complex health and social care needs than other CFK children.
- In FY14, we faced the challenge of recruiting an up-county primary care provider because Milestone Pediatrics informed CFK that it cannot open its panel for new Care for Kids participants. (Milestone will continue serving children already assigned to their practice.) The CFK staff recruited Clarksburg Pediatrics with locations in both Clarksburg and Gaithersburg and will serve CFK patients at both locations beginning in fiscal year 2015.
- Specialty care referrals increased in FY14. As a result, the need for additional specialty care providers also increased. The staff successfully recruited three additional pediatric dental practices, but still needs to recruit providers for pediatric orthopedics and other specialties.
- During the fourth quarter of FY14, the CMS specialty care coordinator took maternity leave, then decided to stay home with her new baby. The Care for Kids staff covered her work load during her leave, and now in consultation with DHMH, is in the process of hiring a replacement.

Current Staffing Plan

Program Manager – This position is responsible for implementing the program, including day-to-day management of enrollment, discharges, and referral and case management services. The Program Manager supervises all CFK staff and monitors CFK workload making staff assignments and work adjustments as necessary and appropriate. In collaboration with the Center Director, this position projects spending requirements and develops and monitors budgets for Care for Kids contracts and grants. This position develops program reports required by the Center Director and DHHS.

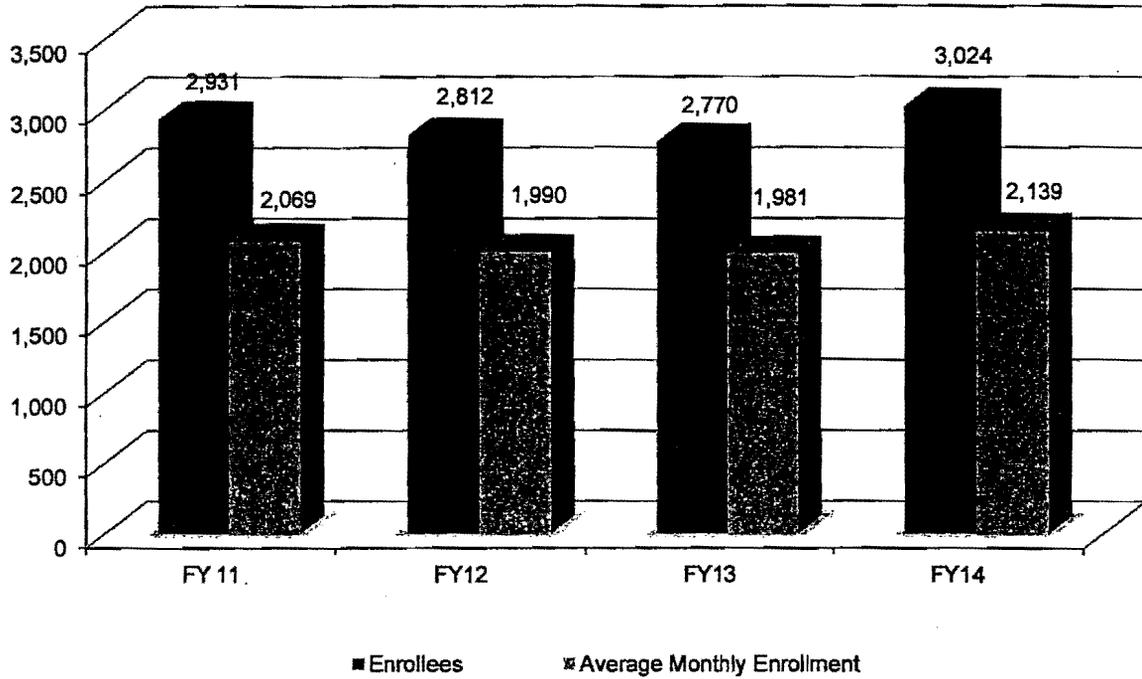
Registered Nurse Case Manager – The case manager is responsible for providing clinical case management services for children in Care for Kids program, including assessment of children and their families with complex health and social needs. The case manager also coordinates specialty care referrals for these children. She also makes referral to community services as needed.

Client Services Specialist (2 FTEs) – These individuals are responsible for providing quality enrollment services to eligible children and families in a timely manner. The Client Services Specialists respond to all client calls and requests for assistance, and participate in outreach activities to increase program visibility in target communities.

