

HHS COMMITTEE #1  
October 19, 2016

**MEMORANDUM**

October 17, 2016

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst *VY*

SUBJECT: **Meeting with Boards and Commissions**

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

In a letter dated August 16, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1, with the Commission and Board responses beginning at ©2. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

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

Presentations from the represented groups will be heard in reverse alphabetical order. The order of presentations rotates from alphabetical to reverse alphabetical order from year to year in an effort to be equitable to participating groups.

## DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
Sorell Schwartz	Victim Services Advisory Board	2-3
Stephen W. Gammarino	Montgomery Cares Advisory Board	4-5
Kiki Li	Mental Health Advisory Committee	6-8
Maria Gomez, Co-Chair Henry Montes, Co-Chair	Latino Health Initiative	9-10
Amy Horton-Newell	Interagency Commission on Homelessness	11-12
Barbara J. Andrews	Early Childhood Coordinating Council	13
Pamela Lockett	Community Action Board	14-16
Dan Bullis	Commission on Veterans Affairs	17
Dr. Seth Morgan	Commission on People with Disabilities	18
Carlean Ponder	Commission on Juvenile Justice	19-20
Daniel Russ	Commission on Health	21
Lindsay Hoffman	Commission on Children and Youth	22-23
Edward Krauze	Commission on Child Care	24-25
Noelle Heyman	Commission on Aging	26-30
Ronna Cook	Citizen Review Panel Advisory Group	31
Crystal Carr-Townsend	Board of Social Services	32-33
Meng K. Lee	Asian American Health Initiative (AAHI)	34-35
Roni White	Alcohol & Other Drug Abuse Advisory Council	36-37
Beatrice Miller, Vice-Chair	African American Health Program	38-39



MONTGOMERY COUNTY COUNCIL  
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL  
COUNCILMEMBER  
AT-LARGE

August 16, 2016

Ms. Pat Grant, Chair  
African American Health Program  
13713 Town Line Road  
Silver Spring, MD 20906

Dear Ms. Grant:

On Wednesday, October 19, the Health and Human Services (HHS) Committee will meet from 8:00 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing the policy issues of concern for your board in FY17. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by Tuesday, October 11 to Vivian Yao, Legislative Analyst, at [vivian.yao@montgomerycountymd.gov](mailto:vivian.yao@montgomerycountymd.gov) or 240-777-7989 (fax). Please limit your remarks to one page. Priority statements will be compiled and published on the Council's website ([www.montgomerycountymd.gov](http://www.montgomerycountymd.gov) -- follow links to the County Council) by the evening of October 17.

The meeting will begin at 8:30 a.m. in the third-floor Hearing Room of the Council Office Building (COB) at 100 Maryland Avenue. A breakfast reception will be held prior to the meeting at 8:00 a.m. in the 5<sup>th</sup> Floor conference room in the COB. Please note the change in venue for the meeting from previous years. To accommodate all groups and allow time for discussion at the meeting, one spokesperson from each board or commission will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Pay parking is available in the COB parking garage located the intersection of Monroe and Jefferson Streets. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

George L. Leventhal  
Chair  
Health and Human Services Committee

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

STELLA B. WERNER OFFICE BUILDING • 100 MARYLAND AVENUE • ROCKVILLE, MARYLAND 20850  
240/777-7811 OR 240/777-7900 • TTY 240/777-7914 • FAX 240/777-7989

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

Date: 10/11/16  
B/C/C Victim Services Advisory Board (VSAB)  
B/C/C Representatives: Sally Vigilant and Sorell Schwartz

