

WORKSESSION

MEMORANDUM

April 20, 2016

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst *LMc*  
Vivian Yao, Legislative Analyst *VY*

SUBJECT **FY17 Operating Budget: Department of Health and Human Services**  
Department Overview  
Administration and Support (includes Minority Health and VITA)

***Those expected for this session:***

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

DHHS overview pages from the Executive's Recommended Budget are at © 1-8. The DHHS Strategic Road Map for FY16-18 is at © 9-18.

**1. Department Overview**

For FY17, the County Executive is recommending total expenditures of \$291,341,530. This is a 0.81% increase from the FY16 Approved Budget. General Fund expenditures increase by 1.7%, from \$209,253,900 to \$212,735,215. Grant Fund expenditures are recommended to decrease by 1.4%, from \$79,739,699 to \$78,606,315.

Total personnel costs (for both General Fund and Grant Fund) are recommended to increase by 2.3% while total operating expenses are recommended to decrease by 1.1%.

**Summary of Personnel and Operating (General + Grant Fund)**

DHHS (in \$000s)	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Budget	FY17 REC	Change FY16-17
Personnel Costs	147,476	147,662	153,887	161,355	165,077	2.3%
Operating Expenses	104,827	123,999	136,597	127,638	126,264	-1.1%
<b>Total Expenditures</b>	<b>252,303</b>	<b>271,661</b>	<b>290,484</b>	<b>288,993</b>	<b>291,341</b>	<b>0.8%</b>

### Departmental Expenditures by Fund

DHHS (in \$000s)	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Budget	FY17 REC	Change FY16-17
<b>Expenditures:</b>						
General Fund	177,995	193,641	205,031	209,254	212,735	1.7%
Grant Fund	72,109	78,020	85,453	79,739	78,606	-1.4%
<b>Total Expenditures</b>	<b>250,104</b>	<b>271,661</b>	<b>290,484</b>	<b>288,993</b>	<b>291,341</b>	<b>0.8%</b>
<b>Positions:</b>						
General Fund FT	763	792	808	815	824	1.1%
Grant Fund FT	558	534	544	544	552	1.5%
<b>Subtotal FT</b>	<b>1,321</b>	<b>1,326</b>	<b>1,352</b>	<b>1,359</b>	<b>1,376</b>	<b>1.3%</b>
General Fund PT	288	288	289	292	292	0.0%
Grant Fund PT	44	43	40	35	37	5.7%
<b>Subtotal PT</b>	<b>332</b>	<b>331</b>	<b>329</b>	<b>327</b>	<b>329</b>	<b>0.6%</b>
<b>Total Positions</b>	<b>1,653</b>	<b>1,657</b>	<b>1,681</b>	<b>1,686</b>	<b>1,705</b>	<b>1.1%</b>
<b>Total FTEs</b>	<b>1558.6</b>	<b>1568.76</b>	<b>1588.87</b>	<b>1593.66</b>	<b>1608.88</b>	<b>1.0%</b>

### Revenues

In the General Fund, revenue from Federal Financial Participation is expected to increase by 0.3% from the FY16 budgeted amount. HB669 Social Services reimbursement is budgeted to increase by about 0.7% above the FY16 budget (see table on next page).

<b>Selected Revenues:</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>%</b>
<b>General Fund</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Rec</b>	<b>FY16-17</b>
Core Health Services Funding	3,975,153	3,199,502	3,975,150	4,254,770	7.0%
Federal Financial Participation	13,929,286	14,443,287	14,083,420	14,125,270	0.3%
Medicaid/Medicare	3,943,386	4,367,792	2,543,575	3,305,160	29.9%
Other Intergovernmental Aide	1,863,985	3,669,319	4,131,373	1,800,240	-56.4%
Health and Human Services Fees	1,379,170	1,501,385	1,332,800	1,420,200	6.6%
Health Inspections: Restaurants	1,805,645	1,787,730	1,737,820	1,783,800	2.6%
Health Inspections: Living Facilities	272,848	264,393	240,730	258,040	7.2%
Health Inspections: Swimming Pools	544,905	625,320	526,330	534,600	1.6%

<b>Selected Revenues</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>%</b>
<b>Grant Fund</b>	<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Rec</b>	<b>FY16-17</b>
Federal Grants	19,946,419	18,444,986	18,699,791	16,070,765	-14.1%
HB669 Social Services	35,446,217	36,169,407	35,909,183	36,176,980	0.7%
State Grants	18,801,187	21,155,136	24,921,047	26,358,570	5.8%
Medicaid/Medicare	3,066,452	2,938,465	0	0	na

### Department-Wide Adjustments

The following are General Fund expenditures from department-wide adjustments. These changes are often part of the multi-program adjustments recommended for each program area.

<b>Department wide adjustments (General Fund)</b>	<b>Dollars</b>
FY17 Compensation Adjustment	2,016,402
Retirement Adjustment	(1,111,157)
Group Insurance Adjustment	691,433
Annualization of FY16 Lapsed Positions	347,845
Annualization of Personnel Costs	516,029
Motorpool Rate Adjustment	(36,170)
Printing and Mail Adjustment	13,108
Risk Management Adjustment	35,689
Telecommunications to Non-Departmental Account	(400,419)
<b>NET CHANGE</b>	<b>2,072,760</b>

## 2. Administration and Support Services

An excerpt from the County Executive's Recommended Budget describing the changes in this Service Area is attached at © 19-20. For FY17, the County Executive is recommending a 4.8% reduction to this service area.

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

<b>Administration and Support Services Expenditures in \$000's</b>	<b>FY13 Budget</b>	<b>FY14 Budget</b>	<b>FY15 Budget</b>	<b>FY16 Budget</b>	<b>FY17 CE</b>	<b>Change FY16-FY17</b>
Office of the Director	2,350	2,270	8,305	6,825	5,143	-24.6%
Office of the Chief Operating Officer	16,197	17,672	19,579	19,979	19,661	-1.6%
Office of Community Affairs	6,839	7,226	7,761	8,016	8,342	4.1%
<b>TOTAL</b>	<b>25,386</b>	<b>27,168</b>	<b>35,645</b>	<b>34,820</b>	<b>33,146</b>	<b>-4.8%</b>



**5. Multi-program Adjustments**  
(General Fund)

**\$1,430,186 (1.0 FTE)**

The multi-program adjustments contain compensation, benefit, and other changes as is the case in other programs, but they also contain adjustments to lapse.

**Issue: Lapse**

For FY17, the lapse in the Department is being reduced by \$375,000. Last year, the Committee had an extensive discussion of the lapse that is built into the Department. Most recently, the Committee discussed this issue as a part of the session on the Year-End Transfer and the FY16 2<sup>nd</sup> Quarterly Analysis.

FY15 Lapse in Base Budget	\$6,077,135
<u>Additional FY16 Lapse</u>	<u>2,233,425</u>
Total FY16 Lapse	\$8,310,560
FY17 reduction in general lapse	375,000
<b>Total FY17 Lapse</b>	<b>\$7,935,560</b>

The following was provided to the Committee at its April 4<sup>th</sup> session:

**Question:** DHHS ended FY15 with about \$3.4 million in General Fund lapse department-wide. The Executive projected that DHHS would end FY15 with additional lapse and so recommended an additional \$2.2 million in lapse for FY16, which the Council approved. FY15 financial information shows that most lapse is accruing in Social Services (General Fund 005) and without the over \$5 million in lapse in this category the Department would have exceeded its Personnel Cost budget. **What is the programmatic/customer service impact of holding positions in Children, Youth, and Family (CYF) Services vacant? Could additional positions have been filled or are there other impediments to hiring?**

**Response:**

The lapse savings in fund 005 (General Fund or GF) can be attributed to two factors related to the HB669 funding. The first factor is the number of vacancies in the HB669 funded positions throughout the year. Because the HB669 positions are technically split funded any savings that is accrued as a result of the vacancy shows on the GF side, in this case fund 005. The second factor is how we manage overall HB669 allocation. When vacancies occur, we routinely shift any GF only positions providing the same services to the HB669 funding to assure full expenditure of the grant funding. The employee funding allocation for these positions is frequently in fund 005. In FY15 there were a total of 131 positions (\$11.7M) 100% budgeted in this fund code.

In an effort to manage our \$8.3M lapse target and avoid a year end deficit, the Department reviews the vacancy list approximately every two weeks and releases positions for recruitment based on the priorities of the Service Areas. The criteria used to prioritize these recruitments include:

- Funding source – grant before general fund
- Direct client services vs. administrative/manager – Social Worker II over an Account Auditor III or Client Assistance Specialist II over a Principal Administrative Aide.
- If there is a GF position that can be charged to a vacant grant funded position the vacant position will be held.
- We have exempted the School Health Services staff – nurses and techs – and recruit for those vacant positions regularly.

We are not holding CYF positions vacant specifically and in fact release the vacant HB669 positions for recruitment about every two weeks.

The table below summarizes the average number of vacancies in the 6 job classes with the highest number of positions and FTEs in the Department. These job classes represent 51% of the Full and Part time positions and 48% of the FTEs in the Department’s personnel complement. As you can see in the table, the average number of vacancies does not vary greatly from year to year.

Job Class	Program	Average # of Vacancies		
		FY14	FY15	FY16 YTD
IAPS II	OESS Income Supports	13	9	10
IAPS II	OESS Medical Assistance Eligibility Services	5	4	5
SW II	Child Welfare Services	7	8	9
SW III	Child Welfare Services	3	3	7
Therapist II	BHCS	9	10	11
Community Health Nurse II	School Health Services	8	5	6
School Health Room Tech I	PH - School Health Services	3	5	4

The Department has provided a vacancy list (as of Feb 29) to Council staff. There are 149 vacancies of which 63 are “on hold” with the rest either being advertised or have a pending offer. In Child Welfare Services there are 29 vacancies, of which 21 are Social Workers and 9 of these are “on hold.” There are 23 vacant positions in income supports/medical eligibility of which 12 positions are “on hold.” While some of the “on hold” positions have only been vacant for a one to three months, it is important to know that the Department is delaying the advertising of positions in order to meet over all lapse requirements. The Executive is recommending a \$375,000 reduction in budgeted lapse for FY17.

**Council Staff Comment:**

**Council staff is not recommending any change to lapse as a part of this packet. Last year, the Department reported that the average FTE costs about \$99,000 (salary and benefits), so the FY17 lapse means that about 80 General Fund FTEs will need to be vacant over the course of the year.**

**Issue: Inflationary Adjustments to Non-Profit Contracts**

In FY16, the Council approved a 2% increase to the General Fund portion of certain contracts that are mostly with non-profit providers.

The County Executive has not recommended any adjustment to these contracts as a part of his FY17 Recommended Budget.

The current estimate for a 1% increase to eligible contracts is about \$370,000.

Non-Profit Montgomery has asked County elected officials to provide a 4% increase to non-profit contracts. A letter from Non-Profit Montgomery making this request is attached at © 21-25.

**Council Staff recommendation: Place two (2) increments of \$370,000 each on the reconciliation list for a total cost of \$740,000.** Council staff recognizes that this is ½ of what Non-Profit Montgomery requested but is more than the projected general inflation rate for 2016.

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

**Budget Provision language:**

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

- (a) Non-profit service provider, public entity, or
- (b) Contract that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.

- (c) The increase is to the General Fund value of the contract (Grant Fund value not included).
- (d) The contract must not be in its first [year] performance period, unless a new contract has been executed as part of a DHHS administrative review, or have an automatic inflation adjustment built into the contract.
- (e) This increase does not apply to contracts for Montgomery Cares (except administration) or Care for Kids (except for administration and the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2017 levels of service.
- (f) This increase does not apply to contracts that are a specific match to a grant.
- (g) This increase does not apply to contracts covered by the DD Supplement. This resolution appropriates \$XXXXXX to increase the DD Supplement.
- (h) This increase does not apply to contracts covered by the Residential Treatment Provider Supplement. This resolution appropriates \$XXXXXX to increase the Residential Treatment Provider Supplement.

**B. Office of the Chief Operating Officer**

This office provides overall administration and day-to-day operations for the Department including human resources, contract management, and information technology support.

**CE Recommended Budget Changes:**

- 1. Decrease Contract IT, Cellphone, Computers and building maintenance** **(\$283,616)**

The Department has proposed these reductions in order to meet its budget. The Department did identify \$90,000 in Contract IT savings as a part of the FY16 Savings Plan. In this package, Contract IT is reduced \$59,266; cellphones \$100,000; building maintenance at 401 Hungerford \$35,000; and computer equipment replacement \$49,350, in addition to other smaller reductions.

Council Staff recommendation: **Approve as recommended.**

- 2. Decrease Miscellaneous Operating and building maintenance** **(\$412,000)**

The Department will reduce print shop charges by \$50,000 and accrue the rest of the savings department-wide.

Council Staff recommendation: **Approve as recommended.**

### 3. Multi-Program Adjustments

\$377,278 +2.0FTE

Multi-program adjustments may include compensation changes, employee benefit changes, reorganizations, and increases affecting multiple programs.

Council Staff recommendation: **Approve as recommended.**

### C. Office of Community Affairs

The Office of Community Affairs supports expanding access to and improving the quality of services, promoting equity, and reducing disparities. Programs provide outreach, education, system navigation assistance, language services, cultural competency training, and policy analysis. The Office includes the Community Action Agency, Takoma-East Silver Spring (TESS) Center), Leadership Institute of Equity and Elimination of Disparities (LIEED) within which work the African American Health Program, the Asian American Health Initiative, and the Latino Health Initiative.

#### CE Recommended Budget Changes:

- 1. Enhance health services provided through the African American Health Program (AAHP), Latino Health Initiative (LHI), and Asian American Health Initiative (AAHI). \$171,848**

The Executive is recommending an increase of about 5% for the AAHP, AAHI, and LHI for FY17. The following table provides a summary of the funding.

Minority Health Initiatives	FY14 Actual	FY15 Approved	FY16 Approved	FY17 Additional	Total CE REC*
African American Health Program	1,415,041	1,478,461	1,494,754	73,397	1,541,343
Asian American Health Initiative	496,077	577,233	593,067	29,902	627,949
Latino Health Initiative	1,380,491	1,317,759	1,358,749	68,549	1,439,534
<b>Total</b>	<b>3,291,609</b>	<b>3,373,453</b>	<b>3,446,570</b>	<b>171,848</b>	<b>3,608,826</b>

\*FY17 amount is also adjusted for changes in personnel costs and so is not exactly the FY16 Approved + the additional funds

\*\*FY16 does not include Savings Plan reductions.

The AAHP, AAHI, and LHI have each requested an additional \$250,000 for FY17. This is the total amount of each request, it is not in addition to the new funding included by the Executive.

At the request of Council staff, AAHP, AAHI, and LHI provided written information about each of these requests. The cover letter to HHS Chair Leventhal (© 26) states the position of all three that they did “more with less” when their funding was reduced during the recession



would help AAHP track whether people took the next recommended step such as seeing a doctor or registering for classes.

**Asian American Health Initiative (©36-41)**

An excerpt from the FY15 Annual Report is attached at 42-46. The following is a summary of their request.

AAHI has requested funding in two major areas, senior health (\$170,000) and mental health (\$80,000). At the request of Council staff they provided additional detail on the cost components.

**Senior Health Program Coordinator \$90,000 (contractual)**

This would be bilingual and would train support staff, health promoters, and volunteers in understanding the needs of Asian seniors, be a liaison to DHHS Aging and Disability Services, community-based organizations, and faith-based organizations, organize and lead activities, and create a database of specialized services.

**Patient Navigator Program (Senior Health) \$50,000**

This would provide additional face-to-face health and medial interpretation, guide seniors in using DHHS services, and keep track of and report suspected or reported mental health issues.

**Senior Workshops \$20,000**

Partner with community-based organizations to offer education and hold workshops in their respective communities on issues such as heart health, chronic disease, fall prevention and long-term care.

**Resource Brochures (Senior Health) \$10,000**

Update, translate, and print resources in 16 different languages.

**Print Educational Material (Senior Health) \$10,000**

Multi-lingual education materials on issues such as osteoporosis, heart disease, diabetes, fall prevention, and mental health for seniors.

**Behavioral Health Program \$70,000 (contractual)**

Consolidate efforts to unveil the target population of Asians with mental health issues with specialized outreach to community-based and faith-based organizations, keep track of CDC and other finding on Asian mental health, be a liaison to DHHS Behavioral Health and Crisis

Services, prepare a workplan in response to Health Montgomery and OLO report, refer individuals with a professional background in behavioral health to the Welcome Back Center.

**Photonovel Volume 2**

**\$10,000**

Create photonovel Volume 2 in five languages with a focus on educating the community on what is mental health treatment and what is a counseling session.

**Latino Health Initiative (©47-50)**

An excerpt from the FY15 Annual Report is attached at © 51-63. The following is a summary of their request.

**Convert 2 Contract Positions to Merit Staff**

**\$68,550**

LHI notes that they currently have one merit staff person that this hinders their ability to conduct programs and functions that can only be executed by County staff and that it has impacted morale. They are requesting that the Welcome Back Center's Program Manager and the LHI's Health Promotion Specialist be converted from contract positions to merit positions. They note that in FY14 a County Planning Specialist position was re-assigned to Healthy Montgomery.

**Job Developer – Welcome Back Center**

**\$85,000 (contractual)**

This new position would work directly with employers to create stepping-stone jobs for professionals participating in the Center's program. LHI says it is involved in conversations with WorkSource Montgomery on how to collaborate on this effort.

**Assistance to Participants – Welcome Back Center**

**\$15,000**

This funding would assist Center participants with licensure fees, credential evaluation, board exam preparations, and ESL instruction.

**“Revamp” Health Promotion and Wellness**

**\$81,450**

LHI would like to revamp their health promotion and wellness approaches to serve a growing diverse Latino community. They would enhance training to health promoters, outreach and education, use of digital and social media, and development of public policies that positively affect health and well-being. Council staff recommends splitting this item into two increments of \$41,450 and \$40,000 for reconciliation list purposes.

**Council staff comments/recommendations:**

Council staff recommends that the HHS Committee place the requests for AAHP, AAHI, and LHI on the reconciliation list in components rather than packages of \$250,000 each (less the CE amount). Recognizing that components of each request were made with the intent to address the health needs of these communities, Council staff offers the following prioritization for funding. There is a \*\*\*\*\*between what Council staff's view are higher and lower priorities. There is time between this session and follow-up to receive comments if the programs have comment on the Council staff priority order.

**Council Staff Priority Order - AAHP**

**Program Data Analysis/Evaluation \$93,000**

AAHP has asked several time for this capacity in order to target and improve their efforts and to be able to look at program outcomes. As described, this capacity is important to making some of the other improvement in diabetes and mental health. With previous funding, AAHP has developed some data reports, including mental health data, but has not been able to continue its analysis.

**Behavioral Health Cross Cutting Focus \$45,000**

This would let AAHP move forward with some baseline work that has been done regarding mental health and reach people at classes and events that are already established and attended by the community. There would be better information on whether AAHP can be successful in getting more people to be willing to seek assistance with minor or major mental health conditions.

**Integration of Diabetes and Cardiovascular Disease \$65,000**

There is indeed a link and this approach would be consistent with the approach Healthy Montgomery has decided to take. Council staff prioritizes this after mental health because of the foundational work that AAHP has done on mental health, not because there is not an identified disparity.

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**Outreach/Navigation \$22,000**

It is important to have the capacity to follow-up with people who are willing to at least ask for help or referrals. However, if this is funded, the Department should work with AAHP on output and outcome measures to determine how many people access a services they would not have been able to without this additional assistance.

**STI/HIV/AIDS**

**\$25,000**

Council staff suggests that there should be more discussion with DHHS about how this outreach and testing can be provided and whether there are other grants or departmental resources that could be used to provide these services to the targeted populations.

