

HHS COMMITTEE #1
October 15, 2015

MEMORANDUM

October 13, 2015

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst *vy*

SUBJECT: **Meeting with Boards and Commissions**

The Health and Human Services (HHS) Committee will hold a roundtable discussion with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on policy priorities. Uma Ahluwalia, Director, Department of Health and Human Services has been invited to the worksession.

In a letter dated July 15, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1, with the Commission and Board responses beginning at ©2. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to speak for no more than three minutes. A chart listing each group, its chair(s) or designated representative, and the reference number for available responses can be found on the following page.

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
Pat Grant	African American Health Program	2-3
Roni White	Alcohol & Other Drug Abuse Advisory Council	4
Meng K. Lee	Asian American Health Initiative (AAHI)	5-6
Ashok Batra	Board of Social Services	7
Ronna Cook	Citizen's Review Panel Advisory Group	8
Judith Levy	Commission on Aging	9-12
Michelle Green	Commission on Child Care	13
Dana Bell	Commission on Children and Youth	Not available at time of packet publication
Daniel Russ	Commission on Health	14
Carlean Ponder	Commission on Juvenile Justice	15-16
Dr. Seth Morgan	Commission on People with Disabilities	17
Dan Bullis	Commission on Veterans Affairs	18
Stephen Reese	Community Action Board	19-21
Barbara J. Andrews	Early Childhood Coordinating Council	22
Amy Horton-Newell	Interagency Commission on Homelessness	23
Maria Gomez, Co-Chair Evelyn Kelly, Co-Chair	Latino Health Initiative	24-25
Kiki Li	Mental Health Advisory Committee	26-27
Stephen W. Gammarino	Montgomery Cares Advisory Board	28
Sorell Schwartz	Victim Services Advisory Board	29



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

July 15, 2015

Ms. Judith Levy, Chair
Commission on Aging
7705 Winterberry Place
Bethesda, MD 20817

Dear Ms. Levy:

Judith

On Thursday, October 15, the Health and Human Services (HHS) Committee will hold a worksession from 8:15 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing the policy issues of concern for your board in FY16. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by Tuesday, October 6 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7989 (fax). Please limit your remarks to one page. Responses will be compiled and distributed during the worksession. These materials will also be available on the Council's website (www.montgomerycountymd.gov -- follow links to the County Council) by the evening of October 13.

The meeting will begin at 8:30 a.m. in the third-floor Board Room of the Rockville Memorial Library at 21 Maryland Avenue. Coffee and a light breakfast will be available at 8:15 am. To accommodate all groups and allow time for discussion, one spokesperson from each board or commission will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Parking for pay is available at the three city-owned Rockville Town Center Garages. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

George

George L. Leventhal
Chair
Health and Human Services Committee

- C: Roger Berliner, HHS Committee Member
- Craig Rice, HHS Committee Member
- Uma Ahluwalia
- DHHS Commission Staff

①



Montgomery County Council
Health and Human Services (HHS) Committee
Worksession: October 15, 2015

Policy Issues Submitted by the African American Health Program Executive Committee
Presenter: Pat Grant, Chair, AAHP Executive Committee

We live in a world where:

- We build more prisons than schools and hospitals to address the ills of our society. According to the Prison Policy Initiative (PPI), a criminal justice research and advocacy group, the United States has roughly “2.4 million people locked up of which 1.36 million reside in state prisons” (Prison Policy Initiative, 2014). In addition, the PPI reported there are more than 12,000 children in our juvenile justice system for "status offenses", which according to the US Department of Justice are not serious enough behaviors that would even cause adults to be jailed (Prison Policy Initiative, 2014).
- People live in fear due to the rising gun violence in our schools, churches, theatres, places where we live and frequent. According to a recent study by Mother Jones and the Pacific Institute of Research and Evaluation (2015), gun violence in U.S. costs more than \$700 per person per year. This is more than we spend on addressing obesity and almost as much as we spend on Medicaid (Lurie & Lee, 2015). The same study revealed that while “white men are 3 times more likely to shoot and kill themselves, Black men are 10 times more likely to be shot than white men” (Lurie & Lee, 2015). Black women are more than 3 times more likely to be shot and killed than white women (Lurie & Lee, 2015).
- Racial profiling and bullying are on the rise.
- Confronting health disparities continue to be major challenges for public health policymakers and workers. Determining the causes of health disparities are complex and encompass issues pertaining to health-related behaviors, socio-determinants of health, and access to care. Benefits of programs that address these challenges associated with health disparities may only be visible after many years. However, commitment and priority for policies to tackle disparities in health must be in place in order to be successful.

The African American Health Program’s policy priorities focus on:

- Prevention and Intervention in Action
- Behavioral/mental Health

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "preventing mental health and/or substance use disorders and problems in children, adolescents, and young adults is critical to America's behavioral and physical health". It is further known that a "behavioral disorder manifests 2-4 years before a disorder is present (SAMHSA)". Excessive drug and alcohol use can lead to chronic diseases; such as, diabetes and cardiovascular diseases (SAMHSA). Most importantly, intervening early, behavioral health disorders may be prevented or symptoms can be mitigated.

Culturally and ethnic appropriate preventive and intervention strategies, which according to SAMHSA and the CDC, have shown to influence risk and preventive factors. The African American Health Program (AAHP) applies preventive and intervention strategies that are appropriate for our target population (African American, Africans, and Caribbeans). AAHP incorporates evidence-based activities such as blood pressure screenings to thwart off cardiovascular diseases. AAHP has an infant mortality program (SMILE), which is a nurse case management program that has demonstrated its effectiveness in addressing the large disparities in pregnancy outcomes in our County. AAHP addresses healthy living, diabetes prevention and control, as well as, diabetes self-management and AAHP has developed a culturally-sensitive nutrition program for our African population. In addition, AAHP provides HIV testing to help identify those in our County that are at risk for this disease. We also recognize that priorities can shift; such as, taking care of our health and chronic diseases can be prolonged if issues such as the lack of housing and being homeless; being unemployed; having kids put in foster care, which is a problem in our African immigrant population; or being suspended from school, which many of our Black male youths are faced with.