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

Transitional and Permanent (long-term) housing for Domestic Violence (DV) Victims is a critical need, necessary to ensure continuity of safety and life stabilization for this physically and psychologically vulnerable population. DV victims are provided temporary shelter and appropriate wrap-around services at the Betty Ann Krahnke Center (BAK). The prescribed period of residence is 2 to 3 months but because of the unavailability of transitional and long-term housing, at times clients remain at BAK about 60 days. For some unable to transition from BAK to safe conditions are provided temporary hotel housing, which is expensive and wholly inadequate with respect to protection from abusers. Further, DV victims face significant challenges that place them at risk for negative outcomes including: (a) high cost of living in the county, (b) lack of education and vocational skills, and (c) physical/emotional effects of complex trauma. Through the efforts of the VSAB working with County offices, long-term housing program for at least two young female-headed households will be instituted at Fleet Street properties, county-owned property that has been reserved by the county for DV victims and their families transitioning out of BAK. Although it is a positive step to have the two (2) The Board was instrumental in getting the Fleet street housing. Due to the zoning issue, only large families can move in (6 members) to these units. Special Needs Housing provided two homes on Gainer Road to place smaller DV families, but this in no way addresses the much larger need for affordable transitional and long-term housing for DV victims. As the County has made it a priority to eradicate homelessness for the Veterans with great success, we ask that we also make ending homelessness for domestic violence victims a priority. VSAB has met with Chuck Short, Special Assistant to the County Executive and members of county housing programs and housing advocacy groups to identify strategies to increase the availability of viable housing stock for DV victims and families in need of long-term housing. Additionally, we need about \$100,000 for case management needs for this new initiative.

**Policy Issue#2: A policy change on the County level for forensic exams for rape and sexual assault victims to occur in all hospital in our Jurisdiction.**

The forensic exam after a rape or sexual assault is critical in collecting evidence and preserving the health of a rape and sexual assault victim. Currently, many of these examinations are being done at one hospital in the County. This is not in line with a victim centered approach for victims of rape and sexual assault during this most critical time. A victim may go to one hospital for help in the county and if that hospital does not provide the exam, they would have to transport themselves to the only hospital that does. This could mean that a victim would drive across the County with injuries and critical evidence as a result of the assault. VSAB advocates that all hospital in the County provide forensic exams to rape and sexual assault victims by forensic nurses, in order to provide quality care, and best practices for victims of sexual assault and rape.

Policy Issue #3: To advocate for a budget funding increase for domestic violence offender groups.

Trauma Services (APP) offers domestic violence offender groups through a contractor. These groups are ordered by the judicial system to offenders in the County and are mandatory. These groups utilize a best practice model for treatment of domestic violence offenders in hope of decreasing or eradicating recidivism of domestic violence offenses. In these groups, the offenders learn interventions that help them manage anger, communicate better, and learn how to have positive and healthy relationships. This past fiscal year 16 groups needed to be cancelled because of lack of funding. The clinical contractor that helps with DV Male offender intakes additionally was an HHS unfunded budget pressure. Most DV victims want the abuse to stop and not to terminate their relationships; these groups are valuable in helping the abuse to stop. The program needs \$72,400.00 dollars to fund more groups, the intake person, and the possibility to provide intensive individual therapy for high risk offenders.



**HHS Committee Breakfast with the HHS BCC's  
Montgomery Cares Advisory Board  
Position Statement  
October 19, 2016**



**Overview**

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

Fiscal Year 2016 was a new beginning for MCAB operating under an expanded scope and mission. The MCAB now has oversight of programs under the Health Care for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health Care for the Homeless, as well as the Montgomery Cares program. The Board reorganized its operational and management structure to effectively incorporate and understand the needs of all the programs. When considering program improvements, changes, and reducing barriers to care, the needs of patients are the primary focus. MCAB maintains its goal of providing leadership that results in access to patient-centered medical care for all eligible County residents

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

- Care for Kids and Maternity Partnership saw a significant increase in patients (23% in CFK, 8% in MP) which required additional funding for the second year in a row. Despite budget challenges, the programs remained open and continuously saw clients. The HHS Committee and DHHS have continuously demonstrated its commitment to these programs and we thank you for doing so.
- Montgomery Cares saw a slight decrease in patients for the third year in a row (FY16: 24,160, FY15: 24,455, FY14: 28,011). This is due in part to the leveling off of patients with the implementation of the ACA. Currently, the Board is supporting the work of MCares 2.0, an initiative focusing on an equitable system of care including an enrollment program, program uniformity – payment structure/provider requirements and increased program integration.
- The DHHS Dental Services program is thriving and has a consistent increasing demand. The program served 5,380 patients in FY16, a 12% increase and 11,731 encounters, a 24% increase over FY15. The program had budget limitations in FY16; however, with DHHS management and leadership from MCAB significant process improvements were made. Dental Services received a budget increase for FY17 which has increased the capacity of dental clinics to have an additional 2,000 encounters this year. The Dental Program is on track to expand its services as stated and serve as many County residents as possible.
- The Healthcare for the Homeless program is seeing clients with increasingly complex medical and behavioral health conditions. This is a challenge, especially with clients being discharged from the County hospitals, who cannot be managed successfully in the shelter. For FY17, HCH received start-up funds to support medical recuperative care for the clients. DHHS program staff and community partners are actively working on this endeavor.