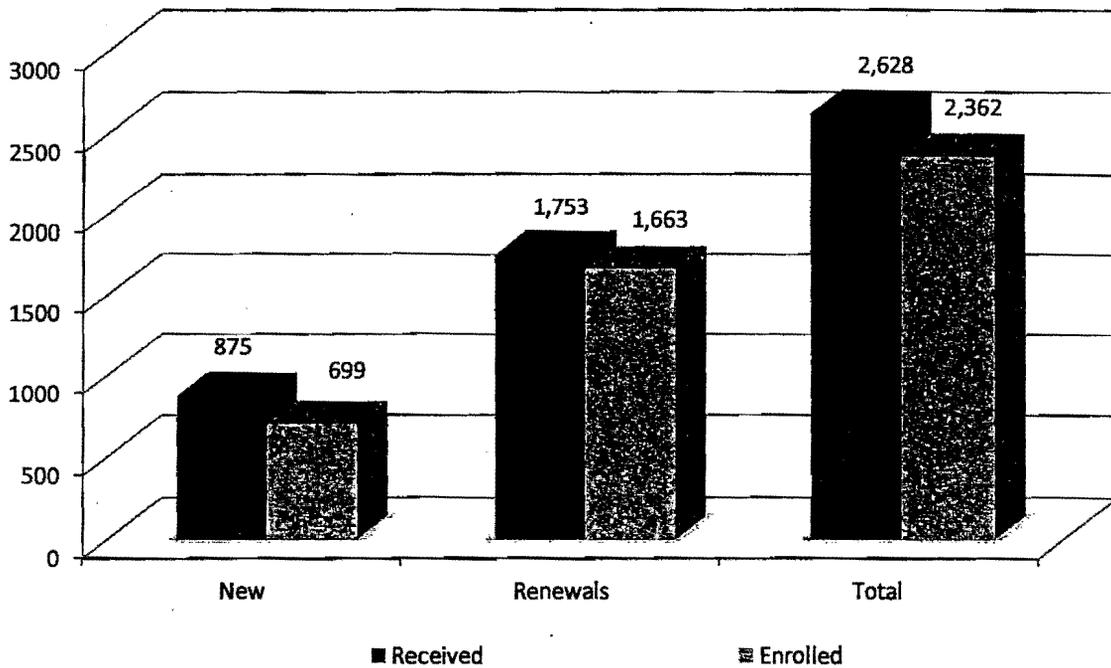
Children Medical Services (CMS) Specialty Care Coordinator – The specialty care coordinator is responsible for coordinating state funded specialty care services for children who qualify for this program. The specialty care coordinator is also responsible for coordinating care with providers and ensuring that families receive adequate information related to health care needs of the child. The coordinator ensures that there is appropriate coordination with and linkage to Care for Kids and social services.

Contracts and Payable Administrator – This position is responsible for Care for Kids invoicing, billing and contracting processes, as well as ensuring compliance with contract requirements.

