

MEMORANDUM

July 1, 2015

TO: Health and Human Services (HHS) Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Advocacy by Boards, Committees, and Commissions in the Department of Health and Human Services**

Expected for this session:

Uma Ahluwalia, Director, Department of Health and Human Services
Melanie Wenger, Director, Office of Intergovernmental Relations
Edward Lattner, Division Chief of Government Operation, Office of the County Attorney
Dr. Seth Morgan, Chair, Commission on People with Disabilities
Susan Hartung, Commission on People with Disabilities and Chair of its Developmental Disabilities Advisory Committee

On October 2, 2014 the HHS Committee met to receive an update on Resource Coordination and to discuss the recommendations of the Developmental Disability Transition Advisory Workgroup. While the major recommendations from the Workgroup were about the County's role in providing resource coordination services to Developmentally Disabled adults and transition aged youth, the Workgroup also recommended that the Montgomery County Commission on People with Disabilities should be able to advocate within the County and at the State and federal level.

The HHS Committee agreed that it would like to understand more about the authority of all Boards, Committees, and Commission in the Department of Health and Human Services (DHHS). This is a subset of all County Boards, Committees and Commissions.

At this session, the Committee will have an opportunity to review information on different provisions in the laws creating 15 Boards, Committees, and Commissions that are

housed in DHHS. The Committee will hear from the Commission on People with Disabilities about its specific request. The Committee will be able to discuss with Ms. Ahluwalia, Ms. Wenger, and Mr. Lattner some of the broad issues around different levels of authority and the need to coordinate with the Office of Intergovernmental Relations any advocacy that goes beyond the Executive, Council, and DHHS.

Council staff has informed the Chairs of the 15 Boards, Committees, and Commissions about this session, that this is an information and discussion session, and that they may follow-up in writing if they have comments (this will allow the other Boards, Committees, or Commissions to have an opportunity to discuss these issues if they wish.)

Overview Materials

Attached at © K-P is a summary table prepared by Council staff that provides excerpts from the authorizing laws for each Board, Committee, or Commission. The laws are also attached to this memo at © 1-52.

In addition, attached at © A-D is a 2007 memo from County Attorney (then Deputy County Attorney) Hansen regarding the authority of Boards, Committees, and Commissions to lobby, advise, and educate. Some points included in the memo:

- A committee must look to the document creating the committee to determine if the committee's mission includes the authority to lobby, educate, or advise.
- "Lobbying means any attempt to influence any legislative, executive, or administrative action by a County agency." (County public ethics law) Education is intended to develop knowledge through a systemic study of a matter. Unlike lobbying, education contains no specific intent to persuade a decision maker to undertake a certain course of action.
- A committee is lobbying if it is engaged in an activity that is intended to influence a decision maker to take a pre-determined course of action. A committee that is authorized to advise or educate should stop short of engaging in a campaign to pressure the decision maker into undertaking a course of action advocated by the committee. The line between advice and lobbying may be difficult to discern...A committee that engages in an advisory role should respect the right of a decision maker to arrive at a different conclusion.
- As long as it is clear that a committee member is acting in their personal capacity, no committee member is precluded from contacting government officials to urge action on a matter of public importance.
- Even committees that have been authorized to lobby the State and federal government must coordinate their efforts through the Office of Intergovernmental Relations (OIR).

There Are Many Differences in the Laws Creating Boards, Committees, and Commissions

The HHS Committee will see that there are many differences in the authorizing language for the DHHS Boards, Committees, and Commissions. Regarding membership, there are a range of sizes and rules about whether ex-officio members are voting or non-voting. There are differences in the minimum number of meetings that must be held in a year, some 6, some 8, and some 9. The Commission on Juvenile Justice specifies there must be one meeting held within 60 days of another. (It is a common practice for DHHS Board, Committees, and Commissions to not meet in August or December.) There are some unique provisions such one for the Community Action Agency that says it must not participate in partisan political activities or sectarian activities. However, the Community Action Agency, unlike other boards, is a conduit for funding for programming.

With regard to lobbying, advocacy, and education the differences can most often be seen in the duties and with regard to whom the Board, Committee, or Commission distributes its annual report.

For example:

- The Commission on Aging is to advise and counsel the resident of the County, County Council, County Executive, and various department of the County, State, and federal governments. This is perhaps the broadest authority.
- The Commission on Children and Youth is to advise the County Council, County Executive, DHHS, and the Board of Education.
- The Commission on Juvenile Justice is to advise the Circuit Court, the Council and the Executive and inform State legislators about juvenile needs.
- The Mental Health Advisory Committee cannot lobby or advocate beyond the Council and Executive, but the law specifies that its annual report is to be disseminated to the Secretary of the Department of Health and Mental Hygiene, the Mental Hygiene Administration's Regional Director, and the Maryland Advisory Council on Mental Hygiene.

In reality, there is often communication with staff from other County and State agencies as most boards have representatives as a part of their membership. For example, the Commission on Child Care has representatives from the Superintendent of Schools, Chairman of the Montgomery County Planning Board, and the President of Montgomery College. However, this does not allow direct communication between the board and the elected officials of the outside agencies or the members of the General Assembly.

Two of the most recent commissions, the Commission on Veterans Affairs (2008) and Interagency Commission on Homelessness (2014) have very specific language saying they must

not engage in any advocacy activity at the state or federal levels unless that activity is approved by OIR. This language is stricter than a requirement to coordinate with OIR.

Some boards serve dual purposes. The Commission on Children and Youth is Children's Council required in Maryland Code. The Interagency Commission on Homelessness is the Executive/Policy Committee of the Continuum of Care, as required by federal Department of Housing and Urban Development. The Citizen Review Panel implements State law regarding local citizen review boards.

Request and Comments from Commission on People with Disabilities

Attached at © E-F are comments from Dr. Morgan and at © G-J from Ms. Hartung. Dr. Morgan, is requesting the Commission's law be changed to allow advocacy at the State and federal level because the issues facing the disabled are not limited to the County level and are more and more a function of State and federal programs, such as Medicaid. Dr. Morgan notes the variety of provisions for different Boards, Committees, and Commissions. Ms. Hartung notes that the resolution regarding Resource Coordination (now Coordination of Community Resources) was successful due to informal work with members from the Developmental Disabilities Administration and that primary funding for this population is from the Community Pathways Waiver. She also notes the need to address the State of Maryland's waiting list for services.

Council staff respectfully disagrees with Dr. Morgan's comment that there seems to be a pattern that those groups unable to self-advocate are represented by Boards, Committees, and Commissions, that are not allowed to lobby on their own behalf. Council staff believes it is more a function of when the group was created and the specific circumstances being discussed at the time. As previously noted, two of the most recently created groups, the Commission on Veterans Affairs and the Interagency Commission on Homelessness, have the same language (no advocacy at State or federal level unless approved by OIR). Homeless people, particularly the chronically homeless, are not a group that is generally successful at self-advocacy.

Questions to Consider

As the HHS Committee considers the request from the Commission on People with Disabilities or any other changes to authorizing law, it may want to consider the following.

- How does coordination with the Office of Intergovernmental Relations generally occur? Is it different when there is a request to advocate at the State level and the federal level?
- What happens if a commission with the authority to advocate wants to testify with a position or concern that is different than the position taken by the County?
- What happens if a commission with authority to advocate wants to testify on legislation where the County is taking no position?

- If a commission does not have the authority to advocate at the State or federal level and the County thinks there would be a benefit to having the Commission testify, is it allowed to?
- Is the most recent language that prohibits advocacy at the State or Federal level unless it is approved by OIR a reasonable standard? Would this include being able to meet with individual elected officials or their staff?
- Many commissions also have duties to make recommendations on budget, policies, or programs. This could be considered something stronger than advising. Could a commission correspond with an elected official at the State or federal level to “explain” its recommendation?



OFFICE OF THE COUNTY ATTORNEY

Isiah Leggett
County Executive

Leon Rodriguez
County Attorney

MEMORANDUM

TO: Connie Latham
Special Assistant to the County Executive

FROM: Marc P. Hansen *Marc Hansen*
Deputy County Attorney

DATE: December 28, 2007

RE: Boards, Committees, and Commissions – Authority to Lobby, Advise, and Educate

You have asked for guidance concerning the authority of a Board, Committee, or Commission (collectively, Committee) to lobby the County Executive, the County Council, and other government agencies. You have also noted that some Committees have been assigned responsibility to provide advice or to perform an educational function, and you have asked about the difference between lobbying and performing an advisory/educational function. Finally, you have asked if an Executive Branch Committee may make recommendations to the Council without first obtaining clearance from the Executive.

Advice

A Committee must look to the document creating the Committee (organic document) to determine if the Committee's mission includes the authority to lobby or the less sweeping authority to educate or advise. The organic document must also be consulted to identify what entities the Committee may lobby, educate, or advise. This general rule is based on the common law premise that a Committee may not engage in an activity unless explicitly authorized to do so by the entity creating the Committee, or the activity is necessarily implied from an activity expressly authorized by the entity creating the Committee. Thus, for example, a County Committee may not advocate that the General Assembly or Congress adopt a policy unless the Committee's organic document gives the Committee the authority to lobby the State or the federal government.

(A)

If a Committee engages in an activity that is intended to influence a decision maker to take a pre-determined course of action, the Committee is engaged in lobbying. A Committee that provides information or recommendations to a decision maker under an organic document that authorizes the Committee to provide advice or perform an educational function should stop short of engaging in a coordinated campaign to pressure the decision maker into undertaking a course of action advocated by the Committee. Admittedly, the line between providing advice and lobbying, in some circumstances, may be difficult to discern.

To some, any rule that restricts the freedom of a Committee to proselytize will appear suspect. It perhaps bears mentioning, therefore, that this advice does not preclude individual members of a Committee from contacting, *in their personal capacity*, government officials to urge action on a matter of public importance or interest to that individual. Generally, members of Committees do not forego their freedom of speech or right to petition the government just because they are a member of a County Committee.¹ When engaged in personal political activity, individuals should exercise caution in identifying their association with a County Committee. The County Ethics Law prohibits an individual from using the prestige of his or her office for private gain or the gain of another.² For example, a member of a Committee should not contact the County Council, identify herself or himself as a member of a County Committee, and then advocate for the award of a grant contract to a specific entity.

Most Committees are authorized to advise the County or both the County Executive and the County Council. These advisory Committees may provide advice to either branch without first obtaining clearance from the other branch of County government.

Discussion

An administrative agency, like a Committee, derives its authority from the organic document creating that agency. Therefore, a Committee has no power beyond that assigned to it by the organic document that created the Committee.³ The organic document for most Committees may be found in County law; some Committees, however, are created by Council Resolution, and still others are created by Executive Order. It is critical that each Committee review and fully understand the mission it has been assigned by its organic document.

It is, of course, difficult to generalize on these matters. There is a wide variety of missions assigned to the nearly 85 County Committees. Some Committees, like the Commission on People with Disabilities, were created to advise the County Government. Other Committees, like the Commission on Human Rights, have broader authority that includes an educational function to study conditions that could result in discrimination.⁴ Still other Committees have been given explicit authority to lobby the State and federal government.

¹ There are exceptions to this rule. For example, members of the Ethics Commission forego certain rights to participate in local political campaigns, so long as they are a member of the Ethics Commission.

² See, Montgomery County Code Section 19A-14(a).

³ See *Brzowski v. Maryland Home Improvement Commission*, 114 Md. App. 615, *cert. denied*, 346 Md. 238 (1997).

⁴ See Montgomery County Code Section 27-5.

A few Committees have been authorized to lobby the State and federal government. For example, the Commission on Aging is authorized to "recommend programs or legislation as it may deem necessary and proper to promote and ensure equal rights and opportunities for all persons, regardless of their age."⁵ But even Committees that are authorized to engage in lobbying must coordinate their efforts through the Office of Intergovernmental Relations. The County has assigned to the Office of Intergovernmental Relations the responsibility to "provide coordination or liaison and, as appropriate, respond to legislation, regulations, or other policy issues involving nearby counties or states, municipalities within the County, regional agencies, the District of Columbia, and the federal government."⁶ The need for this coordination is apparent when, as has happened in the past, a County Committee arrives in Annapolis to testify before the General Assembly on a State bill without the knowledge of Intergovernmental Relations and takes a position contrary to that taken by the County Government. Such a lack of coordination damages the County's effectiveness with the General Assembly.

The difference between lobbying and educating is that lobbying involves activity that is intended to influence a decision maker to take certain action. The Montgomery County Public Ethics Law states: "Lobbying means any attempt to influence any legislative, executive, or administrative action by a County agency."⁷ Black's Law Dictionary states that "lobby" means "to support or oppose (a measure) by working to influence a legislator's vote" or "to try to influence (a decision maker)." By way of contrast, education is intended to develop knowledge through a systematic study of a matter. Unlike lobbying, education contains no specific intent to persuade a decision maker to undertake a certain course of action.

Providing advice certainly involves, in addition to providing information, providing an opinion or recommendation to a decision maker. Therefore, providing advice falls between the functions of education and lobbying. A Committee that lobbies engages in activity (often sustained) whose goal is to achieve a specific result. On the other hand, a Committee that engages in an advisory function should respect the right of a decision maker to arrive at a different conclusion.

Many County Committees are authorized to perform an advisory function. Where the Committee is authorized to perform an advisory function, most Committees are authorized to advise both the County Executive and the County Council. These advisory Committees may provide advice to either branch without first obtaining clearance from the other branch of government. For example, an advisory Committee may communicate its advice to the County Council without subjecting its advice to the review, clearance, oversight or approval of the Executive Branch.

Perhaps a real-life example of a Committee exceeding its statutory mission might help illuminate these principals. In 2004, the Commission on People with Disabilities sent a letter to the United States District Court for the District of Columbia expressing its opposition to certain parts of a settlement in the case of *Kevin Ball, et al. v. AMC Entertainment, Inc., et al.* (Case No. 1:00CV00867). The Commission expressed concern that the settlement did not provide equal communication access for people who do not benefit from assisted listening

⁵ See Montgomery County Code Section 27-37(g).

⁶ See Montgomery County Code Section 2-64(J).

⁷ See Montgomery County Code Section 19A-4(k).