We believe that more funding to programs like the African American Health Program that demonstrate prevention and intervention in action by incorporating strategies, which are key to improving health outcomes and reaching people before they become acute, have to go to the emergency room, or die. Having the critical and needed data, resources, and measures on hand around prevention, intervention, and mental health is also important in making decisions and understanding whether the desired outcomes and conditions were achieved or not (SAMHSA).

We appreciate the opportunity to provide our input, as well as, help the County and the County Council in shaping your policy priorities. We are fortunate to live in a County that puts emphasis on the health and the health care of its residents. We also thank the Department of Health and Human Services for its commitment to addressing health disparities, both physical and mental.

Sincerely,

Pat Grant
Chair,
AAHP Executive Committee



Alcohol & Other Drug Abuse Advisory Council

Date: October 7, 2015

To: County Council Health and Human Services Committee

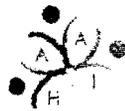
From: The Alcohol and Other Drug Abuse Advisory Council

Re: AODAAC 2015-2016 Priorities

The Alcohol and Other Drug Abuse Advisory Council wishes to submit the following two priorities for the upcoming year. Our representative looks forward to attending the HHS Committee work session on October 15th and will elaborate further on these two priorities.

In December 2014, the AODAAC held its monthly meeting at the Montgomery County Correctional Facility (MCCF) in Clarksburg, Maryland. The purpose of the meeting was to tour the facility and meet with staff and inmates enrolled in the Jail Addiction Service (JAS) program. We learned that inmates volunteered to participate in JAS, which is a structured addiction treatment program where they receive at least nine treatment hours per week. Both male and female inmates expressed obstacles upon release included finding secure and supportive housing. Without sober and stable housing options many have difficulty maintaining sobriety and being compliant with release or probation conditions. It is AODAAC's priority to advocate for adequate funding that includes supportive, therapeutic housing programs that assists those being released from incarceration. AODAAC is also supportive of the County's efforts to identify and create diversion/treatment programs at multiple intercepts in the criminal justice process for offenders with mental health and substance abuse diagnoses.

The second and a consistent priority for the AODAAC is the institution of alcohol and drug use prevention and awareness programs beginning in elementary school and continuing through the secondary education level. Since the loss of funding for Safe and Drug Free Schools there has been no consistent programming in Montgomery County schools that promotes drug and alcohol abuse prevention and awareness. In the light of the recent double fatal crash in the Wootton Community and the significant rise in the heroin overdose rate in the County, we feel that it is detrimental that the County and MCPS invest funding in a standardized, evidence based program that targets youth and their parents and focuses on the potential health and life consequences of drug and alcohol abuse. The AODAAC believes it is imperative that parents are equipped with prevention techniques, as well as knowledge of the dangers of underage drinking and drug use, the consequences of allowing underage drinking in their homes and know the warning signs of usage and where to receive help.



Asian American
Health Initiative
Steering Committee

Fiscal Year 2016 Policy Priorities

Montgomery County Council Health and Human Services Committee Work Session
October 15, 2015

The Honorable George L. Leventhal
President, Montgomery County Council
Chair, Health and Human Services Committee

Dear Council President Leventhal:

The Asian American Health Initiative Steering Committee (AAHISC) has identified mental and behavioral health and senior services as policy priorities for Fiscal Year 2016 (FY2016).

Mental and Behavioral Health

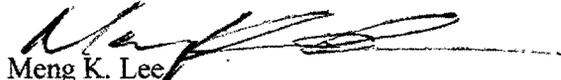
According to the U.S. Department of Health and Human Services, only 17% of Asian Americans with a probable mental disorder seek services. This lack of service utilization underscores the need for mental and behavioral health service access and educational awareness within the Asian American community. Thus, in FY16, mental and behavioral health continues to be a top priority for AAHISC. Asian Americans face multiple barriers with respect to mental health including cultural beliefs, culturally unresponsive services, limited access to care, and lack of awareness or understanding of services. Due to issues such as shame, stigma, and lack of bicultural and bilingual providers, Asian American females between the ages of 15 to 24 and over the age of 65 both have the highest rate of suicide deaths compared to their counterparts in other racial and ethnic groups. Similarly, Asian American males between 15 to 24 years of age have the second highest rate of suicide deaths. To respond to these needs, AAHI launched a mental health project, *Be the One That Makes a Difference*, in Fiscal Year 2015 which included the development of two new educational resources, a multilingual photonovel and video. The overwhelming response from the community highlights the need for more awareness and services within the Asian American community. In FY16, AAHI plans to continue tackling the stigma related to mental health through community outreach and partnership building with community leaders. AAHI also plans to work with Healthy Montgomery's Behavioral Health Taskforce to enhance *infoMONTGOMERY* with updated and accurate resources information.

Senior Service

Within the phenomenon of the Senior Tsunami that Montgomery County is currently witnessing the growth of the Asian American senior population. Asian Americans comprise of 13% of County seniors, making it the largest minority senior subgroup in the County. Similar to seniors of other racial and ethnic groups, Asian Americans face numerous challenges related to aging including increased disability, need for caretaking, and limited transportation. However, there are also a number of unique issues confronting Asian American senior that include disproportionate burden of diseases, such as cancer, hepatitis B, diabetes, heart disease, and mental health, as well as cultural and linguistic barriers, such as limited English proficiency and lack of familiarity with available resources. Subsequently, AAHISC has identified senior services as a priority for FY16. Through effective partnership and collaboration, AAHI will continue to extend its reach to the isolated seniors. AAHI will increase awareness and understanding of senior needs and connect seniors to appropriate services through outreach and education. The AAHISC, composed of leaders among diverse Asian American communities, will continue to assist DHHS and its Aging and Disabilities Services to establish programs in response to identified needs.

In addition, AAHI will continue to work with community and professional leaders to support and develop the Leadership Institute for Equity and the Elimination of Disparities (LIEED) to address social determinants of health, with the goal of eliminating disparities and achieving equity.