**Council Staff Priority Order - AAHI**

**Behavioral Health Program**

**\$70,000 (contractual)**

The information from AAHI says they launched an ambitious Mental Health Program in May 2015 but that after a promising start the program could not proceed because of a lack of funds. This funding should allow them to proceed. The information also discusses the need for services with the expertise to serve Asian Americans. Council staff hopes that this position will also allow better capacity to focus on local as well as national data, as the needs and outcomes may be different.

**Senior Health Program Coordinator**

**\$90,000 (contractual)**

Several of the items requested for senior health, such as workshops and materials, would seem to be dependent on this additional position.

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**Patient Navigator Program (Senior Health)**

**\$25,000**

As noted with the AAHP request, the ability to follow-up with people who have asked about services or need help finding services is important. AAHI has asked for \$50,000. Council staff suggests that this item be split into two increments of \$25,000 for reconciliation list purposes as it is not described as tied to a specific position.

**Patient Navigator Program (Senior Health)**

**\$25,000**

Second increment of requested funding.

**Senior Workshops**

**\$20,000**

Council staff is giving higher priority to funding the Coordinator position who is expected to help organize and develop these events. AAHI may also be able to coordinate with Aging and Disability Services or the Department of Recreation to provide workshops at other events.

<b>Resource Brochures (Senior Health)</b>	<b>\$10,000</b>
<b>Photonovel Volume 2</b>	<b>\$10,000</b>
<b>Print Educational Material (Senior Health)</b>	<b>\$10,000</b>

The information says that these items are included in the CE’s recommended budget. They would fit with the additional \$29,902 that the Executive has recommended. Council staff notes that there should be some funding available for these purposes in the base as AAHI has information and that community-based organizations might be willing to sponsor the creation of these materials. (In addition, the total of the detail request is \$260,000 and staff would suggest dropping one of these \$10,000 increments to retain the \$250,000 target).

**Council Staff Priority Order - LHI**

**Job Developer – Welcome Back Center** **\$85,000 (contractual)**

The Committee has previously discussed the Welcome Back Center and its effectiveness. Information from the Annual Report is attached at © 59-63. One of the outcomes noted is that six nurses who secured jobs as Registered Nurses saw incomes increase from \$8.83 per hours to \$26.60. Expanding job opportunities is a high priority.

**Convert 2 Contract Positions to Merit Staff** **\$68,550**

This is a high priority to the Initiative and is expected to improve the operation of the program.

**“Revamp” Health Promotion and Wellness** **\$41,450**

The Annual Report provides the accomplishments of the Health Promoters but also the challenges that include the influx of Children Fleeing Violence and the assignment of staff to Affordable Care Act and electronic records activities.

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**“Revamp” Health Promotion and Wellness** **\$40,000**

Second increment of this funding.

**Assistance to Participants – Welcome Back Center** **\$15,000**

Council staff sees the merit in this proposal but suggest it would be better to have guidelines on when assistance would be provided prior to deciding on an amount of funding.

***CE Budget Recommendations for Office of Community Affairs (continued)***

**2. Citizenship and Immigration Integration Services           \$50,000**

The Executive recommends \$50,000 for a contract with CASA de Maryland to provide naturalization N-400 application assistance to over 200 Montgomery County residents to become U.S. citizens. Citizenship classes will be provided to educate about 1,000 residents on the process and on micro-loan financing options to eligible Legal Permanent Residents. In addition, CASA will provide assistance for tax-preparation, obtaining and Individual Tax ID number and opening bank accounts.

Council Staff recommendation: **Approve as recommended.**

**3. Multi-Program Adjustments   \$123,823**

Multi-program adjustments may include compensation changes, employee benefit changes, reorganizations, and increases affecting multiple programs.

Council Staff recommendation: **Approve as recommended.**

**4. Update on Volunteer Income Tax Assistance Program (VITA)**  
(No budget change recommended)

**VITA FY17 Report for County Council**

1. Please provide the **FY16** and recommended **FY17 budget** for the VITA program broken out for **staffing and operating costs**.  
How many **staff (FT or PT)** and **FTEs** are assigned to the program?  
Please identify any **non-County** funding supporting the program.

See the table on the following page.

VITA	FY16 Approved		FY17 CE Recommended	
	County General Funds	CSBG (Federal) Grant Funds	County General Funds	CSBG (Federal) Grant Funds
<b>Program Specialist II (merit FT, 1.0FTE)</b>		92,438		98,528
<b>Personnel Costs</b>		<b>92,438</b>		<b>98,528.</b>
Contractual Staffing	55,800	15,000	57,252	15,500
Coordinators, Fellows and Management Specialist PT		9,960		14,000
Volunteer Maryland Coordinator FT (FY17 pending state approval)		9,750		7,500
EITC Campaign - Ride-on Ads & Flyers	9,000		9,500	
Supplies/Equipment/Printing and other program expenses	9,000	3,600	11,000	4,100
<b>Operating Costs</b>	<b>73,800</b>	<b>38,310</b>	<b>77,752</b>	<b>41,100</b>
<b>Total Program Costs</b>	<b>\$73,800</b>	<b>\$130,748</b>	<b>\$77,752</b>	<b>\$139,628</b>
<p>FY17 CSBG reflects the approved FFY16 CSBG grant, October 1 2015- September 30 2016. Federal CSBG funding is awarded as a pass through grant via Maryland Dept. of Housing &amp; Community Development.</p> <p>Budget does not reflect the following In-kind contributions</p> <ul style="list-style-type: none"> <li>&gt; space, some IT, and equipment</li> <li>&gt; in-kind staff support from CAA, Gaithersburg, Rockville, CAFE and partners</li> <li>&gt; 2 PT Community Fellows (DHCD discretionary CSBG training \$\$ to MD CASH)</li> <li>&gt; additional training from the IRS, and state, regional and national partners</li> <li>&gt; FY16: \$7,500 United Way grant to CAFÉ via Family Services: Flyers, training and promotional items for outreach</li> </ul>				

2. Please provide the following service information for **Tax Years 2014 and 2015** for the VITA program:

- How many **volunteers** participated in the program?
- How many **households** were served by the program?
- How many **tax returns** were filed?
- What amount of **refunds** and **credits** resulted from the returns filed?
- What was the estimated amount of **tax savings** to taxpayers?
- What was the amount of **taxes owed**?
- What was total amount in **Earned Income Tax Credit** that the program was able to help individuals collect?

### VITA Service Information by Tax Year

Tax Year	2014	2015 <sup>1</sup>
Program Volunteers	96	115
Households Served by Program	2,159	1,667
Tax Returns Filed <sup>2</sup>	2,159	1,667
Refunds/Credits from Returns Filed	4,225,801	4,486,339
Estimated Tax Savings to Taxpayers	578,612	350,236
Taxes Owed	898,161	729,291
EITC Collected	1,098,251	1,500,009

<sup>1</sup> Tax Year 2015 reporting is partial year data from January 19 to April 8, 2016. Tax Year 2015 customers are served through October 2016.

<sup>2</sup> State and Federal refunds are not counted separately, and therefore there is one return per household.

3. What **percentage** out of the estimated number of **qualifying households** were the number of households **served** in Tax Years **2013, 2014 and 2015**?

### EITC Qualified Households Served by Tax Year

Tax Year	2013	2014	2015
County Residents Receiving EITC <sup>1</sup>	55,526	Information Not Released	
Estimated Number of EITC-eligible Households <sup>2</sup>	69,408		
EITC-eligible Tax Filers that did not Apply	13,882		
Households filing taxes through VITA	2,073		
% of EITC-eligible Households served by VITA	3.0%		

<sup>1</sup> Source: Brookings Institute.

<sup>2</sup> Research suggests that, on average, 20% of EITC-eligible households do not apply for the credit. To determine the total number of EITC-eligible households it is assumed that county residents receiving EITC are 80% of eligible households.

4. What was the **estimated number of qualifying/eligible households** in those years?
  - TY13 – estimated at 69,408 qualifying/eligible households\*
  - TY14– information not yet available
  - TY15– information not yet available
5. Did the program report a **wait list for services** in **FY15? FY16**?
  - TY15 – Not tracked—customers referred to other partners
  - TY16 – Not tracked—customers referred to other partners
6. What outreach or other activities were performed by the program to increase the number of eligible residents accessing the EITC in each of FY13, FY14, and FY15?

**FY13, FY14 and FY15:**

- CAA coordinates awareness of the EITC and County free tax provider information through our partnership with the IRS, free tax providers, 311, the Maryland CASH Campaign, the Volunteer Center, and MCPL;
- CAA's website, the 311 hotline and the websites of the city of Gaithersburg, the city of Rockville, and Family Services, Inc. provide the contact information for our online appointment system. The system provides email appointment reminders;
- Word of mouth from customers is highly effective. Referrals are received from caregivers/providers from nonprofits and public agencies, including the IRS (web and Taxpayer Assistance Center) and MD Comptroller;
- Customers are referred by 311, the County Council, the County Executive, Montgomery delegation members, Congressional staff, and by community and faith partners;
- Thousands of flyers are distributed before, during and after the tax season.
- CAA produces Countywide fact sheets;
- CAA coordinates with the national EITC Outreach Campaign (Center on Budget & Policy Priorities); CAA makes CBPP's outreach packets available via the VITA website.
- CAA and the Community Action Board participate in local and national EITC outreach and volunteer recognition events;
- CAA distributes an annual EITC Press release with links to partners through the County Executive; we participate in County segments for Cable TV/You-tube, and VITA was featured in an article for Consumer Credit Counseling Services;
- CAA distributes special flyers and record keeping tools for self-employed taxpayers who are VITA eligible;
- CAA and Maryland Hunger Solutions have developed joint flyers for our VITA and SNAP outreach project;
- VITA and CAA staff share resource info, presentations and trainings at consumer and provider events, such as:
  - The Head Start Community Forum;
  - Volunteer events at Montgomery College, American University and University of Maryland;
  - School and Community United Conference;
  - Community Action Agency network events (for nonprofits delivering food, legal, social services, community engagement, emergency, youth, or employment services);
- CAA forwards outreach flyers through Holiday Giving: City of Gaithersburg, Rockville, Interfaith Works, Linkages to Learning, Housing Opportunities Commission;

- VITA provides special tax preparation for ARC and International Rescue Committee customers, and for HHS clients' needing case management who have Power of Attorney.
- The staff regularly update the CAA and VITA websites, along with social media pages

**New in FY16-- Tax Year 2015:**

In FY16, CAA/VITA increased its EITC outreach efforts by launching a new website called CASHBACK. CAA staff worked with IT staff to design the site. The website, which is housed on the Montgomery County server, includes information about free tax preparation services, tax credits for low-income filers, where to go for other services in the County, how to volunteer with VITA, and financial education resources. The website is intended to serve as a one-stop-shop for low-income residents in need of financial information.

Upon launching the website, a press release was issued and information about the website was shared on social media, County listservs, a scrolling advertisement on the County website, and with members of the CAA/VITA network. Additionally, the agency worked with a graphic artist to create RideOn bus ads which were circulated throughout the County. The bus ads included the phrase *Get All Your Money* and provided the link to the CASHBACK site.

<b>Council Staff recommendation: Approve as recommended.</b>
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# Health and Human Services

## Mission Statement

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

## Budget Overview

The total recommended FY17 Operating Budget for the Department of Health and Human Services is \$291,341,530, an increase of \$2,347,931 or 0.81 percent from the FY16 Approved Budget of \$288,993,599. Personnel Costs comprise 56.66 percent of the budget for 1,376 full-time position(s) and 329 part-time position(s), and a total of 1,608.88 FTEs. Total FTEs may include seasonal or temporary positions and may also reflect workforce charged to or from other departments or funds. Operating Expenses account for the remaining 43.34 percent of the FY17 budget.

This net increase is related to a variety of program enhancements and additions, partially offset by efficiencies.

## Linkage to County Result Areas

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

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

## Department Performance Measures

Performance measures for this department are included below (where applicable), with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY16 estimates reflect funding based on the FY16 approved budget. The FY17 and FY18 figures are performance targets based on the FY17 recommended budget and funding for comparable service levels in FY18.

Measure	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
<b>Multi-Program Measures</b>					
Weighted percentage of DHHS customers satisfied with the services they received from DHHS staff	97.6	96.7	95.0	95.0	95.0
Weighted composite of HHS client cases that demonstrate beneficial impact from received services: Improved health and wellness (1-100 scale)	56.9	56.1	55.0	55.0	55.0
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Greater independence (1-100 scale)	85.8	84.4	86.0	86.0	86.0
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Risk mitigation (1-100 scale)	84.2	77.7	84.0	84.0	84.0

Measure	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of reviewed HHS client cases that demonstrate beneficial impact from received services	95	92	92	92	92
Percentage of client cases needing assistance with multiple services for which effective team formation is documented (Quality Service Review)	86	87	71	75	7
Percentage of client cases needing assistance with multiple services for which effective team formation is documented (Service Integration Cases)	88	94	93	93	93
Percentage of client cases needing assistance with multiple services for which effective team functioning is documented (Quality Service Review) <sup>1</sup>	77	74	67	70	70
Percentage of client cases needing assistance with multiple services for which effective team functioning is documented (Service Integration Cases)	79	89	70	70	70

<sup>1</sup> Projected performance decline in this measure is attributed to larger caseloads matched with more complex client needs, resulting in less time to integrate others into decision-making and coordination.

## Initiatives

- ★ The County Executive is fully supportive of ongoing work to establish a Mental Health Court in the Circuit and District Courts in FY17, which would require clinical support from the Department of Health and Human Services. If application to the Maryland Office of Problem-Solving Courts is successful, support for this function will be provided through a supplemental appropriation.
- ★ Add funding for a senior fellow to support the County's Age-Friendly Communities Initiative.
- ★ Add funds to provide additional mandated Adult Evaluation and Review (AERS) evaluations to identify available services to help seniors and adults with disabilities remain in the community while functioning at the highest possible level of independence and personal well-being.
- ★ Add funds to enhance Medical Adult Daycare subsidies, expanding service to 18 additional clients to attend an Adult Daycare program two days per week for socialization and medical supervision.
- ★ Enhance the Developmental Disability Supplement to support enrollment increases and service delivery for Developmental Disability providers.
- ★ Increase support for home delivered meals.
- ★ Continue funding support for the Children's Opportunity Fund jointly with Montgomery County Public Schools to address the social determinants that impact the achievement gap for vulnerable children.
- ★ Add funds to enhance implementation of the Building Educated Leaders for Life (BELL) program that provides summer academic and enrichment support for students who lack the reading and math skills to perform at grade level. This program is funded through a non-departmental account for the Children's Opportunity Fund in partnership with the Norman and Ruth Rales Foundation to support local fundraising efforts to raise additional funds.
- ★ Add funds to support school health staffing for the new Clarksburg/Damascus Middle School.
- ★ Add funds to support full-year operations of Somatic Health Services and positive youth development provided at Wheaton High School Wellness Center.
- ★ Add funds to support full-year operations of early childhood services in the Kennedy Cluster Project.
- ★ Add funds to enhance the Linkages to Learning Program at Maryvale Elementary School in Rockville.
- ★ Add funds to provide housing support for homeless unaccompanied minors.
- ★ Expand funding support for Family Navigation, Youth Services Bureau, and Pathways to Services programs in support of the Governor's new priorities for funding of Local Management Boards and targeting disconnected youth.
- ★ Add funds to support a unique public-private partnership leveraging State and private resources to preserve vital residential substance abuse treatment capacity at Avery Road Treatment Center at reduced taxpayer expense.

- ★ Add funds to support full-year operations of Intensive In-Home Stabilization Services, Adult Behavioral Health Enhancement implementation, and Shared Outpatient Contract implementation.
- ★ Add funds to enhance health services provided through the African American Health Program, Latino Health Initiative, and Asian American Health Initiative.
- ★ Add funds to support a new Citizenship and Immigrant Integration Services Program.
- ★ In addition to the funding for this Department, the recommended budget includes funds for community organizations that augment County services including \$774,570 for community organizations serving the disabled, \$1.0 million for organizations extending senior services, \$755,480 for organizations providing public health services, \$1.1 million for community organizations supplementing County behavioral health services, and \$2.2 million for organizations providing safety net services to County residents. These community organizations are critical to providing an effective network of services in a more cost-effective, culturally appropriate, and flexible way. Additionally, they are able to leverage community resources that are unavailable to County Government.
- ★ The Villages Coordinator has established relationships with 16 active and 9 emerging villages in the County, and consulted with 20 communities interested in starting a Village, providing technical assistance such as grant writing, access to financial resources, strategic planning, and community survey development. An outreach plan was developed and implemented in the Latino and faith based communities including the creation of a brochure, a webpage, and a monthly email list archived on the Washington Area Villages Exchange.
- ★ In August 2015, the County Executive received notice that the US Department of Veterans Affairs intends to lease space in the County to establish a Community Based Outpatient Clinic, following advocacy from the Commission on Veteran's Affairs
- ★ The Federal Transit Administration awarded the County a two-year, \$138,000 Enhancing Montgomery's Mobility grant to increase public awareness of transportation options for seniors and people with disabilities, and to help expand the pool of volunteer drivers in the County.

## Accomplishments

- ✓ The Specialty Behavioral Health Services Adult Drug Court Treatment Program provided services to 121 offenders, and graduated 21 clients in FY15. On average, 65.5 percent of Adult Drug Court clients have co-occurring mental health and substance use disorders.
- ✓ Public Health staff monitored over 2,000 travelers from West Africa; initiated an Ebola hotline; and provided Ebola technical guidance for hospitals, first responders, clinics, schools, and other agencies, as part of the coordinated Federal, State and Regional response to the Ebola epidemic in West Africa.
- ✓ Provided primary care for 3,919 uninsured children in FY15 through the Care for Kids Program, a 30 percent increase over FY14 due in part to the number of unaccompanied minors entering the County.
- ✓ Performed 5,963 inspections of restaurant and other food service facilities, including 31 new facilities in FY15.
- ✓ Case managed 15,067 children in MCPS with chronic health conditions including asthma, diabetes and life threatening allergic reactions; and handled 580,388 student visits to MCPS health rooms during FY15. Eighty-eight (88) percent of visits resulted in children returning to class.
- ✓ In FY15, the Community Support Network's Autism Waiver Program provided service coordination to 252 Montgomery County Public School (MCPS) students. The program has had three consecutive "perfect" audit ratings from the State.
- ✓ In FY15, Child Welfare Services exceeded their goal for cases closed to custody and guardianship by 40 percent, reaching 42 cases closed as compared to the goal of 12 cases.
- ✓ The Montgomery County Children's Resource and Referral Center supported 49 family child care providers in FY15 in obtaining their National Association of Family Child Care (NAFCC) Accreditation through coaching, training, and quality enhancement grants. This has placed Montgomery County as the jurisdiction with the highest number of NAFCC accredited providers in Maryland.

- ✓ In FY15, Linkages to Learning served 5,450 County residents in 29 schools. Over 1,600 of these individuals participated in community education and development activities, and over 3,800 received comprehensive behavioral health and/or family case management services resulting in more than 86,000 unduplicated units of service, a 20 percent increase from FY14.
- ✓ The Street Outreach Network partnered with Imagination Stage to implement a culturally based and healing informed program that uses drama and arts to address the growing needs of children fleeing violence, and to highlight each child's resiliency.
- ✓ Collaborated with Prince George's County and the District of Columbia to establish a Region Coordinating Council on Homelessness to develop and implement an actionable plan to work towards permanently ending homelessness in the Washington Metropolitan Area.
- ✓ Montgomery County joined the Zero: 2016 Initiative, a follow-up to the 100,000 Homes Campaign designed to help communities end Veterans homelessness, with funding support for permanent housing to serve 35 homeless veterans and their families.
- ✓ In FY15, Special Needs Housing received more than 5,400 requests for emergency assistance and provided more than 3,700 emergency assistance grants totaling approximately \$2.9 million dollars to resolve housing and utility emergencies.