Connie Latham
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devices. In the context of a different matter, the Commission proposed to send a letter to the National Restaurant Association that expressed dismay over that organization's recent endorsement of the ADA Notification Act, legislation then pending before Congress. The Commission asserted that the Association's endorsement of the Notification Act implied that the member restaurants of the Association did not wish to comply with the Americans with Disabilities Act. The Commission did not have the authority to send either letter, because neither action was authorized by the statute that created the Commission. Both letters were an attempt to engage in lobbying. Moreover, neither letter was coordinated through the Office of Intergovernmental Relations, and in addition, the letter to the United States District Court involved the Commission in exercising a role exclusively assigned by the Montgomery County Charter to the County Attorney.

I hope you will find these general guidelines helpful. Please let me know if you have any questions or concerns regarding this advice.

Cc: Bruce Adams, Director, Office of Community Partnerships
Melanie Wenger, Director, Office of Intergovernmental Relations
Leon Rodriguez, County Attorney

MPH:tjs
A07-02170
c. latham - authority to lobby, etc.

(D)

MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE COUNTY COUNCIL
Seth A. Morgan, MD, Chair
Marcie Povitsky, Vice-Chair
July 2, 2015

My name is Seth Morgan, Chairman of the County's Commission on People with Disabilities. I applaud and thank you for the forward thinking leadership the County Council has demonstrated on issues of concern to people with disabilities over my five years on the commission and historically before then.

On this twenty-fifth anniversary year of the Americans with Disabilities Act (ADA), it is clear that consideration of County issues pertaining to people with disabilities no longer are limited to the County level but must be addressed more and more on the State and Federal levels. Employment, Fair Housing and Medicaid-based assistance programs are issues of concern that more and more go beyond the County level. This reality makes the ability of advocates to work at the State and Federal levels to ensure access to funding for disability program funding for the County critical. In adult services, Medicaid funded programs are not an entitlement and too many county residents are on State waiting lists for needed services. Members of the County's Commission on People with Disabilities bring more than just local expertise and should be allowed to advocate at the State and Federal levels in coordination with the County's Intergovernmental Affairs Committee in support the County's residents with disabilities.

The Montgomery County Department of Health and Human Services' Boards, Committees and Commissions permit their members differing abilities to lobby as specified in their respective enabling charters.

Many of these groups are not permitted to lobby at the State or Federal level under any circumstances whereas others are allowed to do so with varying degrees of County oversight or restrictions.

Groups that are absolutely precluded from State or Federal level lobbying are: Adult Public Guardianship Review Board, Alcohol and Other Drug Abuse Advisory Council, Citizens Review Panel Advisory Group, Commission on Child Care, Commission on Health, Mental Health Advisory Committee and Commission on People with Disabilities.

Those with at least some State or Federal lobbying permission include: Commission on Aging, Citizens Review Panel for Children, Commission on Children and Youth, Community Action Board, Commission on Juvenile Justice, Board of Social Services, Commission on Veterans Affairs and Victim Services Board.

While the basis for this variability in allowable activities is uncertain, the general pattern seems to be that Boards, Commissions and Committees that represent groups unable to self-advocate (i.e., Drug or

Alcohol dependent, mentally ill or very young without adequate advocacy support [i.e. parent/guardian]) are those not allowed to lobby on their own behalves.

In contrast, the boards, commissions and committees constituted by affected members of the populations they are representing and capable of self-advocacy (i.e., veterans, the aging and parents) are more likely to have lobbying privileges.

The members of the Commission on People with Disabilities, anachronistically, are not allowed to lobby under any circumstances. At the time that its charter was established in 1978, and before the landmark civil rights law the Americans with Disabilities Act in 1990, the belief that people with disabilities were incapable of self-determination was still a persistent bias and hence the paternalistic attitude that this group needed to be cared for, controlled and denied permission to function independently.

As has clearly been proven, this way of thinking is out of touch with the true situation and out of step with current Statewide and Federal realities.

Therefore, I respectfully ask that the charter of the Commission on People with Disabilities be updated to more equitably treat people with disabilities in the modern and progressive way that Montgomery County has already done in regard to employment. The realities of the current dependence of the County on State and Federal programs makes tapping the expertise of the Commission members to advance support of the County's interests important.

People with disabilities should have no more restrictions on lobbying than the Commission on Aging or the Commission on Veterans Affairs. I believe it to be time to correct the bias and allow their advocates on the Commission on People with Disabilities to be able to behave as the other commissions who advocate for their represented populations in support of the County's State and Federal interests.

Seth A. Morgan, MD

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Montgomery County Council HHS Committee
Authorizing Provisions for DHHS Boards, Commissions and Committees
Susan Hartung, Chair, Developmental Disabilities Advisory Committee
Commission on People with Disabilities
July 2, 2015

This past year the Commission on People with Disabilities formed a committee specifically charged with addressing issues concerning individuals with Developmental Disabilities in Montgomery County.

Maryland State Law [Health General ' 7-101(e)] defines developmental disability as a severe chronic disability that:

1. is attributable to a physical or mental impairment, other than the sole diagnosis of mental illness, or to a combination of mental and physical impairments;
2. is manifested before the individual attains the age of 22;
3. is likely to continue indefinitely;
4. results in the inability to live independently without external support or continuing and regular assistance; and
5. reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are planned and coordinated for that individual.

This committee originated from the Developmental Disability Transition Advisory Workgroup that was appointed by the County Executive to address the problems that had resulted from the transition from Resource Coordination to Targeted Case Management, in Montgomery County. As this group worked, it became increasingly clear to us that due to the rise in this portion of the population, a specific group of stake holders needed to be formed to address issues that affected the health and well being of individuals with developmental disabilities. According to the Centers for Disease Control about 1 in 6 children in the United States had a developmental disability in 2006-2008. Additionally, currently about 1 in 68 children have been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM).

We strongly feel the resolution addressing the issues of Targeted Case Management, now called Coordination of Community Resources was successful due to this committees informal work with members of the State Developmental Disabilities Administration.

An individual with a developmental disability, upon reaching adulthood, will primarily receive their financial support from state and federal funds. For this reason, it is imperative that the Commission for People with Disabilities be able to advocate beyond the County level. By being proactive we hope to make sure Montgomery County receives all of the funding it is entitled to at these levels, thereby reducing the strain on Montgomery County's budget.

The Community Pathways Waiver is the primary funding vehicle for adults with developmental disabilities. States must apply to the Federal Government to operate programs such as these. Currently the state of Maryland is revamping and amending this program which will dramatically affect individuals

with developmental disabilities, and those who support them. Further changes in how the Developmental Disability Administration administers programs are expected in the future.

In the 1970's the state of Maryland made a commitment to its residence that it would make it a priority to return individuals with disabilities residing in institutions back to their communities. Today, almost 40 years later, the state of Maryland continues to have almost 9,000 people on the waiting list to receive funding for services. The autism waiver alone has a seven year waiting list.

Within Montgomery County: there are 1,076 on the waiting list

830 DD Eligible: 246 supports only

26 in crisis resolution (need services within 3 months)

97 in crisis prevention (need services within a year)

707 current need (need services within 3 years)

The reality of this is that individuals who can't care for themselves are now being cared for by aging parents and siblings. These are among the most vulnerable population in our county, and are dependent upon state and federal agencies to insure that they have the means to lead healthy lives and are properly cared for. It is beyond the ability of the County Government to insure that this happens.

For these reasons, we feel the Commission can strengthen its advocacy and advisory functions in coordination with the county by being able to testify and comment at the state and federal level. Please see information that follows. The Commission has the following duties:

- (a) review programs and services for people with disabilities, including identifying unmet needs and gaps in services;
- (b) identify, analyze, and evaluate barriers to programs and services for people with disabilities;
- (c) review reports and publications of government agencies providing services to people with disabilities;
- (d) review federal, state and local legislation that concerns or would affect people with disabilities;
- (h) identify and recommend to the County Executive and the County Council appropriate sources of state and federal funding for services and programs for people with disabilities;
- (i) make recommendations for procedures, programs, and legislation to promote the well-being of people with disabilities;

State of Maryland - Community Pathways Waiver

The State of Maryland is requesting renewal of the Community Pathways waiver, a 1915(c) home and community-based services waiver for people with developmental disabilities.

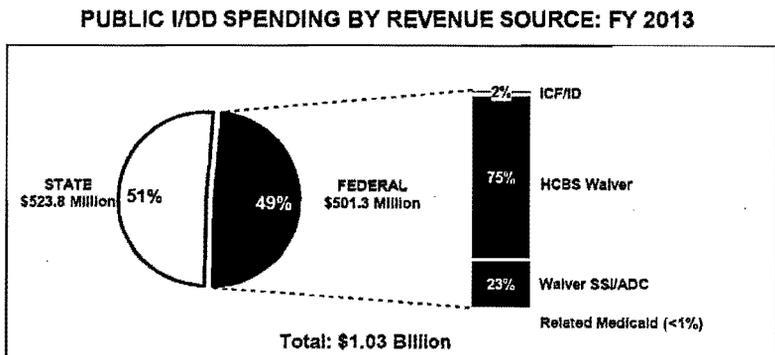
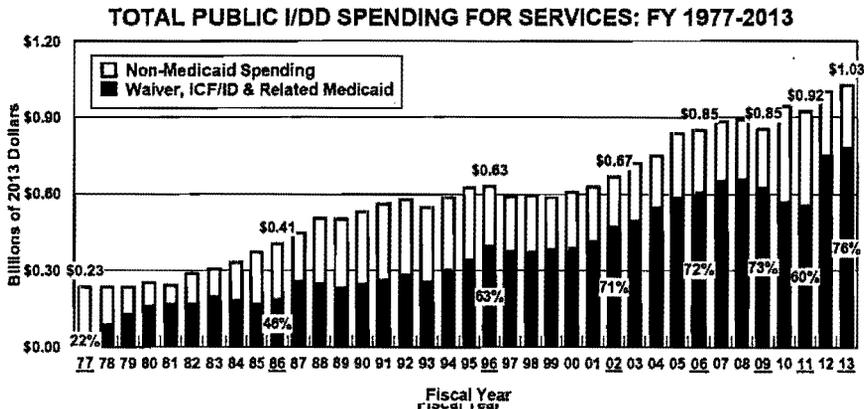
The goals of the Community Pathways waiver are to:

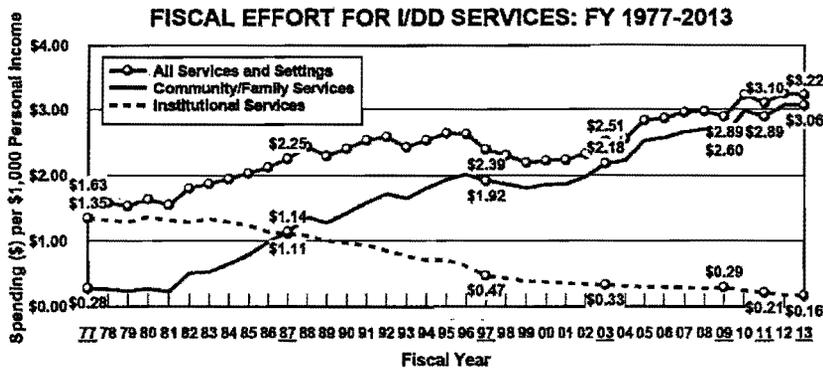
- 1-Deliver person-centered services that leverage natural and community supports
- 2-Maximize individuals self-determination, self-advocacy, and self-sufficiency
- 3-Increase individuals ability and control to design and deliver services that meet their needs
- 4-Increase opportunities for community integration through employment, life-long learning, recreation, and socialization
- 5-Provide quality services and improve participant outcomes
- 6-Ensure the health, well-being and safety of the people served

The Medicaid Waiver and Community Rule Requirements

States must apply to the federal Centers for Medicare and Medicaid Services through a Home and Community-based Service waiver application to obtain permission to operate a waiver program. Approved waiver programs are required to be renewed every three to five years. The department expects to issue a waiver amendment in spring 2015 as new federal Community Rule requirements take effect, to align services to comply with the new rule (as well as to implement other recommendations to improve the Community Pathways waiver). The purpose of these requirements is to ensure that individuals receive community services that are integrated with, and support full access to, the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community.

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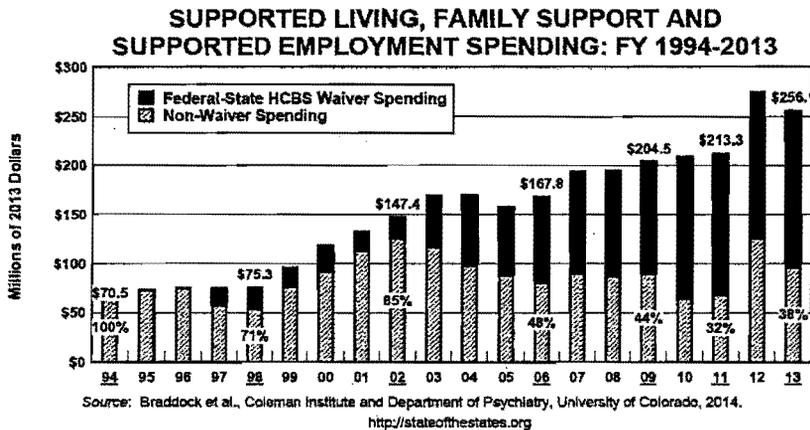
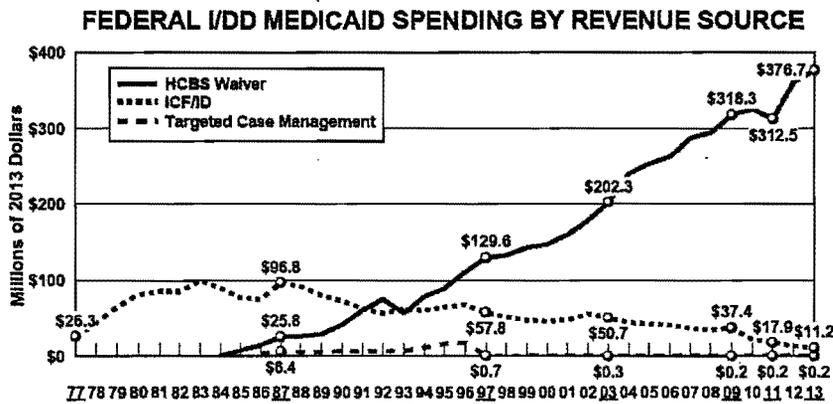




Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2014.