Sincerely,



Meng K. Lee
Chairperson

Asian American Health Initiative Steering Committee

CC: Craig Rice, Montgomery County Council HHS Committee
Roger Berliner, Montgomery County Council HHS Committee
Uma S. Ahluwalia, Director, HHS
Betty Lam, Chief, Office of Community Affairs, HHS
Susan C. Seling, Special Assistant, Office of the Director, HHS
Perry Chan, Program Manager, AAHI, HHS
Members of AAHI Steering Committee



Montgomery County Board of Social Services

Priority Statement for Meeting with
George Leventhal, Chair of the Health and Human Services Committee
Montgomery County Council
October 15, 2015

Purpose:

The Montgomery County Board of Social Services (BSS) provides advisory oversight to social services programs within Montgomery County funded by state Department of Human Resources (DHR) dollars. These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to assure that those individuals in our community who have the greatest challenges and least resources receive the support they need. Below are two key priority areas where the Board is focusing:

Key Priorities:

The Board of Social Services is very interested in the following three areas for a prevention agenda:

- **Teen Pregnancy-** supporting strategies that will target the overall at-risk teen population of mothers and fathers who have not confronted pregnancy; teen mothers with one child or who are currently pregnant and need wrap-around services to prevent an untimely second pregnancy; and young fathers who will also need support services. Strategies could include outreach, education, high school completion/GED attainment/workforce development, and self-sufficiency initiatives (such as affordable/sustainable housing, child care, financial literacy, landlord tenant rights) in collaboration with the Department of Health and Human Services (DHHS).
- **Two Generation Poverty-** supporting strategies to prevent generational poverty. The target groups are households with 2-3 generations currently needing or receiving support services and families who have or are experiencing homelessness. Focus areas could include early identification, behavioral health, health care and health literacy, education/Head Start, workforce development, and self-sufficiency initiatives, as previously mentioned.
- **Eviction/Homelessness Prevention-** though there is some overlap with the two-generation poverty prevention agenda, this particular emphasis targets clients who are getting eviction notices. The Board will work with DHHS and advise on a data-driven approach for increased cross-agency data to better understand and respond to the needs of those who are at risk of becoming homeless and those who are currently homeless.

The Board greatly appreciates the support that has been provided by the County Council to the residents of the County.

CITIZEN'S REVIEW PANEL FOR CHILDREN

Created: Montgomery County Code Section 27-49A, effective 4/23/01

Priority Statement for Meeting with

Montgomery County Council Health and Human Services Committee

October 15, 2015

The Citizens Review Panel examines the extent to which the County agency effectively implements the child protection standards and State plan under 42 USC section 5106a(b). The Panel also reviews other criteria it considers important for the protection of children.

The Panel believes that it is our responsibility to ensure that maltreated children receive the services and support they need. In past years the Panel has focused on providing input to improve mental health services for children who have been maltreated and on the training and support that foster parents receive in caring for maltreated children. Our review explored how the agency can improve recruitment, retention and training for foster parents. Last year we focused on the basic skills training and housing needs of youth transitioning from foster care. While these issues will always remain high priority needs, our focus this year is on children voluntarily placed in the child welfare system.

Voluntary placement (VPA) legislation was created to address the needs of those children/youth whose parents could no longer provide for them. Initially there were approximately 7 cases in the system. Today there are 35 cases, nearly 10 percent of the child welfare foster care caseload. The primary reason (75percent) parents ask for a voluntary placement is because their children have severe mental health needs. Our goal this year is to review these cases to identify who these children are and if there are service gaps that need to be addressed. We will be identifying how these children are referred to child welfare, what happens to them when they reach the age of majority, the community services needed to prevent these placements, and how coordination between county agencies occurs.



COMMISSION ON AGING

October 7, 2015

The Honorable George Leventhal
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

On behalf of the Commission on Aging (COA), I am pleased to provide the COA's priorities for FY'17. The Commission on Aging believes that Montgomery County can continue to make progress in becoming a Community for a Lifetime as adopted by the Montgomery County Council resolution in 2012 and continues to concern itself with the quality of life of older adults. The Commission looks forward to the County Executive's Summit on Aging on December 3, 2015. It will provide an opportunity for the County to hear from older adults as they express their needs and priorities. The Commission looks forward to working with the Council on these priorities in the future. With one of the fastest growing senior population the Commission hopes that the Council will consider a "maintenance of effort" budgetary process for future decisions. Similar to the per pupil commitment for the school system, as the number of older adults who turn 65 increase annually, the County per senior expenditures need to be increased to maintain the same per person expenditure.

In recent times, the Commission has advocated for and received your support for the adoption of the Senior Agenda. The Council has also supported funds for new staff positions for a Transportation/Mobility Coordinator and a Village Coordinator and a part-time Caregiver Supports Manager. We also appreciated prior funding increases in 1) Adult Day Care Subsidies, 2) rates for Foster Care Small Group Homes, 3) the Long-Term Care Ombudsman Program and 4) efforts to combat Elder Abuse.

For FY17, the Commission seeks to focus on key policy issues that have been the subject of many of our activities over the last two years. Our priorities are a result of Summer Studies, Stakeholder meetings and other efforts that inform our decision-making. We are advocating for an increase in efforts that support caregivers and those to whom they provide care. In addition, the Commission is supporting the ability of older adults to age in place in a more age-friendly Montgomery County. While a great deal has been done to make the County age-friendly, the Commission believes that a more structured effort, such as seeking to become a certified World Health Organization Age-Friendly Community is needed. We are encouraged by the actions of County Executive and County Council to determine how to become an age-friendly community, and look forward to budgeting in FY17 that will begin the process.

Department of Health and Human Services

401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

www.montgomerycountymd.gov/hhs

The following are the specifics of our FY17 recommendations for Health/Mental Health and Aging in Place. Should the County revenue picture improve, recommended FY17 budget initiatives are also included for consideration.

1. Health/Mental Health

After two summer studies and a Caregiver Stakeholder meeting, the Commission found that there is a growing population of multi-generational, diverse and low-income families in the County who increasingly find themselves caring for their older parents, grandparents and other family members. These activities also identified challenges and unmet needs faced by caregivers in the County, in particular, a single place to turn for information about services and supports.