## Productivity Improvements

- ✱ In FY15, Screening and Assessment Services for Children and Adolescents (SASCA) provided substance abuse screening and mental health assessments for 986 youth, and for the first time began providing services downcounty through the hire of a Spanish speaking psychiatric nurse for the Silver Spring clinic. Since SASCA began providing clinical case management services in the diversion program to support the completion of treatment, recidivism rates have decreased from 12 percent in FY13 to 6 percent in FY15.
- ✱ The Community Food Rescue Project launched an online application to help quickly connect organizations with surplus nutritional food to agencies which can distribute food to those in need. Public Health staff provides ongoing food safety guidance.
- ✱ The Montgomery Cares Program launched initiatives to better serve the 24,455 uninsured adults receiving service in FY15 by moving from an eligibility program to an enrollment program and by standardizing essential services, fees, and provider standards.
- ✱ In FY15, the Dental Services Program implemented a new family-centered model of care for uninsured children, pregnant women and other adults, allowing eligible patients, regardless of age or program, to be seen at any of the five Dental Services sites.
- ✱ The Office of Eligibility and Support Services (OESS) implemented Tuesday evening hours in FY15 to assist 918 customers during evening hours, an increase of 10 percent from FY08. This strategy helped address the overall increase in caseload from pre-recession rates (58 percent increase in Supplemental Nutrition Assistance, 113 percent in Medical Assistance, and 53 percent in Temporary Cash Assistance caseloads). OESS also completes more than 1/3 of overall Medicaid redeterminations in Maryland, and implemented additional Wednesday evening and Saturday hours to handle the volume. Across all programs, 80 percent of customers were served by a phone interview, reflecting increased efficiency and improved customer service.
- ✱ Special Needs Housing implemented an intensive team process to reduce the length of time families spend in homelessness. Through this process the family meets with service providers to collaboratively develop a housing plan that addresses barriers and service needs. Home Energy Program streamlined their businesses processes and reduced case processing times to within the State mandated time frame of 45 days.

## Program Contacts

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

## Budget Summary

	Actual FY15	Budget FY16	Estimate FY16	REC FY17	% Chg Bud/Rec
<b>COUNTY GENERAL FUND</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	79,837,002	84,217,120	84,064,710	87,953,270	4.4 %
Employee Benefits	29,577,751	31,841,296	29,987,561	31,461,677	-1.2 %

	Actual FY15	Budget FY16	Estimate FY16	REC FY17	%Chg Bud/Rec
<b>County General Fund Personnel Costs</b>	<b>109,414,753</b>	<b>116,058,416</b>	<b>114,052,271</b>	<b>119,414,947</b>	<b>2.9 %</b>
Operating Expenses	95,616,164	93,195,484	93,461,031	93,320,268	0.1 %
<b>County General Fund Expenditures</b>	<b>205,030,917</b>	<b>209,253,900</b>	<b>207,513,302</b>	<b>212,735,215</b>	<b>1.7 %</b>
<b>PERSONNEL</b>					
Full-Time	808	815	815	824	1.1 %
Part-Time	289	292	292	292	—
FTEs	1,161.66	1,168.70	1,168.70	1,175.42	0.6 %
<b>REVENUES</b>					
Core Health Services Funding	3,199,502	3,975,150	3,975,150	4,254,770	7.0 %
Federal Financial Participation Reimbursements	14,443,287	14,083,420	14,059,270	14,125,270	0.3 %
Health and Human Services Fees	1,501,385	1,332,800	1,382,530	1,420,200	6.6 %
Health Inspection: Restaurants	1,787,730	1,737,820	1,775,370	1,783,800	2.6 %
Health Inspections: Living Facilities	264,393	240,730	258,040	258,040	7.2 %
Health Inspections: Swimming Pools	625,320	526,330	530,500	534,600	1.6 %
Marriage Licenses	252,045	305,000	260,000	260,000	-14.8 %
Medicaid/Medicare Reimbursement	4,367,792	2,543,575	3,344,910	3,305,160	29.9 %
Miscellaneous Revenues	66,642	0	31,000	36,000	—
Nursing Home Reimbursement	684,334	666,850	704,020	704,020	5.6 %
Other Fines/Forfeitures	1,695	1,400	1,650	1,650	17.9 %
Other Intergovernmental	3,669,319	4,131,373	2,502,940	1,800,240	-56.4 %
Other Licenses/Permits	45,250	71,170	48,320	45,820	-35.6 %
<b>County General Fund Revenues</b>	<b>30,908,694</b>	<b>29,615,618</b>	<b>28,873,700</b>	<b>28,529,570</b>	<b>-3.7 %</b>

#### GRANT FUND - MCG

##### EXPENDITURES

Salaries and Wages	32,733,299	33,170,688	33,170,688	34,174,165	3.0 %
Employee Benefits	11,739,164	12,126,315	12,126,315	11,488,724	-5.3 %
<b>Grant Fund - MCG Personnel Costs</b>	<b>44,472,463</b>	<b>45,297,003</b>	<b>45,297,003</b>	<b>45,662,889</b>	<b>0.8 %</b>
Operating Expenses	40,981,060	34,442,696	34,442,696	32,943,426	-4.4 %
<b>Grant Fund - MCG Expenditures</b>	<b>85,453,523</b>	<b>79,739,699</b>	<b>79,739,699</b>	<b>78,606,315</b>	<b>-1.4 %</b>

##### PERSONNEL

Full-Time	544	544	544	552	1.5 %
Part-Time	40	35	35	37	5.7 %
FTEs	427.21	424.96	424.96	433.46	2.0 %

##### REVENUES

Federal Grants	18,444,986	18,699,791	18,699,791	16,070,765	-14.1 %
HB669 Social Services State Reimbursement	36,169,407	35,909,183	35,909,183	36,176,980	0.7 %
Medicaid/Medicare Reimbursement	2,938,465	0	0	0	—
Miscellaneous Revenues	175,298	77,967	77,967	0	-100.0 %
Other Charges/Fees	12,436	0	0	0	—
Other Intergovernmental	87,436	131,711	131,711	0	-100.0 %
State Grants	21,155,136	24,921,047	24,921,047	26,358,570	5.8 %
<b>Grant Fund - MCG Revenues</b>	<b>78,983,164</b>	<b>79,739,699</b>	<b>79,739,699</b>	<b>78,606,315</b>	<b>-1.4 %</b>

#### DEPARTMENT TOTALS

<b>Total Expenditures</b>	<b>290,484,440</b>	<b>288,993,599</b>	<b>287,253,001</b>	<b>291,341,530</b>	<b>0.8 %</b>
<b>Total Full-Time Positions</b>	<b>1,352</b>	<b>1,359</b>	<b>1,359</b>	<b>1,376</b>	<b>1.3 %</b>
<b>Total Part-Time Positions</b>	<b>329</b>	<b>327</b>	<b>327</b>	<b>329</b>	<b>0.6 %</b>
<b>Total FTEs</b>	<b>1,588.87</b>	<b>1,593.66</b>	<b>1,593.66</b>	<b>1,608.88</b>	<b>1.0 %</b>
<b>Total Revenues</b>	<b>109,891,858</b>	<b>109,355,317</b>	<b>108,613,399</b>	<b>107,135,885</b>	<b>-2.0 %</b>

### FY17 Recommended Changes

	Expenditures	FTEs
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#### COUNTY GENERAL FUND

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	Expenditures	FTEs
<b>FY16 ORIGINAL APPROPRIATION</b>	<b>209,253,900</b>	<b>1,168.70</b>
<b><u>Changes (with service impacts)</u></b>		
Enhance: Enrollment Increases and Service Delivery for Developmental Disability Service Providers [Community Support Network for People with Disabilities]	1,053,395	0.00
Add: Somatic Health Services at Wheaton High School Wellness Center [School Health Services]	347,670	2.00
Enhance: Community First Choice AERS [Assessment and Continuing Case Management Services]	200,000	0.00
Enhance: Health Services Provided Through the African American Health Program, Latino Health Initiative, and Asian American Health Initiative [Office of Community Affairs]	171,848	0.00
Add: School Health Staffing for New Clarksburg/Damascus Middle School [School Health Services]	126,840	1.56
Enhance: Housing Support for Homeless Unaccompanied Minors [Positive Youth Development]	125,000	0.00
Enhance: Medical Adult Daycare Services to 18 Additional Clients [Assessment and Continuing Case Management Services]	100,000	0.00
Add: Citizenship and Immigrant Integration Services Program [Office of Community Affairs]	50,000	0.00
Enhance: Home Delivered Meals [Senior Nutrition Program]	30,000	0.00
Add: Age-Friendly Communities Senior Fellow [Senior Community Services]	24,132	0.29
Enhance: Linkages to Learning Program at Maryvale Elementary School [Linkages to Learning]	24,000	0.00
<b><u>Other Adjustments (with no service impacts)</u></b>		
Increase Cost: FY17 Compensation Adjustment	2,016,402	0.00
Increase Cost: Group Insurance Adjustment	691,433	0.00
Increase Cost: Annualization of FY 16 Personnel Costs	516,029	1.47
Increase Cost: Reduce Budgeted Lapse	375,000	0.00
Increase Cost: Annualization of FY16 Lapsed Positions	347,845	0.00
Increase Cost: Annualization of Positive Youth Services at Wheaton High School Wellness Center [Positive Youth Development]	271,300	0.00
Increase Cost: Avery Road Treatment Center Operating Contract [Treatment Services Administration]	213,954	0.00
Increase Cost: Annualization of Implementing Early Childhood Services in the Kennedy Cluster [Early Childhood Services]	208,312	0.00
Increase Cost: Annualization of Contract for Intensive In-Home Stabilization Services [24-Hour Crisis Center]	200,000	0.00
Increase Cost: Replace State Funding Shortfall for the Collaboration Council to Support Family Navigation, Pathways to Services, and Youth Services Bureau Programs	162,500	0.00
Increase Cost: Convert Four Temporary Positions to Term Merit Positions [Office of Eligibility and Support Services]	128,623	0.3L
Increase Cost: Annualization of Adult Behavioral Health Enhancement [Outpatient Behavioral Health Services - Adult]	112,500	0.00
Increase Cost: Annualization of Shared Outpatient Psychiatrist Contract [Behavioral Health Planning and Management]	110,000	0.00
Increase Cost: Increase Charges from Public Information Office for MC311 [Office of the Director]	80,434	1.10
Increase Cost: Annualization of FY16 Developmental Disability Enhancement to Increase the Differential Between Wages Paid to Direct Service Personnel and the County Minimum Wage [Community Support Network for People with Disabilities]	48,896	0.00
Increase Cost: Risk Management Adjustment	35,689	0.00
Increase Cost: Printing and Mail	13,108	0.00
Decrease Cost: Mental Health Association Emergency Preparedness Contract [24-Hour Crisis Center]	(20,000)	0.00
Decrease Cost: Playground Equipment Maintenance and Repair [Early Childhood Services]	(20,000)	0.00
Decrease Cost: African Immigrant and Refugee Foundation Contract Due to Low Performance [Child and Adolescent School and Community Based Services]	(22,560)	0.00
Decrease Cost: Motor Pool Adjustment	(36,170)	0.00
Decrease Cost: Supportive Services for Emergency Family Shelter [Shelter Services]	(38,420)	0.00
Decrease Cost: Funds for Temporary Clerical Services [Community Support Network for People with Disabilities]	(41,940)	0.00
Decrease Cost: Handicap Rental Assistance Program (HRAP) due to Underutilization [Rental & Energy Assistance Program]	(50,000)	0.00
Decrease Cost: Behavioral Health Specialist - Montgomery Cares Holy Cross - Aspen Hill Clinic [Health Care for the Uninsured]	(50,000)	0.00
Decrease Cost: Elimination of One-Time Items Approved in FY16	(51,700)	0.00
Decrease Cost: Parent Resource Centers Due to Low Utilization of Families in Need [Early Childhood Services]	(52,170)	0.00
Decrease Cost: Montgomery County Public Schools Social Worker Contract [Child and Adolescent School and Community Based Services]	(62,985)	0.00
Decrease Cost: Top Banana Grocery Delivery Services Due to Cessation of Provider Service [Senior Nutrition Program]	(71,740)	0.00
Decrease Cost: One-time Cost for the Strategic Plan of the Child Care Expansion and Quality Enhancement Initiative [Office of the Director]	(75,000)	0.00
Decrease Cost: Funds for Lease Costs at 11 N. Washington Street [Community Support Network for People with Disabilities]	(88,900)	0.00
Decrease Cost: Partner with the Collaboration Council to Realign County Resources in Support of the Governor's Priorities for Disconnected Youth [Office of the Director]	(250,000)	0.00
Decrease Cost: Contractual IT, Cellphone Charges, Computer Equipment, and Building Maintenance [Office of the Chief Operating Officer]	(283,616)	0.00

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	Expenditures	FTEs
Decrease Cost: Align Montgomery Cares Behavioral Health Service Reimbursement Model with Statewide Trends [Health Care for the Uninsured]	(397,615)	0.00
Shift: Telecommunications to the Telecommunications Non-Departmental Account	(400,419)	0.00
Decrease Cost: Miscellaneous Operating - Office of the Chief Operating Officer [Office of the Chief Operating Officer]	(412,000)	0.00
Decrease Cost: Montgomery Cares Caseload Due to Affordable Care Act Implementation [Health Care for the Uninsured]	(767,203)	0.00
Decrease Cost: Retirement Adjustment	(1,111,157)	0.00
<b>FY17 RECOMMENDED</b>	<b>212,735,215</b>	<b>1,175.42</b>

## GRANT FUND - MCG

<b>FY16 ORIGINAL APPROPRIATION</b>	<b>79,739,699</b>	<b>424.96</b>
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### Federal Programs

Enhance: Maryland Health Benefit Exchange (State 20A2071)	1,124,357	5.00
Add: Alcohol and Drug Abuse Administration Federal Treatment Grant (200A773)	240,000	2.00
Add: Overdose Misuse Prevention Program (2002444)	45,000	0.00
Reduce: Pregnant Women and Children Grant (F62053A)	0	(1.00)
Eliminate: Asthma Management (F64123A)	(20,000)	0.00
Eliminate: Child Care Resource and Referral (20A1339)	(67,500)	0.00
Reduce: Early Detection & Control Breast & Cervical Cancer (F62078A)	(114,409)	0.00
Eliminate: Maryland Health Benefit Exchange (Federal 20A1651)	(3,991,771)	(5.00)

### Other Adjustments (with no service impacts)

Technical Adj: Miscellaneous Grant Changes	913,952	8.35
Technical Adj: AIDS Case Management Grant (20A1189) [STD/HIV Prevention and Treatment Program]	896,063	4.49
Increase Cost: House Bill 669 Funding	267,798	(3.00)
Shift: Expanded Breast Cancer Grant (200A992) [Community Health Services]	232,592	2.31
Increase Cost: Alcohol and Drug Abuse State Treatment Grant - Avery Road Treatment Center [Treatment Services Administration]	213,954	0.00
Increase Cost: Housing Opportunities for Persons with AIDS Grant (F64133A) [STD/HIV Prevention and Treatment Program]	201,344	0.00
Technical Adj: Care Coordination Grant (F62087A) [Community Health Services]	75,000	2.00
Shift: Cancer Outreach and Case Management Grant (F64022A) [Community Health Services]	(253,710)	(2.41)
Technical Adj: Ryan White II, Consortia Grant (F62077A) [STD/HIV Prevention and Treatment Program]	(896,054)	(4.24)

<b>FY17 RECOMMENDED</b>	<b>78,606,315</b>	<b>433.46</b>
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## Function Summary

Program Name	FY16 APPR		FY17 REC	
	Expenditures	FTEs	Expenditures	FTEs
Aging and Disability Services	41,454,170	166.43	43,241,334	167.09
Behavioral Health and Crisis Services	42,536,067	210.70	43,781,449	213.45
Children, Youth and Family Services	78,785,235	525.43	80,071,585	531.73
Public Health Services	70,719,455	489.20	70,332,835	492.61
Special Needs Housing	20,677,751	64.50	20,767,871	64.50
Administration and Support	34,820,917	137.40	33,146,456	139.50
<b>Total</b>	<b>288,993,595</b>	<b>1,593.66</b>	<b>291,341,530</b>	<b>1,608.88</b>

## Future Fiscal Impacts

Title	CE RECOMMENDED (\$000s)					
	FY17	FY18	FY19	FY20	FY21	FY22

### COUNTY GENERAL FUND

#### EXPENDITURES

<b>FY17 Recommended</b>	<b>212,735</b>	<b>212,735</b>	<b>212,735</b>	<b>212,735</b>	<b>212,735</b>	<b>212,735</b>
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Title	CE RECOMMENDED (\$000s)					
	FY17	FY18	FY19	FY20	FY21	FY22
No inflation or compensation change is included in outyear projections.						
<b>Labor Contracts</b>	0	1,544	1,544	1,544	1,544	1,544
These figures represent the estimated annualized cost of general wage adjustments, service increments, and other negotiated items.						
<b>High School Wellness Center (P640902)</b>	0	19	19	822	831	831
<b>Progress Place Relocation and Personal Living Quarters (P601401)</b>	0	10	10	75	75	75
<b>School Based Health &amp; Linkages to Learning Centers (P640400)</b>	0	108	131	154	154	154
<b>Subtotal Expenditures</b>	<b>212,735</b>	<b>214,416</b>	<b>214,439</b>	<b>215,330</b>	<b>215,339</b>	<b>215,339</b>

# DHHS

MONTGOMERY COUNTY

Department of Health  
and Human Services

**STRATEGIC ROAD MAP:**  
FY 2016- FY 2018

## Introduction

As the County's Department Health and Human Service, our first priority is to meet the public health and human services needs of our community and clients. Our primary focus remains the delivery of high quality services.

At the same time, we must work to change the way in which we deliver services and engage with our communities. Increases in the demand for services; the changing and evolving needs of our clients; the changing demographics of the County and the changing financing models for health and human services require that we transform as an organization.

Over the next three (03) years – FY 2016 through FY 2018 - we will need to challenge ourselves as an organization to continue to deliver services while we work to transform as an organization to ensure that we are positioned for the future. This dual focus will be difficult. It will require that we challenge the status quo, embrace rapid change, and actively participate in the transformation.

This strategic roadmap provides us with a blueprint for transformation. The roadmap will guide and inform our work, to ensure that we move forward in our efforts to transform our organization. The Department has an outstanding service delivery capacity. This provides the foundation we need to strengthen and transform our services.

Our organizational transformation will focus on:

- integrating, where possible, service delivery that offers the most effective and efficient services to our clients;
- implementing and using technology to support integrated, effective and efficient delivery of services;
- allocating our resources (financial and people) equitably across the Department to ensure that they are aligned with need/demand and are being used efficiently;
- engaging and developing our workforce to meet the changing service delivery demands; and
- working with our public, private and community partners and the citizens of Montgomery County.

Our transformation work will focus on four key themes. These themes will organize goals, objectives and strategies over the next three years. They are:

- **Service Delivery Transformation**
- **Effective and Equitable Service Delivery**
- **Capable and Engaged Workforce**
- **Strong Collaborative Relationships**

The following sections outline our strategic themes in more detail. The strategic themes and goals specify *what we want to achieve*. The objectives and high-level priorities lay-out *how we plan to achieve our goals*.

### **Our vision:**

We envision a healthy, safe and strong community.

### **Our mission:**

To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

### **Our Values:**

**Equity** refers to fair policies, decisions, and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people. Equity is a value of fairness that guides the way that Montgomery County Department of Health and Human Services works with customers, staff, and community to promote health, safety, well-being and self-sufficiency.

Our Equity Principles address five major areas:

**Dignity:** We believe that all individuals should be treated with dignity and respect.

**Elimination of Disparities:** We believe in preventing and eliminating social and health disparities to achieve optimal health and wellbeing.

**Access:** We believe in ensuring access to effective and high quality services that meet people's needs, when they need them, delivered by a professional workforce which is competent to provide those services in a caring and respectful manner.

**Distribution of Resources:** We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being and self-sufficiency of the community as a whole.

**Community Engagement and Participation:** We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices and services.

**Trust** as a value is the confidence or reliance one has in the integrity, strength and ability in a product, service or person.