<http://stateofthestates.org>

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Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2014.

<http://stateofthestates.org>

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Charts from: *State of the States in Developmental Disabilities Project*, administered by the University of Colorado. The Project is funded in part by the Administration on Intellectual and Developmental Disabilities, U.S. Department of Health and Human Services.

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	Name	Law ©	Authorized to Lobby*	Excerpted Language w/ emphasis added
1	Commission on Aging	1-3	YES	Duties include: (a) research, assemble, analyze, and disseminate pertinent data and educational materials; (c) develop an information and referral system for all services in the county related to needs of the aging; (d) institute and conduct educational and other programs, meetings, conferences; (g) advise and counsel the residents of the county, County Council, County Executive, and various departments of the county, state, and federal governments on matters involving the needs of the aging; (e) cooperate with the County Executive and all governmental agencies concerned with matters under the Commission's jurisdiction. Annual report is submitted to the County Executive and County Council.
2	Alcohol and Other Drug Abuse Advisory Council	4-7	NO	Duties include: (a) identify local alcohol and other drug abuse program needs; (b) review the state alcohol and other drug abuse plan; (c) assist in the development of the County plan; (d) recommend appropriate allocation of funds. The annual report is to identify actions needed to improve local alcohol and other drug abuse programs. Note: the AODAAC is to conduct or participate in one or more public forums each year.
3	Citizen Review Panel Advisory Board	14-16	YES to State Review Board and Council	One member each must be a County resident selected under State law by: the State Citizens Review Board for Children, and the State Council on Child Abuse and Neglect. However members must exercise free will in deliberations and do not represent any agency or organization. Duties include; (1) implement State law regarding local citizens review boards; (2) examine the policies and procedures of State and local agencies as appropriate; (3) report findings to the Executive, Council, the State Citizens Review Board for Children, and the State Council on Child

*Lobbying is defined as "to conduct activities (as engaging in personal contacts or the dissemination of information) with the objective of influencing public officials and especially members of a legislative body with regard to legislation and other policy decisions." For this discussion, this is the authority to lobby others beside the Executive, Council, and Department of Health and Human Services.



				Abuse and Neglect. An annual report on activities is made to the public. Note: County Code says Federal law requires the State to provide staff to support the Citizen review panel (this can be provided by reimbursing DHHS for staff.)
4	Commission on Child Care	8-11	NO	Finding and purpose include (4) advise the County Executive and the County Council on the development of policies, programs, services that enhance community support for high quality, affordable, and accessible child care. Duties include: (c) evaluate County government policies, funding, and programs; (e) promote coordination among County government agencies; (g) recommend to the Executive and Council new sources of funds; (j) participate in the activities of the State Office Children and Youth; (k) review federal and state policies affecting the provision of child care.
5	Commission on Children and Youth	12-14	YES to MD Office of Children, Youth, and Families and Board of Education	Duties include (b) hold public hearings, initiate interagency conferences, and create special task forces to assess needs, review services...(h) give recommendations to the County Executive and County Council for new sources of public funds; (j) serve as the Children's Council in Article 49D of the Annotated Code of Maryland; (l) Participate in the activities of the State Office for Children and Youth; (p) advise the County Council, County Executive, DHHS, and Board of Education.
6	Community Action Board	17-20	YES	The Agency creates and maintains community action programs to encourage the use of public and private resources to enable low-income people to become self-sufficient and reduce poverty. Duties include: (b) recommend to the County Executive an annual budget for the community action program (there are other duties around the programs that are delivered by the CAA); (k) provide advice and recommendations to the County Executive, County Council, and other public and private agencies; (l) establish communication with the community regarding programs and policies affecting low-income representatives. The Board's annual report is to the County Executive, County Council,

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				and the public. Note: The Community Action Agency must not participate in partisan political activities or sectarian activities. The Agency may advocate on behalf of, or discuss public issues affecting, low income people.
7	Commission on People with Disabilities	21-23	NO	Duties include: (a) review programs and services for people with disabilities, identifying unmet needs and gaps in service; (d) review federal, state, and local legislation that concerns or would affect people with disabilities; (f) conduct open meetings to provide direct communication among people with disabilities, private or public organizations, and the general public; (g) initiate conferences of interagency planning group and create special task forces...(k) and (l) advise and make recommendations to DHHS. The statement of policy at the beginning of this Act says that the Commission is necessary to advise County government. Its annual report is to the County Executive and County Council.
8	Commission on Health	24-26	NO	This article is intended to organize the manner in which the county conducts its health planning activities... Functions: (a) To advise the County Executive and County Council... Including such things as reviewing County public health programs, commenting on gaps in County public health programs, reporting on performance of DHHS programs, commenting on allocation of County health programs, advising on local public health planning needs, comment on the appropriateness of institutional health services proposed by private or non-profit organizations, state, or other public sector agencies. Note: The County law says the Commission comments on standards for certificates of need and statewide health planning which is no longer accurate.

*Lobbying is defined as "to conduct activities (as engaging in personal contacts or the dissemination of information) with the objective of influencing public officials and especially members of a legislative body with regard to legislation and other policy decisions." For this discussion, this is the authority to lobby others beside the Executive, Council, and Department of Health and Human Services.

9	Interagency Commission on Homelessness	27-31	No, unless approved by OIR	Duties include: (a) promote a community-wide goal to end homelessness; (c) review and monitor any program that is a component of the Continuum of Care, 100,000 Homes, or Housing First; (d) recommend to the Executive and Council any improvements to the Continuum of Care; (e) educate the community about homelessness, best practices...(f) recommend and promote partnerships, including those with municipal, state, or federal government agencies. The Commission must submit its annual report to the Executive and the Council. The Commission must not engage in any legislative advocacy at the State or federal levels unless that activity is approved by the Office of Intergovernmental Relations.
10	Commission on Juvenile Justice	32-35	YES to Circuit Court and State Legislators	Duties include: (a) advise the Circuit Court, Council and Executive on needs and requirements of juveniles under the Court's jurisdiction; (b) inform state legislators of juvenile needs and requirements; (d) study and make recommendations to the Executive and Council on segments of the County budget that affect juvenile justice programs; (f) promote knowledge in the community regarding juvenile needs and programs; (h) independently evaluate County-funded juvenile justice programs
11	Mental Health Advisory Committee	36-39	NO However Annual Report sent to State agencies	Duties include: (a) monitor, review and evaluate the allocation and adequacy of publicly-funded mental health services within the County; (b) determine the needs of the County mental health system...(c) participate in the development of the local mental health plan and local mental health budget...(f) review and comment on the preliminary budget for the State mental health grant to the County. Annual Report is disseminated to 7 entities including the State Mental Hygiene Administration's Regional Mental Health Director, the Director of Mental Hygiene Administration, the Secretary of the Department of Health and Mental Hygiene, and the Maryland Advisory Council on Mental Hygiene.

*Lobbying is defined as "to conduct activities (as engaging in personal contacts or the dissemination of information) with the objective of influencing public officials and especially members of a legislative body with regard to legislation and other policy decisions." For this discussion, this is the authority to lobby others beside the Executive, Council, and Department of Health and Human Services.

12	Montgomery Cares Advisory Board	40-43	NO	Current law (not MCAB proposed changes): Mission is to guide development of the Montgomery Cares Program...grow the number of uninsured County residents accessing high quality and efficient health care services... The Board may advise the County Executive, County Council, and DHHS. The Board's quarterly and annual reports are distributed to the County Executive, County Council, and DHHS
13	Board of Social Services	44-46	YES	Duties include: (2) advise the local Director of Social Services and the Director of DHHS about the local application of State policies and procedures; (4) provide information to County residents...(5) review the periodic evaluation of the administration of State social services programs within DHHS and consult with local Director of Social Services and DHHS Director about implementing recommendations from the State; (6) review annual report and transmit it with any recommendations to the Secretary of Human Resources (DHR), the Executive, and the Council; (10) meet with Secretary of Human Resources periodically, or at the Board's request; (12) serve as an advocate, in conjunction with the State DHR at the local, State, and federal level; (14) develop, in conjunction with State DHR, education and public relations program on the local, State, and federal level.
14	Commission on Veterans Affairs	47-49	NO, unless approved by OIR	Duties include: (3) advise the Executive and Council on the status of programs and services in the State and County. (4)(h) The annual report must be submitted to the Executive and Council and any other appropriate agency. (4)(i) The Commission must not engage in any activity at the state or federal levels unless that activity is approved by the Office of Intergovernmental Relations. Note: The Commission may institute and conduct educational and other programs and meetings to promote the rights and opportunities for veterans.

*Lobbying is defined as "to conduct activities (as engaging in personal contacts or the dissemination of information) with the objective of influencing public officials and especially members of a legislative body with regard to legislation and other policy decisions." For this discussion, this is the authority to lobby others beside the Executive, Council, and Department of Health and Human Services.



15	Victim Services Advisory Board	50-52	NO, except may provide input on Gov's program	Duties include: (1) Periodically review available services and facilities for victims and families; (4) make recommendation for allocation of funds; (6) Provide input to the Governor's victim services programming... The Board may review and comment on all local new and renewal State grant applications and all local federal grant applications for victim/family services programs and review the State program services plan.
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*Lobbying is defined as "to conduct activities (as engaging in personal contacts or the dissemination of information) with the objective of influencing public officials and especially members of a legislative body with regard to legislation and other policy decisions." For this discussion, this is the authority to lobby others beside the Executive, Council, and Department of Health and Human Services.

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Montgomery County Code

Article III. Commission on Aging. [Note]

Sec. 27-34. Statement of policy.

It is hereby declared to be the public policy of the county to promote and initiate programs to improve conditions of the aging or elderly in the county; to work toward elimination of restrictions which impede older citizens from full participation in the mainstream of community life; and to assist and stimulate all levels of government and the community to be more responsive to the needs of the county's older citizens. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 30, § 14.)

Sec. 27-35. Creation; composition; appointment; terms and compensation of members; meetings; quorum; reports.

(a) *Creation and composition; appointment of members; election of officers.* There is hereby established a commission on aging. The commission shall consist of no less than eighteen (18) members appointed by the county executive, subject to confirmation by the county council. Membership shall consist of the county residents of whom a majority shall be older citizens. The county executive shall take into consideration the recommendations of the commission in making his appointments. The nominees shall be individuals who are or who have been active in business, industry, labor, community service, religion, welfare and/or education, the professions and representatives of major organizations or agencies significantly concerned with the problems of aging. The commission shall elect the following officers and directors from the members appointed by the county executive: chairman, vice chairman, secretary, budget and finance advisor, each to serve at the pleasure of the commission, and directors and such other officers as it shall determine.

(b) *Terms; reappointments.* The term of office of each of the appointed members is 3 years. A member must not serve more than 2 consecutive terms. Members shall continue in office until their successors are appointed and approved.

(c) *Compensation.* Members of the commission receive no compensation for their services.

(d) *Meetings; reports.* The commission shall meet at the call of the chairman as frequently as required to perform its duties, but no less than six (6) times each year. A majority of the members of the commission shall constitute a quorum for the transaction of business, and a majority of those present at any meeting shall be sufficient for any official action taken by the commission. The commission shall submit an annual report to the county executive and the county council summarizing its activities, needs, recommendations and the degree to which the goals of the commission are being met. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 14; FY 1991 L.M.C., ch. 9, § 1.)

Editor's note—See County Attorney Opinion dated 4/13/99-A discussing what should occur when an Ethics Commission member holds over as a result of the Council not having confirmed a newly appointed member.

Sec. 27-36. Executive secretary; additional personnel and facilities.

There shall be an executive secretary of the commission, who shall be a merit system employee. Other personnel and facilities may be authorized as provided by appropriations. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 30, § 14.)

Sec. 27-37. Powers and duties generally.

The commission shall have the power and it shall be its duty:

- (a) To research, assemble, analyze and disseminate pertinent data and educational materials relating to activities and programs which will assist in meeting the needs and solving the problems of the aging; to cooperate with public and private agencies, organizations and individuals in identifying and solving the problems of the aging; and to develop and conduct, as appropriate, in cooperation with county government, other services and programs dealing with the problems and needs of the aging.
- (b) To review plans of primary concern to the aging that are developed by other commissions, agencies, offices and departments of the county government.
- (c) To develop an information and referral system for all services in the county related specifically to the needs of the aging.
- (d) To institute and conduct educational and other programs, meetings and conferences to promote the welfare of the aging. In the performance of its duties, the commission shall cooperate with all interested citizens, community, business, professional, technical, educational, health and civic organizations.
- (e) To cooperate with the county executive and all governmental agencies concerned with matters within the jurisdiction of the commission.
- (f) To study and investigate by means of public or private meetings, conferences and public hearings, conditions which may result in unmet needs or in discrimination or prejudice because of age.
- (g) To advise and counsel the residents of the county, the county council, the county executive and the various departments of county, state and federal governments on matters involving the needs of the aging, and to recommend such procedures, programs or legislation as it may deem necessary and proper to promote and ensure equal rights and opportunities for all persons, regardless of their age.
- (h) To work to remove the unmet needs or discrimination or prejudice on the basis of age in such areas as housing, recreation, employment, education, community services and related matters.
- (i) To adopt such rules and procedures as may be necessary to carry out the purposes of this article; to keep a record of its activities and minutes of all meetings; such records and minutes shall be on file and shall be open to the public at reasonable business hours upon request.
- (j) To prepare and submit to the county executive a budget to include the recommended appropriation for its own operation. In submitting a recommended budget for carrying out the operation of the commission, the county executive shall take into consideration the recommendations of the commission, and if requested by the commission, grant a hearing to the commission. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 30, § 14.)

Sec. 27-38. Committees.

The chairman of the commission may, with the approval of the commission, appoint committees from its members to assist in carrying out any of the functions and duties of the commission. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 30, § 14.)

Sec. 27-39. Volunteer workers and consultants.

The commission may engage the services of volunteer workers and consultants without salary as it may find necessary from time to time, and may engage other workers and consultants in accordance with the laws of the county, subject to budget appropriations to assist it in carrying out its duties. Services of an individual as a volunteer worker or consultant for the commission shall not be considered as service or employment bringing such individual within any merit system of the county or the state. (1974 L.M.C., ch. 52, § 2; 1977 L.M.C., ch. 30, § 14.)

ARTICLE V. ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL.*

Sec. 24-41. Members; appointment.