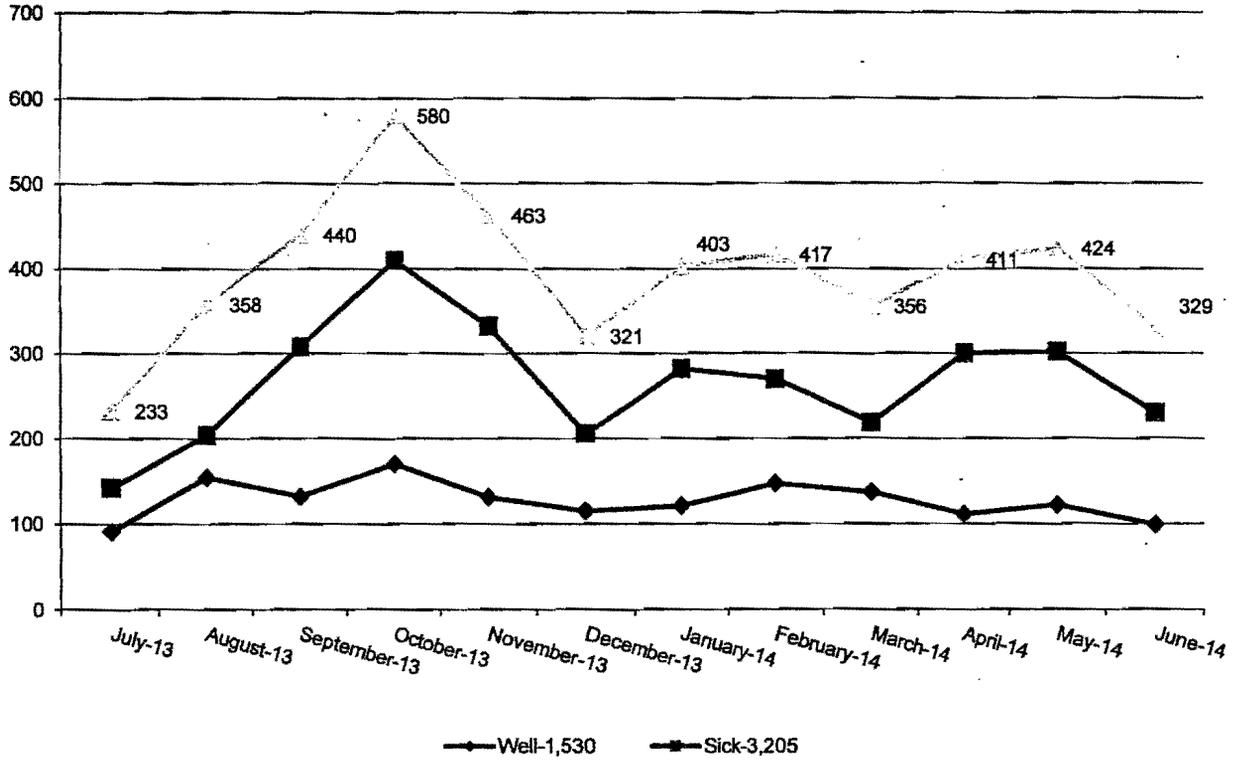
**Care for Kids
Comparison of Total Enrollees and Average Monthly Enrollment**



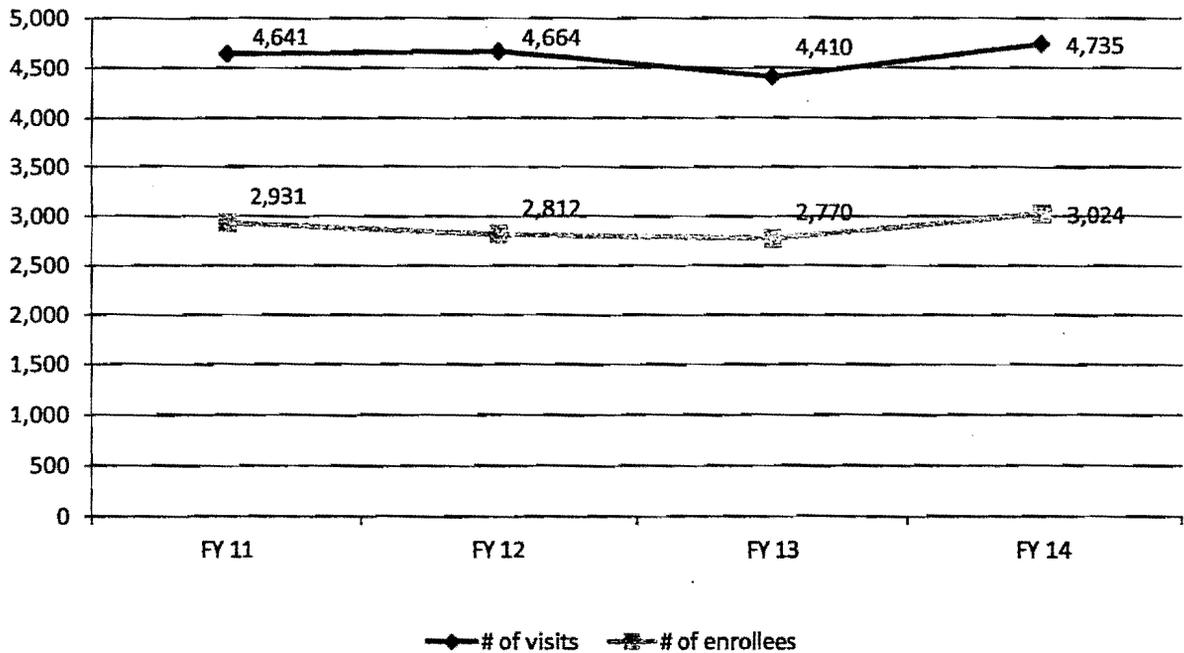
**Care for Kids Total Received and Enrolled
FY14 (July 1, 2013 - June 30, 2014)**