Trust includes the following behaviors:

- Communicate consistently, honestly and openly
- Treat others as we would like to be treated
- Demonstrate behavior that is consistent with what has been communicated
- Demonstrate integrity in all aspects of work

**Service** is the action of doing work or providing assistance to someone.

**Partnership** is a state of working together in partnership.

Service in Partnership is a value that impacts the following areas:

- Provide services that build on the strengths of our customers and the community
- Create a seamless system of care within the Department, with public partners and public/private partners
- We will be responsive to the changing needs of our community for improved outcomes, enhanced client experience and efficient use of resources

**Our vision:**  
**A safe, healthy and strong community.**

**Our mission:**  
**To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.**

**PLAN FOCUS AREAS:**

- **Integration of service delivery** for the most effective and efficient services to our clients.
- **Allocation of resources** across the Department to ensure that they are aligned with need and demand and being used efficiently.
- **Using technology** to support integrated, effective and efficient delivery of services.
- **Engagement and development of our workforce** to meet the changing service delivery demands.
- **Engagement with our full array of partners** to meet the changing service delivery demands.

**Service Delivery Transformation**  
GOAL:  
An integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.

**Priorities**

**Effective and Equitable Service Delivery**  
GOAL:  
Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.

**Priorities**

**Capable and Engaged Workforce**  
GOAL:  
Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized and prepared for critical and emerging roles within the Department and is representative of the community we serve.

**Priorities**

**Strong Collaborative Relationships**  
GOAL:  
Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes, and eliminating disparities.

**Priorities**

## **Strategic Theme 1: Service Delivery Transformation**

*Goal: An integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.*

### **Supporting Documents**

Enterprise Integrated Case Management Development and Deployment Project Plan

DHHS Integrated Services Practice Model

DHHS Integrated Service Practice Model: Levels of Integration

Human Services Value Curve

Prosci Change Management Maturity Model Audit

**Objective One:** Implement the Department's Integrated Services Practice Model.

### **High-Level Priorities:**

1. Finalize the DHHS Integrated Services Practice Model.
2. Develop and implement an ongoing learning curriculum to ensure that all DHHS staff understand their role and expectations in the DHHS Integrated Services Practice Model. The training curriculum will include:  
*New Employee Orientation:* Introduction to the Integrated Services Practice Model  
*Immersion Training for New Employees:* Extensive training on the practice model and staff expectations and accountability.  
*Refresher Training for All Employees:* Annual refresher training as well as training on any updates/changes to the practice model.  
*Staff Accountability:* Performance metrics, aligned with the integrated services practice model and staff expectations, will be developed and included in DHHS staff performance evaluations.

**Objective Two:** Develop and deploy the Department's Process and Technology Modernization (PTM) Initiative Projects - Enterprise Integrated Case Management System (eICM).

### **High-Level Priorities:**

1. Develop and deploy the DHHS eICM System.  
*This priority links directly to the Enterprise Integrated Case Management System Development and Deployment Project Plan.*
2. Integrate the DHHS eICM System, the Electronic Health Records (eHR) and the Enterprise Content Management System (eCMS).
3. Develop an ongoing training curriculum and accountability structure to ensure full utilization of the eICM, eHR and eCMS Systems.

**Objective Three:** Implement a formal change management framework that ensures that employees have a clear understanding of all organizational changes; are engaged in the change process; and are prepared for the planned change.

### **High-Level Priorities:**

1. Conduct a Change Management Maturity Audit to determine level of change readiness.
2. Identify what level on the Change Management Maturity Model we want to attain.
3. Develop strategies and action plans to achieve desired level on the Change Management Maturity Model.

## **Strategic Theme 2: Effective & Equitable Service Delivery**

*Goal: Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.*

### **Supporting Documents**

Equity Discussion Guide: A Tool to Apply Equity Principles in Decision Making

**Objective One:** Equip staff with the information and tools to provide the highest possible level of customer service.

#### **High-Level Priorities:**

1. Define DHHS customer service expectations, training, metrics and accountability.
2. Develop sustainable infrastructure that provides staff with basic information and understanding of DHHS programs and services.
3. Identify core program and services intersects: what are the top referrals in and from each program/service.
4. Develop a sustainable infrastructure that provides staff with an understanding of program requirements, referral process, eligibility guidelines, etc.

**Objective Two:** Develop a process that enables the Department to make decision to divest and invest resources in the 'right' programs – using the budget development process and prioritizing grant applications and other funding opportunities.

#### **High-Level Priorities:**

1. Define and document the DHHS decision making process for development of the budget and investment and reduction decisions, using the Equity Discussion Guide.
2. Define and document the DHHS GO/NO GO process for grant applications and other funding opportunities.
3. Define data and metrics that track programs improving the health and well-being of our residents.

**Objective Three:** Utilize parallel planning processes, including environmental scans, Community Health Assessment, Community Needs Assessment, to enable the Department to proactively respond to external forces of change.

#### **High-Level Priorities:**

1. Ensure that client, system and population data is incorporated in practice, policy and budget decision making processes.

#### **Determine:**

- what questions we want to answer with data
- what decisions we want to inform with data
- what data we have and what data we need
- how we collect the data we do not currently have available (is it possible to collect this data – time and cost to collect, quality of data)

### **Strategic Theme 3: Capable & Engaged Workforce**

*Goal: Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized and prepared for changing roles within the Department and representative of the community we serve.*

**Supporting Documents**  
Blended Learning Leadership:  
Center for Creative Leadership

DHHS Responsibilities &  
Expectations

**Objective One:** Develop a strategic human capital plan that focuses on expediting the hiring process; candidate attraction; classification; rewards, benefits and recognition; engagement and development; management accountability tools; succession planning; and management of turnover.

#### **High-Level Priorities:**

1. Prioritize the strategic human capital issues using input from MLS, HHS Excellence and Human Capital Management Focus Groups (conducted in Fall 2014) based on business need, ability to impact issue (is it a County process, regulation, etc.) and organizational reach.
2. Develop implementation strategies for each identified human capital issue, prioritized based on the greatest business need and impact.

**Objective Two:** Develop the skills and knowledge of our workforce to meet emerging and critical roles within the Department as well as the emerging and changing needs in the community.

#### **High-Level Priorities:**

1. Develop a DHHS learning infrastructure, for all DHHS staff, based on the 70:20:10 learning framework.  
**70% Experience:** Experiential learning and developing through day-to-day tasks, challenges and practices  
**20% Exposure:** Social learning with and through others  
**10% Education:** Formal learning through structured modules, courses and programs
2. Use existing structure and tools to develop learning infrastructure:  
*Existing Learning Structure:*
  - Senior Leadership Team: Experience and Exposure
  - Management Leadership Service: Experience and Exposure
  - HHS Excellence: Experience and Exposure
  - Service Area Meeting Structure: Experience and Exposure*Existing Learning Tools:*
  - Center for Continuous Learning: Education
  - Virtual Meeting Technology: Exposure and Education
  - Computer-Based Training: Education

**Objective Three:** Develop supervisors to enable them to effectively support their staff.

#### **High-Level Priorities:**

1. Develop a management and leadership development program for MLS and HHS Excellence based on the DHHS Responsibility and Expectations document.

## **Strategic Theme 4: Strong Collaborative Relationships**

*Goal: Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes, and eliminating disparities.*

### **Supporting Documents**

DHHS Core Programs and Services Document

DHHS Integrated Services Practice Model

Self-Directed Teaming Tools and Resources

DHHS Contract Improvement Project Documents

**Objective One:** Strengthen intra-departmental collaboration: Service Areas and supportive services.

### **High-Level Priorities:**

1. Build a learning curriculum that incorporates the DHHS Integrated Practice Model and self-directed teaming.
2. Develop and implement performance evaluation metrics that address intra-departmental collaboration and accountability.

**Objective Two:** Strengthen inter-governmental collaboration.

### **High-Level Priorities:**

1. Determine and prioritize the State-level and Montgomery County agencies with which DHHS needs to create or strengthen collaborative relationships.
2. Develop an action plan for each relationship:
  - what is purpose of the collaborative relationship
  - what approach will be used to develop the collaborative relationship
  - who is the lead and DHHS parties of interest

**Objective Three:** Reform the DHHS Contract Management processes and practices.

### **High-Level Priorities:**

1. Identify efficiencies and process improvements, including:
  - changes required in policy, process, and personnel;
  - barriers that inhibit provider responsiveness to solicitations; and
  - training and capacity issues that exacerbate existing problems.
2. Engage the provider community in identifying potential solutions for efficiencies and improvements.
3. Identify opportunities to incorporate cultural and linguistic competency language into the Request for Proposal (RFP) process.
4. Validate the viability of solutions identified by DHHS personnel.

## Summary of Goals, Objectives and Priorities

<b>Strategic Theme: Service Delivery Transformation</b>	
<b>Goal:</b> <i>An integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.</i>	
Objective One: Implement the Department's Integrated Services Practice Model.	<ol style="list-style-type: none"> <li>1. Finalize the DHHS Integrated Services Practice Model.</li> <li>2. Develop and implement an ongoing learning curriculum that ensures that all DHHS understand their role and expectations in the DHHS Integrated Services Practice Model.</li> </ol>
Objective Two: Develop and deploy the Department's Process and Technology Modernization (PTM) Initiative Projects – Enterprise Integrated Case Management System (eICM).	1. Develop and deploy the DHHS eICM System. <i>This priority links directly to the Enterprise Integrated Case Management System Development and Deployment Project Plan.</i>
	2. Integration of the DHHS eICM System, the Electronic Health Records (eHR) and the Enterprise Content Management System (eCMS).
	3. Develop an ongoing training curriculum and accountability structure to ensure full utilization of the eICM, eHR and eCMS Systems.
Objective Three: Implement a formal change management framework that ensures that employees have a clear understanding of all organizational changes; are engaged in the change process; and are prepared for the planned change.	1. Conduct a Change Management Maturity Audit (Prosci, Inc.) to determine level of change readiness.
	2. Identify what level on the Change Management Maturity Model we want to attain.
	3. Develop strategies and action plans to achieve desired level on the Change Management Maturity Model.
<b>Strategic Theme: Effective and Equitable Service Delivery</b>	
<b>Goal:</b> <i>Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.</i>	
Objective One: Equip staff with the information and tools to provide the highest possible level of customer service.	1. Define DHHS customer service expectations, training, metrics and accountability.
	2. Develop sustainable infrastructure that provides staff with basic (define) information and understanding of DHHS programs and services.
	3. Identify core program and services intersects: what are the top referrals in and from each program/service.
	4. Develop a sustainable infrastructure that provides staff with an understanding of program requirements, referral process, eligibility guidelines, etc.
Objective Two: Develop a process that enables the Department to make decision to divest and invest resources in the 'right' programs – using the budget development process and prioritizing grant applications and other funding opportunities.	1. Define and document the DHHS decision making process for development of the budget and investment and reduction decisions.
	2. Define and document the DHHS GO/NO GO process for grant applications and other funding opportunities.
	3. Define data and metrics that track programs improving the health and well-being of our residents.
Objective Three: Utilize parallel planning processes, including environmental scans, Community Health Assessment, Community Needs Assessment to enable the Department to proactively respond to external forces of change.	1. Ensure that client, system and population data is incorporated in practice, policy and budget decision making processes.

## Summary of Goals, Objectives and Priorities (continued)

<b>Strategic Theme: Capable and Engaged Workforce</b>	
<b>Goal:</b> <i>Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized and prepared for changing roles within the Department and representative of the community we serve.</i>	
<b>Objective One:</b> Develop a strategic human capital plan that focuses on expediting hiring process; candidate attraction (focusing on diversity and cultural competence); classification; rewards, benefits and recognition; engagement and development; management accountability tools; succession planning; and management of turnover.	1. Prioritize the strategic human capital issues using input from MLS, HHS Excellence and Human Capital Management Focus Groups (conducted in Fall 2014) based on business need, ability to impact issue (is it a County process, regulation, etc.) and organizational reach.
	2. Develop implementation strategies for each identified human capital issue, prioritized based on the greatest business need and impact.
<b>Objective Two:</b> Develop the skills and knowledge of our workforce to meet emerging and critical roles within the Department.	3. Develop a DHHS learning infrastructure based on the 70:20:10 learning framework. 70% <b>Experience:</b> Experiential learning and developing through day-to-day tasks, challenges and practices 20% <b>Exposure:</b> Social learning with and through others 10% <b>Education:</b> Formal learning through structured modules, courses and programs
	4. Use existing structure and tools to develop learning infrastructure: Existing Learning Structure: <ul style="list-style-type: none"> <li>• Senior Leadership Team (SLT): Experience and Exposure</li> <li>• Management Leadership Service (MLS): Experience and Exposure</li> <li>• HHS Excellence: Experience and Exposure</li> <li>• Service Area Meeting Structure: Experience and Exposure</li> </ul> Existing Learning Tools: <ul style="list-style-type: none"> <li>• Center for Continuous Learning (CCL): Education</li> <li>• Virtual Meeting Technology: Exposure and Education</li> <li>• Computer-Based Training: Education</li> </ul>
<b>Objective Three:</b> Develop managers and supervisors to enable them to effectively support their staff.	1. Develop a management development program for MLS and HHS Excellence based on the DHHS Responsibility and Expectations document.

## Summary of Goals, Objectives and Priorities (continued)

<b>Strategic Theme: Strong Collaborative Relationships</b>	
<b>Goal:</b> <i>Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.</i>	
Objective One: Strengthen intra-departmental collaboration: Service Areas and supportive services.	<ol style="list-style-type: none"> <li>1. Build a learning curriculum that incorporates the DHHS Integrated Practice Model and self-directed teaming.</li> <li>2. Develop and implement performance evaluation metrics that address intra-departmental collaboration.</li> </ol>
Objective Two: Strengthen inter-governmental collaboration.	<ol style="list-style-type: none"> <li>1. Determine and prioritize with which State-level and Montgomery County agencies that DHHS needs to create or strengthen collaborative relationships.</li> <li>2. Develop an action plan for each relationship: <ul style="list-style-type: none"> <li>• what purpose of the collaborative relationship</li> <li>• what approach will be used to develop the collaborative relationship</li> <li>• who is the lead and DHHS parties of interest</li> </ul> </li> </ol>
Objective Three: Reform the DHHS Contract Management processes and practices.	<ol style="list-style-type: none"> <li>4. Identify efficiencies and process improvements, including: <ul style="list-style-type: none"> <li>• changes required in policy, process, and personnel;</li> <li>• barriers that inhibit provider responsiveness to solicitations; and</li> <li>• training and capacity issues that exacerbate existing problems.</li> </ul> </li> <li>5. Engage the provider community in identifying potential solutions for efficiencies and improvements.</li> <li>6. Validate the viability of solutions identified by DHHS personnel.</li> </ol>



# Administration and Support

## FUNCTION

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

## Program Contacts

Contact Victoria Buckland of the HHS - Administration and Support at 240.777.1211 or Rachel Silberman of the Office of Management and Budget at 240.777.2786 for more information regarding this department's operating budget.

## Program Descriptions

### Office of the Director

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

FY17 Recommended Changes	Expenditures	FTEs
<b>FY16 Approved</b>	<b>6,825,290</b>	<b>26.15</b>
Enhance: Maryland Health Benefit Exchange (State 20A2071)	1,124,357	5.00
Increase Cost: Increase Charges from Public Information Office for MC311	80,434	1.10
Decrease Cost: One-time Cost for the Strategic Plan of the Child Care Expansion and Quality Enhancement Initiative	(75,000)	0.00
Decrease Cost: Partner with the Collaboration Council to Realign County Resources in Support of the Governor's Priorities for Disconnected Youth	(250,000)	0.00
Eliminate: Maryland Health Benefit Exchange (Federal 20A1651)	(3,991,771)	(5.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,430,186	(1.00)
<b>FY17 Recommended</b>	<b>5,143,496</b>	<b>26.25</b>

### Office of the Chief Operating Officer

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

FY17 Recommended Changes	Expenditures	FTEs
<b>FY16 Approved</b>	<b>19,979,100</b>	<b>88.75</b>
Decrease Cost: Contractual IT, Cellphone Charges, Computer Equipment, and Building Maintenance	(283,616)	0.00
Decrease Cost: Miscellaneous Operating - Office of the Chief Operating Officer	(412,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	377,278	2.00
<b>FY17 Recommended</b>	<b>19,660,762</b>	<b>90.75</b>

## Office of Community Affairs

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

Program Performance Measures	Actual FY14	Actual FY15	Estimated FY16	Target FY17	Target FY18
Percentage of African Americans who demonstrate an increase in knowledge after taking diabetes education classes	91	82	85	85	85

FY17 Recommended Changes	Expenditures	FTEs
<b>FY16 Approved</b>	<b>8,016,527</b>	<b>22.50</b>
Enhance: Health Services Provided Through the African American Health Program, Latino Health Initiative, and Asian American Health Initiative	171,848	0.00
Add: Citizenship and Immigrant Integration Services Program	50,000	0.00
Eliminate: Asthma Management (F64123A)	(20,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	123,823	0.00
<b>FY17 Recommended</b>	<b>8,342,198</b>	<b>22.50</b>

## Program Summary

Program Name	FY16 APPR		FY17 REC	
	Expenditures	FTEs	Expenditures	FTEs
Office of the Director	6,825,290	26.15	5,143,496	26.25
Office of the Chief Operating Officer	19,979,100	88.75	19,660,762	90.7
Office of Community Affairs	8,016,527	22.50	8,342,198	22.50
<b>Total</b>	<b>34,820,917</b>	<b>137.40</b>	<b>33,146,456</b>	<b>139.50</b>



**Budget Testimony**  
**Wednesday, April 6, 2015**

Good evening Council President Floreen and Councilmembers.

My name is Brigid Howe, and I am a proud Montgomery County resident, graduate of MCPS, and today I'm speaking with you as the Executive Director of Nonprofit Montgomery, an alliance of 115 nonprofit organizations. Together we provide food, shelter, affordable housing, clothing, diapers, counseling, medical, dental, and mental health care, job training, legal services, after-school programs, and much more to our neighbors.

The county's partnership and investment help us leverage additional investments that allow nonprofits to employ 10% of our workforce and collectively reach half of our million-plus population with programs that address the economic opportunity gap for our residents, and the achievement gap for our students.

For example, Nonprofit Montgomery member Montgomery County Coalition for the Homeless served 1,600 men, women and children last year and collaborated with the county and Bethesda Cares in a public-private partnership that effectively ended veteran homelessness in Montgomery County--something achieved by only a handful of communities in the country.

And Nonprofit Montgomery member Manna Food Center serves over half of the nearly 78,000 food-insecure in our community and also ensures that 2,450 MCPS students receive a sack of food every Friday during the school year to combat weekend hunger. Nonprofits touch every age group in our county, supporting residents at all stages.

While the county is thankfully on a steady path toward recovery from the Recession, funding for these essential services has not kept pace with the real costs to deliver them, which will continue to rise from external pressures such as the minimum wage increase and new insurance requirements, and potentially from federal reclassification

of the threshold for exempt employees. And through years of decreases or minimal increases, nonprofits have had to scale back addressing infrastructure needs in order to meet service delivery requirements.

To help nonprofits catch up, we respectfully request that the Council include a 4% contract adjustment for nonprofit contracts across all departments in the final budget.

Additionally, I am going to speak to Community Grants, which are an important way that nonprofit organizations receive support to deliver services. In fact, many nonprofits, like Housing Unlimited, receive their only county support through Community Grants. We appreciate that the County Executive increased the dollar amount for both Executive and Council grants in his proposed FY17 budget.

However, as the pool has grown in previous years, so has the demand. In FY16, unique requests came to a total of about \$27 million. We request that the Council further increase the overall Community Grants pool to a total of \$12 million to fund more essential services provided by nonprofits and also to encourage innovation in addressing community needs. Making the pie bigger helps us all thrive.

We also encourage the Council to revisit the idea of creating a process for moving programs that routinely receive funding through grants into the base budget.