(a) *Members.* The County Executive must appoint, subject to confirmation by the County Council, an Alcohol and Other Drug Abuse Advisory Council. The Council consists of 16 voting members and 9 nonvoting members.

(b) *Voting members.* The County Executive should appoint the voting members so that they include:

- (1) 4 members of the general public that reflect the geographic diversity of the County;
- (2) an individual who is recovering from alcoholism or other drug abuse;
- (3) a professional who treats alcoholism or other drug abuse;
- (4) a professional who provides care to prevent alcoholism or other drug abuse;
- (5) a person of high school age or younger;
- (6) a person who represents the multi-cultural diversity of the County;

*Editor's note—CY 1991 L.M.C., ch. 40, §§ 1, 2, combined two councils, viz., the Local

Alcoholism Advisory Council, formerly governed by this article, and the Local Drug Abuse Advisory Council, formerly governed by Art. VI, and established a new Alcohol and Other Drug Abuse Advisory Council, included in this article as §§ 24-41—24-43. Former Article V was derived from 1979 L.M.C., ch. 23, § 1; 1985 L.M.C., ch. 57, § 2; and FY 1991 L.M.C., ch. 9, § 1. Former Article VI was derived from 1981 L.M.C., ch. 12, § 1; 1983 L.M.C., ch. 36, § 1; 1985 L.M.C., ch. 57, § 2; and FY 1991 L.M.C., ch. 9, § 1.

Cross reference—Boards and commissions generally, § 2-141, et seq.

- (7) a practicing physician;
- (8) a pharmacist;
- (9) a relative of an individual who is receiving care for alcoholism or other drug abuse; and
- (10) a member of:
 - (A) the clergy;
 - (B) the legal profession;
 - (C) the County parent-teachers associations; and
 - (D) the business community.

(c) *Nonvoting members.* The following should each designate one nonvoting ex-officio member of the Council:

- (1) County Executive;
- (2) County Council;
- (3) Health and Human Services Department;
- (4) Police Department;
- (5) Montgomery County Public School System;
- (6) Board of License Commissioners;
- (7) Department of Corrections and Rehabilitation;
- (8) Mental Health Advisory Committee; and
- (9) Victims Services Advisory Board.

(d) *Removal of members.* Section 2-148(c) applies only to voting members of the Council. (CY 1991 L.M.C., ch. 40, § 1; 1995 L.M.C., ch. 13, § 1; 2005 L.M.C., ch. 24, § 1.)

Editor's note—See County Attorney Opinion dated 4/13/99-A discussing what should occur when an Ethics Commission member holds over as a result of the Council not having confirmed a newly appointed member.

1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-42. Officers; subcommittees; meetings; bylaws; staff.

(a) *Officers.* The Council must elect a Chair annually. The Council may select other officers annually as it finds appropriate. A member must not serve as Chair for more than 2 consecutive years.

(b) *Subcommittees.* The Council may establish subcommittees that may include persons who are not members of the Council. However, the Chair of each subcommittee must be a member of the Council.

(c) *Meetings.* The Council meets at the call of the Chair as often as required to perform its duties, but at least 9 times each year. The Council must also meet if two-thirds of the voting members request in writing that a meeting be held. The Chair must give reasonable advance notice of all meetings to members of the Council and the general public. A majority of the voting members are a quorum to transact business.

(d) *By-laws.* The Council may establish by-laws to govern its activities.

(e) *Staff.* The Department of Health and Human Services must provide the Council with staff support. (CY 1991 L.M.C., ch. 40, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-43. Duties of the Council.

The Council must:

(a) identify local alcohol and other drug abuse program needs, after receiving the advice of the Director of the Department of Health and Human Services by June 1 of each year;

(b) review the state alcohol and other drug abuse plan;

(c) assist in the development of an annual County alcohol and other drug abuse plan;

(d) recommend appropriate allocation of funds to support alcohol and other drug abuse programs after considering other available funding sources;

(e) promote alcohol and other drug abuse programs;

(f) conduct or participate in one or more public forums each year concerning alcoholism and other drug abuse; and

(g) issue an annual report to the County Executive, County Council, and Director of the Department of Health and Human Services by October 1 of each year. The report must:

(1) evaluate the progress of local alcohol and other drug abuse programs;

(2) identify actions needed to improve local alcohol and other drug abuse programs; and

(3) outline goals of the Council for the following year. (CY 1991 L.M.C., ch. 40, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-44—24-46. Reserved.

Note—See the editor's note at the beginning of this article.

Article VIII. Commission on Child Care.

Sec. 27-62. Commission on child care.

(a) *Definitions.* In this Section, unless the context indicates otherwise:

- (1) *Commission* means the Commission on Child Care.
- (2) *Child care* means caring for a child on a regular basis for pay.

(b) *Findings and purpose.*

(1) The increasing number of single-parent families and families in which both parents work outside the home has increased dramatically the need for infant, preschool and before- and after-school child care services.

(2) Parents of all income levels need high-quality, affordable and accessible child care in order to help strengthen families, increase the productivity of the County's work force, and further many of the County's economic development and social objectives.

(3) Montgomery County government has a responsibility to develop a comprehensive package of initiatives and policies designed to help families meet the wide variety of child care needs.

(4) The purpose of the Commission is to advise the County Executive and the County Council on the development of government policies, programs and services that enhance community support for high-quality, affordable and accessible child care.

(c) *Membership of Commission.*

(1) The members of the Commission are appointed by the County Executive, subject to confirmation by the County Council.

(2) The Commission has 18 voting members and 5 to 7 nonvoting members. The County Executive should appoint the voting members so that:

a. Seven members are providers of child care services. The Executive should appoint providers of different types of child care services and providers to different age groups. These include family day care providers, group day care providers, private educational institutions, and providers serving infants, toddlers, pre-school and school-age children, and children with special needs.

b. Five members are parents of children receiving child care services.

c. Five members are selected from the business community and the general public.

d. One member represents the Montgomery County chapter of the Maryland Municipal League.

(3) The Superintendent of Schools, the Chairman of the Montgomery County Planning Board, the President of Montgomery College, or their designees, are nonvoting members of the Commission. Two designees of the Director of the Department of Health and Human Services are also nonvoting members of the Commission. In addition, upon recommendation of the Commission, the Executive may designate representatives of up to 2 public agencies to serve as nonvoting members. The Executive may appoint these additional members to serve less than three-year terms.

(4) Each member must reside or work in Montgomery County.

(d) *Officers.* For the Commission's first year, the County Executive must appoint a chairperson and a vice-chairperson from among the members, subject to confirmation by the County Council. Thereafter, the Commission must annually elect one member as chairperson and another member as vice-chairperson. The terms of the chairperson and vice-chairperson are each one year.

(e) *Term.*

(1) Commission members serve for 3 years.

(2) A member must not serve more than 2 consecutive 3-year terms.

(f) *Duties.*

(1) The Commission must issue an annual report by October 1 of each year that addresses the County's child care needs and that recommends short- and long-term priorities the County

government should follow to improve services in support of child care. The Division on Child Care must assist the Commission in preparing the report.

(2) In order to develop the report, the Commission may:

- a. Create special task forces, hold public hearings, and collect information to identify and assess needs, review services, programs and policies, and plan new strategies for supporting child care;
- b. Analyze data on child care needs and services delivered by public and private agencies in Montgomery County;
- c. Evaluate County government policies, funding, and programs affecting child care;
- d. Promote the coordination of child care programs and policies among County government agencies;
- e. Promote cooperation among the County government, the community, and business in addressing child care needs;
- f. Make recommendations regarding the need for and use of public funds to be spent on behalf of child care services;
- g. Recommend to the County Executive and County Council new sources of funds for child care;
- h. Review standards for licensing and operation of child care services and programs;
- i. Provide public information on child care programs and services in the County;
- j. Participate in the activities of the State Office of Children and Youth;
- k. Review federal and state policies affecting provision of child care;
- l. Recommend policies, actions, programs, or legislation the Commission deems necessary to increase the quality, availability, and affordability of child care services;
- m. Coordinate work with the Commission on Children and Youth and should not duplicate the work of the Commission on Children and Youth; and
- n. Take any action the Commission finds would further the purposes of this Section.

(g) *Compensation.* A member must not receive compensation for serving on the Commission.

(h) *Meetings.*

(1) The Commission must meet at least 6 times a year on a day and at a time set by the Commission. The Commission may meet at other times at the call of the Chair or at the request of 9 members of the Commission.

(2) A majority of the members of the Commission constitutes a quorum for transacting of business.

(3) Action by the Commission requires a majority vote of those present.

(i) *Procedures.* The Commission may establish its own rules of procedure.

(j) *Staff support.* The Director of the Department of Health and Human Services must provide

staff services and administrative support to the Commission. (1988 L.M.C., ch. 5, § 2; FY 1991 L.M.C., ch. 9, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note-Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 27-62A. Child Care facilities impact statements.

(a) For each applicable capital project in the Capital Improvements Program during facility planning, the Office of Management and Budget must include in or transmit with the CIP an analysis of:

(1) the feasibility of including child care facilities in the project; and

(2) what capital or operating budget modifications, if any, would be needed to include child care facilities in the project.

(b) The child care analysis submitted by OMB should discuss at least the following issues related to the capital project:

(1) compatibility of child care with the underlying project;

(2) local availability of and demand for child care in the area of the project; and

(3) conformity of child care facilities to applicable zoning and land use plans.

(c) Each child care analysis under this Section should assign highest priority to the provisions of high quality child care in areas where the provision of child care may not otherwise be financially feasible due to large numbers of low-income parents and the resulting need for significant subsidies.

(d) As used in this section, *applicable capital project* means any proposed building project administered by the Department of General Services or the Parking Management Division of the Department of Transportation.

(e) In performing its analysis, OMB should consult the Department of Health and Human Services, the Planning Board, and any other County department or agency with expertise in child care.

(f) The Council may in the capital budget resolution, and the County Executive may by Method 1 regulation, exempt from this Section a capital project or category of capital projects which by their nature do not require child care analysis. (2013 L.M.C., ch. 8, § 1.)

L.M.C., ch. 30, § 15.)

Article V. Commission on Children and Youth. [Note]

Sec. 27-47. Statement of policy.

The County Council believes that a Commission on Children and Youth is necessary to advise the County Council, County Executive, Department of Health and Human Services and the Board of Education, on the development of coordinated community and government policies, programs and services which support children, youth and families. The objectives of the Commission are: To identify the needs of children and youth according to age, location and special services required; to identify all existing services, public and private, available to children, youth and families; to identify those changes in public policy, service delivery, and funding necessary to improve the supporting services available to children, youth and families; and to serve as the community voice for children and youth and to be a forum for discussion with youth. The Commission on Children and Youth should coordinate work with the Commission on Child Care and should not duplicate the work of the Commission on Child Care. (1979 L.M.C., ch. 4, § 1; 1988 L.M.C., ch. 5, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note-Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 27-48. Commission on Children and Youth Generally.

(a) *Creation and appointment.* There is a Commission on Children and Youth. The County Executive appoints Commission members, subject to County Council approval. The Commission has 27 members, including the following:

- (1) one representative from the:
 - (A) public school system;
 - (B) private schools in the County; and
 - (C) Department of Recreation.
- (2) The Department of Health and Human Services has 2 representatives.

The remaining 22 members should be equally divided among individuals with recent experience in agencies providing services to children and youth, youth and young adults, and parents. The County Executive appoints the Chair and the Vice-Chair of the Commission, subject to County Council approval. A County government representative must not be the Chair or Vice-Chair. Commission members may make recommendations to the County Executive about appointment of the Chair and Vice-Chair.

(b) *Terms of office.* The term of a member is 3 years, except that a youth or young adult member

is appointed for one year from June 1 to May 30.

(c) *Compensation.* Members of the Commission must not receive compensation for their services.

(d) *Meetings.* The Commission meets on the call of the Chair as required to perform its duties but not less than 6 times each year.

(e) *Staff.* The Department of Health and Human Services provides the necessary staff support to the Commission for the conduct of the Commission's formal sessions. (1979 L.M.C., ch. 4, § 1; 1979 L.M.C., ch. 20, § 1; 1981 L.M.C., ch. 41, § 1; FY 1991 L.M.C., ch. 5, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note-Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 27-49. Duties and responsibilities.

The Commission has the following duties and responsibilities:

(a) Initiate recommendations for such procedures, programs or legislation as it may deem necessary to promote the well-being of children, youth and families in the community;

(b) Hold public hearings, initiate interagency conferences and create special task forces in order to identify and assess needs, review services, programs and policies and plan new strategies for supporting children, youth and families;

(c) Collect data on the needs of children and youth, as well as services delivered by public and private agencies in the County;

(d) Evaluate and review the implementation of County policies and programs affecting children, youth and families, including but not limited to: Early childhood education, health and nutrition, neglected and dependent children and youth, children/ youth with special needs and prevention and treatment of delinquency;

(e) Recommend annual priorities which the County government should follow for improving services in support of children, youth, and families;

(f) Review and promote the coordination of services between and among all agencies serving children and youth in this County;

(g) Review, assess and make recommendations regarding funding of proposals utilizing public funds to be spent in behalf of children and youth;

(h) Give recommendations to the County Executive and County Council for new sources of public funds for children and youth;

(i) Review standards for licensing and operation of services to children and youth.

(j) Serve as the children's council as established by Article 49D of the Annotated Code of Maryland and perform the duties and functions provided therein;

- (k) Provide effective public information on children's programs and services in the County;
- (l) Participate in the activities of the State Office for Children and Youth;
- (m) Solicit advice and suggestions from public and private agencies, and their professional staffs, concerned with problems of children and youth through the establishment of committees or other appropriate means;
- (n) Formulate bylaws and operating procedures necessary to carry out responsibilities;
- (o) Supervise and coordinate activities of the Youth Advisory Committee as a subcommittee of the Commission; and
- (p) Advise the County Council, County Executive, Department of Health and Human Services, and Board of Education in matters relating to children, youth, and families. (1979 L.M.C., ch. 4, § 1; FY 1991 L.M.C., ch. 5, § 1; 1995 L.M.C., ch. 13, § 1; 1995 L.M.C., ch. 21, § 2.)

Editor's note--Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 27-49A. Citizens Review Panel for Children.