**Total Visits for Care for Kids Program
FY14 (July 1, 2013 - June 30, 2014)**

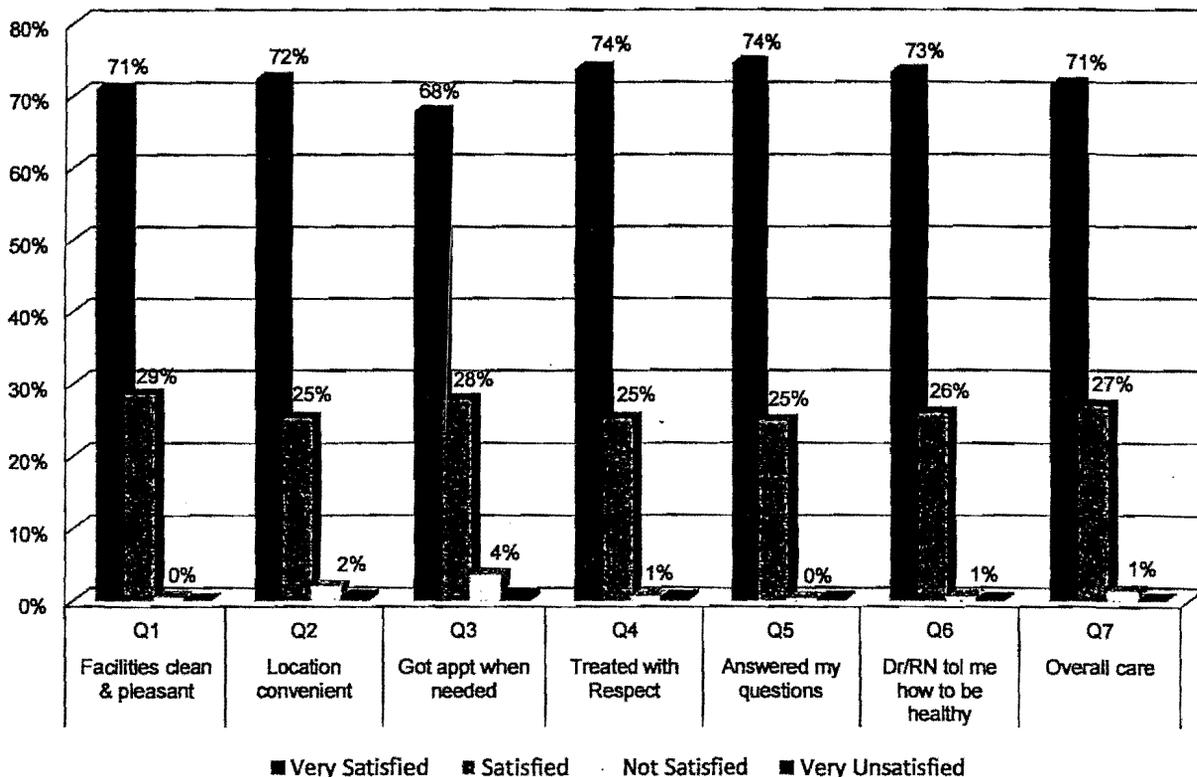


**Care for Kids Total of Visits and Enrollees
FY14 (July 1, 2013 to June 30, 2014)**



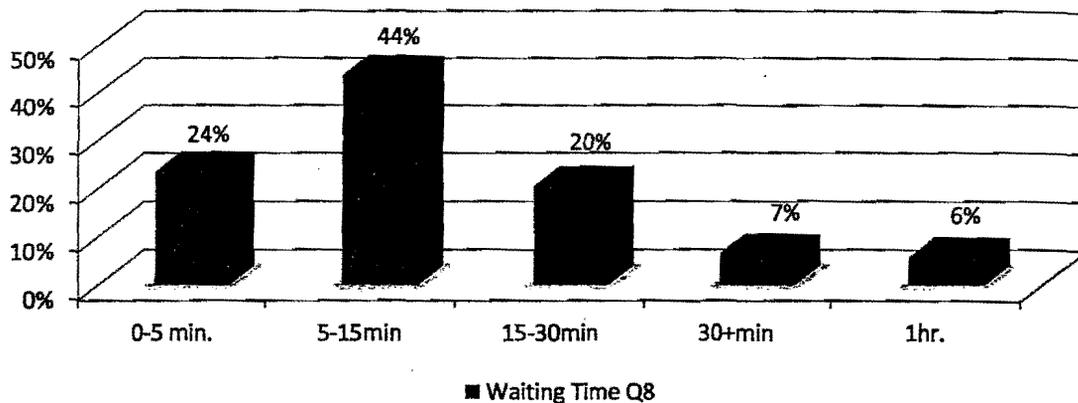
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**Care for Kids Client Satisfaction Survey
FY14 (July 1, 2013 to June 30, 2014)**