Thank you for your time tonight and your continued partnership. Your support of the nonprofit sector is greatly valued.

Brigid Nuta Howe  
Executive Director  
Nonprofit Montgomery  
[www.nonprofitmoco.org](http://www.nonprofitmoco.org)  
[brigid@nonprofitmoco.org](mailto:brigid@nonprofitmoco.org)

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## 2016 Budget Message to our Elected Leaders

Nonprofit organizations are an essential element of the social safety net that serves Montgomery County's most vulnerable residents. They do this in partnership with and thanks to financial support from County government.

### **GROWING NEED IN MONTGOMERY COUNTY**

While the economy continues to recover steadily from the Great Recession, the nonprofit sector continues to see significant need in our community.

- Nearly 70,000 residents live below the Federal Poverty Line; 191,000 live below 200% of poverty. The self-sufficiency index for a family of 3 in the County is \$77,933, which is 3.9 times the Federal Poverty Line.
- 52% of all County residents living in poverty speak a language other than English at home.
- More than one quarter of seniors live below 300% of the poverty level. 32,433 children under age 6 (41.7%) live below 300% of the poverty level.
- In 2014, 54,099 children in MCPS participated in the Free and Reduced Meals program (>one-third of all students) as compared to 37,692 students in 2009.
- 77,780 residents are food insecure.
- 4 out of 10 renters spend more than 35% of gross income on housing and the cost of housing in the County increased by 62% since 2001 (vs. 50% statewide) while wages only increased by 17%

### **NONPROFITS ARE KEY PARTNERS IN ADDRESSING COMMUNITY NEEDS**

Montgomery County has invested in, partnered with, and benefited from nonprofits that deliver services efficiently and effectively to residents. Our nonprofit sector includes hundreds of small neighborhood-based organizations as well as larger nonprofits, and employs 10% of the county's workforce. Collectively, we serve well over half of the County's residents. We provide food, shelter and affordable housing, clothing, counseling, medical, dental and mental health care, substance abuse treatment, job training, legal services, after-school programming and educational support, as well as programs in the arts and environment to neighbors in our increasingly-diverse County. We address the economic opportunity gap and the achievement gap with the services we deliver on our own sites, at corporate locations and in County-run facilities and schools, enriching all residents' quality of life, and meeting the needs of those who are physically and/or mentally ill, disabled, low-income, homeless, or jobless. For example:

- Montgomery County Coalition for the Homeless served 1,600 men, women and children last year and collaborated in a public-private partnership that effectively ended veteran homelessness in Montgomery County in December 2015.
- Manna Food Center touches the lives of over 38,000 of the 77,780 food-insecure members of our community. 2,450 Montgomery County Public School students receive a sack of food every Friday during the school year to combat weekend hunger.
- Each year, A Wider Circle furnishes the homes of more than 4,000 families.

### **COUNTY FUNDING REMAINS CRITICAL TO NONPROFITS DELIVERING SERVICES**

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

**Protect the county's investment in nonprofits that partner with government to deliver services**

1. by applying a 4% contract adjustment to all eligible base contracts for services provided by nonprofits across all departments, including those funded through Montgomery Cares, and
2. by increasing the amount of money allocated through the County Executive and County Council Community Grants processes to \$12,000,000.



## Background

### 1. Contract Adjustment

**Contract inflationary adjustments** acknowledge that the cost of doing business and the cost of delivering services to residents increases from one year to the next. This is the only mechanism to increase a base contract with the County to reflect rising costs until the contract is renewed, which only happens every four to six years. The fiscal impact of a 4% contract adjustment would be relatively low to the County – about \$2 million or less than .037% of the County's operating budget—and would maintain existing service levels and help to address pressing organizational infrastructure needs.

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

Some factors in increased costs of contract services include the County's increase in the minimum wage, which will step up to \$10.75 on July 1, 2016, new County contract requirements for cybersecurity insurance, which can be costly for nonprofits who hold sensitive client data, and in FY17, many nonprofits will face additional budget pressures for staffing costs when new federal Department of Labor regulations are issued that are expected to raise the salary threshold for exempt positions to \$50,440 a year from the current \$23,660.

Nonprofit Montgomery surveyed its 115 members in December 2015 and resoundingly heard that funding has not kept pace with the cost of delivering services and updating organizational infrastructure. Nonprofits are expert at leveraging County funding for additional, substantial financial support from the private sector, and will continue to do so, but request a modest increase in contract amounts to continue meaningful service delivery.

### 2. Increase in Community Grants Allocation

Funds awarded through the **County Executive and County Council Community Grants Processes** are in increasing demand and more essential to the delivery of services, especially as the base budget for service delivery has not changed significantly. Some organizations, such as College Tracks and Housing Unlimited, do not receive any county dollars through the base budget. For other organizations, the Community Grants are a key source of match funding that would otherwise be lost. And for others, these grants have become the de facto way in which the county provides core operating support for the delivery of high priority services but that leaves the uncertainty of funding from year to year. As the total amount awarded through the County Executive and County Council Grants process has increased, so has the competition. For example, in FY16, the county received 646 total applications for County Executive and County Council Community Grants, an increase of 25% over FY15. Unique requests totaled \$27 million. An increase to \$12,000,000 would support delivery of essential services as well as allow for innovation in addressing community needs.

Additionally, we request that the County streamline support for programs that have proven their value in delivering essential services to the community by revisiting the idea of developing a process for moving programs that routinely (over multiple years) receive non-departmental account funding through the County Executive and County Council grant processes into the base budget.



March 30, 2016

Councilman George Leventhal  
Chair, HHS Committee  
**Council Office Building**  
100 Maryland Avenue, 6th Floor  
Rockville, MD 20850

Dear Councilman Leventhal:

We thank you for your continued and sustained support to the minority community needs of the County. The three major minorities groups represented by AAHP (African American Health program), AAHI (Asian American Health Initiative), and the LHI (Latino Health Initiative) have been working diligently hand in hand with each other and with the Department of Health and Human Services of the County for the past years, which led to the creation of the Leadership Institute for Equity and Elimination of Disparities in the County. While we are advising the Department of HHS on Systemic and Systematic matters and acting as the real bridges between the Department and the Communities there are some serious concerns that we would like to bring to your attention.

As you are aware and supported by the demographic data available, the minority population has maintained a sustained growth and some are growing faster than the other. The respective and specific needs of each community are growing too. Our programs to address the community needs to a great extent are budget driven. While the collective needs keep on going up our funding was drastically reduced and in the past eight years there has been level funding only. This means we are pressed to do "more with less". We are all appreciative and cooperative with each other and their needs and concerns and can see how some plans are so precariously positioned due to lack of funds. We serve communities with their own unique characteristics and all of us continue to be in need of further assistance. We understand and appreciate the critical importance of each of our specific missions and objectives

Additional funding is urgently required to address and support the programs that serve the majority minority community that is Montgomery County. Therefore, after significant consideration, we stand together and request your support of **\$250,000 each** for the African American Health Program, Asian American Health Initiative, and the Latino Health Initiative in the County's 2017 budget. This will strengthen to some extent our position to effectively address the disparities in access to services and benefits that plague our respective communities.

Though we are aware of your very busy schedule we have requested a face to face meeting with you. We look forward to a response from your office. We jointly thank you for your time and consideration.

Sincerely,

African American Health Program

Asian American Health Initiative Steering Committee

Latino Health Steering Committee of Montgomery County



April 4, 2016

Councilmember George Leventhal  
 Chair, HHS Committee  
 County Council  
 100 Maryland Avenue  
 Rockville, MD 20850

Dear Mr. Leventhal:

The African American Health Program Executive Committee has evaluated the needs of the community this past year and is identifying the following as our urgent needs for FY17:

<b>Recommendation</b>	
Programmatic Data Analysis/Evaluation	\$93K
Integration of Diabetes and Cardiovascular Priority Areas	\$65K
Behavioral/Mental Health Crosscutting Focus	\$45K
STI/HIV/AIDS Outreach /Testing Capacity Improvement	\$25K
Outreach/Navigation	\$22K
<b>REQUESTED FUNDING - \$250K</b>	<b>\$250K</b>

We are pleased that funding has been allocated in the County Executive's FY17 budget for the African American Health Program and would like to see that funding be used towards helping to address the urgent needs, which are specified above and further detailed below in our justifications for our FY17 AAHP Requests, totaling \$250K.

Culturally and ethnic appropriate preventive and intervention strategies, 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). We believe that more funding is needed for more 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, in a crisis situation, have to go to the emergency room, or die. Below are our justifications for the above FY17 AAHP Budget Requests, which will be pivotal in addressing AAHP's priorities.

Sincerely,

Pat Grant  
 Chair, AAHP Executive Committee

cc. Members of the AAHP Executive Committee

**JUSTIFICATIONS for FY17 AAHP Requests (NOTE: All positions requested are contract)**

- **Programmatic Data Analysis/Evaluation:** For FY17, a **Part-time (PT) Data Specialist/Evaluator** is requested. This individual will be responsible for establishing procedures around data collection, analysis, monitoring, and evaluation of the program. Lack of data analysis, evaluation, and management continues to be a critical issue for AAHP. The County obtains disparity data from hospitals, the state, and other sources. This data is used by Healthy Montgomery. By the nature of AAHP's mission, it collects valuable disparity data, but that data is not used by the County. We feel that the AAHP data would be a strong asset in the County's understanding of how it is fairing in eliminating disparities; such as, infant mortality, diabetes, HIV, etc. Data is critical for identifying adverse underlying neighborhood factors and developing strategies (population health) to improve care and outcomes for at-risk populations. For example, looking at zip codes in the county will be helpful in

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**FY17 AAHP Budget Request**

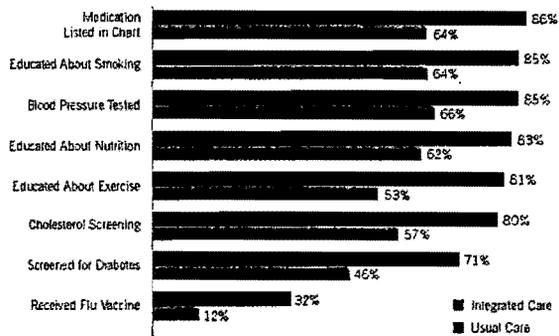
statistically identifying those areas with the highest rates of premature death and preventable hospitalizations, which can prove worthy of focus. This will help us to better develop strategies to improve care and outcomes for at-risk populations, more prevention strategies, and eventually eliminate the many disparities that plague the target communities that AAHP serves.

➤ **Integration of Diabetes and Cardiovascular Priority Areas: For FY17 a PT Nurse** is requested in order to help to achieve our goal of prevention and intervention in action. According to the American Heart Association, the American Diabetes Association and NIH, diabetes is "one of the seven major controllable risk factors for cardiovascular disease". The County has correlated the two diseases. As diabetes is a predictor of cardiovascular disease, AAHP has integrated its focus, which will allow the PT nurse to be instrumental in the implementation of guidelines, risk assessment and management, and effective patient education on diabetes and heart health. The PT Nurse will oversee the integrated approach of the Cardiovascular and Diabetes focus areas, which have been shown to be highly effective in reducing morbidity and mortality of high-risk patients. This individual will also assist, as needed, with the other AAHP priority areas (i.e., HIV/AIDS/STI, Cancer, and Oral Health), as well as, assist with monitoring program goals, measures, outcomes; and health prevention and education activities, as well as, ensure that any future grant requirements are achieved.

➤ **Behavioral/Mental Health Cross Cutting Focus :** Based on a randomized trial of preventive care services over a 12- month period for patients with a serious psychiatric illness (see Table 1), improved outcomes resulted when patients received integrated care vs. patients receiving the usual care (as cited in American Hospital Association, 2014). Integration of care can include hypertension and diabetes screenings, health education, and outreach services. These are preventive services that AAHP currently provides in its six priority areas. Therefore, it would be very appropriate and beneficial for AAHP to be able to address behavioral/ mental health as a cross-cutting approach linking it to each of AAHP's existing priority areas. **For FY17, a PT Licensed Clinical Social Worker is requested.** The Social Worker would help to ensure that future prevention and early intervention programs tailored to the targeted community the African American Health Program serves are in place. Each of the six AAHP priority areas can be linked to a mental/behavioral health issue (i.e., chronic disease and depression, anxiety, substance abuse, etc.). AAHP has also identified several factors; such as, stigma, as well as, social determinants, which link to mental health; including, income, education, racial profiling, etc. The Social Worker will also ensure that the AAHP staff has guidelines and tools necessary to manage a person in crisis and be better able to refer clients to the County for behavioral/mental health screening and treatment, as well as, alternate providers, etc.

**Integration of behavioral and physical health care can improve access to appropriate care.**

Chart 8: Receipt of Preventive Care Services in 12 Months among Patients with Serious Psychiatric Illness Receiving Integrated Care vs. Patients Receiving Usual Care



Source: Cruz, E., et al. (2011). Integrated Medical Care for Patients with Serious Psychiatric Illness: A Randomized Trial. *Archives of General Psychiatry*, 58, 861-868

Table 1: *Integration of behavioral and physical health care can improve access to appropriate care (American Hospital Association, 2014)*

➤ **STI/HIV/AIDS Outreach /Testing Capacity Improvement :** While improved treatments are now prolonging the life of those with HIV, the number of HIV cases are still rising. Based on 2013 data (see Table 1 below), of the 50 states, Maryland ranked #2 in "estimated adult/adolescent HIV diagnosis and 9<sup>th</sup> in cumulative estimated AIDS diagnoses ranked by cases". While Montgomery County did not have the highest estimated HIV diagnosis rates, our County is in close proximity to those statistical areas that did (i.e., Baltimore, Columbia, and Towson), which had the 3<sup>rd</sup> highest. In addition, Montgomery County has seen a rise in its aging population. According to the CDC, in 2013, individuals aged 50 and over accounted for "21% (8,575) of an estimated 47,352 HIV diagnoses in the United States". Currently, AAHP has one (1) full-time HIV Outreach Worker/Tester, who does much of the HIV testing in the County and conducts STI educational workshops in the community with Black female teens around the county; holds a support group at the correctional facility in Clarksburg, as well as, conducts workshops at the Rockville Detention Center, Montgomery College, and various other places in the County. AAHP does not have the capacity to fulfill all of its requests. **A part-time STI/HIV/AIDS Educator/Tester** would assist with the many requests that have gone unfilled, as well as, help provide the much needed education and outreach around prevention and testing.

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## FY17 AAHP Budget Request

- **Outreach/Navigation:** Many of the AAHP clients need access to other County services (i.e., housing, jobs, mental health, etc.), but do not know how to navigate the system to get such services. This has been a need that has also been expressed by our African population. Due to lack of capacity, the staff has not been able to follow-up with many of the AAHP clients to track any of the Staff's proposed next steps (i.e., seeing their doctor, registering for one of AAHP's classes, etc.). Having a **part-time Outreach/Navigator**, who is knowledgeable of County and other resources, would fulfill a needed service by being responsible for these follow-up tasks and ensuring better outcomes for the population that AAHP serves.

# Primary Focus Areas and Services

## Infant Mortality



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

## Diabetes



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

## Heart Health



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

## STI and HIV/AIDS



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

## Cancer



- Screening and service referrals
- African immigrant education

## Oral Health



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

# Focus Area: Diabetes

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

## The Disparity

According to the CDC's latest national statistics, more than 29 million people in the U.S. live with diabetes, and nearly 80 million more are at risk of developing type 2 diabetes. The disease disproportionately affects African Americans, who are 17 times more likely to have diabetes than non-Hispanic Whites. And, African Americans are more likely to develop related conditions such as diabetic retinopathy, kidney disease, and lower-limb amputations.

## Our Work

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

## Core Services

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



### Education Classes

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

### Dining Club Attendance

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

### Self-Management Counseling

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

### Ride On: Live Fit, Drive Fit

Drivers registered: 81



## Demographics

### Education Classes

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

# Focus Area: Heart Health

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

## The Disparity

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

## Our Work

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

## Core Services

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



### Blood Pressure Screening

Individuals screened: 522

Normal readings: 31%

Pre-hypertensive: 27%

Stage 1 hypertensive: 21%

Stage 2 hypertensive: 8%

Uncategorized: 13%\*

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



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



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

# Focus Area: STI and HIV/AIDS

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

## The Disparity

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

## Our Work

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

## Core Services

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



### HIV Testing

County residents tested: 440  
Regular testing sites added: 2

### WIGO (Boyd's Correctional Facility)

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

### MoCo Teen Summits

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

### Special Events

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

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



### HIV Testing

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

# Focus Area: Cancer

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

## The Disparity

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

## Our Work

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

## Core Services

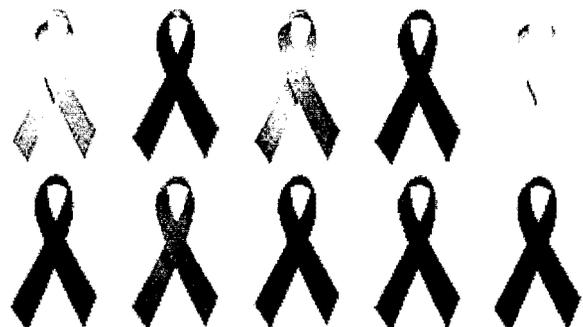
- Health Presentations
- Distribution of health and hygiene resources
- Projet Santé Pour Tous (Education for French-speaking African Immigrants)
- Referrals to Cancer Screenings and Additional Supports



**Projet Santé Pour Tous**  
Laborers reached: 40



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



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# Focus Area: Oral Health

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

## The Disparity

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

## Our Work

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

## Core Services

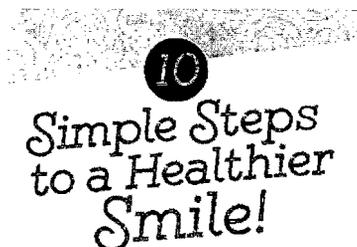
- Health Presentations
- Distribution of health and hygiene resources
- Oral Health Campaign Care Kits
- Referrals to Additional Supports



### Oral Health Kits and Outreach

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

New  
Outreach  
Bookmark



- 1 Brush your teeth gently twice a day for at least 2 minutes with a soft-bristled brush.
- 2 Floss your teeth once a day – before or after brushing.
- 3 Drink fluoridated water and use a toothpaste with fluoride.
- 4 Eat wisely. Limit snacks that are very acidic and/or high in sugar.
- 5 Avoid tobacco – in any form.
- 6 Limit alcohol, which can be a risk factor for oral cancers.
- 7 Do not use homemade tooth-whitening solutions, and consult a dentist before using over-the-counter bleaching kits.
- 8 Visit your dentist regularly, based on the schedule he/she recommends.
- 9 Talk to your dentist if you have other health conditions, such as diabetes, dry mouth, or HIV.
- 10 Contact AAHP for resources, support, and education!



# Asian American Health Initiative Steering Committee

Councilmember George Leventhal  
Chairman of the Health and Human Services Committee  
Montgomery County Council

Dear Councilmember Leventhal:

The Asian American Health Initiative Steering Committee has evaluated the needs of the community this past year and has identified the following as the urgent needs for FY17:

Request	Dollar amount
Senior Health	\$170,000
Mental Health	\$80,000
TOTAL	\$250,000

We believe the requested funding will support DHHS to take proactive approaches to address mental health and senior's needs and health at the grass-root level. This will be a ground breaking program partnering with the Asian American communities in the County and is surely going to impact the lives of under-served target population. The justifications for the requests are narrated below.

If you have questions or need additional information, please contact M.K. Lee at [meng.lee@verizon.net](mailto:meng.lee@verizon.net)  
We thank you in advance for any and all consideration given.