- (a) *Creation.* The Citizens Review Panel for Children is established.
- (b) *Appointment.* The County Executive must appoint the members of the Citizens Review Panel, subject to County Council confirmation. The Executive must appoint the chair and vice-chair of the Citizens Review Panel, subject to Council confirmation. A member of the Citizens Review Panel may recommend individuals to the Executive to serve as the chair and vice-chair.
- (c) *Membership.*
 - (1) The Citizens Review Panel has 9 to 14 members.
 - (A) The Executive must appoint 7 members. No more than 3 members may be members of the Commission on Children and Youth who are separately confirmed by the Council as Panel members.
 - (B) One member each must be a County resident selected under State law by:
 - (1) the State Citizens Review Board for Children; and
 - (2) the State Council on Child Abuse and Neglect.
 - (C) The Executive may appoint, subject to confirmation by the Council, not more than 5 additional non-voting members to provide technical and professional advice to the Panel about child protective services. These members must have experience in preventing and treating child abuse and neglect, such as child advocates, volunteers of the court-appointed special advocate program, attorneys who represent children, parents and consumer representatives, and health and human services professionals. These members each serve a term of 3 years. A panel member should consider the advice of these members, but must exercise independent judgment in evaluating their advice.

(2) Each member of the Panel must be a volunteer who:

- (A) exercises the member's own free will in all deliberations of the Panel;
- (B) acts independently of any outside influence, particularly the member's employer;
- (C) does not represent any agency or organization; and

(D) is not a County or State employee, or spouse or domestic partner of an employee, whose participation would be inconsistent with County Council policies regarding appointment of government employees to boards, committees, and commissions.

(d) *Duties.* The Citizens Review Panel must:

(1) implement State law regarding local citizens review boards;

(2) examine the policies and procedures of State and local agencies and, where appropriate, specific cases to evaluate the extent to which these agencies in the County are effectively fulfilling their responsibilities to implement the child protection standards and State plan under 42 U.S.C. § 5106a(b) and any other criteria that the panel considers important for the protection of children;

(3) report the Panel's findings to the Executive, the Council, the State Citizens Review Board for Children, and the State Council on Child Abuse and Neglect;

(4) within 60 days after the end of each fiscal year, prepare and make available to the public a report summarizing the Panel's activities during the fiscal year; and

(5) carry out other duties as requested to assist the County Department of Health and Human Services, the State Citizens Review Board for Children, and the State Council on Child Abuse and Neglect.

(e) *Terms of office.* The term of a Panel member is 3 years.

(f) *Compensation.* Members of the Panel must not receive compensation for their services. A member may receive reimbursement for expenses incurred in connection with the member's service on the Panel, subject to appropriations.

(g) *Meetings.* The Citizens Review Panel must meet at least once every 3 months at the call of the chair.

(h) *Access to information.* Federal law requires the State to provide any case information requested by the Panel that is necessary for the Panel to carry out its functions. County agencies and employees must provide any case or other information that the Panel decides is necessary or useful to carry out its functions. Each member of the Panel is subject to State laws that restrict or prohibit disclosure of:

- (A) identifying information about a specific child protection case; or
- (B) certain other information.

(i) *Staff.* Federal law requires the State to provide staff support to the Citizens Review Panel. The County Department of Health and Human Services may provide staff support to the Panel if the State reimburses the County for the full cost of the support. (2001 L.M.C., ch. 5, § 1; 2005 L.M.C., ch. 24, § 1.)

Editor's note—2001 L.M.C., ch. 5, § 2, states:

Transition.

(a) When making initial appointments to the Citizens Review Panel, the County Executive must appoint 2 members to a one-year term, 2 members to a two-year term, and 3 members to a three-year term.

(b) The Executive must appoint the members of the Advisory Group under Code Section 27-49A(j), as added by this Act, to initial terms of 1, 2, or 3 years, coincident with the term of a Panel member, so that the terms of no more than 2 members of the group expire in the same calendar year.

(c) A member who serves for 18 months or less in a Panel or Advisory Group position during the position's initial term of one or two years is eligible for reappointment as if the member had not previously served in the position.

Article IV. Community Action Agency.

Sec. 27-40. Statement of policy.

It is the public policy of the County to promote programs to create an awareness of poverty; promote coordination among private and public agencies concerned with poverty; promote better use of existing resources and develop leadership among poor citizens to solve community problems; and develop broad community strategies to attack the basic causes of poverty. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 15; 1997 L.M.C., ch. 25, §1.)

Sec. 27-41. Creation and organization.

(a) *Established; purpose.* There is a Community Action Agency within the Executive branch of the County government. The Agency creates and maintains community action programs to encourage the use of public and private resources to enable low-income people to become self-sufficient; to reduce poverty in the County; to involve the low-income population in developing and carrying out anti-poverty programs in the County; and to make government more responsive to the needs of low-income people.

(b) *Governing board and staff.* The community action agency consists of:

- (1) the Community Action Board; and
- (2) merit system employees of the County government, including an executive director and other staff necessary to assist the Board. The Board generally directs and supervises the staff.

(c) *Board-Composition; membership.*

- (1) The Community Action Board consists of not more than 24 nor less than 15 members.
- (2) At least one-third of the members must be representatives of low-income persons in the

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county, and one-third must be public officials or their representatives. The balance of the Board must be composed of officials or members of business, industry, labor, religious, private welfare, private education, minority, civic, and other major private organizations interested in activities of the agency.

(d) *Appointment; term of office.*

(1) **Public Official Members.** The County Executive must appoint, subject to confirmation by the County Council, officials of the County government and other public agencies in the County, or voting representatives of the officials, to serve on the Board. The Council may, in its discretion, recommend a Councilmember or other Council representative to serve on the Board. The Executive must consider for appointment public officials recommended by the Board. The Executive (who is not subject to confirmation), or the Executive's designee, is a public member of the Board. Public-official members, or their representatives:

- (A) collectively must comprise at least one-third of the membership of the Board; and
- (B) serve at the pleasure of the Executive..

(2) **Private Organization Members.** The Executive must appoint, subject to confirmation by the Council, representatives of the private organizations to serve on the Board. These members serve either a 1-, 2-, or 3-year term, as designated by the Executive. In appointing members under this subparagraph, the Executive must consider individuals and organizations recommended by the Board. The terms of private organization members end October 1 of the appropriate year.

(3) **Low-Income Representatives.**

(A) The Executive must appoint, subject to confirmation by the Council, members who represent low-income County residents. In making an appointment under this subparagraph, the Executive must consider the recommendation of the Community Action Board regarding a candidate selected by low-income County residents. Low-income representative members serve either a 1-, 2-, or 3-year term, as designated by the County Executive. The Board must recommend to the Executive an individual to fill any vacancy on the Board. The terms of all members representing low-income residents end October 1 of the appropriate year.

(B) The Board must establish a democratic procedure for low-income residents to select candidates for nomination, each of whom must live in a specific geographic area of the County. Individuals participating in the selection of a candidate must be at least 18 years old, reside in the specific geographic area of the County, and have income that does not exceed the limits established under subparagraph (D).

(C) For each person nominated under this paragraph, the Executive must explain in writing to the Council how the nominee was selected by a democratic method designed to ensure that the nominee is representative of the poor in the area the nominee would represent.

(D) A low-income person, for the purpose of this article, is a person whose income does not exceed amounts set by Executive Order after considering the recommendations of the Board.

(4) **Vacancies.** Except as provided in paragraph (5), each member of the Board continues to serve after the member's term expires until the Council confirms a successor, who serves the remainder of the member's term.

(5) A private-organization member selected under paragraph (2) or a low-income representative selected under paragraph (3) must not serve on the Board for more than 5 consecut

or 10 total years.

(e) *Officers of the Board.* The officers of the Board are the chair, vice-chair, and secretary, elected annually by the Board under procedures adopted by the Board.

(f) *Compensation.* The members of the Board serve without compensation.

(g) *Meetings; quorum.* The Board holds meetings at regular intervals at least 6 times per year. A majority of the members of the Board is a quorum for conducting business. The Board may act on a majority vote of those present. The Board or its designated members should meet from time to time with the County Executive, the County Council, and other public officials to promote the Board's functions.

(h) *Nonpartisan nature.* The Community Action Agency must not participate in partisan political activities or sectarian activities. The Agency may advocate on behalf of, or discuss public issues affecting, low-income people. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 10; FY 1991 L.M.C., ch. 9, § 1; 1997, L.M.C., ch. 25, § 1; 2005 L.M.C., ch. 24, § 1; 2012 L.M.C., ch. 7, § 1.)

Editor's note-1976 L.M.C., ch. 1, from which this article was derived, became effective September 9, 1975.

Sec. 27-42. General powers and duties of Board.

To accomplish the purposes for which the Community Action Agency is established, the Community Action Board may:

- (a) Make recommendations on the initiation and development of the community action program;
- (b) Recommend to the county executive an annual budget to support the community action program and develop grant applications in support thereof;
- (c) Decide changes in the community action program within the limits of the annual budget;
- (d) Recommend expenditures within available appropriations or budgetary allocations for the community action program;
- (e) Recommend transfers between and within programs within available appropriations or budgetary allocations;
- (f) Give general advice on the administration of projects carried out in implementation of the community action program;
- (g) Accept, use and account for contributions of property and services from organizations or individuals for purposes consistent with the community action program;
- (h) Participate in recruiting and screening candidates for the position of executive director; and recommend a candidate or candidates for executive director; participate in the performance evaluation of or any personnel actions concerning the executive director;
- (i) Recommend the type and number of personnel required to staff the organization and carry out approved projects;
- (j) Adopt, amend and repeal bylaws, and adopt regulations under method (2) of section 2A- 15

this Code governing the manner in which its activities may be conducted and the powers vested in it may be exercised;

(k) Provide advice and recommendations to the county executive, county council and other public and private agencies;

(l) Establish communications with the community concerning programs and policies affecting low-income persons;

(m) Perform all lawful actions as may be necessary or appropriate to achieve the purposes for which the community action agency is established, including the selection of low-income representatives;

(n) Carry out such operations as the county government may specifically authorize or provide. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 15; 1984 L.M.C., ch. 24, § 30; 1997, L.M.C., ch. 25, §1.)

Sec. 27-43. Committees and advisers.

(a) The Board must establish an executive committee and other subcommittees necessary to assist in performing the functions of the Board.

(b) The chair of the Board may appoint a person to advise the Board from public agencies not represented on the Board or from interested citizens in the county. An adviser may participate in meetings of the Board and the executive committee but is not entitled to vote. An advisers may serve as a member of a subcommittee and vote at subcommittee meetings. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 15; 1997, L.M.C., ch. 25, §1.)

Sec. 27-44. Authority of executive director.

The executive director may, after considering the Community Action Board's recommendations:

(a) recommend to the Chief Administrative Officer appointment of Agency staff; and

(b) authorize the expenditure of funds. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, § 15; 1997, L.M.C., ch. 25, §1.)

Sec. 27-45. Reports.

The Community Action Board annually must report to the County Executive, the County Council, and the public on the Board's activities. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977 L.M.C., ch. 30, §15; 1997, L.M.C., ch. 25, §1.)

Sec. 27-46. Repeal of current resolution.

Resolution No. 6-1332, dated June 18, 1968, the current resolution establishing the community action committee, is hereby rescinded, and any section therein inconsistent with this article is hereby declared null and of no effect or force. (1976 L.M.C., ch. 1, § 1; 1977 L.M.C., ch. 28, § 10; 1977

Article VI. Commission on People with Disabilities. [Note]

Sec. 27-50. Statement of policy.

A Commission on People with Disabilities is necessary to advise the County government on the coordination and development of policies for people with disabilities. The County government adopts the policy that no qualified person with a disability should, on the basis of their disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of the County government. The County government endorses Section 504 of the Rehabilitation Act of 1973 as amended, 29 U.S.C. 794, and agrees to comply with federal regulations implementing Section 504. (1979 L.M.C., ch. 4, § 2; FY 1991 L.M.C., ch. 6, § 2.)

Editor's note—See County Attorney Opinion dated 4/21/04 discussing the limited authority of the Commission on People with Disabilities and the role of the County Attorney as the legal advisor for the County.

Sec. 27-51. Commission-Composition and appointments; meetings; staff.

(a) *Composition and appointment.* There is a Commission on People with Disabilities. The Commission has 25 voting members, and at least 5 nonvoting members, including:

- (1) 13 voting members who are people with a disability;
- (2) 3 voting members who are parents of people with disabilities;
- (3) 9 voting members who represent organizations and agencies that provide services or represent people with disabilities;
- (4) one nonvoting member from the:
 - (A) Department of Recreation;
 - (B) Department of Transportation; and
 - (C) Human Rights Commission; and

- (5) two nonvoting members from the Department of Health and Human Services.

The County Executive appoints Commission members. The County Executive appoints voting members subject to confirmation by the County Council. The County Executive may appoint additional nonvoting members from other governmental agencies. All appointments are for a 3 year term beginning October 1, except appointments to fill unexpired terms. If a vacancy occurs on the Commission, the County Executive should appoint a successor to complete the unexpired term within 60 days of the occurrence of the vacancy. After receiving recommendations of Commission members, the County Executive must appoint the chairperson and vice chairperson of the Commission, subject to confirmation by the County Council.

(b) *Compensation.* Members of the Commission receive no compensation for their services.

(c) *Meetings.* The Commission meets on the call of the chairperson as frequently as required to perform its duties, but not less than 6 times each year.

(d) *Staff support.* The Department of Health and Human Services must provide the staff support necessary for the Commission to perform its duties. (1979 L.M.C., ch. 4, § 2; 1979 L.M.C., ch. 20, § 2; FY 1991 L.M.C., ch. 6, § 2; 1995 L.M.C., ch. 13, § 1; 1996 L.M.C., ch. 4, § 1; 2008 L.M.C., ch. 5, § 1.)

Editor's note—2008 L.M.C., ch. 5, § 3, states: Sec. 3. Any regulation in effect when this Act takes effect that implements a function transferred to another Department or Office under Section 1 of this Act continues in effect, but any reference in any regulation to the Department from which the function was transferred must be treated as referring to the Department to which the function is transferred. The transfer of a function under this Act does not affect any right of a party to any legal proceeding begun before this Act took effect.

1995 L.M.C., ch. 13, § 5, states: Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.

Sec. 27-52. Duties.