As it exists presently, patients requiring services through the safety-net programs must navigate a complex web of eligibility and enrollment procedures, referral protocols and price structure. MCAB is working toward a system of care that is without fragmentation and minimizes barriers. The principled aim is for the best possible patient experience and a culturally competent integrated care system for clients and their families. We believe this endeavor will yield a healthier and happier community.

## **Policy Priorities**

The Montgomery Cares Advisory Board has identified the following policy priorities to guide its work in FY17:

- 1. Learn and Identify Synergies in the Healthcare for the Uninsured Programs:** The MCAB will assess priority issues that affect all programs operationally such as access, eligibility/enrollment, outreach and data needs. Streamlining issues into core priorities provides a defined framework that we can present for advocacy and education. Although we will focus on overarching matters, the MCAB will also review each program individually focusing on their critical mission and functions independently. The MCAB identify this as a priority last year and continues to keep this as a priority for this FY.
- 2. Expand Resources:** The MCAB will continue to foster partnerships that result in expanded access to critically needed support services, with a primary emphasis on behavioral health.
- 3. MCares 2.0:** The MCAB is working with stakeholders to strengthen the MCares network and create an equitable system of care. By reducing the inefficiencies that exist, we can continue to move forward under the rubric of the Triple Aim. The work of 2.0 will also provide a model of integration for the other Healthcare for the Uninsured programs and speak to sustainability.

We plan to implement these initiatives with an underlying focus on the BCC's priority of housing & homelessness issues. By effective interventions and strategies delivered within a variety of settings, we can introduce messages and programs aimed at preventing homelessness.



**Mental Health Advisory Committee's Top Priorities for FY17**  
**Submitted to**  
**The County Council's HHS Committee**  
**Work Session on October 19, 2016**

The Montgomery County Mental Health Advisory Committee (MHAC) is committed to work collaboratively with our community partners to monitor, advise and advocate for a comprehensive mental health system of care for all persons in Montgomery County. We have appreciated the support of the County Executive and the County Council under the leadership of Councilmember Leventhal and the HHS committee for both the Children's Crisis Stabilization Team and Mental Health Court.

The following are MHAC's top priorities for FY17, and we have identified some longer term concerns:

- 1) **Continue to Advocate for the Full Continuum of Criminal Justice Programs, Particularly Deflection and Diversion Initiatives With the Goal of Decriminalizing Mental Illness and Substance Abuse.** Thanks to our Montgomery County Criminal Justice System, Behavioral Health and Crisis Services, and the support of the County Executive and County Council, Montgomery County has made great strides in this area. MHAC would like to ensure the permanent functioning of some new initiatives and to advocate for an additional program as a long term goal.

The Stop Triage Evaluate Educate Refer (STEER) initiative is a joint MPD/HHS effort to divert individuals with substance use disorders who have committed minor offenses to treatment rather than arrest. The program was established less than one year ago and outcomes are just beginning to be evaluated. 60% of those in the program have engaged in treatment. The data thus far indicates that individuals are more often engaging in treatment when a clinician is sent to the emergency room following an overdose to offer treatment and support. A worker stays involved with the client until a bed is located which is generally 5-6 days. This grant ends in December. **The MHAC recommends that the council work closely with BHCS to determine ways to continue funding a clinician to engage clients in the ER.**

Just as the STEER initiative deflects individuals with substance use disorders, the Montgomery County Crisis Center deflects individuals with mental health issues and co-occurring disorders. Given that the wait time for adults to get an appointment with a community therapist ranges from 1 week to 8 months, and the wait time for a psychiatrist ranges from 2 weeks to 6 months, individuals in need of support and/or medication sometimes become involved with the police. The police rely heavily on the Crisis Center in these instances. The Crisis Center has approximately 312 Mobile Crisis Team (MCT) requests and 600 other type of referrals by police per year advising people to come to the Crisis Center or transporting people to the Crisis Center. The Crisis Center currently has two part-time psychiatrists. There are delays of generally one week in getting appointments due to several reasons. Sometimes both psychiatrists have no more available slots and the need exceeds the capacity. Delays also occur when one or both of the psychiatrists are sick or on leave or in training. The Crisis Center cannot admit to the residential crisis services (RCS) beds at times because there is not enough psychiatric coverage for the client to be seen within 24 hours as per Comar regulations. **MHAC recommends funding for a nurse practitioner at the crisis center. Crisis intervention including**

medication prescriptions can be handled by the nurse practitioner. The salary range for a nurse practitioner is \$61,886 to \$102,664.