Sincerely,  
MK Lee

## JUSTIFICATIONS for FY 17 Request:

### Senior Health

- The senior Asian American population in Montgomery County is the fastest growing compared to the other seniors in the County
- Among the senior Asian population of Montgomery County 13% of them are in the age bracket of 50+ while 11% are in the age bracket of 65+
- About 75% of Asian American seniors are foreign born and speak English less than "very well"
- A significant number of the Asian American seniors are home bound, which is a result of social isolation, lack of access to transportation, language barriers, guilt of being a social burden, economic hardship, loss of home and unfamiliarity with County resources which lead to depression and its negative consequences and in some cases leading to suicides
- Asian senior citizens who need long term care do not have the option of choosing an ethnic friendly institution for such care if they happen to become nursing home bound or happen to reside in an assisted living facility
- The available resources in the county do not support nor satisfy the needs of the resident Asian seniors in the County

## **Mental Health**

- The Asian population in Montgomery County has grown rapidly since the 1990s and is about 15% of the County's population in 2015. According to US Census Bureau, this trend will continue for the next 20 years. Two third of Asian Americans in the County are foreign born and over 31% of the Asian population speak English less than "very well" (LEP population).
- According to available data the suicide rate among the Asian population is one of the highest. Asian American women in the age brackets of 15-24 and 65+ have the highest suicide rates among women across all racial/ ethnic groups, while males in the 15 – 24 age bracket are the second highest across similar groups
- According to available National Data on the usage of available mental health resources points to the paradox of Asian American adults having the lowest usage of mental health services, prescription medication, outpatient services and in-patient services
- The high suicide rates and the minimal use of available mental health resources point to a severe dysfunction. Mental health clinical studies and social studies have revealed that depression and suicidal thoughts and attempts are very high among Asian youth
- A Supplement Publication by the US Surgeon General's Office in 2001 conclusively showed for the first time that among the immigrant Asian population there was a high incidence of depression and established that there are cultural and social stigmas associated with mental health in the Asian American population. The results of further clinical research during the next ten years conclusively support similar facts and show the concept of one solution/therapy fits all to be a myth
- As a result of the social stigma the affected population is withdrawn from social circulation, the families hide them, the taboo of having mental issue takes over, depression goes unchecked resulting in other misdiagnosed sicknesses
- Mental health services provided by the county or other organizations do not possess the expertise, knowledge and the adequacy to serve the Asian Americans. At the same time there are no programs in place where specialized outreach activities may be carried out to unveil the affected population
- For Senior Health a full time specialized program coordinator needs to be recruited. This new position will be responsible for liaison with the Dept. of Aging of HHS, partnering with the participating Community Based organizations, training, involving and leading the outreach activities in the community and faith based organizations, working out with Nursing Homes and Assisted Care Living institutions ethnic friendly services.
- For Mental Health, a full time professional is required to serve as the Coordinator. AAHI had launched an ambitious Mental Health Program in May of 2015. After a promising start the program could not proceed further due to lack of funds.
- The requested funding will help initiate the programs to alleviate the huge and vital gaps in the well being of the Asian American residents of the County and bring some equity and reduce some disparity in the delivery of services

AAHI Program Expansion Proposal, FY2017

Total request from Council (including CE recommended budget) - \$250,000

Senior Health - \$170,000

Behavior Health - \$80,000

Senior Health \$170,000		
Items	Description	Cost
One full time Contractual Staff	<p>A full time, experienced professional with exposure to multi-cultural seniors and with bilingual proficiency whose principal functions to support the program will be:</p> <ul style="list-style-type: none"> <li>• Train supporting staff, health promoters and volunteers in understanding Asian senior's needs</li> <li>• With the objective of equity in service delivery liaise with the Aging and Disability service area (A&amp;D) of DHHS and provide technical support in the development of ethnic friendly services to Asian seniors, the fastest growing seniors population segment (such as Aging and Disability Resource Unit, Village development, diversifying respite care provider pool, etc.)</li> <li>• Liaise and partner with Community based organizations (CBOs) and Faith based organizations (FBOs) in the Asian communities for effective outreach to seniors and their families. Develop adequate literature and mobilize social media</li> <li>• Organize and lead activities together with existing providers to hold workshops and training sessions to develop a few designated ethnic friendly providers</li> </ul>	\$90,000 (include salary and fringe)

	<p>in the county</p> <ul style="list-style-type: none"> <li>• Create a data base of the use of specialized services that will be offered and promote the use of available senior's resources in the county</li> </ul>	
Patient Navigator Program	Provide additional face to face health related and medical interpretation and navigation to assist and guide seniors in the utilization of DHHS's services. Keep track of and report any mental health issues suspected or reported	\$50,000
Senior Workshops – a minimum of 10	Partner with and provide funding to empower community based organizations to offer education, hold workshops in their respective communities and engage the seniors and their families in a dialogue. This may include orientation on heart health and well-being, fall prevention, mental health issues, management of chronic diseases, advise on long term care, basics of technology, retirement planning,..etc	\$20,000
Resources brochure (included in CE's recommended budget)	Update, translate and print resources in 16 different languages.	\$10,000
Printing education materials (included in CE's recommended budget)	Print multilingual education materials such as osteoporosis, heart disease, diabetes, fall prevention, mental health for seniors	\$10,000

**Behavioral Health Program – \$80,000**

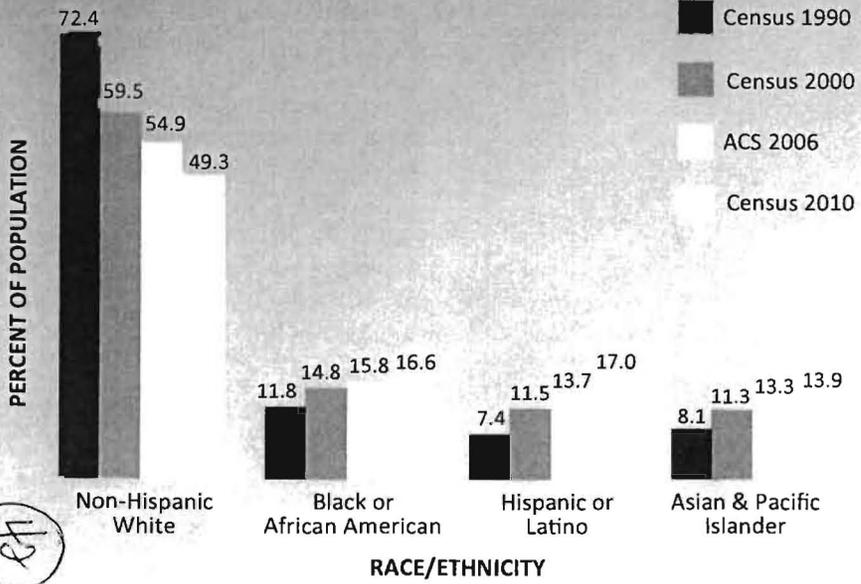
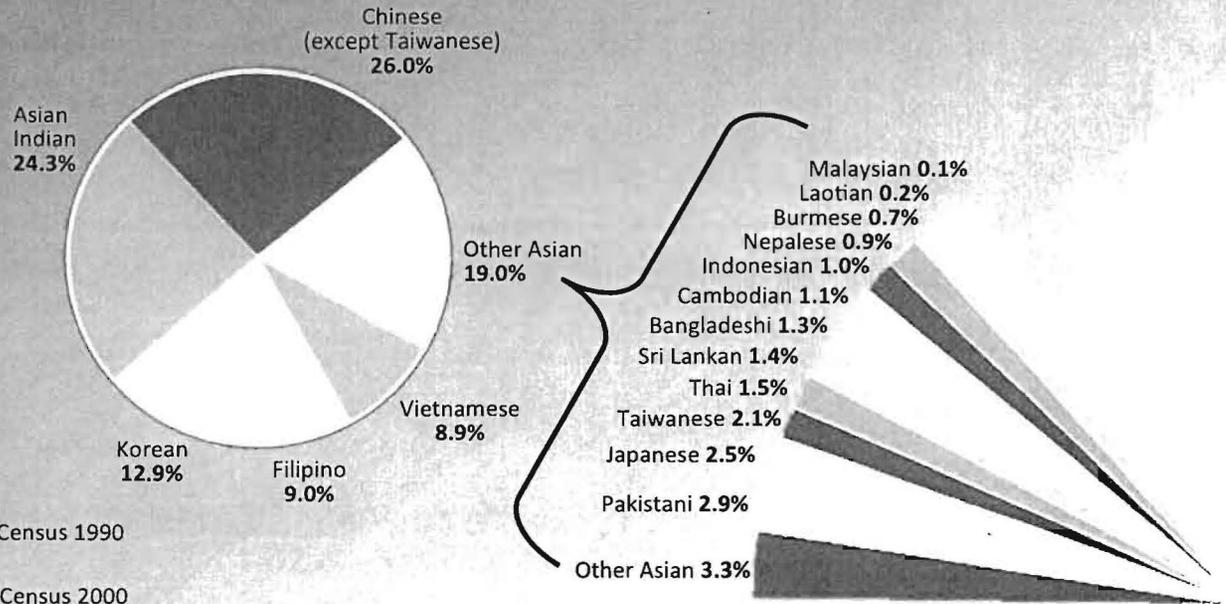
Items	Description	Cost
<p>One full time Contractual Staff</p>	<p>A full time professional with knowledge and exposure to adult mental health issues and preferably with experience with Asians whose principal functions would be:</p> <ul style="list-style-type: none"> <li>• understand and consolidate efforts to unveil the target population of Asians with mental health issues which requires a specialized outreach effort in partnership with the CBOs and FBOs in the county</li> <li>• Keep track of the CDC and the US Surgeon General's Office finding and recommendations on Asian mental health specifics</li> <li>• Liaise with Behavioral Health and Crisis Services (BHCS) of DHHS to leverage the services and resources available and adapt to the Asian community's specific needs</li> <li>• Provide technical support and ethnic specific information to BHCS initiatives thus leading to higher utilization of resources by the Asians</li> <li>• Prepare a work plan in response to the Office of Legislative Oversight (OLO) report and HM's behavioral health taskforce recommendations</li> <li>• Create partnership with bilingual providers in MD, VA, DC areas and assist BHCS in finding bilingual providers</li> <li>• Identify and refer individuals with professional behavior health background to join the Welcome Back Center</li> </ul>	<p>\$70,000 (include salary and fringe)</p>

Photonovel Volume 2 (included in CE's recommended budget)	Create photonovel volume 2 in five languages. Volume 2 will focus on educating the community what is mental health treatment and what is a counseling session.	\$10,000



# COMMUNITY PROFILE

According to the 2010 United States Census, Asian Americans are the fastest growing population in the nation. Similar trends are found in Montgomery County, where Asian Americans are the second fastest growing minority group. The Asian American population has seen a rapid growth from 2000 to 2010, with a population increase of 37.3 percent. The County's Asian American residents represent 13.9 percent (135,451) of the County's total population and 42.5 percent of Maryland's total Asian American population.



In Montgomery County, Asian Americans are diverse, constituting multiple ethnic subgroups. With such diversity comes a myriad of cultural values and a complexity of health concerns. Coupled with this diversity are barriers to access often faced by new immigrant groups. According to the 2010 American Community Survey, almost 75 percent of Montgomery County's Asian American population are foreign born and almost 35 percent have limited English proficiency.



# ACCOMPLISHMENTS

FY15 at a Glance

## PROMOTING COMMUNITY MOBILIZATION & EMPOWERMENT

### 2,054 COMMUNITY MEMBERS ASSISTED

Hosted 37 Resource Information Tables  
 Completed 70 internal requests  
 Contributed 677 hours to outreach  
 Reached 10 ethnic communities  
 Distributed 5,396 pieces of literature  
 Conducted 2,682 educational encounters  
 Demonstrated 117 breast self-exams  
 Gave 719 health screenings and vaccinations  
 Provided 197 health service referrals  
 98% of community members agreed or strongly agreed that they were satisfied with AAHI's service  
 100% of community partners would recommend AAHI to other organizations/events in their community

**Community Outreach Events\***

### 295 COMMUNITY MEMBERS SCREENED

Completed or in the process of completing 3-shot vaccination series for 47 community members  
 95% of participants reported overall satisfaction with the program

**Hepatitis B Prevention Project**

### 2 WORKSHOPS CONDUCTED

Hosted 184 individuals representing 80 organizations  
 87% of attendees rated overall workshops as 4 or higher on a scale of 1-5, where 5 is the highest

**Empowering Community Health Organizations Project**

### 28 HEALTH PROMOTERS RECRUITED

Spoke 15 languages and dialects  
 Represented 15 communities

**Health Promoters Program**

### 244 COMMUNITY MEMBERS ASSISTED

Hosted 5 Resource Information Tables  
 Reached 42 small businesses  
 Contributed 139 hours to Connect

**Connecting Communities to Services**

## ENHANCING DATA COLLECTION & REPORTING

### 5 AAHI DATA COLLECTION EFFORTS



Community Outreach Evaluations



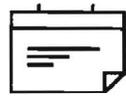
Health Screenings



Community Needs Assessments



ECHO Workshop Evaluations



Hepatitis B Evaluations



### 2 SYSTEMATIC DATA COLLECTION EFFORTS



Healthy Montgomery



Leadership Institute for Equity and the Elimination of Disparities

# ENHANCING ACCESS TO CULTURALLY & LINGUISTICALLY COMPETENT CARE

## Patient Navigator Program

### 1,595 ON-SITE MEDICAL INTERPRETATION SESSIONS CONDUCTED

Received 5,633 calls  
Scheduled 1,172 appointments  
Conducted 1,207 phone medical interpretation sessions

### 10 PUBLICATIONS CREATED

Published 5 multilingual photonovels  
Created 5 multilingual videos

Mental Health Project

## Affordable Care Act

### 757 COMMUNITY MEMBERS ASSISTED

Attended 14 outreach events  
Contributed 236 hours to ACA

### 16 ARTICLES PUBLISHED

Covered 5 topics  
Published in 4 media sources

AAHI News Cultural Media Campaign

### 143 MULTILINGUAL RESOURCES OFFERED

Offered 103 health education resources  
Offered 40 community resources

Health Education Materials

# STRENGTHENING PARTNERSHIPS & COLLABORATIONS

### 4 SOCIAL MEDIA SOURCES

Blogger, Facebook, Twitter, YouTube

Shared 350 social media posts  
Reached 8,651 Blogger, Facebook, and YouTube views

AAHI in Social Media

### 61 HOURS CONTRIBUTED TO PRESENTATIONS

Presented to 22 organizations

AAHI101 & Community Needs Assessment

### 68 HOURS CONTRIBUTED TO WORKGROUPS

Participated in 7 workgroups

Workgroup Participation

### 54 HOURS CONTRIBUTED TO TECHNICAL ASSISTANCE

Provided technical assistance to 15 organizations

Technical Assistance

109 HOURS

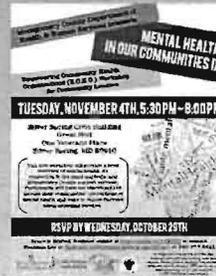
Leadership Institute for Equity and the Elimination of Disparities

CONTRIBUTED TO ACTIVITIES

# EMPOWERING COMMUNITY HEALTH ORGANIZATIONS PROJECT

In line with AAHI's capacity building approach to community empowerment, the Empowering Community Health Organizations (ECHO) Project was created to provide relevant, useful, and professional trainings to community organizations. Through biannual workshops, AAHI equips community leaders with information and skills on pertinent topics related to health, service provision, and organizational growth. The ECHO Project aims to empower and enhance the ability of community leaders to develop culturally and linguistically sensitive health programming.

In FY2015, AAHI hosted two workshops in partnership with the Montgomery County Department of Health and Human Services' African American Health Program, Latino Health Initiative, and Leadership Institute for Equity and the Elimination of Disparities.



The fall 2014 workshop, "Mental Health in Our Communities II", consisted of a presentation which provided a brief overview of mental health, its connection to the mind and body, and support services in Montgomery County. In small groups, participants discussed their communities' perceptions of mental health and ways to reduce barriers when accessing services.

The spring 2015 workshop, "Intro to Health Data", is the first in a three-part series about health data. Participants were engaged in a presentation about the basics of health-related data and its importance in needs assessments and program evaluations.



November 2014  
**MENTAL HEALTH II**

**103** individuals attended

**49** organizations represented

May 2015  
**HEALTH DATA**

**81** individuals attended

**31** organizations represented

45

# EMPOWERING COMMUNITY HEALTH ORGANIZATIONS PROJECT

## Evaluations

At the conclusion of every ECHO Workshop, attendees complete an evaluation form to support AAHI's continuous fine-tuning of the project. Responses from the evaluations inform AAHI about the implementation and impact of the respective workshop. Specifically, evaluations allow AAHI to gauge attendee satisfaction and measure any changes in knowledge and attitude.



### MENTAL HEALTH II

Out of 73 evaluations...

90%

of attendees rated overall workshop as 4 or higher on a scale of 1-5, where 5 is the highest

84%

of attendees felt more or somewhat more knowledgeable about local mental health services and resources after the workshop

88%

of attendees felt they had a better or somewhat better understanding of how to reduce barriers for communities when accessing mental health services after the workshop

### HEALTH DATA

Out of 63 evaluations...

84%

of attendees rated overall workshop as 4 or higher on a scale of 1-5, where 5 is the highest

86%

of attendees felt more or somewhat more knowledgeable about health data after the workshop

89%

of attendees felt they had a better or somewhat better understanding of the importance of health data after the workshop

Latino  
Health  
STEERING COMMITTEE  
MONTGOMERY COUNTY, MD

March 30, 2016

Councilman George Leventhal  
Chair, HHS Committee  
Council Office Building  
100 Maryland Avenue, 6th Floor  
Rockville, MD 20850

Dear Councilman Leventhal:

Based on an evaluation of needs, the Latino Health Steering Committee (LHSC) of Montgomery County requests an allocation of an additional **\$250,000** to the existing core budget of the Latino Health Initiative (LHI) for FY17. The funding will be utilized to enhance the overall infrastructure of the LHI and the Welcome Back Center (WBC) of Suburban Maryland to support key efforts including:

- Revamping of health promotion and wellness approaches aimed at the growing diverse Latino community. Health promotion efforts will include population-based approaches while maintaining and promoting the well-being of individuals and families. Culturally and linguistically appropriate interventions will be carried out by LHI staff and health promoters in conjunction with public and private partners and will include among others: enhanced training to health promoters; outreach and educational activities at sites where Latinos live, work, and play; use of digital and social media; and support for the development of public policies that positively affect overall health and well-being.
- Fostering new and strengthening current collaborative efforts with Service Industry Partners who can create stepping-stones jobs and career advancement opportunities for WBC participants. Funds would also be utilized to enhance culturally and linguistically appropriate workforce readiness efforts (e.g. training on culture of US Healthcare delivery; resume and job interview training) for internationally-trained health professionals to meet demands from health care employers.

We also request the **conversion of two contract positions to 2FTE County merit positions**. Currently, the LHI has only one merit position dedicated to programmatic and service delivery activities in the Latino community and the entire WBC staff is comprised of contract employees. The lack of County merit positions hinders the ability of both programs to conduct functions that can only be executed by county employees, negatively impacts the morale among staff, and puts into question the County's commitment to support key, highly visible, and very successful Programs such as the LHI and WBC. The conversion of these positions would be covered through existing core funding allocated to the LHI.

**JUSTIFICATION for FY17 Request:**

Each year, the LHI reaches over 20,000 individuals through an array of programs aimed at improving health and wellness and increasing access to health care. The LHI also provides major support to key Department of Health and Human Services' initiatives such as the Leadership Institute for Equity and the Elimination of Disparities (LIEED), the Equity Initiative, Healthy Montgomery, Children Fleeing Violence, and the local Affordable Care Act (ACA) efforts.

Over the past years, the LHI has suffered severe reductions in funding and staffing. These reductions range from a 30% reduction in the overall budget since 2009 to the elimination of a key LHI staff position. Moreover, staff duties of staff have been expanded and now serve on multiple projects.

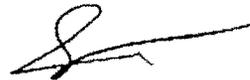
Due to the reductions in resources and increased demands on staff over the past years, there has been an inability to respond appropriately to community needs and requests for assistance from other partners and has caused a reduction in numbers of individuals served. In addition, there has been low morale and staff burn out among staff. Overall, the current infrastructure of the LHI is inadequate to support high demands posed by the increased needs of the Latino community and the need to support multiple critical projects within LHI and HHS.