The Commission has the following duties:

- (a) review programs and services for people with disabilities, including identifying unmet needs and gaps in services;
- (b) identify, analyze, and evaluate barriers to programs and services for people with disabilities;
- (c) review reports and publications of government agencies providing services to people with disabilities;
- (d) review federal, state and local legislation that concerns or would affect people with disabilities;
- (e) study ways to maximize the use of facilities and services available to people with disabilities;
- (f) conduct open meetings to provide direct communication among people with disabilities, private and public organizations, and the general public regarding programs and services for people with disabilities;

- (g) initiate conferences of interagency planning group and create special task forces to identify and assess needs and promote the coordination of services among public and private agencies, departments, and organizations that provide services and programs for people with disabilities;
- (h) identify and recommend to the County Executive and the County Council appropriate sources of state and federal funding for services and programs for people with disabilities;
- (i) make recommendations for procedures, programs, and legislation to promote the well-being of people with disabilities;
- (j) submit an annual report by November 1 each year to the County Council and the County Executive that includes:
 - (1) the status of services and programs for people with disabilities in the County;
 - (2) recommendations for the more effective delivery of services and programs to people with disabilities; and
 - (3) annual budget and policy priorities for delivery of services to people with disabilities;
- (k) advise the Department of Health and Human Services in carrying out the duties and responsibilities imposed by federal laws affecting people with disabilities; and
- (l) make recommendations to the Department of Health and Human Services about the County's contribution to programs and services for people with disabilities. (1979 L.M.C., ch. 4, § 2; 1979 L.M.C., ch. 20, § 3; FY 1991 L.M.C., ch. 6, § 2; 1995 L.M.C., ch. 13, § 1.)

Editor's note—See County Attorney Opinion dated 4/21/04 discussing the limited authority of the Commission on People with Disabilities and the role of the County Attorney as the legal advisor for the County.

Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Print

Montgomery County Code

ARTICLE III. HEALTH PLANNING.****Sec. 24-22. Policy.**

(a) It is the policy of Montgomery County to protect and promote the public health and safety and general welfare by fostering the development of a health care system that provides financial and geographic access to quality culturally and linguistically competent health care at a reasonable cost for all County residents. To accomplish this purpose, it is essential that plans for maintaining the health of County residents and developing health services to meet the current and future health needs of County residents be prepared, programs to implement these plans be developed and executed, and proposed developments or alterations of health services be publicly reviewed and commented on. Health planning should address the overall health status of County residents, health disparities within social, economic, geographic, racial and ethnic groups, and the effects of social determinants of health on County residents.

(b) This article is intended to organize the manner in which the country conducts its health planning activities. (1988 L.M.C., ch. 32, § 2; 2011 L.M.C., ch. 3, § 1.)

***Editor's note**—Article II, entitled “Wells,” §§ 24-11—24-21, was repealed by 1979 L.M.C., ch. 46, § 2. The Article was formerly derived from Mont. Co. Code 1965, §§ 110-1—110-11, 1972 L.M.C., ch. 16, §§ 5 and 13, and 1974 L.M.C., ch. 22, § 2.

****Editor's note**—Article III, §§ 24-22—24-33, entitled “Health Systems Agency,” was repealed by 1985 L.M.C., ch. 44, § 1. 1985 L.M.C., ch. 44, § 2, added a new article, entitled “Health Planning,” §§ 24-22—24-34. In order to avoid duplication of section numbering, the editor has renumbered the final section of the article as § 24- 33A. Prior to its repeal, Article II was derived from the following: 1976 L.M.C., ch. 46, §§ 1, 2; 1977 L.M.C., ch. 8, §§ 1—5, 7, 8; 1977 L.M.C., ch. 28, § 9; 1979 L.M.C., ch. 1, §§ 1—6; 1979 L.M.C., ch. 14, §§ 1—3, 5; 1979 L.M.C., ch. 5, § 1; and 1981 L.M.C., ch. 29, §§ 1—5, 7. Subsequently, 1988 L.M.C., ch. 32, § 1, repealed §§ 24- 22—24-33A; and 1988 L.M.C., ch. 32, § 2, enacted a new Article III, §§ 24-44—24-27.

Sec. 24-23. Commission on Health.

- (a) The Montgomery County Commission on Health is established.
- (b) In this article, “commission” means the Montgomery County Commission on Health.
- (c) The county executive appoints the commission, subject to confirmation by the county council.
- (d) The commission must broadly represent the social, economic, linguistic, geographic, cultural and racial characteristics of Montgomery County.

(e) The commission consists of:

(1) Nineteen (19) voting members representing a cross-section of consumers and providers of health care, who are drawn from such populations as the disabled, the elderly, minority groups, the general population, physicians, other health professionals, health care institutions, health care insurers, health maintenance organizations, health professional schools, and the allied health professions. One (1) member must be a member of the Montgomery County Medical Society. The majority of the members must not be providers of health services.

(2) Two nonvoting ex officio members, of whom:

(A) One is a member of the County Council or the Council's designated representative, if the Council designates a Councilmember or Council representative; and

(B) One is the County health officer.

(f) Each commission member must reside or have a primary place of business in Montgomery County.

(g) The commission must elect a chair from among its members:

(1) Whose term is one (1) year; and

(2) Who may be reelected.

(h) (1) The term of an appointed member is three (3) years. Each term begins on July 1 of the year of appointment. Of the members first appointed, one-third must be appointed for a one-year term, one-third must be appointed for a two-year term and one-third must be appointed for a three-year term.

(2) At the end of a term, an appointed member continues to serve until a successor is confirmed.

(3) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is confirmed. (1988 L.M.C., ch. 32, § 2; FY 1991 L.M.C., ch. 9, § 1; 2005 L.M.C., ch. 24, § 1.)

Sec. 24-24. Functions.

(a) To advise the County Executive and the County Council, the Commission must:

(1) Periodically review available County public health programs, services, and facilities and data on the health status of the County population and subgroups within it;

(2) Comment on gaps, deficiencies, or duplication in County public health programs, services, and facilities, including health status disparities and inequities;

(3) Report each year to the County Executive on the performance of the Health and Human Services Department's public health programs, actions needed to improve the programs, and the priorities within which the improvements should be made;

(4) Comment on the proposed allocation of funds to County public health programs in accordance with the Department's priorities, considering the available financial resources and the need for health cost containment;

(5) Advise on local public health planning needs based on health status data;

(6) Comment on the appropriateness of institutional health services proposed to be offered in the County and the metropolitan area by the private sector and nonprofit, state, or other public sector agencies;

(7) Advise on the development of statewide criteria and standards for certificates of need and health planning, considering the regional impact when appropriate.

(b) The Commission must report to and meet with the County Council, sitting as the County Board of Health, at least annually, on the programs and policies within its purview.

(c) To ensure its smooth and efficient functioning, the commission must adopt bylaws. (1988 L.M.C., ch. 32, § 2; 1995 L.M.C., ch. 13, § 1; 2011 L.M.C., ch. 3, § 1.)

Editor's note—See County Attorney Opinion dated 8/26/04 discussing the extent and limits of the Commission on Health's authority.

1995 L.M.C., ch. 13, § 5, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 24-25. Meetings.

(a) The commission must meet at least quarterly. Once a year, the chair must set a meeting schedule for the coming year with the approval of the commission.

(b) A meeting may be convened at the request of two-thirds of the members.

(c) A majority of the members constitutes a quorum for the transaction of business.

(d) A majority vote of the members present is sufficient to take any action (1988 L.M.C., ch. 21, § 2.)

Sec. 24-26. Compensation.

Members are not compensated for serving on the commission (1988 L.M.C., ch. 32, § 2; FY 1991 L.M.C., ch. 9, § 1.)

Sec. 24-27. Staff support.

The Department of Health and Human Services must provide appropriate support for the Commission in order to assist in carrying out the Commission's responsibilities. (1988 L.M.C., ch. 32, § 2; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

ARTICLE IX. INTERAGENCY COMMISSION ON HOMELESSNESS.

Sec. 24-62. Legislative findings and statement of policy.

(a) The County Council finds that reducing homelessness requires substantial coordination and cooperation among federal, state, and local governments, as well as private sector service providers and community organizations.

(b) Montgomery County Continuum of Care is a group of governmental entities and community representatives that carries out the responsibilities of the Continuum of Care program established pursuant to the federal Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (the HEARTH Act).

(c) The County Council intends that the Interagency Commission on Homelessness established under this Article be constituted and function in such a manner that it may serve as the governing board of Montgomery County Continuum of Care, and in serving this function comply with applicable federal regulations governing the Continuum of Care program. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-63. Definitions.

When used in this Article:

100,000 Homes Campaign means an initiative in special needs housing that gives priority to placing the most vulnerable, chronically homeless people in permanent supportive housing through a Housing First model;

Commission means the Interagency Commission on Homelessness;

Continuum of Care means a community program, established under the HEARTH Act, to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency; and

Housing First Initiative means a process for placing homeless people into housing that discourages imposing conditions on placement related to health, employment, or sobriety, and seeks to reduce the time in shelter or transitional programs and provide the needed supports to people in a permanent home. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-64. Established.

The Executive must appoint, subject to confirmation by the Council, an Interagency Commission on Homelessness. (2014 L.M.C., ch. 4, § 1.)

Editor's note—2014 L.M.C., ch. 4, § 2, states: The County Executive must stagger the terms of the non-ex officio members initially appointed under Section 24-64 so that approximately one-third of the terms of these members expire each year.

Sec. 24-65. Members.

- (a) The Commission has 25 members.
- (b) The Executive must appoint the following to serve as ex-officio members:
 - (1) Director of the Department of Health and Human Services;
 - (2) Chief of Special Needs Housing of the Department of Health and Human Services;
 - (3) Chief of Behavioral Health and Crisis Services of the Department of Health and Human Services;
 - (4) Director of the Department of Correction and Rehabilitation;
 - (5) Director of the Department of Housing and Community Affairs;
 - (6) Assistant Chief for Field Services of the Montgomery County Police Department; and
 - (7) A representative from the Office of the County Executive.
- (c) The Executive must invite the following to serve as ex officio members:
 - (1) A member of the County Council, selected by the Council President;

- (2) Executive Director of the Housing Opportunities Commission;
 - (3) Director of Student Services of the Montgomery County Public Schools;
 - (4) The Mayor or the representative of the Mayor of the City of Gaithersburg;
 - (5) The Mayor or the representative of the Mayor of the City of Rockville;
 - (6) The Mayor or the representative of the Mayor of the City of Takoma Park;
 - (7) A representative of the either the United States Department of Veterans Affairs or the Maryland Department of Veterans Affairs;
 - (8) The Montgomery County Sheriff or the representative of the County Sheriff; and
 - (9) A member of the County Legislative Delegation selected jointly by the Chairs of the House and Senate Delegations.
- (d) The Executive must appoint 5 members that are representatives of the Montgomery County Continuum of Care.
- (e) The Executive must appoint 4 members of the public. At least 1 public member must be a homeless or formerly homeless resident of Montgomery County and at least 1 member must be a representative of a hospital located in Montgomery County.
- (f) The term of each non-ex officio member is 3 years. If a member is appointed to fill a vacancy before a term expires, the successor serves the rest of the unexpired term. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-66. Voting, officers, chairs, meetings, compensation; subcommittees.

- (a) Each member of the Commission is a voting member.
- (b) The Executive must designate a Chair and Vice Chair.
- (c) The Commission must meet at least 4 times each year.
- (d) A member serves without compensation. However, a member may request reimbursement for mileage and dependent care costs at rates established by the County.
- (e) The Commission may establish 1 or more subcommittees to assist in carrying out any function of the Commission. Any subcommittee action is not the action of the Commission and must not bind the Commission or its members. A subcommittee may include a person who is not a member of the Commission. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-67. Duties.

The Commission must:

- (a) promote a community-wide goal to end homelessness;
- (b) develop a strategic plan to prevent and reduce homelessness and minimize the trauma and dislocation caused to homeless families and individuals;
- (c) review and monitor any program that is a component of the Continuum of Care, 100,000

Homes Campaign, and Housing First Initiative, including:

- (1) permanent housing;
- (2) transitional housing;
- (3) supportive services;
- (4) homeless management information system;
- (5) homelessness prevention; and
- (6) emergency shelter;

(d) recommend to the Executive and Council any improvements to the Continuum of Care, including process changes, to reduce any barrier to housing and minimize the time needed to move someone from homelessness to housing;

(e) educate the community about homelessness, best practices to reduce homelessness, resources needed to reduce homelessness, and long term savings that are achieved by providing permanent stable housing; and

(f) recommend and promote partnerships with any private organization, business, corporation, philanthropic organization or foundation, and any municipal, state, or federal government agency to improve the County's ability to prevent and reduce homelessness. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-68. Annual report.

By November 30 of each year, the Commission must submit to the Executive and Council a report that:

(a) provides data and trends regarding homelessness, including data from the Council of Government's Point-in-Time survey and the 100,000 Homes Campaign survey;

(b) identifies gaps in the Continuum of Care that prevent or impede the County's ability to address needs identified through the review of data on homeless;

(c) makes recommendations for the capital and operating budget for the following fiscal year;

(d) makes recommendation for any legislative or regulatory changes needed to implement the Continuum of Care strategic plan; and

(e) reports on any educational or public outreach activities undertaken during the preceding year. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-69. Advocacy.

The Commission must not engage in any legislative advocacy at the state or federal levels unless that activity is approved by the Office of Intergovernmental Relations. (2014 L.M.C., ch. 4, § 1.)

Sec. 24-70. Staff.

The Chief Administrative Officer must provide appropriate staff within the Department of Health and Human Services to staff the Commission. (2014 L.M.C., ch. 4, § 1.)

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Article VI. Commission of Juvenile Justice. [Note]

Sec. 12-36. Commission on juvenile justice; composition; appointment; terms; vacancy.

(a) The Commission on Juvenile Justice consists of the following 3 classes of members:

(1) 22 voting members appointed by the County Executive, subject to confirmation by the County Council;

(2) 12 voting members, representing each of the following: the Council, the Executive, the State's Attorney, the Family Division of the Circuit Court, the Police Department, the state Department of Juvenile Justice, the County Office of the Public Defender, the Court Appointed Special Advocate, the Department of Health and Human Services (2 members, one representing child welfare services and one representing community-based services for at-risk youth), the Board of Education, and the Montgomery County Collaboration Council for Children, Youth and Families, in each case appointed by the Executive, subject to confirmation by the Council, after receiving a recommendation from the person or office to be represented; and

(3) nonvoting members emeritus who are past members who have given outstanding service and possess special expertise in juvenile matters. Members emeritus may be appointed by the Executive, subject to confirmation by the Council.