■ Very Satisfied ■ Satisfied ■ Not Satisfied ■ Very Unsatisfied

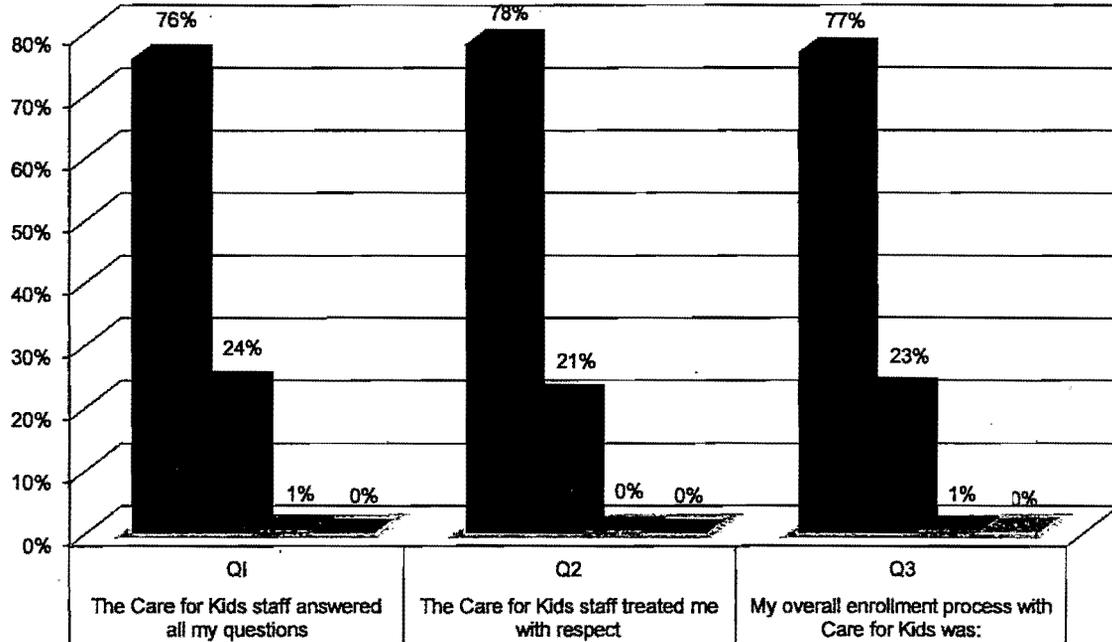
**Care for Kids Client Satisfaction Survey
FY14 (July 1, 2013 to June 30, 2014)
Overall Providers - Scheduled Appointment Waiting
Time**



■ Waiting Time Q8

74

**Care for Kids Client Satisfaction Survey
FY14 (July 1, 2013 to June 30, 2014)
Care for Kids Program**



Very Satisfied
 Satisfied
 Not Satisfied
 Very Unsatisfied



Feed More, Waste Less

WHAT YOU CAN DO TO HELP FIGHT HUNGER
IN YOUR COMMUNITY

About Community Food Rescue

Inspired by and with generous support of the Montgomery County Council and County Executive, Community Food Rescue is a part of the MoCo Food Council's Food Recovery Work Group. Our approach is to partner with and build the capacity of the many organizations that rescue food every day. We're leveraging community-based resources and expertise to build a coordinated, Countywide food recovery system.

Our team is made up of staff from Manna Food Center and Full Plate Ventures. We collaborate with a host of organizations such as Bethesda Green, Central Farm Markets, Intentional Philanthropy, Interfaith Works, Mid-Atlantic Federal Credit Union, Montgomery Countryside Alliance, Piney Farmers Market, and Rainbow Community Development Center.