- a. The Commission on Aging greatly appreciates the FY16 funding for a part-time Caregiver Supports Manager to develop and staff a Caregiver Support Coalition. The Commission believes and recommends that based on its findings, the County needs to fund a full time permanent Caregiver Supports Coordinator position to meet the growing needs of family caregivers. FY17 Recommendation: Additional \$40,000

- b. Provide Additional Subsidies for Respite Care and Medical Adult Day Care

Respite Service for Older Adults

The Commission on Aging recommends a funding increase for the Montgomery County Respite Services Program to provide additional respite services for individuals who are caring for older adults in Montgomery County. Even though many families take great joy in providing care to their loved ones at home, the physical, emotional and financial consequences for family caregivers can be overwhelming. These caregivers need physical breaks to tend to their own needs. They also need emotional breaks so they can return to their caregiving duties rested and refreshed. Respite care has been shown to help sustain family caregiver health and well-being, avoid or delay out-of-home placements, improve long term family stability, and reduce the likelihood of abuse and neglect. FY17 Recommendation: \$100,000

Medical Adult Day Care

Medical Adult Day Care Programs are critical in supporting caregivers by providing day time services that allow family members relief from the continuous needs of caregiving for an individual with a chronic disease as well as providing a therapeutic environment. Despite the increase in funding two years ago, there is still a waiting list for the adult day care subsidy program and the adult day care subsidy reimbursement, at \$56.00 per day, remains significantly lower than reimbursements from other programs including Medicaid and the State's Senior Care Funds Program. In addition to supporting caregivers, a Medical Adult Day Program allows individuals to age in place while receiving medical oversight and support in an interdisciplinary healthcare setting that provides social stimulation. FY17 Recommendation: \$100,000

2. Aging in Place

The Commission on Aging conducted pertinent Summer Studies in 2014 and 2015. The first study, "The Need to Improve Advocacy for Older Adults in Montgomery County Planning" advised the Commission on 1) needed enhancements to the Planning Department/Planning Board decision-making related to older adults in Master Plans and Sector Plans and (2) The COA believes that Montgomery County should become a WHO Age-Friendly City [County] because it is a comprehensive approach to ensure that the needs of older adults and everyone else in the community are met. Therefore, COA should advocate with the County Executive/Council that a task group be formed to explore the steps and resources involved in Montgomery County joining the WHO Age Friendly Cities program.

This year's study, "Commonalities and Differences in Localities: Approaches for Aging in Communities" examined at what other communities in the nation are doing to create age-friendly environments and where communities encountered challenges. The intent of these studies was to identify opportunities for the County to improve upon current efforts to make the County a more age friendly and livable community.

a. Age-Friendly Communities

The seven communities that examined in the 2015 study had a full time Executive Director or Manager position devoted to developing and implementing the Age-Friendly/Livable Communities program. The Commission recommends funding for a full time permanent high level manager position in the County Executive's Office to administer the age-friendly program and develop and staff an Age-Friendly Advisory Board. FY17 Recommendation: \$90,000

b. Increase Rates for Small Group Homes

The Commission on Aging has sought incremental increases in the payment rates for Small Group Homes in the Adult Foster Care program. The last increase in FY15 was a beginning attempt to increase the Adult Foster Care reimbursement rate, in order to reduce the gap between the County and State subsidy rates for small assisted living homes. The care providers remain hopeful that the reimbursement would continue to take into account the fact that subsidy rates remained flat for more than 20 years prior to the last increase. Additional increases are necessary in order to begin to address the financial challenges of housing, care and supervision for our most vulnerable residents. FY17 Recommendation: \$153,180

A summary of the budget implications of the Commission on Aging's policy priorities follows:

Commission on Aging FY17 Budget Priorities – Summary

1. Health/Mental Health

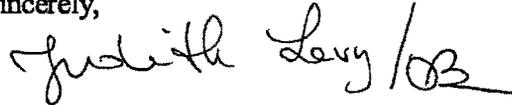
- Increase funding for a full-time Caregiver Support Coordinator staff position. FY17 Recommendation: \$40,000
- Provide additional subsidies for Respite Care and Medical Adult Day Care. FY17 Recommendation: \$200,000 (\$100,000 for each program)

2. Aging in Place

- Funding for a full-time permanent staff position to coordinate an Age-Friendly Community program. FY17 Recommendation: \$90,000
- Increase rates for Adult Foster Care Small Group Homes. FY17 Recommendation: \$153,180

We thank you for your ongoing support and for the opportunity to present our priorities.

Sincerely,

A handwritten signature in cursive script that reads "Judith Levy / 03".

Judith Levy
Chair, Commission on Aging

Commission on Child Care

Top Two Policy Priorities Presented to the Health and Human Services Committee of the County Council

October 15, 2015

The mission of the Commission on Child Care is to advise the County Executive and County Council on the development, implementation, and effectiveness of government policies, programs, and services that enhance community support for quality, affordable and accessible child care.

The Commission will advance its mission in 2015 – 2016 through a continued focus on two priorities: **The Working Parents Assistance Program (WPA) and the Child Care in Public Space Program (CCIPS):**

2015-2016 Commission on Child Care Priorities

- 1) Ensure that the Working Parents Assistance Program supports families' access to quality child care by implementing the recommendations of the Working Parents Assistance Program Workgroup and substantially increasing funding.
- 2) Engage with the Council and Executive on Child Care in Public Space as the CUPF regulation is scheduled to sunset at the end of 2015. Work to create a more transparent and consistent system that better serves families and children and better encourages and facilitates the operation of high quality programs by providers.

Please see the Commission on Child Care's Annual Report, which will be delivered to your office this week, for its recommendations on Child Care in Public Space and WPA.

The Commission greatly appreciates your consideration of its recommendations and priorities when making policy and budget decisions.



Montgomery County Commission on Health

Fiscal Year 2016 Policy Recommendations Health and Human Services Committee Work Session October 15, 2015

Good morning Council President Leventhal, Councilmembers Berliner and Rice, Director Ahluwalia, and my fellow boards and commission chairs. My name is Daniel Russ, Chair of the **Commission on Health (COH)**. Thank you for this opportunity to briefly share with you priorities that the Commission will be focusing on in FY16.