Given the tremendous growth of the Latino community in Montgomery County, now estimated at over 185,000 individuals, the current allocation is not sufficient to meet the tremendous demands for culturally and linguistically appropriate services. Moreover, a large segment of the Latino population has tremendous needs including: high poverty rates, linguistic isolation, highest uninsured rate of any group in the county, and low educational levels. We are confident that, as in past years you will continue to support the efforts of the Latino Health Initiative and thank you for your consideration of the request.

Sincerely,



Evelyn Kelly, MPH  
Co-Chair LHSC



Maria Gomez, RN, MPH  
Co-Chair LHSC

**RESPONSES TO QUESTIONS FROM LINDA MCMILLAN,  
STAFF OF MONTGOMERY COUNTY COUNCIL,  
RE: FY 17 BUDGET ENHANCEMENTS FROM  
MONTGOMERY COUNTY LATINO HEALTH STEERING COMMITTEE (LHSC)**

Per request, below please find responses to your questions. We consulted with County DHHS staff in order to be able to respond to the level of detail required by the questions. We would also point out that there continues to be adverse consequences in reducing the Latino Health Initiative (LHI) budget since FY 2009. These consequences include responses to community needs being limited by staff and dollars in attempting to provide assistance and action being called for by service provider partners in addressing community concerns. Such limitations are caused by reduction in the number of staff resulting in current staff being overworked and discouraged that they cannot provide the community the assistance it deserves. Weakening of the LHI infrastructure through budget reductions over the years has had an adverse effect on the optimum operations of LHI. Even though LHI and its Welcome Back Center (WBC) have a strong reputation for the services they perform, those of us who work with the programs know they have greater potential for effective and productive performance with the budget enhancement the LHSC is advocating. This potential is especially important today as the Latino populations continue to grow and contribute to the life of the County.

Moreover, the requested enhancement dollars should not be seen as a panacea for addressing the health needs of the Latino community. They should rather be viewed as resources to help position the LHI and the WBC as being more responsive to the Latino community and thus more in tune with issues that the LHSC continues to advocate. These include issues such as data collection and analysis, surfacing concerns about lack of culturally competent methods in County services to Latinos, program feedback for HHS to evaluate County programs, and navigating the County systems in seeking health and human services. These issues have been around for a long time unresolved due to lack of County attention in the past and continue now increasing with the size and diversity of the Latino population in the County, making it imperative to deploy needed resources.

**1. Costs Associated with the Conversion of the Contractual to County Merit Positions:**

- The LHSC understanding of the preliminary estimates indicate that approximately \$100,000 would be needed to support the conversion of the Welcome Back Centers' Program Manager. The current contract allocation for this position is \$101,153.
- Also, approximately \$78,000 would be needed to cover the conversion of the LHI's Health Promotion Specialist position. The current contract amount for this position is \$72,270.

**NOTE:** The figures associated with the conversion of the positions are estimates. Final costs will be determined by several factors including the grade classification of the newly created positions, the package of benefits selected by each employee, and the final salary- to be negotiated between the individuals selected for the positions and the County.

**2. Funding for revamping of health promotion and wellness. Is any of this funding for a DHHS Merit Position or will it all be contractual/operating costs?**

- Based on the estimates of the positions' conversions and the estimated costs of the enhancements to the WBC (see #3 below), \$81,450 would remain out of the \$181,450 (current enhancement amount to Council by the LHSC) to cover costs associated with contractual operating costs to revamp health promotion and wellness efforts.
- Depending on the final costs associated with the conversion of the Health Promotion Specialist position, if needed some of the requested funds would need to be used to supplement the conversion.

**3. Funding for the enhancements at the Welcome Back Center. Is any of this funding for a DHHS Merit Position or will it all be contractual/operating cost?**

- \$85,000 for a **contractual** Job Developer position to work directly with employers to secure stepping-stone jobs for Center professionals.
- \$15,000 to support Center participants with costs associated with licensure fees, credential evaluation, board exam preparations, and ESL instruction.

**LHI collaborates with WorkSource Montgomery (the County's newly designated workforce entity) in its efforts to engage Industry Partners and creates job opportunities for Welcome Back Center clients**

The Welcome Back Center has a long history of collaboration with public and private workforce development entities and health care service industry partners (SIP). Currently, DHHS and Center staff is involved in conversations with the Interim Director of WorkSource Montgomery Inc. to maintain similar collaborative efforts as those established with the former Department of Economic Development. The Job Developer Position requested for the Center would play a key role in developing and maintaining strong partnerships with SIP referred by WSM.

**4. Clarification on budget information**

- LHI records indicate that the LHI budget allocation for FY09 was \$1,603,212 – a discrepancy of \$98,240 with the figure provided. This is due to the fact that during FY09, LHI funding allocation was distributed between two accounting/budget codes.
- Between FY09 and FY12 the LHI's budget decreased by \$540,246 due to budget cuts and savings plans- this represent a reduction of 33.7%.
- LHI records indicate an FY16 allocation of \$1,342,360- a discrepancy of \$4,545.
- In FY14, the Planning Specialist County position was re-assigned to Healthy Montgomery

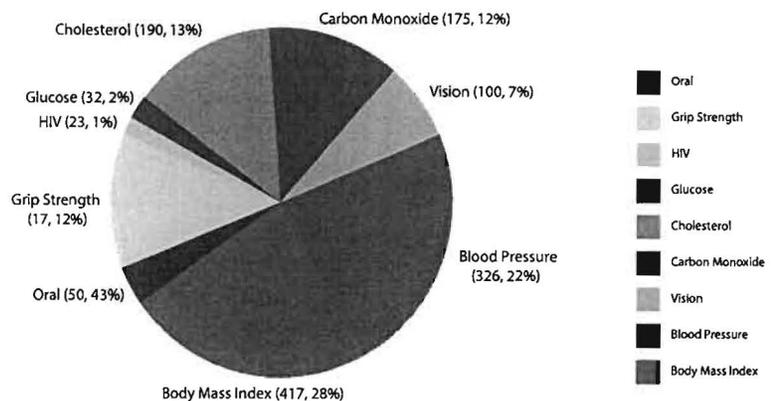
## FY15 ACCOMPLISHMENTS

In FY15, the *Ama Tu Vida* Health Festival:

- Coordinated with 34 exhibitors to provide approximately 2,000 attendees with information on disease prevention, health promotion, and ways of accessing services in Montgomery County.
- Provided 1,488 free medical screenings by 10 participating healthcare providers.
- Gave festival attendees without medical insurance their screening results and assistance in scheduling follow-up appointments at community clinics.
- In partnership with community clinics including Proyecto Salud and Kaseman Clinic, scheduled 52 follow-up appointments for uninsured Montgomery County residents with abnormal medical screening results.
- Confirmed that 83% of the scheduled individuals attended their appointments and obtained appropriate treatment.

*Ama Tu Vida* Health Festival: Type of Medical Screenings Performed

Screening Type	Number
Blood pressure	326
Body Mass Index	417
Carbon monoxide	175
Cholesterol	190
Glucose	32
Grip strength	175
HIV	23
Oral	50
Vision	100
Total	1,488



*Ama Tu Vida* Health Festival: Measures and Results

Outputs / Outcomes	Number / Percent
Attendees	2,000
Medical screenings performed	1,315
Abnormal results	4%
Individuals who attended scheduled appointments	83%

## CHALLENGES AND LESSONS LEARNED

- Detailed data on appointments shared by clinics showed that a stronger effort was made to follow-up with scheduled individuals. The results of these efforts can be seen in an increase from 38% in FY14 to 83% in FY15 of individuals attending their appointments.
- Because of insufficient funds, several of our partners were not able, or only partially able, to provide certain screenings for cholesterol, glucose, bone density, and sexually transmitted infections as they had in past years.



## FY15 ACCOMPLISHMENTS

In FY15, the Asthma Management Program accomplished the following:

- 19 parents of children with asthma completed the group education sessions and received coaching on asthma management.
- The Asthma Management Program provided 16 hours of asthma management training to 15 volunteer asthma coaches (*Consedus*). The training enabled *Consedus* to enhance their ability to coach Latino parents of children with asthma.
- *Consedus* also received their cardiopulmonary resuscitation certification.
- Asthma coaches (*Consedus*) contributed over 170 hours (representing 21 full-day equivalents) of in-kind social support and counseling to parents participating in the program.
- Offered basic information on asthma to 1,021 individuals during outreach activities at community and school events.
- Piloted and finalized the *Familias en Acción: Escuelas Saludables* curriculum.
- Of the 10 parents who participated in the pilot curriculum, 7 completed the curriculum.
- *Familias en Acción: Escuelas Saludables* pilot participants demonstrated their leadership, advocacy, and community engagement skills by:
  - ◇ Developing an action plan to promote asthma-friendly schools and increase parent participation.
  - ◇ Preparing and delivering a presentation to peers and school staff about school-based asthma triggers.
  - ◇ Participating in school events, including health fairs, to raise awareness about asthma prevention and management.

### The Asthma Management Program: Measures and Results

The Asthma Management Program reached its overall FY15 objectives. As shown in the tables on next page, emergency department visits, hospitalizations, and restricted activities as a result of asthma each decreased. Asthma management knowledge, the development and use of an asthma management plan, and feeling confident in the ability to manage children's asthma each increased as well.

“El Programa para el Manejo de Asma significó mucho para mí porque me ayudó a prevenir los ataques de asma de mi hijo. Él había comenzado a mostrar síntomas de asma. Ahora sé qué cosas se los desencadenan, en qué temporadas le dan y ante todo cómo evitarlos. Me gustó también que nos apoyamos mutuamente entre los padres y aprendimos unos de los otros”.

“The Asthma Management Program meant a lot to me because it helped me to prevent my son's asthma attacks. He had started to present asthma symptoms. Now, I know what triggers them, in which seasons he gets them and most important, how to avoid them. I also liked that as parents, we supported each other and learned from each other.”

—Dina Allasi, Asthma Management Program Participant



Output Measures	Number
Asthma outreach and community activities implemented	18
Participants in outreach and community activities	1,021
Education sessions conducted	16

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

Outcome Measures	Percent
Increase in asthma management knowledge by parents/caregivers	16%
Increase in participants who developed an asthma management plan	78%
Increase in participants reporting use of an asthma management plan	45%
Increase in parents feeling fairly or very confident in their ability to manage their children's asthma	42%
Decrease in reported emergency department visits due to asthma	50%
Decrease in reported hospitalization due to asthma	100%
Decrease in reported restricted activity due to asthma	50%
Reported school days missed due to asthma	23%

Results of the *Familias en Acción: Escuelas Saludables* pilot program also demonstrated positives outcomes. Self-efficacy, as measured through leadership, advocacy, and community engagement skills, increased by 65%. All participants reported that the training met their expectations.

Output / Outcome / Quality Measures	Percent
Participants who completed the training	70%
Increase in leadership, advocacy, and community engagement skills self-efficacy	65%
Participants who met their expectations	100%

## CHALLENGES AND LESSONS LEARNED

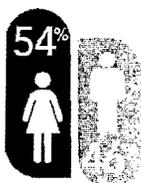
- Changes in Asthma Management Program personnel marked FY15. Personnel changes began with a new coordinator who resigned mid-year upon which the program hired a new staff person. The new recruitment and hiring process affected all phases of the pilot program including having to fast-track Consedus training, coordination with school staff, participant recruitment, training session implementation, participant follow-up, and pilot program evaluation.
- Parent recruitment and engagement is usually an intensive and time-consuming process in light of parents' work schedules. This was particularly tangible for the pilot program given that the program requires both training session attendance and a commitment to work in partnership with schools to promote healthy environments for children with asthma.
- Utilizing participatory methods, facilitating the right opportunities, and providing appropriate tools are instrumental for parents' vast potential to blossom and become leaders and proactive members of their school communities. Traditionally reticent parents demonstrated their leadership skills in pilot program planning activities, presentations, school event participation, internal communication, and engagement of parents.

The following tables provide a socio-demographic profile of 117 youth served by the Latino Youth Wellness Program. These youth completed a baseline survey before participating in the program and an exit evaluation survey upon completing the program.

## Socio-demographic profile of youth served by the Latino Youth Wellness Program

### Demographic Profile (N=117)

#### GENDER



#### AGE

**11** **11.9** **15**  
YOUNGEST AVERAGE OLDEST

### \$ Socio-Economic Situation

RECEIVE FREE OR REDUCED LUNCH **84%**  
WORK DURING SCHOOL YEAR **4%**

LIVE IN PRECARIOUS HOUSING SITUATION\* **16%**

\*Renting a single room in someone else's home, living in a shelter

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

### Immigration & Language

FOREIGN BORN YOUTH **53%**

FOREIGN BORN UNDOCUMENTED **53%**

SELECTED SPANISH SURVEY **76%**

AMOUNT OF TIME IN THE UNITED STATES

RECENT ARRIVAL LESS THAN 1 YEAR **37%**

LESS THAN 5 YEARS **29%**

MORE THAN 5 YEARS **34%**

### Family Situation

LIVE IN SINGLE PARENT HOME **21%**

STUDENT LIVING IN A RE-STRUCTURED FAMILY **47%**  
(e.g., with step-parents)

NOT LIVING WITH EITHER PARENT, NOR WITH ANY IMMEDIATE FAMILY MEMBER **1.7%**

SEPARATED FROM FATHER **62%**

SEPARATED FROM MOTHER **21%**

Quality of Service Measures	Percent
Youth who would recommend program to friends	90%
Youth satisfied with availability of Youth Development Counselors	91%
Youth feeling safe and respected in the program	92%
Youth reporting their life changed after participating in the program	91%

Outcome Measures and Results	
Health Behaviors	Percent*
Healthy behaviors, positive changes	57%
Healthy changes, sexual choices	55%
Healthy changes, substance use	87%
Healthy changes, physical activity	63%
Parent-Youth Connectedness	Percent
Improvement in relationship with parents	35%
Improvement in communication with parents	30%
Increase in parent supervision	31%
Increase in parent support	45%
Emotional Well-Being	Percent
Self-esteem increase	84%
Depression symptoms decrease	77%
Future expectations increase	64%
Conflict resolution skills increase	47%

Outcome Measures and Results	
Self-efficacy to Refuse Risky Behaviors	Percent
Self-efficacy to refuse joining a gang increase	44%
Self-efficacy to refuse unsafe sex increase	58%
Risk or Protective Factor	Percent
Reproductive (and HIV) healthy behaviors improvement	56%
Substance abuse behaviors positive change	100%
Sense of School Connectedness	Percent
Perception of school environment improved	65%
School support increased	60%
Academic outlook improvement	64%

\*The "Percent" column indicates the difference between results of the pre- and post-surveys administered at the beginning and completion of the After-School Program implemented during the school year.

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

- Emotional well-being
- Healthy behaviors
- Parent-youth connectedness

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

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

## FY15 ACCOMPLISHMENTS

During FY15, the *Vías de la Salud* Health Promoters Program:

- Completed 5 two-hour *Caminatas* (walks) at Wheaton Regional Park, Meadow Hall Elementary School, Highland Elementary School, and 2 *Caminatas* at Gaithersburg Elementary School, with a total of 66 participants. Results showed a 58% change in intent to participate in 20-30 minutes of physical activity at least three times a week.
- Reached 8,972 individuals during 66 outreach activities by 20 health promoters at churches, community clinics, supermarkets, Laundromats, health fairs, and other community events.

### Health Promoter Community Activities At-A-Glance

African American Health Program Heart Health	Homeless Resource Day Bohrer Park
<i>Ama Tu Vida</i> Health Festival	Immanuel's Church Fall Festival
Back to School Fair	Lake Forest Health Fair
Burtonsville Day	Long Branch Resource Day
Casa del Alfarero Health Fair	Millian Memorial Church Community Day
Festival for Life	Northwood High School Health Fair
Festival Salvadoreño	<i>Operación Esperanza</i> Red Cristiana Community Day
Gaithersburg Middle School Health Fair	<i>Proyecto Salud</i>
Georgian Court Community Day	Rainbow Gardens Adult Day
GNFA (Guru Nanak Foundation of American) Health Fair	St. Jude Church Health Fair
Healthy Kids Day	St. Michael's & All Angels Church Party in Pink
Highland Elementary School Health Fair	Tess Center
Holy Cross Hospital Heart Health	Women's Health Symposium
	World Elder Abuse Awareness Day

- Assisted with Affordable Care Act enrollment outreach activities reaching 1,623 individuals and providing 333 volunteer hours (completed by 9 health promoters).
- Participated in the Children Fleeing Violence project assisting 650 children with the enrollment process to Montgomery County Public Schools and Care For Kids Program along with referrals to other needed resources such as legal and housing assistance (completed by 12 health promoters).

- Received 27 hours of health promoter trainings on: AED (automated external defibrillator), Affordable Care Act, Care For Kids, CPR, First Aid, La Cultura Cura, Linkages to Learning, Maryland Children's Health Program, MC311, Service Eligibility Unit, and smoking cessation.
- Attended and provided input during the following community events:

Event	Goal	Number of Health Promoters	Health Promoter Role
Empowering Community Health Organizations' Mental Health in Our Communities II Workshop	To provide attendees with information about mental health and tools to help overcome cultural barriers and challenges.	3	Facilitated a small group discussion on mental health stigmas and challenges faced by the Latino community.
Department of Health and Human Services Healthy Montgomery: Community conversations to seek public input about health and quality of life Issues	To provide health promoters an opportunity to share their views about how Montgomery County can be a healthier place to live.	11	Participated in a small group conversation to provide input into the completion of a community health needs assessment.
Department of Health and Human Services: Discussion groups on the recommendations of the State's Workgroup on Workforce Development for Community Health Workers	To provide health promoters an opportunity to review the recommendations for the Community Health Workers certification in Maryland.	13	Provided comments on the final report of the Department of Health and Mental Hygiene Workgroup on Workforce Development for Community Health Workers.

### Vías de la Salud Health Promoters Program: Measures and Results

Output Measures	Number
Families referred to programs (Maryland Children's Health Program, Care for Kids Program, Proyecto Salud, Mercy Clinic, Mobile Med, Holy Cross Maternity Program, MC311, Affordable Care Act, Bilingual Health and Information Hotline)	887
Health promoter volunteer hours	2,632
Individuals reached by health promoters	1,972

Outcome Measures	Number
Change in behavior intent related to physical activity of walking session participants	58%
Change in knowledge of physical activity by walking session participants	46%

Quality of Service	Percent
Health promoters satisfied with the Vías de la Salud Health Promoters Program	100%
Health promoters retained in the Vías de la Salud Health Promoters Program	90%

## CHALLENGES AND LESSONS LEARNED

The *Vías de la Salud* Health Promoters Program:

- Responded to the influx of children fleeing violence from various Central American countries causing reallocation of resources including staff members, volunteers, and time.
- Collaborated with the Affordable Care Act enrollment process leading to the sharing of resources including volunteer and staff member time.
- In the above cases, the program redistributed resources from original budgets and work plans. Staff and volunteers felt the weight of having to carry added responsibilities.
- The day-to-day challenges of administering *Vías de la Salud* Health Promoters Program projects were exacerbated because of the absence of staff members who had been appointed by the Department of Health and Human Services to work on enhancing electronic records in an integrated case management system.



Health Promoters team — a group of volunteer lay grassroots community members.

## FY15 ACCOMPLISHMENTS

- Subject Matter Expert on National Immigrant Integration Efforts

The Welcome Back Center of Suburban Maryland Director served as a subject matter expert in the following two 2014 White House events:

*First-ever White House national convening on immigrant and refugee integration.* This gathering welcomed over 170 policymakers, practitioners, faith leaders, elected officials, researchers, and business representatives. Leaders shared best practices on successful initiatives that cities and counties are deploying across the United States. The Welcome Back Center of Suburban Maryland Director engaged in brainstorming new strategies for enhancing local, regional, and national programs whose aims are to ensure immigrants are fully participating in and contributing to society in the United States.