**In the future, we would like to recommend that the county consider the establishment of a Restoration Center modeled after the center in San Antonio, Texas.** This center would have comprehensive deflection services and take some pressure off of the Crisis Center and the criminal justice system. **Since the establishment of the center would take some time, MHAC recommends the development of a Plan of Requirements for the detention center to create a space for the Restoration Center and simultaneous work between BHCS and the council to consider interim locations until the permanent building is completed. Establishment of this center would create the full continuum of criminal justice initiatives and make Montgomery County a model system for decriminalizing mental illness and substance abuse.** For more information on Restoration Centers see <http://chcsbc.org/innovation/jail-diversion-program/>

At the other end of the continuum is the Comprehensive Re-Entry Program which is currently funded through a BJA grant. The project was implemented on April 1, 2016. The grant is approved until July 30, 2017 and may be extended six months. The population served by this program has multiple, intensive needs. There are currently 71 participants assigned to case coordinators. 18 have transitioned to the community with full services and 21 are in custody pending release. The Forensic Assertive Community Treatment (FACT) team is an integral part of the program and is instrumental in providing support to inmates by connecting them to community resources and continually monitoring their care to prevent relapse. Currently, there is no dedicated FACT team. Resources are pulled from the jail CATS program and they are already at their capacity limit. **MHAC recommends funding for a FACT team possibly through a provider contract to insure that adequate capacity remains. MHAC is working with BHCS to determine a cost for the team.**

- 2) **Advocate for Funding for More Psychiatrist Positions in Montgomery County or Expand Access through Alternative Methods.** The MHAC would like to thank the Council for its generous allocation of flexible funding for the County to explore ways to address the psychiatrist shortage. This shortage is not simply an issue for our County, but one that touches every behavioral healthcare system in our state, in both urban and rural areas. The Council's flexible funding will encourage innovation that will allow non-traditional approaches to generate more capacity while employing the same number of providers.

Until our current efforts come to fruition, a low-income Montgomery County resident, with newly identified psychiatric symptoms, could wait several months for his first appointment with a psychiatrist. The wait could be extended if the need is for a child psychiatrist or a psychiatrist who speaks Spanish. In this respect, the Legislative Oversight Report on the Montgomery County Behavioral Healthcare System bore its own critical oversight. While arguing that the County had an above average supply of psychiatrists, within the context of a national shortage, it failed to explore whether these psychiatrists accepted Medicaid, treated the uninsured, or even accepted insurance at all. Several prominent national studies have estimated that between 30 and 40% of psychiatrists do not accept insurance. Even if the County has a greater supply of psychiatrists relative to even more extreme shortages in rural jurisdictions, if these physicians do not serve the vulnerable, or require sizable cash payments, they are in truth not accessible to those who most need them.

While the flexible funding is an important first step, **MHAC believes the Council should develop a five year fiscal plan to fund or subsidize either more psychiatrist positions in County Government (especially within the Crisis Center) and the nonprofit sector, or expand psychiatric access through the innovative use of telemedicine, creating psychiatric nurse practitioner positions and residency programs in County Government, and/or the adoption of innovative consultation models where**

**psychiatrists guide pediatricians or family doctors in their prescribing of psychiatric medicines in primary care clinics either funded or administered by the County Government.**

At the same time, the County faces a critical shortage of mental health professionals of all disciplines (Social Workers, Professional Counselors, Nurse Practitioner, Expressive Therapists, etc.) who can speak Spanish or other critical language necessary to support a growing population of immigrants and refugees from foreign Countries with exposure to psychological trauma. Data from Montgomery County Public Schools alone reveals as many as 12,000 immigrant youth may have matriculated in the past five years from three violence-torn Central American Countries, which gives context to the proportions of this problem.

- 3) **Continue to Advocate for a County-Wide Coordinated System of Care for Adults.** The Office of Legislative Oversight (OLO) report cited many behavioral health services that are available in Montgomery County. However, adults with multiple needs, including psychiatric, medical, and socio-economic, cycle through our hospitals and jails often due to poor or no care coordination and because of difficulty accessing needed services. Recidivism is higher for those with mental health disorders often due to criminal charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.