During FY15, the COH focused on researching several important public health issues and developing recommendations for the County Executive, County Council, and the Montgomery County Department of Health and Human Services (MCDHHS). After presentations by experts on oral health services, and research on E-Cigarettes and access to health services for people with disabilities, the Commission on Health recommended actions be taken by the County Executive and the County Council and the MCDHHS in the following areas:

- Support for increasing FY16 funds for oral health services for adults and maintaining funding for safety net health programs
- Support for County Council legislation to regulate e-cigarettes
- Support for improving the social determinants of health to improve the health status of all residents
- Exploration of ADA challenges for County healthcare services, working in collaboration with the Commission for People with Disabilities.

Specifically, the COH recommended the following actions related to the priority areas:

- The COH sent a recommendation letter to the County Council in January 2015 in support of the Council's bill to prohibit the use of e-cigarettes in public spaces where tobacco smoking is prohibited.
- In the COH presentation to the County Executive in February 2015, the COH addressed the need to improve the social determinants of health such as wages and education to improve the health of the community; and encourage completion of the Community Health Needs Assessment and other prerequisites so that MCDHHS may pursue public health accreditation
- The COH sent a letter to the County Council to recommend increased FY16 funding for oral health services for adults and to maintain other funding for public health programs that protect residents and programs that increase access to health care for the uninsured

During our annual retreat later today (October 15, 2015), we will begin working on our **FY16 priorities**. The retreat includes a presentation from an expert on health literacy as we begin to research that issue for County residents, particularly for those who may be challenged in understanding their health insurance and optimizing the preventive services that some now have access to for the first time. We'll also gain a better understanding of the communicable disease programs and any gaps in those services; and continue to work on issues related to oral health and other access to care challenges for the underserved, as well as addressing other public health issues as they emerge. The Commission will submit testimony to the Council, seated as the Board of Health, in November 2015.

As always, thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-16

In FY-16, the Commission on Juvenile Justice is focusing on the work-plan, which was developed by the Commissioners for the coming year. The Commission on Juvenile Justice, along with the professionals who dedicate themselves to youth services and rehabilitation, overwhelmingly support programs that enhance life skills for youth. In a report on at-risk-youth and workforce development, the County's Office of Legislative Oversight found too few school based programs aimed at re-engaging high risk youth, including access to vocational training programs for high-school students. Nearly two-thirds of Maryland's \$280 million juvenile services budget is being spent on detention facilities. Maryland, like a lot of states, needs to diversify its juvenile justice investment portfolio and shift money from brick and mortar into less expensive, more effective ways to serve these young people in their communities.

The Commission's first priority is to focus on intervention and prevention efforts for high need youth, including disproportionate minority contact, gender specific, and re-entry issues. Our work-plan for this priority includes the following steps:

- Monitor, report on, and make recommendations regarding relevant proposed legislation.
- Advocate for Commission budget recommendations.
- Gather and report on relevant information obtained from community stakeholders.
- Disseminate to community stakeholders relevant information obtained from other sources.

The Commission's second priority is to monitor and track the quality of care provided to Montgomery County youths in community placements or residential facilities, which may also be located outside of the County. The Commission's primary duties include the examination of mental and physical health care, education, programming, and transportation offered to youth in the Montgomery County juvenile justice system. Our work plan for this priority includes the following steps.

- To advocate for effective vocational training programs for youth detained in long-term facilities in collaboration with the Maryland State Dept. of Education.

Commission on Juvenile Justice

7300 Calhoun Place, Suite 600, Rockville, Maryland 20855 • 240-777-3317 • 240-777-4447 facsimile



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

- To advocate for expanded access to vocational programs for high school students in Montgomery County.
- Create a strong voice for the Juvenile Justice Commission within county and state government. Elicit from state and county agencies what they need from us to help them; Be pro-active, not reactive

Commission on Juvenile Justice

7300 Calhoun Place, Suite 600, Rockville, Maryland 20855 • 240-777-3317 • 240-777-4447 facsimile

MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES
MEETING WITH THE MONTGOMERY COUNTY COUNCIL HEALTH AND HUMAN SERVICES COMMITTEE –
Dr. Seth Morgan, Chair – Marcie Povitsky, Vice-Chair
October 15, 2015

The Commission on People with Disabilities recommends:

- 1. Increase Health Prevention Strategies of Secondary Illness for People with Disabilities.**
According to the Oregon Health & Science University, people with disabilities may be the largest underserved population that demonstrates evidence of health disparities. That said, the Commission recommends that the County increase health prevention strategies of secondary illnesses for people with physical, developmental, cognitive, psychiatric and sensory disabilities. This includes our partnership with the Commission on Health to ensure that all County health clinics are accessible and make necessary reasonable accommodations. It also includes the Department of Recreation and Montgomery County Parks to provide programming that is developed in coordination with the Commission and with the agencies that serve them.

- 2. Develop Strategies to Eliminate the Developmental Disabilities Waiting List**
We have 1,076 county residents on the State Developmental Disabilities Administration (DDA) waiting list. We ask the Council to work with the Commission and the Developmental Disabilities Advisory Committee to develop strategies to eliminate the DDA waiting list for residential and other services; beginning with those persons in crisis resolution and crisis prevention. This may mean working with the Office of Intergovernmental Relations to determine their role in making this happen. Most serious, residential services for persons with developmental disabilities in most circumstances require the parents be 80 years or older, the caretaker to have died, or some other serious crisis situation. We need to make recommendations to the State on a more realistic age of caregiver before the adult child with a significant disability receives residential placement. We will be asking the Commission on Aging to weigh in on DDA's age criteria.

- 3. Increase Supports for Caregivers**
We see a real need to provide supports to caregivers such as respite and making sure that people are supported who provide 24/7 care.

Thank you for your continued support of people with disabilities and for your leadership on these important issues.

MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE, COUNTY COUNCIL
Top Two Policy Issues for Fiscal Year 2016 (FY16)
Dan Bullis, Chair – Randy Stone, Vice-Chair
October 15, 2015

On behalf of the Commission on Veterans Affairs, we want to thank you for your efforts on behalf of the County's estimated 46,000 veterans. Here are the Commission's top policy issues for FY16:

1. Support Efforts & Funding to End Veteran Homelessness in Zero:16

With the Zero 16 Campaign, we thank the Council for providing the support needed to end homelessness amongst the veteran population and to assist veterans to obtain permanent housing. According to the Chapman Todd, Zero 16 Campaign Coordinator there are 33 veterans remaining to be housed by the end of the year. We ask that the Council ensure that the \$500,000 will be recurring and not a one time expenditure to continue to provide rapid rehousing in the upcoming year.