*Culturally and linguistically appropriate strategies and policies at the White House.* The Welcome Back Center of Suburban Maryland Director advised government officials on culturally and linguistically competent strategies and policies to enhance the incorporation of immigrants and refugees into President Barack Obama's job-driven agenda. Approximately 20 individuals representing different workforce sectors at the national, state, and local levels, as well as members from several Federal agencies including the United States Department of Labor, took part in this event.

- Leveraged Funds

In November 2014, the Welcome Back Center of Suburban Maryland and five behavioral health partner employers established the Welcome Back Behavioral Health Partnership to submit the Employment Advancement Right Now Maryland grant request to the Department of Labor, Licensing, and Regulation. The purpose of the grant request is to support the implementation of the Welcome Back Pilot Program for Behavioral Health. Family Services, Inc. was the lead applicant and fiscal agent for this grant application. The Welcome Back Center of Suburban Maryland received a \$150,000 grant award for April 1, 2015 to June 30, 2017 from the Employment Advancement Right Now Maryland Program.



Helen Berhe, RN, Cardiac Telemetry Unit, Washington Adventist Hospital, and Welcome Back Center participant, December 2014.

### Better Opportunity ... Better Life

**My name is Helen Berhe and I am originally from Ethiopia. I am a mother of two kids. I was a registered nurse and practiced at a hospital in Ethiopia for more than two years before coming to the United States. After my arrival to the United States, I attempted to get information on how to get back into my career and I was able to get a Certified Nursing Assistant job, but my income was not high enough to cover all of the expenses that I had. I heard about the Welcome Back Center and I had the opportunity of becoming a participant in April 2012.**

**I appreciate the endless support from the Welcome Back Center to complete the evaluation of my credentials, pass the oral English proficiency exam, find a job, and obtain financial, social, and emotional support. I told myself that I had to work hard and take advantage of this opportunity. I was hired as a nurse-in-training at the Washington Adventist Hospital in April 2013. I passed the Maryland Nursing board exam in November 2014 and I am now working in the Cardiac Telemetry Unit at Washington Adventist Hospital where I have a good salary and better life opportunities, as well as the opportunity to serve our diverse community."**

—Helen Berhe, RN, Cardiac Telemetry Unit, Washington Adventist Hospital



- Progress on the Welcome Back Center of Suburban Maryland Strategic Plan

In conjunction with the Welcome Back Center of Suburban Maryland's Advisory Council, in FY14 staff developed a plan comprised of five strategic initiatives to strengthen the core program, allow for incremental growth, and better position the Welcome Back Center of Suburban Maryland for additional expansion in the long term. Strategic initiatives and highlights of progress made during FY15 include:

- ◇ *Strategy: Improve employment outcomes for Welcome Back Center of Suburban Maryland's participants by connecting them to health sector jobs prior to and following licensure.*
  - Nurtured newly created partnerships with five local behavioral health employers:
    1. Adventist Behavioral Health
    2. Behavioral Health and Crisis Services at Montgomery County Department of Health and Human Services
    3. Cornerstone Montgomery
    4. Family Services, Inc.
    5. Maryland Treatment Centers
- ◇ *Strategy: Expand the Welcome Back Center of Suburban Maryland's target professions to serve other workforce shortage areas.*
  - Served 61 new participants (34 internationally trained nurses and 27 internationally trained behavioral health professionals).
  - Initiated implementation of the Pilot Program for Behavioral Health with 27 internationally trained behavioral health professionals.
  - Increased the total number of participants receiving intensive services from 25 in 2006 to 214 total individuals in FY15.
- ◇ *Strategy: Identify sustainable sources of financial assistance for participants.*
  - Initiated a revolving loan fund study to assess sustainable alternatives to current financial assistance services with the aim of serving participants.
- ◇ *Strategy: Redesign the program database to improve performance tracking and staff's ability to use data to inform program improvement.*
  - Staff engaged in Department of Health and Human Services' efforts to enhance the technological capability of programs offering case management services to clients.
- Group and Individual Guidance and Support Services
  - ◇ Provided to 219 internationally trained healthcare professionals:
    - Intensive services to 153 individuals (102 nurses, 18 physicians, 33 behavioral health professionals) working towards licensure and/or certification in the healthcare field to secure jobs in Maryland.
    - Delivered information (17 hours via telephone and email) about the Welcome Back Center of Suburban Maryland to 66 individuals (51 nurses, 11 physicians, 51 nurses, 2 psychologists, 2 dentists).
  - ◇ Offered 150 hours of one-on-one intensive services (i.e., individual guidance, support, and coaching) through 293 individual interactions with participants. These efforts included developing individual plans with 61 new participants and included follow-up as needed to:
    - Assess progress made toward agreed-upon next steps regarding licensure or certification and English as a Second Language or other courses as outlined in individual plans.
    - Assess readiness to begin, for the first time, a job in the United States' healthcare system. This assessment includes assistance in making a career advancement move, navigating the healthcare system, and accessing financial assistance and other services.

- ◇ Offered a 12-week, 72-hour NCLEX (National Council Licensure Examination) classroom preparation course and at least 10 hours per week of independent study, outside of class, to 22 participants:
  - Provided a two-hour orientation session to ensure participants understood the course plan and expectations for successfully completing the course.
- Provided approximately \$40,000 in financial assistance to 48 eligible participants through 106 referrals processed for expenses associated with academic training and obtaining licensure and/or certification in Maryland's healthcare landscape.
- Provided general guidance and detailed information on how to access the website to download *The Guide to Complete the Steps for Foreign-Trained Nurses to Obtain the Maryland Registered Nurse (RN) License* (available in English, Spanish, and French) to 51 nurses interested in obtaining Registered Nurse licensure.
- Career Development and Job Search Support Services
  - ◇ Initiated implementation of activities for the first quarter of the Employment Advancement Right Now Maryland grant including:
    - Held the first Employment Advancement Right Now Strategic Industry Partnership meeting, with the five partner employers working together, to identify possible career pathways for program participants, and planned a participant workshop on the United States behavioral health field.
    - Employers brought a representative from their organizations Human Resources Department to provide valuable input during the discussion.
    - Partner employers willing to identify "stepping stone" jobs that participants can take as a way to prepare for the behavioral health career advancement ladder.
      - » This offers participants the type of employment needed to meet the requirements necessary for obtaining licensure and certification and, ultimately, positions as therapists.
    - 11 participants successfully started working in the healthcare field in Maryland:
      - » 6 participants as Registered Nurses.
      - » 5 participants as Patient Care Technicians.
  - ◇ 6 nurses who secured jobs as Registered Nurses saw a 201% average increase in their wages (from \$8.83 an hour when entering the program to \$26.60 an hour when hired as Registered Nurses).
    - 7 participants took the nursing board examination (NCLEX-RN):
    - 4 passed and obtained the Registered Nurse license in Maryland.
  - ◇ Provided a 3-hour training session to 12 participants who were not currently employed in the healthcare field:
    - Participants learned about the importance of pursuing "stepping stone" jobs in the healthcare field and how to properly prepare for job interviews to convey how they are equipped with the knowledge, skills, and experience needed for the job.
  - ◇ Provided a 3-hour group session on résumé writing skills to 27 participants and trainers offered feedback on how best present participants' work experience to potential employers.
  - ◇ Provided a 33-hour Certified Nursing Assistant skills review course to 6 participants:
    - Tailored the review course for individuals with little or no United States healthcare work experience and helped them better prepare to apply for Certified Nursing Assistant jobs in Maryland (e.g., understanding the skills expected for Certified Nursing Assistant jobs).
  - ◇ Worked collaboratively with the Montgomery Business Development Corporation:
    - Referred 6 participants to apply for transporter job positions at 2 local hospitals.
    - 7 participants took a training to acquire skills on updated medical coding requirements and explored employment possibilities at local area physician offices that might need those skills.

## Welcome Back Center of Suburban Maryland: Measures and Results

Output Measures	Number	#
	FY15 Results (7/2014–6/2015)	Cumulative Results (3/2006–6/2015)
	Number/Hours	Number/Hours
Total Number of Participants	153	214
Participants nurses	102	163
Participants behavioral health professionals	33	33
Participants physicians	18	18
Individual case management w/participants	150	1,161
Group guidance and support	13	236

Outcomes	FY15 Results (7/2014– 6/2015)	Cumulative Results (3/2006– 6/2015)	Cumulative Results (3/2006– 6/2015)
	Number / Percent	Number	Percent
<b>Completing Credentials Evaluation and Licenses</b>			
Participants completing credentials evaluation	6	80	49%
Participants passing English oral proficiency exam	7	90	55%
Participants passing Nursing Licensure Exam as Registered Nurse	4	57	35%
Participants obtaining alternative license/certificate:			
Licensed Practical Nurse	-	1	1%
Phlebotomist	-	1	1%
Certified Nursing Assistant	1	56	34%
<b>Job Placement</b>			
Participants who began working in their profession as Registered Nurses in Maryland	6	47	29%
Participants who began working as Nurses-in-Training in Maryland	-	47	29%
Participants who began working in the healthcare field as Patient Care Technicians and Certified Nursing Assistant jobs in Maryland	5	24	15%

Outcomes	FY15 Results (7/2014– 6/2015)	Cumulative Results (3/2006– 6/2015)	Cumulative Results (3/2006– 6/2015)
	Number / Percent	Number	Percent
Career and Economic Development Impact			
Average time to complete the program (from entering program until passing Registered Nurse licensure exam)	32 months	57 months	22 months
Average increase in wages (from entering program until hired as Registered Nurses)	201%	47	167%

Quality of Service	FY15 Results (7/2014– 6/2015)	Cumulative Results (3/2006– 6/2015)	Cumulative Results (3/2006– 6/2015)
	Number / Percent	Number	Percent
Nurses retained	102	149	91%
Nurses satisfied*	91%	-	-

\*We administered an online satisfaction survey on overall center services; 41 of 102 respondents completed the survey for a 40% response rate.

## CHALLENGES AND LESSONS LEARNED

- Financial assistance services continue to demand close monitoring to assure that eligible participants requesting the assistance are able to receive funding in a timely manner. This year, participants' evaluation with financial assistance services showed improvement (4.23/5.00 points) from prior years' ratings (3.61/5.00 points, FY14; 3.25/5.00, FY13).
- Identifying appropriate "stepping stone" job opportunities in the healthcare field that would offer participants practical exposure to the United States healthcare system is crucial. Securing these jobs prior to obtaining licensure may allow a smoother transition to permanent jobs, once licensed. The timely matching of participants ready to apply for these positions remains a core part of our work at the Welcome Back Center of Suburban Maryland.
- In addition to nurturing collaboration and maintaining already established partnerships with employers, expanding partnerships with new employers is critical. The number of nurse-in-training job opportunities consistently decreased over the past three years and stopped being available for participants in FY15. We are currently working with our partner employers to identify new and appropriate "stepping stone" job opportunities to expose participants to the United States healthcare system prior to licensure as well as to help these participants obtain permanent positions.

## VITA FY17 Report for County Council

1. Please provide the **FY16** and recommended **FY17 budget** for the VITA program broken out for **staffing and operating costs**.

How many **staff (FT or PT)** and **FTEs** are assigned to the program?

Please identify any **non-County** funding supporting the program.

See the table below.

VITA	FY16 Approved		FY17 CE Recommended	
	County General Funds	CSBG (Federal) Grant Funds	County General Funds	CSBG (Federal) Grant Funds
<b>Program Specialist II (merit FT, 1.0FTE)</b>		92,438		98,528
<b>Personnel Costs</b>		<b>92,438</b>		<b>98,528.</b>
Contractual Staffing	55,800	15,000	57,252	15,500
Coordinators, Fellows and Management Specialist PT		9,960		14,000
Volunteer Maryland Coordinator FT (FY17 pending state approval)		9,750		7,500
EITC Campaign - Ride-on Ads & Flyers	9,000		9,500	
Supplies/Equipment/Printing and other program expenses	9,000	3,600	11,000	4,100
<b>Operating Costs</b>	<b>73,800</b>	<b>38,310</b>	<b>77,752</b>	<b>41,100</b>
<b>Total Program Costs</b>	<b>\$73,800</b>	<b>\$130,748</b>	<b>\$77,752</b>	<b>\$139,628</b>
FY17 CSBG reflects the approved FFY16 CSBG grant, October 1 2015- September 30 2016. Federal CSBG funding is awarded as a pass through grant via Maryland Dept. of Housing & Community Development.				
Budget does not reflect the following In-kind contributions				
> space, some IT, and equipment				
> in-kind staff support from CAA, Gaithersburg, Rockville, CAFE and partners				
> 2 PT Community Fellows (DHCD discretionary CSBG training \$\$ to MD CASH)				
> additional training from the IRS, and state, regional and national partners				
> FY16: \$7,500 United Way grant to CAFÉ via Family Services: Flyers, training and promotional items for outreach				

2. Please provide the following service information for **Tax Years 2014 and 2015** for the VITA program:

- How many **volunteers** participated in the program?
- How many **households** were served by the program?
- How many **tax returns** were filed?
- What amount of **refunds** and **credits** resulted from the returns filed?
- What was the estimated amount of **tax savings** to taxpayers?
- What was the amount of **taxes owed**?

- What was total amount in **Earned Income Tax Credit** that the program was able to help individuals collect?

**VITA Service Information by Tax Year**

<b>Tax Year</b>	<b>2014</b>	<b>2015<sup>1</sup></b>
Program Volunteers	96	115
Households Served by Program	2,159	1,667
Tax Returns Filed <sup>2</sup>	2,159	1,667
Refunds/Credits from Returns Filed	4,225,801	4,486,339
Estimated Tax Savings to Taxpayers	578,612	350,236
Taxes Owed	898,161	729,291
EITC Collected	1,098,251	1,500,009

<sup>1</sup> Tax Year 2015 reporting is partial year data from January 19 to April 8, 2016. Tax Year 2015 customers are served through October 2016.

<sup>2</sup> State and Federal refunds are not counted separately, and therefore there is one return per household.

3. What **percentage** out of the estimated number of **qualifying households** were the number of households **served** in Tax Years **2013, 2014 and 2015**?

**EITC Qualified Households Served by Tax Year**

<b>Tax Year</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
County Residents Receiving EITC <sup>1</sup>	55,526	Information Not Released	
Estimated Number of EITC-eligible Households <sup>2</sup>	69,408		
EITC-eligible Tax Filers that did not Apply	13,882		
Households filing taxes through VITA	2,073		
% of EITC-eligible Households served by VITA	3.0%		

<sup>1</sup> Source: Brookings Institute.

<sup>2</sup> Research suggests that, on average, 20% of EITC-eligible households do not apply for the credit. To determine the total number of EITC-eligible households it is assumed that county residents receiving EITC are 80% of eligible households.

4. What was the **estimated number of qualifying/eligible households** in those years?
  - TY13 – estimated at 69,408 qualifying/eligible households\*
  - TY14– information not yet available
  - TY15– information not yet available
5. Did the program report a **wait list for services** in **FY15? FY16**?
  - TY15 – Not tracked—customers referred to other partners
  - TY16 – Not tracked—customers referred to other partners



6. What outreach or other activities were performed by the program to increase the number of eligible residents accessing the EITC in each of FY13, FY14, and FY15?

**FY13, FY14 and FY15:**

- CAA coordinates awareness of the EITC and County free tax provider information through our partnership with the IRS, free tax providers, 311, the Maryland CASH Campaign, the Volunteer Center, and MCPL;
- CAA's website, the 311 hotline and the websites of the city of Gaithersburg, the city of Rockville, and Family Services, Inc. provide the contact information for our online appointment system. The system provides email appointment reminders;
- Word of mouth from customers is highly effective. Referrals are received from caregivers/providers from nonprofits and public agencies, including the IRS (web and Taxpayer Assistance Center) and MD Comptroller;
- Customers are referred by 311, the County Council, the County Executive, Montgomery delegation members, Congressional staff, and by community and faith partners;
- Thousands of flyers are distributed before, during and after the tax season.
- CAA produces Countywide fact sheets;
- CAA coordinates with the national EITC Outreach Campaign (Center on Budget & Policy Priorities); CAA makes CBPP's outreach packets available via the VITA website.
- CAA and the Community Action Board participate in local and national EITC outreach and volunteer recognition events;
- CAA distributes an annual EITC Press release with links to partners through the County Executive; we participate in County segments for Cable TV/You-tube, and VITA was featured in an article for Consumer Credit Counseling Services;
- CAA distributes special flyers and record keeping tools for self-employed taxpayers who are VITA eligible;
- CAA and Maryland Hunger Solutions have developed joint flyers for our VITA and SNAP outreach project;
- VITA and CAA staff share resource info, presentations and trainings at consumer and provider events, such as:
  - The Head Start Community Forum;
  - Volunteer events at Montgomery College, American University and University of Maryland;
  - School and Community United Conference;
  - Community Action Agency network events (for nonprofits delivering food, legal, social services, community engagement, emergency, youth, or employment services);
- CAA forwards outreach flyers through Holiday Giving: City of Gaithersburg, Rockville, Interfaith Works, Linkages to Learning, Housing Opportunities Commission;
- VITA provides special tax preparation for ARC and International Rescue Committee customers, and for HHS clients' needing case management who have Power of Attorney.
- The staff regularly update the CAA and VITA websites, along with social media pages

**New in FY16-- Tax Year 2015:**

In FY16, CAA/VITA increased its EITC outreach efforts by launching a new website called CASHBACK. CAA staff worked with IT staff to design the site. The website, which is housed on the Montgomery County server, includes information about free tax preparation services, tax credits for low-income filers, where to go for other services in the County, how to volunteer with VITA, and financial education resources. The website is intended to serve as a one-stop-shop for low-income residents in need of financial information.

Upon launching the website, a press release was issued and information about the website was shared on social media, County listservs, a scrolling advertisement on the County website, and with members of the CAA/VITA network. Additionally, the agency worked with a graphic artist to create RideOn bus ads which were circulated throughout the County. The bus ads included the phrase *Get All Your Money* and provided the link to the CASHBACK site.

PH 4-5-16  
OP Dued



COMMUNITY ACTION BOARD

April 15, 2016

Montgomery County Council  
Health & Human Services Committee  
Montgomery County Council  
100 Maryland Avenue  
Rockville, Maryland 20850

RECEIVED  
MONTGOMERY COUNTY  
COUNCIL

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Dear Committee Members:

The Community Action Board strongly supports converting Community Action's Volunteer Income Tax Assistance (VITA) Program contractor position to a full-time County employee. The VITA Program has done an extraordinary job of meeting the needs of low-income residents with just one full-time employee. In Tax Year 2014, the year-round program filed 2,159 tax returns, totaling more than \$4.2 million in refunds and credits. This year, the program is on track to serve even more taxpayers, and has already generated more money during the tax-season for VITA customers than it did in FY15.

However, several obstacles exist for the program due to the limitations of having just one full-time County employee. A contractor is not authorized to manage IT needs, may not drive the County car to transport County equipment to off-site locations, and may not enter the Community Action Agency office during off-hours. Also, the IRS only allows an "employee" to serve as a Certified Acceptance Agent to validate original identity documents for ITIN filers. These issues were highlighted last year when the VITA Program Manager was on extended medical leave, requiring other Community Action staff members to dedicate a significant amount of time to address operational issues and to keep the VITA program functional, and straining the entire VITA team, particularly its very dedicated contractor.

We understand that the Community Action Agency will have the funding in its CSBG to fully fund a second merit program specialist position. Therefore, we strongly urge the County Council to approve conversion of the contractor position to a full-time employee in the FY17 budget.

This change will strengthen the agency's superb VITA program. The person currently working in this position has been with the agency for over five years. His commitment to VITA and to the Community Action Agency should be adequately compensated and this critical position should be secured from this point forward.

Thank you for your consideration of this matter.

Sincerely,

Matthew J. Green, Jr.  
Chair  
Community Action Board

Department of Health and Human Services • Office of Community Affairs • Community Action Agency

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