For more information and to join us:

www.communityfoodrescue.org

www.facebook.com/communityfoodrescue

Contact: Cheryl Kollin, CFR Program Manager

cheryl@communityfoodrescue.org



Every year in Montgomery County, Maryland...

246,000 tons (23%) of the County's solid waste is food waste. (Montgomery County Waste Composition Study, July 26, 2013)

79,000-81,000 (8%) of Montgomery County residents do not know where their next meal will come from. (Feeding America's Map the Meal Gap study, 2014)

35% of children in Montgomery County public schools qualify for free or reduced meals. (Montgomery County Public Schools, 2015)

AND

In 2014, 11 food recovery organizations rescued an estimated 3.4 million pounds of food, valued at \$8.8 million. In addition, growingSOUL composted 635,000 pounds of food and Manna Food Center redirected 65,000 pounds of food to feed local farm animals. (Community Food Rescue aggregated data from 11 self-reporting hunger relief organizations 2015).

A February snowstorm cancelled a Mont. Co. Public School meeting where 300 lbs. of pastries and fresh fruit were to be served. Within 10 minutes, a posted notice to the Community Food Rescue members redirected the food to Julie's pantry that in turn was distributed to their clients

Montgomery County is poised to do even more through Community Food Rescue.

Community Food Rescue is the coordinated food recovery system of Montgomery County, Maryland. This system enhances the good work of businesses, individuals, and organizations that already recover and redistribute perfectly good food to people experiencing hunger. The more participation, the less waste and hunger we'll have.

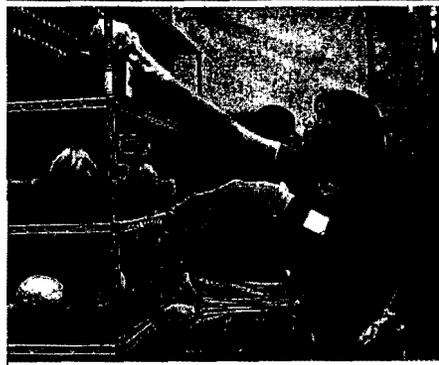
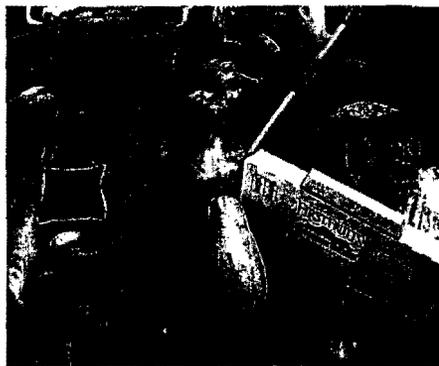
Community Food Rescue Offers:

Free automated matching service. We're matching food donors, recipient agencies, and volunteer food runners by using technology to streamline matches between surplus food and hungry people.

Recognition program. We're celebrating food donors and recipients working together through a public recognition program.

*** Information and resources.** No one wants food to go to waste or make people sick. We share standards for good health and hygiene.

*** The chance to make a difference.** By donating time or food to Community Food Rescue, neighbors can help neighbors by reducing landfill space and filling the plates of those in need.



Three Ways You Can Feed More and Waste Less

- 1. Join CFR's matching service.** We seek food donors and food recipient organizations in Montgomery County to Beta test a new automated matching service that will redirect unsaleable and unused prepared foods to hunger relief agencies. Right now we use a simple listserv to share info. With your help, our web-based program will be ready to launch the summer of 2015.
- 2. Join Volunteer Food Runners.** If you'd like to help agencies pick up and transport rescued food, sign up to be an inaugural Rescuer.
- 3. Volunteer at a hunger relief organization.** Help repackage, serve, or transport food at one of these hunger relief organizations.
 - Celestial MANNA: 240.350.1456
 - GaithersburgHELP: 301.216.2510
 - growingSOUL: 301.537.7422
 - Interfaith Works: 301.762.8682
 - Manna Food Center: 301.424.1130
 - Mont. Co. Coalition for the Homeless: 301.217.0314
 - Nourish Now: 301.330.0222
 - Rainbow Community Development Center: 301.625.2561
 - Shepherd's Table: 301.585.6463
 - Women Who Care Ministries: 301.963.8588