2. Support Increased Access to Health/Mental Health for Veterans

We ask the Council to work with us to increase access in the County to health/mental health care for veterans. The County and its contractors need to encourage veterans and their families to enroll them in the VA health care system and we ask that information be provided on County Ride On buses as to how to enroll. Recent studies indicate that 1 out of 5 veterans returning from Iraq or Afghanistan have some type of mental health issue from Traumatic Brain Injury to Post Traumatic Stress Disorder. We recommend that you continue/increase funding to support agencies serving Veterans and their families such as Serving Together of the Mental Health Association, Easter Seals and Bethesda Cares. We understand that there are plans underway for a Mental Health Court and request some consideration for how veterans might be served there or a separate Veterans Court.

To provide greater access to health care, we are pleased that the VA Medical Center in D.C., will be establishing a Community Based Outpatient Clinic in the County in 2016.

As you are aware the County Executive and then President Craig Rice designated 2015 as "The Year of Montgomery County. As part of this year's activities, we have been working with Neil Greenberger and Merlyn Reineke of Montgomery Community Media to plan the County's first Salute to Vietnam Veterans to be held on October 24, 2015 at the Universities of Shady Grove. Bob Schieffer formerly with Face the Nation is our MC. We hope that you can attend.

Thank you.



Montgomery County Community Action Board's Testimony
County Council HHS Committee Worksession
Thursday, October 15, 2015

Stephen Reese
Community Action Board Secretary

My name is Steven Reese, Secretary of the Community Action Board, the federal government's designated anti-poverty group and the governing body for Head Start and the Community Action Agency. I'm pleased to have this opportunity to share our FY 16 priorities.

First, our Board thanks the Council for your ongoing commitment to low-income residents through your recent policy and budget decisions, which were supported by our Board:

You've reduced poverty by increasing the minimum wage and by passing the Earned Sick and Safe Leave Bill, initiated a Renters' Tax Credit, and fully funded the Working Families Income Supplement.

You've increased access to child care by expanding funding to the Working Parents Assistance Program, and have strengthened child care quality by launching the Child Care Expansion and Quality Enhancement Initiative.

You've also supported affordable housing by introducing legislation to support tenant rights and to establish an income-restricted housing website.

As you prepare this next budget in a challenging fiscal environment, we join our fellow advocates in urging you to prioritize preservation of prevention and safety net services to assure that our community remains healthy, safe and protected.

Since January, we've hosted four poverty forums in Gaithersburg, East County and Long Branch. More than 250 residents and partners participated, sharing their concerns and recommendations to strengthen programs and services, which we have and will continue to relay to you.

Based on their feedback, we understand that there remain many barriers to self-sufficiency--particularly in accessing housing, child care, and transportation. We commend you and your colleagues' efforts to focus on strengthening these services, while mobilizing economic development efforts to provide a pathway to better employment opportunities.

This year, the Community Action Board will continue to support services delivered through the Community Action Agency and its partners to increase self-sufficiency and financial stability. The Volunteer Income Tax Assistance (VITA) Program's free tax preparation ensures low to moderate-income tax filers know about and receive the Earned Income and Child Tax Credit and serves self-employed taxpayers who often lack the knowledge required to maximize their revenues. From June 2014 through April 2015, the VITA Program filed over 2,200 returns, totaling well over \$4 million in tax refunds and credits for residents. This year, with additional volunteers, VITA expects to increase EITC and SNAP outreach, while strengthening capacity among its tax preparation partners.

Community Action's TESS Center, a Neighborhood Opportunity Network site, continues providing critical services and referrals to residents. In FY 15, the TESS Center served over 8,600 walk-in clients, connecting residents to services provided by the HHS and non-profit organizations. TESS partners with various organizations such as IMPACT Silver Spring, the Judy Center, and the Pro Bono Program to provide essential services. This summer, TESS provided

over 1,300 free lunches as part of the Summer Meals Program. The TESS Center accomplishes all of this with a small staff and many volunteers.

Priorities:

Our Board's priorities reflect the critical needs of low-income residents, which were shared at the forums.

Our first priority is to maintain safety net services, including food and nutrition programs, emergency housing, and income supports. In a County where over a third of public school children qualify for Free and Reduced Meals, nearly 70,000 residents live in poverty, and the majority of low-income residents are housing-burdened, critical services ensure that families can meet their most basic needs.

Our second priority is to continue full-funding for child care subsidies, Earned Income and Child Tax Credits, and affordable housing programs, so that all residents can pursue self-sufficiency. In Montgomery County, self-sufficiency (2012) for a 4-person family with 2 working adults, 1 preschooler and 1 school-age child is \$83,000.

On behalf of our Board members, thank you and the full Council for your commitment to continuing to serve low-income residents. We look forward to working with you to ensure that all Montgomery County residents have the opportunity to achieve self-sufficiency.

Early Childhood Coordinating Council
(Early Childhood Advisory Council)

Top Two Policy Priorities
Presented to the
Health and Human Services Committee of the County Council

October 15, 2015

The Mission of the Early Childhood Coordinating Council is to monitor, advocate, and make policy recommendations for developing a comprehensive, coordinated system of early childhood education that supports school readiness, provides support for state and local initiatives, and builds on the existing work of early childhood education in Montgomery County.

2015-2016 Early Childhood Coordinating Council Priorities

- 1.) Create a Birth-3rd grade system of early childhood education via a dialogue between Birth-5 and K-3rd grade professionals that also includes improved communication with parents
- 2.) Align programmatic priorities to maximize support to families provided by programs and services beginning with an identification of stakeholders and strategies

Please see the 2014-2015 Early Childhood Advisory Council's Annual Report, which was delivered to your office on October 1, for 2014-2015 recommendations

We greatly appreciate your consideration of our recommendations and priorities when making policy and budget decisions.



