

**WORKSESSION**

**MEMORANDUM**

May 3, 2016

TO: Health and Human Services Committee

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

SUBJECT: **Worksession: FY17 Operating Budget Follow-up**  
**Department of Health and Human Services**

**1. Volunteer Income Tax Assistance Program (VITA) Program**

In its April 21<sup>st</sup> session, the HHS Committee reviewed the VITA program budget. For FY17, the recommended budget for the VITA program is \$217,380, which is an increase of \$12,832 or 6.3% from the FY16 budget.

In addition, the Committee **requested information on the cost of converting a contractual staff position to a full-time merit position**, in response to the request of Matthew Green, Chair of the Community Action Board. In his April 15<sup>th</sup> letter to the Council, Mr. Green suggested that the merit position is needed to perform a variety of functions including managing IT needs, transporting equipment using County vehicles, entering the Community Action Agency office during off-hours, and acting as a Certified Acceptance Agent to validate original hours. He suggests that the recent extended leave of the VITA Program Manager strained the VITA team, and Community Action Agency has grant funding to fully support a second merit program specialist position.

**The Department reports that the additional cost in FY17 to turn the position into a merit position is \$6,866 assuming a start date in the last quarter of the fiscal year. The annualized total cost for the position is \$20,889.**

**2. DD Supplement**

At its April 28<sup>th</sup> session, the HHS Committee placed **\$2,155,899 on the reconciliation list** to provide funds so the direct service workers can, on average, **earn 125% of minimum wage**. The Executive's recommendation funds an average wage of 121.4% of minimum wage.

If the Committee wants to put this on the reconciliation list in increments they would be:

122% of minimum wage	\$373,888
123% of minimum wage	\$594,004 (must do increment 1 and 2)
124% of minimum wage	\$594,004 (must do increment 1, 2, and 3)
125% of minimum wage	\$594,003 (must do increment 1, 2, 3, and 4)

The Committee discussed requiring organizations to use 100% (rather than at least 75%) of the supplement to increase wages to direct service workers.

**InterACC/DD provided the following recommendations and comments on the proposal to require 100% of the DD supplement to go towards wages -**

- InterACC/DD recommends keeping the rules the same for FY 17 for verifying the use of 75% of the DD supplement used to increase direct support professional staff wages.
- The calculations to determine the amount needed to maintain a differential of 125% above the new county minimum wage *did* use 100% of the supplement to achieve this goal.
- Agencies will need to address compression of wages of first line supervisors, such as house managers, job developers, and other positions or portions of the DSP position, which were removed when the staff hours were calculated using the current definition of DSP and methodology. Therefore, for this year, providers recommend keeping the 25% margin to enable them to align their pay scales for other staff performing essential duties for individuals.
- We would be happy to discuss other methodologies and criteria for FY 18, and work closely with HHS on these calculations.

**3. Shared Psychiatrist**

At the April 28<sup>th</sup> session, the Committee discussed whether the \$220,000 in the budget to hire a psychiatrist should be re-purposed as the Department has been unable to recruit a psychiatrist at this level of funding.

DHHS provides the following salary information from Indeed.com  
<http://www.indeed.com/salary>

- According to indeed.com salary data, the average salary of a full time Psychiatric Nurse Practitioner in the Washington DC area is \$129,000. Assuming the fringe cost is 25% of the salary, the total PC would be \$161,250 and the hourly rate would be \$77.52. We believe the recommended \$220,000 appropriation is sufficient to contract with an FTE nurse practitioner or a part-time Psychiatrist at a higher hourly rate. We can also explore some combination of the above.

**There is no change to the budget required, but if the Committee agrees DHHS should pursue alternatives, this should be included in the Committee's recommendations so it is in the legislative record.**

- 4. Caregiver Policy/Program Coordinator**
- 5. Age Friendly Community Program Coordinator**

At its April 28<sup>th</sup> session, Councilmember Berliner asked for the cost of increasing the current part-time position that is coordinating policy/program around senior caregiving. He also asked for the additional cost for funding a full-time position for the Age Friendly Community program instead of the proposed Senior Fellow.

	<b>FT/PT</b>	<b>Total Salary &amp; Fringe</b>	<b>CE Rec PC</b>	<b>Net Additional Appropriation</b>
Program Manager II, gr 25, 1.0FTE <b>(Age Friendly Community)</b>	FT	98,237	17,142	<b>81,095</b>
Existing Current INCUMBENT PT Gr. 25 Program Manager II <b>(Caregiver Support Coordinator)</b>	PT	59,661	59,661	-
Add .50FTE to Incumbent <b>(Caregiver Support Coordinator)</b>	FT	48,010	-	<b>48,010</b>

DHHS has confirmed that the incumbent in the part-time position can fill the full-time position if they so choose without having to complete a new recruitment process