(b) The term of each member is 3 years. Members serving in an emeritus, representative or ex officio capacity continue to serve so long as they retain that capacity.

(c) When a vacancy occurs among the members, the Executive must promptly appoint a successor, subject to confirmation by the Council, to complete the unexpired term of the vacating member. A member appointed to fill a vacancy is eligible for only one subsequent full term; but if the appointment occurs during the last year of the vacant member's term, the new member may serve 2 full terms. (1981 L.M.C., ch. 36, § 1; 1996 L.M.C., ch. 26, § 1; 2000 L.M.C., ch. 7, § 1; 2005 L.M.C., ch. 24, § 1; 2012 L.M.C., ch. 9, § 1.)

Editor's note—2000 L.M.C., ch. 7, § 2, states: The members of the Juvenile Court Committee on the effective date of this Act [July 14, 2000] are members of the Commission on Juvenile Justice until the term for which each was appointed to the Committee expires.

Sec. 12-37. Officers; subcommittees.

(a) The Commission must elect annually from among its voting members a chair, vice-chair, secretary-treasurer and other officers as it deems appropriate. No person may hold the same office for more than 2 consecutive years.

(b) The Commission may create subcommittees, which may include persons who are not members of the Commission. The chair of each subcommittee must be a voting member of the

Commission. (1981 L.M.C., ch. 36, § 1; 2000 L.M.C., ch. 7, § 1.)

Sec. 12-38. Meetings; notice; quorum.

The Commission meets in public session on call by the chair at least 8 times a year, and at such additional times as required to perform its duties. At least one meeting must be held in 2 separate months in each calendar quarter, and at least one meeting must be held within 60 days of the last meeting. A special meeting must be convened at the request of two-thirds of the voting members. Reasonable notice must be given to members and the general public of all meetings. One-third of the voting members is a quorum for the transaction of business. (1981 L.M.C., ch. 36, § 1; FY 1991 L.M.C., ch. 9, § 1; 2000 L.M.C., ch. 7, § 1.)

Sec. 12-39. Reports.

(a) *Minutes.* The Commission must keep minutes of each meeting and provide copies to the Executive, Council, and all members of the Commission.

(b) *Annual report.* By October 31 of each year, the Commission must prepare an annual report for the Circuit Court, Council, and Executive, including its:

- (1) activities, accomplishments, problem areas, and recommendations;
- (2) goals and objectives for the next calendar year; and

(3) evaluation of programs and services for juveniles provided or funded by the County, the state Department of Juvenile Justice, and the federal government.

(c) *Workplan.* By June 30 of each year, the Commission must prepare and submit to the Council, Executive, and Circuit Court Administrative Judge a workplan for the next fiscal year. The Commission may amend the workplan at any time during the fiscal year. The workplan should describe how the Commission will monitor and evaluate the programs under its jurisdiction. (1981 L.M.C., ch. 36, § 1; 2000 L.M.C., ch. 7, § 1; 2005 L.M.C., ch. 24, § 1.)

Sec. 12-40. Reserved.

Editor's note—Section 12-40, relating to compensation of members of the juvenile court committee, derived from 1981 L.M.C., ch. 36, § 1, was repealed by FY 1991 L.M.C., ch. 9, § 1. See § 2-145.

Sec. 12-41. Functions.

The Commission must:

(a) Advise the Circuit Court, Council, and Executive on the needs and requirements of juveniles under the Court's jurisdiction.

(b) Inform state legislators of juvenile needs and requirements.

(c) Study and submit recommendations, procedures, programs, or legislation concerning juvenile affairs, prevention and control of juvenile delinquency, and neglect or abuse, in order to promote the general welfare of juveniles under the Court's jurisdiction.

(d) Study and make recommendations to the Executive and Council on those segments of the County budget that affect juvenile justice programs.

(e) Make periodic visits to facilities in the state servicing county juveniles.

(f) Promote understanding and knowledge in the community regarding juvenile needs and programs.

(g) Independently evaluate, in coordination with other advisory bodies such as the Collaboration Council for Children, Youth, and Families and the Criminal Justice Coordinating Commission, programs and services provided or funded by the state Department of Juvenile Justice for County youth. The evaluation should include intake, assessment, informal adjustments, probation, aftercare, shelter care, detention, and residential treatment programs. The evaluation should address whether capacity in these areas is adequate to serve the County and assess the effectiveness of these programs and services. If sufficient information on the effectiveness of any program is not available, the Commission should note that fact.

(h) Independently evaluate County-funded juvenile justice programs and services, including those from the Police Department, the State's Attorney, and the Department of Health and Human Services. The evaluation should address whether capacity in these areas is adequate and assess the effectiveness of these programs and services. If sufficient information on the effectiveness of any program is not available, the Commission should note that fact. (1981 L.M.C., ch. 36, § 1; 2000 L.M.C., ch. 7, § 1; 2005 L.M.C., ch. 24, § 1.)

Sec. 12-42. Staff support.

The Department of Health and Human Services must provide reasonable professional and administrative support to the Commission to facilitate the Commission's work. (1981 L.M.C., ch. 36, § 1; 1995 L.M.C., ch. 13, § 1; 2000 L.M.C., ch. 7, § 1.)

Editor's note—Section 5 of 1995 L.M.C., ch. 13, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 12-43. Bylaws.

The Commission may adopt bylaws and rules of procedure not inconsistent with the County Charter or law. (1981 L.M.C. ch. 36, § 1; 2000 L.M.C., ch. 7, § 1.)

Notes

[Note] ***Cross references**—State's attorney and assistants, § 2-123A et seq.; detention centers and rehabilitation facilities, ch. 13.

[Note] ***State law reference**-Circuit courts generally, Ann. Code of Md., Art. Courts and Judicial Proceedings, §§ 1-501 et seq., 2-501 et seq.

[Note] ***State law reference**-Bail generally, Ann. Code of Md., Art. 27, § 6, 6 ½ .

[Note] ***Cross reference** -Boards and commissions generally, § 2-141 et seq.

Secs. 24-28—24-33. Reserved.

ARTICLE IV. MENTAL HEALTH.

Sec. 24-34. Mental Health Advisory Committee—Established; composition; appointment; terms; ex officio members.

- (a) There is a County Mental Health Advisory Committee.
- (b) The Committee has 19 voting members and at least 3 nonvoting ex officio members.
 - (1) The voting members are:
 - (A) 7 individuals selected from or representing:
 - (i) the County Executive;
 - (ii) the County Council;
 - (iii) the County public schools;
 - (iv) the practicing physicians in the County;
 - (v) mental health professionals in the County who are not physicians;
 - (vi) the clergy in the County;
 - (vii) the legal profession in the County;
 - (viii) a local law enforcement agency;
 - (ix) a local general hospital that contains an inpatient psychiatric unit;
 - (x) the County Office on Aging;
 - (xi) the Department of Juvenile Services;
 - (xii) the Department of Health and Human Services; and
 - (xiii) a local community rehabilitation or housing program;
 - (B) 4 individuals who are currently receiving or have in the past received mental health services;
 - (C) 3 parents or other relatives of adults with mental disorders;
 - (D) 3 parents or other relatives of children or adolescents with emotional, behavioral, or mental disorders, the onset of which occurred during childhood or adolescence;
 - (E) a representative from the local mental health association; and
 - (F) a member of the general public.
 - (2) The ex officio, nonvoting members are the following individuals or their designees:

- (A) the State Mental Hygiene Administration Regional Mental Health Director who serves the County;
- (B) a representative of a State inpatient facility that serves the County;
- (C) Director of the County Department of Health and Human Services; and
- (D) if there are designated State inpatient beds located in County general hospitals, a representative from those facilities.

(c) A committee member must not receive direct or indirect monetary benefits from State Department of Health and Mental Hygiene grants or contracts, except local general hospitals that contain a clinic or State designated inpatient beds, a local community rehabilitation or housing program, and the representative from the County mental health association. In this Section, monetary benefits do not include reimbursement for ordinary expenses, such as travel, or compensation received by a government employee.

(d) Each member is appointed for a 3-year term. A member appointed to complete an unexpired term serves until a successor is appointed and qualifies. The Executive appoints voting members subject to confirmation by the Council. The State Director of Mental Hygiene appoints the representative of the State inpatient facility under State law. A voting member who has served 2 consecutive full terms must not be reappointed for 2 years after completing those terms. (1976 L.M.C., ch. 32, § 1; 1979 L.M.C., ch. 18, § 1; FY 1991 L.M.C., ch. 22, § 1; CY 1991 L.M.C., ch. 40, § 1; 1992 L.M.C., ch. 23, § 1; 1995 L.M.C., ch. 13, § 1; 1996 L.M.C., ch. 26, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Cross reference—Boards and commissions generally, § 2-141, et seq.

Sec. 24-35. Officers; subcommittees.

(a) The members elect the officers of the Committee annually. The Chair of the Committee may not be the same person for more than 2 consecutive years.

(b) The Committee may create subcommittees. A subcommittee may include persons who are not members of the Committee. However, the Chair of the subcommittee must be a member of the Committee. (1976 L.M.C., ch. 32, § 1; 1979 L.M.C., ch. 18, § 2; 1985 L.M.C., ch. 57, § 2; FY 1991 L.M.C., ch. 22, § 1; 1992 L.M.C., ch. 23, § 1.)

Sec. 24-36. Meetings; quorum; voting; bylaws.

(a) The Committee meets in public session on call by the Chair as often as required to perform its duties. The Committee must meet at least 6 times each year. A regular or special meeting of the Committee must also be convened at the request of two-thirds of the voting members of the Committee. The Chair must give reasonable advance notice of all meetings to members of the Committee and the general public.

(b) A majority of the voting members of the Committee is a quorum to transact business.

(c) The Committee may adopt bylaws to govern its activities. (1976 L.M.C., ch. 32, § 1; 1979 L.M.C., ch. 18, § 3; FY 1991 L.M.C., ch. 22, § 1; 1992 L.M.C., ch. 23, § 1.)

Sec. 24-37. Reserved.

Editor's note—Section 24-37, relating to compensation of members of the mental health advisory committee, derived from 1976 L.M.C., ch. 32, § 1, was repealed by FY 1991 L.M.C., ch. 9, § 1. See § 2-145.

Section 24-38. Duties.

The duties of the Mental Health Advisory Committee are:

- (a) monitor, review, and evaluate the allocation and adequacy of publicly-funded mental health services within the County through means such as conducting or participating in site visits;
- (b) determine the needs of the County mental health system, including quality of services, gaps in the system, and interagency coordination;
- (c) participate in the development of the local mental health plan and local mental health budget;
- (d) prepare an annual report which must include:
 - (1) a description of the progress of the County mental health system;
 - (2) recommendations on actions needed to improve the system;
 - (3) recommendations on priorities for allocation of funds; and
 - (4) recommendations on appropriate allocation of funds consistent with established priorities and available funds;
- (e) disseminate the annual report to the:
 - (1) Director of the Department of Health and Human Services;
 - (2) County Council;
 - (3) County Executive;
 - (4) State Mental Hygiene Administration's Regional Mental Health Director;
 - (5) Director of Mental Hygiene Administration;
 - (6) Secretary of the Department of Health and Mental Hygiene; and
 - (7) Maryland Advisory Council on Mental Hygiene; and
- (f) review and comment on the annual mental health plan and preliminary budget for the State mental health grant to the County; and
- (g) review and comment on the annual budget for mental health services of the Department of Health and Human Services. (1976 L.M.C., ch. 32, § 1; 1979 L.M.C., ch. 18, § 4; FY 1991 L.M.C., ch. 22, § 1; 1992 L.M.C., ch. 23, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-39. Staff support.

The Department of Health and Human Services provides staff support to the Committee. (1976 L.M.C., ch. 32, § 1; FY 1991 L.M.C., ch. 22, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-40. Reserved.

Editor's note—Section 24-40, relating to the application of this article, derived from 1976 L.M.C., ch. 32, § 1, was repealed by 1979 L.M.C., ch. 18, § 5.

ARTICLE VI. ADVISORY BOARD FOR MONTGOMERY CARES PROGRAM.*

Sec. 24-47. Definitions.

- (a) In this article the following words have the meanings indicated.
- (b) “Board” means the Advisory Board for the Montgomery Cares Program.
- (c) “Department” means the Department of Health and Human Services.
- (d) “Program” means the Montgomery Cares Program, a public/private partnership between the Department and a network of nonprofit clinics and hospitals that provides primary medical care and prescription medications to low-income, uninsured adults who reside in the County. (2006 L.M.C., ch. 2, § 1.)

Sec. 24-48. Established.

There is an Advisory Board for the Montgomery Cares Program. (2006 L.M.C., ch. 2, § 1.)

***Editor’s note**—For history on previous Art. VI, see the editor’s note to Art. V of this chapter.

Sec. 24-49. Mission

The Board’s mission is to guide the development of the Program to ensure steady and measurable growth in the number of uninsured County residents accessing high quality and efficient health care services, including primary, specialty, dental, and behavioral health care services. (2006 L.M.C., ch. 2, § 1.)

Sec. 24-50. Members; appointments; terms.

- (a) *Total members.* The Board has 17 members.

(b) *Ex officio members.* Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve as ex officio members of the Board:

(1) The County Health Officer or Officer's designee; and

(2) The Chief of the Department's Behavioral Health and Crisis Service or the Chief's designee.

(c) *Other members.* Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve on the Board:

(1) 2 representatives of community health care providers that participate in the Program;

(2) 1 representative of hospitals that participate in the Program;

(3) The chair of the Board of Directors of the entity that contracts with the Department to administer the distribution of funds for the delivery of Program services or the chair's designee;

(4) 3 members of the public;

(5) 4 individuals who have knowledge of and experience with issues relating to health care for uninsured individuals such as primary care, specialty care, dental care, behavioral health care, or fiscal matters relating to any of these types of care;

(6) 1 representative of the Commission on Health; and

(7) 1 representative of the County Medical Society; and

(8) 2 current or former recipients of services under the Program.

(d) *Terms.* A member appointed under subsection (c) serves a 3-year term.