Interagency Commission on Homelessness (ICH) TOP TWO POLICY PRIORITIES FOR FY 16

Amy Horton-Newell, Chair

October 15, 2015

1. Ending Veterans Homelessness by the end of this year

We would like to thank the County Council for approving an additional \$500,000 in funding for Fiscal Year 2016 to support the Zero: 2016 effort. These funds will help provide housing and supportive services to homeless individuals and families in the County. Our goal is to reach a level of “functional zero” for homelessness amongst Veterans in the County by December 31, 2015. Functional zero means that the number of housing placements available is equal to the number of persons expected to become homeless, so that all instances of homelessness will be brief. This does not mean that there will never be a Veteran experiencing homelessness but, rather, that the community has reached sustainable functional zero. We believe with housing resources dedicated for Veterans we should be able to get the job done. Ending Veteran homelessness will serve as an important proof point, when the resources are invested in the right interventions, homelessness is solvable. Ending Veteran homelessness will underscore the fact that homelessness can be prevented and solved when resources are invested in appropriate interventions.

2. To reduce family homelessness for young adult households (18-25) with children

Montgomery County’s homeless point in time indicated a 36% percent increase in the overall number of homeless households with children from 91 households in 2014 to 159 households in 2015. The County has noted a continuous trend with young adults with children requesting emergency homeless shelter services. This Fiscal Year the County will be provide Rapid Re-Housing assistance to serve 20 Young Adult households. Information on Rapid Re-Housing Models can be found at the National Alliance to End Homelessness website at <http://www.endhomelessness.org/library/entry/rapid-re-housing2>. We urge the County Council to work with us to seek out creative opportunities for available housing options for these young adults with children. We need additional rapid rehousing beds with services including employment training, child care and case management.

The overall goal of the Interagency Commission on Homelessness is to implement the Continuum of Care’s Strategic Plan to End Homelessness. We have identified priorities for the Year 1 Action Plan and are working to implement them this FY. By pursuing action items across the key strategies, we will reduce inflow into our system and accelerate exits out of the system.

We thank you for your ongoing support and for the opportunity to present our priorities.



October 9, 2015

The Honorable George Leventhal
Health and Human Services Committee
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Dear Honorable Councilmember Leventhal:

On behalf of Latino Health Steering Committee (LHSC) of Montgomery County, we are presenting our top Policy Priorities for Fiscal Year 2016.

Provide oversight of the Latino Youth Collaborative Recommendations

Over an 18-month period, the Latino Youth Collaborative Steering Committee (LYCSC) engaged in a collective process of analysis and planning to identify barriers facing Latino youth and developed strategies to overcome these barriers. The report issued by the LYCSC made 28 recommendations in the areas of policy, responsive services, and social integration. Since the release of the report, the County Executive has designated the LHSC as the Oversight Committee and charged it with monitoring the progress made in implementing the recommendations offered by the LYCSC. This fiscal year we plan to report back to the County Executive with our assessment of the progress made to implement the recommendations.

Update and Release the Blueprint for Latino Health

In 2002, the Latino Health Initiative (LHI) released the Blueprint for Latino Health in Montgomery County to provide the public, providers, and policy makers of the County the basis for the development of responsive and sensitive medical care and public health systems that address the basic needs of the growing Latino community. Since the release of that first Blueprint, substantial progress has been made, however much work remains to be done to improve the health of the Latino community in Montgomery County. A second edition of the Blueprint was updated in 2008 and extended until 2012 and now we are in need of a third edition.

Over the next six months, a workgroup of the Latino Health Steering Committee will engage in a process of updating the priorities in the third edition of the Blueprint and after completion host a Blueprint release event in the spring of 2016. All these steps will require the active participation of LHI staff in providing support and assistance to the LHSC in order to achieve the technical objectives of the project.

Latino Health Steering Committee of Montgomery County

8630 Fenton Street, 10th Floor • Silver Spring, Maryland 20910 • 240/777-1779; Fax: 240/777-3501

Leadership Institute for Equity and Elimination of Disparities (LIEED)

As a result of a 22-month process, members of the LHSC along with representatives from the Caribbean American, Continental African, African-American, Middle Eastern, and Asian-American communities and the DHHS Director with her Senior Staff, have continued to work on developing the infrastructure and supporting the implementation of activities related to LIEED. The goal of LIEED is to develop a strategy to enhance departmental practice, policy, and infrastructure to best serve racially, linguistically and ethnically diverse communities including emerging populations. For 2016, the LHSC will continue to play an active role in the LIEED and will work with DHHS to implement recommendations from a departmental report that focus on systemic change.

We hope to count on the support of the HHS committee to continue our work and build upon our successes in this next fiscal year as we concentrate on our infrastructure, key priority areas, and advocacy efforts for our communities.

Sincerely,



Evelyn Kelly
Co-Chair LHSC



Maria Gomez
Co-Chair LHSC



**Mental Health Advisory Committee's Top Two Priorities for FY16
Submitted to
The County Council's HHS Committee
Work session on October 15, 2015**

The Montgomery County Mental Health Advisory Committee (MHAC), mandated by the State of Maryland, is committed to evaluate and monitor the development of mental health services and to work collaboratively with our community partners to monitor, advise and advocate for a comprehensive mental health system of care for all persons in Montgomery County.

The following are MHAC's two top priorities for FY16.

- 1) Minimize further budget cuts to Behavioral Health and Crisis Services (BHCS) and advocate for a system of coordinated care with a focus on supports to assist those transitioning into the community from higher levels of service and increasing providers who specialize in specific populations.
 - Budget cuts to BHCS since 2009 have exceeded \$3 million resulting in significant reductions to programs and services.
 - The Office of Legislative Oversight July 2015 Report cited many behavioral health services that are available in Montgomery County. However, people with multiple need cycle through our hospitals and jails often due to poor or no care coordination and difficulty accessing needed services.
 - According to the Health Services Cost Review Commission of Maryland, the estimated associated charges of hospital re-admissions within 30 days are 656.90 million.
 - Recidivism is higher for those with mental health disorders often due to charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.
 - MHAC will advocate for the county to continue to explore and to establish a system which would function to coordinate care with consumers among all agencies involved, harmonize and integrate efforts among the agency providers, track care, and collect data. The funding for this model could come from general hospitals and insurance companies that have a vested interest in lowering rates of costly hospital admissions and re-admissions. This model has been used with high risk populations that have multiple needs, such as behavioral health challenges, homelessness, somatic needs, and involvement in the criminal justice system.