(e) *Appointments; removal.* Section 2-148 does not apply to members appointed under subsection (b).

(f) *Conflicts of Interest.*

(1) Section 19A-11(a) does not apply to a member appointed under subsection (c).

(2) A member appointed under subsection (c) must:

(A) file a limited public financial disclosure statement that complies with Section 19A-17(a) (6); and

(B) publicly disclose to the Board the nature and circumstances of any conflict before voting on any Board recommendation. (2006 L.M.C., ch. 2, § 1; 2006 L.M.C., ch. 38, § 1; 2008 L.M.C., ch. 33, § 1; 2011 L.M.C., ch. 4, § 1.)

Editor's note—2008 L.M.C., ch. 33, § 2, states: Transition. The term of each member of the Advisory Board for the Montgomery Cares Program in office when this Act takes effect is extended to June 30, 2009. Beginning on July 1, 2009, the terms of each member appointed on or after that date must be staggered so that one-third are appointed for a one-year term, one-third are appointed for a two-year term, and one-third are appointed for a three-year term.

Sec. 24-51. Voting; chair; meetings; compensation.

- (a) *Voting.* All members of the Board are voting members.
- (b) *Chair.* The members of the Board must elect a chair by majority vote to serve a 1-year term.
- (c) *Meetings.* The Board must meet at least 10 times each year.
- (d) *Compensation.* Except as provided in subsection (e), a member must serve without compensation.
- (e) *Expenses.* A member may request reimbursement for mileage and dependent care costs at rates established by the County. (2006 L.M.C., ch. 2, § 1; 2006 L.M.C., ch. 3, § 1.)

Sec. 24-52. Duties and staff.

(a) *Duties.* The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable growth in the number of uninsured County residents accessing high quality health care services, including:

- (1) Eligibility criteria for participating health care providers;
- (2) Eligibility criteria for individuals served by the Program;
- (3) The method for allocating Program funds;
- (4) The method of distributing funds to participating health care providers;
- (5) The Program budget;
- (6) Growth targets and resources needed to meet those targets;
- (7) Assistance to eligible individuals to obtain State and federal health care coverage;
- (8) Policies and practices to maximize the use of County funds for direct services to clients;
- (9) Evaluation of the Program, including quality of care assessment; and
- (10) Strategic planning.

(b) *Report.* The Board must submit a quarterly report to the County Executive, County Council, and Department on its activities, findings, and recommendations.

(c) *Consideration of findings and recommendations.* The County Executive, County Council, and Department must give serious consideration to the findings and recommendations of the Board.

(d) *Staff.* The Department must provide appropriate staff for the Board. (2006 L.M.C., ch. 2, § 1; 2008 L.M.C., ch. 33, § 1.)

Sec. 24-53. Termination.

(a) *Date.* The Board terminates on October 31, 2015.

(b) *Continuance of Board.* By March 31, 2015, the Board must recommend to the County

Executive and County Council whether the County should continue the Board or establish an alternative governance structure for the Program. (2006 L.M.C., ch. 2, § 1; 2008 L.M.C., ch. 33, § 1; 2014 L.M.C., ch. 39, § 1.)

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Sec. 37-8. Board of Social Services.

(a) *Members.* The County Executive must appoint a Board of Social Services, subject to confirmation by the County Council. The Board has 13 voting members. One member must be a member of the County Council. Members must not be paid for their service, but may be reimbursed for expenses subject to appropriations.

(b) *Officers.* The Board must elect a chair annually in June. The Board may elect other officers annually as it finds appropriate.

(c) *Subcommittees.* The Board may establish subcommittees that may include persons who are not members of the Board. The chair of each subcommittee must be a member of the Board.

(d) *Meetings.* The Board meets at the call of the chair as often as required to perform its duties, but at least 9 times each year. The Board must also meet if two-thirds of the members request in writing that a meeting be held. The Chair must give reasonable advance notice of all meetings to members and the general public. A majority of the members is a quorum to transact business.

(e) *Bylaws.* The Board may establish bylaws to govern its activities.

(f) *Removal for absenteeism.* The provisions of 2-148(c) apply to a Board member when the member is absent from at least 50 percent of Board meetings in a 12-month period.

(g) *Duties.* The Board should:

(1) meet and consult with the Executive, or the Executive's designee, about the appointment of the local Director of Social Services before the appointment;

(2) advise the local Director of Social Services and the Director of the Department of Health and Human Services about the local application of State policies and procedures;

(3) be well informed on social services activities;

(4) provide information to County residents about the objectives, policies, programs, and problems of social services and public assistance administration in the County;

(5) review the periodic evaluation of the administration of State social services and public assistance programs within the Department of Health and Human Services by the State, and consult with the local Director of Social Services and the Director of the Department of Health and Human Services about implementing recommendations from the State and any other recommendations based on the Board's evaluation;

(6) review the annual report of the local Director of Social Services and transmit it with any changes in policies or procedures recommended by the Board to the Secretary of Human Resources, the Executive, and the Council;

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(7) review and make recommendations about the annual County budget for social services and public assistance;

(8) consult with the local Director of Social Services about any new service that could be implemented to meet an unmet need in the County, including whether the County is able to take on the new service, and whether it conforms to the State plan; and present the local Director of Social Services and Board's recommendations for new services to the State;

(9) take steps to obtain County funding to meet needs not financed by or available through any other federal, State, or local plan, project, or program, and which are not in conflict with the State plan;

(10) meet with the Secretary of Human Resources periodically, or at the Board's request;

(11) establish and maintain effective liaison with the Executive and Council;

(12) serve as an advocate, in conjunction with the State Department of Human Resources, for social services programs on the local, State, and federal level;

(13) work to identify private, State, and federal grant sources for social services programs;

(14) develop and implement, in conjunction with the State Department of Human Resources, an educational and public relations program for the public and elected officials on the local, State, and federal level;

(15) evaluate the local Director of Social Services, in conjunction with the State Department of Human Resources and County Executive and make recommendations about the local Director of Social Services to the Secretary of Human Resources;

(16) meet and consult with the Executive, or the Executive's designee, about the removal of the local Director of Social Services before any removal; and

(17) submit an annual report of the Board's activities to the Executive and Council by July 1 each year. (1993 L.M.C., ch. 5, § 1; 1995 L.M.C., ch. 13, § 1; 1996 L.M.C., ch. 26, § 1.)

Editor's note—2001 L.M.C., ch. 22, § 2, reads as follows: “Sec. 2. Terms of members appointed to new positions. The initial terms of 2 members of the Board of Social Services added by the amendment in Section 1 must end in June 2002. The initial terms for the other 2 members must end in June 2003. The County Executive must designate which initial term applies to each appointment submitted to the County Council for approval.

1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 LMC ch. 13 continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Notes

[Note] ***Cross references**-Financial assistance to nonprofit service organizations, ch. 23B;

hospital care for indigent residents, § 25-58 et seq.; rent supplement and assistance program, ch. 41A.

ARTICLE VIII. COMMISSION ON VETERANS AFFAIRS.

Sec. 24-61. Commission on Veterans Affairs.

- (a) *Definition.* In this Section "Commission" means the Commission on Veterans Affairs.
- (b) *Established.* The County Executive must appoint, subject to confirmation by the Council, a

Commission on Veterans Affairs.

(c) *Composition; Term.*

- (1) The Commission has 16 voting members.
- (2) The Executive should appoint 8 members who are veterans and may be a member of a veterans group, such as:
 - (A) Vietnam Veterans of America;
 - (B) American Veterans (AMVETS);
 - (C) Disabled American Veterans;
 - (D) Veterans of Foreign Wars;
 - (E) Women Veterans of America;
 - (F) American Legion; or
 - (G) Military Order of the Purple Heart.
- (3) The Executive must appoint 4 members to represent the general public.
- (4) The Executive must designate the following ex officio members:
 - (A) the Director of the Department of Health and Human Services, or the Director's designee;
 - (B) the Director of the Department of Economic Development, or the Director's designee;
 - (C) the County Executive or the Executive's designee; and
 - (D) the President of Montgomery College or the President's designee.
- (5) The Executive must invite a representative of the County's Congressional delegation who is either a member of the delegation or an individual designated to represent the delegation to be a non-voting member of the Commission.
- (6) The term of each member is 3 years.
- (7) The Executive must designate a chair and a vice-chair from among the Commission's members.
- (8) After an appointment to fill a vacancy before a term expires, the successor serves the rest of the unexpired term.

(d) *Duties.* The Commission should:

- (1) research, assemble, analyze and disseminate information and educational materials relating to activities and programs that will assist in meeting the needs of veterans and their families;
- (2) institute and conduct educational and other programs, meetings, and conferences to promote the rights and opportunities for veterans;
- (3) advise the Executive and the Council on the status of programs and services in the State and County related to the needs of veterans and their families; and

(4) assist in planning appropriate public acknowledgment of the contributions made by veterans and assist in planning commemoration activities recognizing the contributions made by veterans.

(e) *Staff support.* The Department of Health and Human Services must provide staff support to the Commission.

(f) *Meetings.* The Commission meets at the call of the Chair. The Commission must meet as often as necessary to perform its duties, but not less than 9 times each year.

(g) *Compensation.* A member must serve without compensation. However, a member may request reimbursement for mileage and dependent care costs at rates established by the County.

(h) *Annual Report.* By October 1 each year, the Commission must submit to the Executive and Council, and any other appropriate agency, an annual report on its functions, activities, and accomplishments.

(i) *Advocacy.* The Commission must not engage in any advocacy activity at the state or federal levels unless that activity is approved by the Office of Intergovernmental Relations. (2008 L.M.C., ch. 28, § 1; 2008 L.M.C., ch. 38, § 1; 2010 L.M.C., ch. 53, § 1.)

Editor's note—2008 L.M.C., ch. 38, § 2, states: Of the 5 members added by Section 1 of this Act to the Commission for Veterans Affairs, the Executive should appoint 2 members to a 1-year term; 2 members to a 2-year term; and 1 member to a 3-year term.

Former Sec. 24-61, establishing the advisory capacity of the Victim Services Advisory Board on victims and their families, derived from 1986 L.M.C., ch. 61, § 1, was repealed by FY 1991 L.M.C., ch. 9, § 1.

ARTICLE VII. VICTIM SERVICES ADVISORY BOARD.

Sec. 24-54. "Board" defined.

In this article, "Board" means the Victim Services Advisory Board. (1986 L.M.C., ch. 61, § 1; 2005 L.M.C., ch. 24, § 1.)

Sec. 24-55. Established.

Under Part III of Title 8 of the Health General Article of the Maryland Code, this Article establishes the board. (1986 L.M.C., ch. 61, § 1; 2005 L.M.C., ch. 24, § 1.)

Sec. 24-56. Membership.

(a) The Board is appointed by the County executive, subject to confirmation by the County Council.

(b) The Board consists of:

(1) Nineteen voting members who are residents of Montgomery County, of whom:

(A) Five are from among the mental health, legal, medical, dental, and nursing professions;

(B) Ten may be members of the listed professions but represent the community as a whole; and

(C) One should be a member of the clergy; and

(2) Four nonvoting ex officio members, of whom:

(A) One is the Director of the Department of Health and Human Services;

(B) One is a representative of the State's Attorney;

(C) One is a representative of the Public Defender; and

(D) One is a representative of the Police Department.

(c) The Board must elect a chairman from among its members:

(1) Whose term is one year; and

(2) Who may be reelected.

(d) (1) The term of an appointed member is 3 years.

(2) A member ordinarily serves no more than 2 terms.

(3) The terms of appointed members are staggered.

(4) At the end of a term, an appointed member continues to serve until a successor is appointed and qualifies.

(5) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.

(e) If a vacancy occurs, the County Executive must appoint a successor, subject to confirmation by the County Council, within 60 days of the vacancy. (1986 L.M.C., ch. 61, § 1; 1987 L.M.C., ch. 10, § 1; CY 1991 L.M.C., ch. 40, § 1; 1995 L.M.C., ch. 13, § 1; 2005 L.M.C., ch. 24, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: “Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services.”

Sec. 24-57. Meetings.

(a) The Board must meet at least quarterly. Once a year, the chairman must set a meeting schedule for the coming year with the consent of the Board.

(b) A meeting of the Board may also be convened at the request of two-thirds of the members of the Board.

(c) A majority of the members of the Board constitutes a quorum for the transaction of business.

(d) A majority vote of those present is sufficient for any action taken by the Board. (1986 L.M.C., ch. 61, § 1.)

Sec. 24-58. Compensation.

Members do not receive compensation for serving on the Board. (1986 L.M.C., ch. 61, § 1; FY 1991 L.M.C., ch. 9, § 1.)

Sec. 24-59. Duties of the Board.

(a) With the advice and assistance of the Department of Health and Human Services, the Board must:

(1) Periodically review available services and facilities for victims and their families;

(2) Determine the needs of the victim and family services program;

(3) Each year, submit at least one report to the County Executive and the County Council on the progress of programs to victims and their families and of actions needed to improve those programs;

(4) Make recommendations for appropriate allocation of funds in accordance with agreed upon

priorities and consideration of financial resources;

(5) Assist the Director of the Department in the development of the annual victim services and families plan;

(6) Provide input to the Governor's victim services program;

(7) Act as a local advocate for victim services programming; and

(8) Facilitate communication with the Alcohol and Other Drug Abuse Advisory Council and the Mental Health Advisory Committee by sharing minutes with those committees.

(b) The Board may:

(1) Review and comment on all local new and renewal State grant applications;

(2) Review and comment on all local federal grant applications for victims service and family programs;

(3) Participate in program evaluations; and

(4) Review the State program services plan. (1986 L.M.C., ch. 61, § 1; 1995 L.M.C., ch. 13, § 1; 2005 L.M.C., ch. 24, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."

Sec. 24-60. Staff support.

The Director of the Department of Health and Human Services must:

(1) Provide staff services and administrative support to the Board; and

(2) Facilitate in every way possible the work of the Board. (1986 L.M.C., ch. 61, § 1; 1995 L.M.C., ch. 13, § 1.)

Editor's note—1995 L.M.C., ch. 13, § 5, reads as follows: "Sec. 5. A regulation that implements a function assigned to the Department of Health and Human Services by 1995 L.M.C., ch. 13, continues in effect but is amended to the extent necessary to provide that the regulation is administered by the Director of the Department of Health and Human Services."