- 2) Possible configurations of the system could include two or three care coordinators based at the Core Service Agency, which could be managed by county personnel or bid out the service.
 - Start-up costs to cover two care coordinators, software, and training are estimated to be between \$150,000 to \$200,000.

- Our hope is that if the program is established using this model, it could be expanded to accommodate consumers with lower risks as well to create another point of access for several populations.

3) Continue to advocate for more deflection and diversion programs along the criminal justice continuum from a Restoration Center to a Mental Health Court.

- The Mental Health Advisory Committee continues to support decriminalization efforts in both the juvenile justice and criminal justice systems. In Montgomery County, an estimated 22 percent of the inmates at Montgomery County Correctional Facility and Montgomery County Detention Center are men and women with mental health disorders. Nearly 75% of these inmates are likely to have a co-occurring substance abuse disorder.
- Rates of those with serious mental health disorders in jails are 3 to 4 times higher than in the general population. Jails spend 2 to 3 times more on adults with mental health disorders due to treatment needs.
- MHAC is very hopeful about the work of the Mental Health Court Planning and Implementation Task Force. We will continue to engage in ongoing dialogues with the County Council and the judicial system to support the planning and initiation of a comprehensive plan that addresses the spectrum of criminal involvement so that there is a systematic response to the decriminalization of mental health disorders to include an effective use of resources.



HHS Committee Breakfast with the HHS BCC's
Montgomery Cares Advisory Board
Position Statement
October 15, 2015



Overview

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally supports the primary health care safety net for uninsured, low-income residents of our County.

Fiscal Year 2015 was a time of transformation for the MCAB. In response to the sunset provision within our enabling legislation, the Board examined its mission, duties and membership taking into consideration the healthcare resources for uninsured County residents. The key recommendation to the HHS Committee involved expanding the MCAB scope to include the additional County programs that provide healthcare for the uninsured. Acting under this authority, the Board is reorganizing its operational and management structure to effectively incorporate the new programs.

The Healthcare for the Uninsured programs experienced many challenges over the year:

- Care for Kids and Maternity Partnership saw a significant increase in patients (30% in CFK, 8% in MP) which required additional funding and the consideration of wait-listing for clients. Thanks to swift budget action by the County Council and leadership of DHHS, the programs remained open and continuously saw clients. The HHS Committee has demonstrated its commitment to these programs by scheduling a session this November to discuss the current status and capacity.
- Montgomery Cares (MCares) saw a decrease in patients for the second year in a row (served 24,455 patients). This is due in part to the implementation of the ACA and provider vacancies at clinics.
- DHHS Dental faces significant budget issues. Physical capacity exists to see additional clients but the program is budget limited to the services they can provide.
- The Healthcare for the Homeless program is seeing clients with increasingly complex medical and behavioral health conditions. There is a lack of post-hospital settings for recuperative care so many clients cycle in and out of the hospital on a consistent basis.

Policy Priorities

The Montgomery Cares Advisory Board has identified two policy priorities for the future:

Identify Synergies in the Healthcare for the Uninsured Programs: As it exists presently, patients requiring services through the safety-net programs must navigate a complex web of eligibility and enrollment procedures, referral protocols and price structures. The MCAB will assess priority issues that affect all programs operationally such as access, eligibility/enrollment, outreach and data needs. MCAB is working toward a system of care that minimizes barriers and is seamless for the patient.

MCares 2.0: Currently, the Board is supporting the work of MCares 2.0, an initiative focusing on an equitable system of care including an enrollment program, program uniformity – payment structure/provider requirements and increased program integration.

We plan to implement these priorities with a mindset of prevention. Through effective interventions programs delivered within an array of settings, we can work to prevent serious medical events resulting in improved lives of our most vulnerable residents.

*Health and Human Services Committee
Work Session on Policy Issues*

Date: 10/15/15
B/C/C Victim Services Advisory Board (VSAB)
B/C/C Representatives: Sorell Schwartz

Policy Issue #1: Resolve Housing Issues For Domestic Violence (DV) Victims and Their Families

Permanent (long-term) housing for Domestic Violence (DV) Victims is a critical need, necessary to ensure continuity of safety and life stabilization for this physically and psychologically vulnerable population. DV victims are provided temporary shelter and appropriate wrap-around services at the Betty Ann Krahnke Center (BAK). The prescribed period of residence is 2 to 3 months but because of the unavailability of transitional and long-term housing, at times clients remain at BAK about 6 months. Those unable to transition from BAK to safe conditions are provided temporary hotel housing, which is expensive and wholly inadequate with respect to protection from abusers. Further, DV victims face significant challenges that place them at risk for negative outcomes including: (a) high cost of living in the county, (b) lack of education and vocational skills, and (c) physical/emotional effects of complex trauma. Through the efforts of the VSAB working with County offices, long-term housing program for at least two young female-headed households will be instituted at Fleet Street properties, county-owned property that has been reserved by the county for DV victims and their families transitioning out of BAK. Although it is a positive step to have the two (2) available Fleet Street properties now identified as sites for transitional housing, and they are in the process of being refurbished by the County, this in no way addresses the much larger need for affordable long-term housing for DV victims. VSAB has met with Chuck Short, Special Assistant to the County Executive and members of county housing programs and housing advocacy groups to identify strategies to increase the availability of viable housing stock for DV victims and families in need of long-term housing. Additionally, we need about 100,000 for case management needs for this new initiative.

Policy Issue #2: Position Board as information resource for public on victim services available in the County

The VSAB plays a critical role as a conduit for relaying budgetary and other needs of both County Victims' programs and non-profits to HHS and to the Council and Executive. It has always acted to preserve staffing for direct victim services. This has an immediate and measurable impact on victims. The Board's chief contribution to this effort is the interviews its members conduct annually of County agencies and non-profits that provide such direct victim services. This year the Board provided more in-depth questions to a wider range of service providers in an effort to help assess and document the scope of their services and the populations they serve. The Board is currently working to assemble a directory of services for use by County professionals and the public. The Board has also fashioned a new awareness plan to help raise awareness among policymakers, county organizations and the general public, particularly of the existence of the County's Victim Compensation Fund and its role in helping to compensate victims of crime in our County.