While there has been some progress toward a more coordinated system through contracts with targeted case management providers and the Nexus Montgomery Grant, it is still imperative to establish a comprehensive county-wide system which is aligned with hospitals and non-profit systems. One focus of the Nexus Montgomery Grant is to prevent re-admissions to hospitals by coordinating care between hospitals and the community. A county system could accept referrals from multiple sources, not only hospitals. The system could coordinate care with adult consumers among all agencies involved with a focus on holistic care that includes wellness, prevention, treatment and stabilization. The system could integrate efforts among the agency providers, track care, and collect data. Funding could come from entities and insurance companies that have a vested interest in lowering rates of costly hospital admissions and re-admissions and jail recidivism. A county system would be a systemic vehicle which could use resources wisely and support case managers in the STEER Initiative, the CORP program, the Mental Health Court, the Restoration Center, clinics, and primary care physicians.

**MHAC will monitor the progress of the Nexus work group. We are hoping that this group may be able to begin to realize the larger mission and recommendations made by the Care Coordination Subcommittee of the Healthy Montgomery Task Force.**



October 11, 2016

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

Dear Mr. Leventhal:

On behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, the following represents our planned Policy Priorities for Fiscal Year 2017.

**Maintain oversight of the Latino Youth Collaborative HHS Recommendations**

It is part of the LHSC responsibility to maintain oversight in coordinating and collaborating with the County Department of Health and Human Services (HHS) on addressing the recommendations pertinent to the HHS from the County Latino Youth Collaborative Report. This coming year, we will continue to work with the Chiefs of the Children, Youth and Family and Behavioral Health service units to consider their implementation plans and suggest ideas that may help with community involvement and participation.

**Roll out the LHI new Blueprint including its Effective Dissemination**

This year the LHSC has worked with the Latino Health Initiative staff in laying the groundwork and developing all the necessary sections for the new Blueprint for Latino Health in Montgomery County 2016-2025. We are looking forward to the official release of this document before the end of the 2016 calendar year. Plans for its dissemination are in the making so that various public and private sectors can utilize the information and data within the Blueprint in making their plans for serving the County Latino population.

**Leadership Institute for Equity and Elimination of Disparities (LIEED)**

Members of the LHSC along with representatives from the Caribbean American, Continental African, African-American, Middle Eastern, and Asian-American communities and the DHHS Director with her Senior Staff, have continued to work on developing the infrastructure and supporting the implementation of activities related to LIEED. The goal of LIEED is to develop a strategy to enhance departmental practice, policy, and infrastructure to best serve racially, linguistically and ethnically diverse communities including emerging populations. For 2017, the LHSC will continue to play an active role in the LIEED and will work with DHHS to implement recommendations from a departmental report that focus on systemic change.

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

As we have in the past, we look forward to working with the Council HHS Committee in pursuing our partnership to improve the health and social conditions of our County Latino populations. Success of our efforts will continue to be a work-in-progress as we effectively complete the milestones before us.

Sincerely,



Maria Gomez, RN, MPH  
Co-Chair, LHSC



Henry Montes, MPH  
Co-Chair, LHSC

cc:

Ms. Uma Ahluwalia, Director Montgomery County Department of Health and Human Services  
Ms. Betty Lam, Chief Office of Community Affairs, Montgomery County DHHS  
Ms. Sonia Mora, Senior Manager, Latino Health Initiative, Montgomery County DHHS



## **Interagency Commission on Homelessness (ICH)**

### **TOP POLICY PRIORITIES FOR FY 17**

**Amy Horton-Newell, Chair    Brian Tracey, Co-chair**

**October 19, 2016**

#### **Medicaid Expansion:**

Expand Medicaid Waiver on Homelessness in Montgomery County. Prince George's County, Baltimore City along with Montgomery County hired a consultant to develop the Medicaid Waiver on Homelessness proposal to the State Department of Health and Mental Hygiene (DHMH). A waiver will allow Medicaid payments to not only pay for the cost of services for those who are homeless but also for housing support services for those that were previously homeless. The projected cost of support services is \$8,000 without including the cost of the housing subsidy.

#### **Pay for Success:**

The U.S. Department of Housing and Urban Development (HUD) and the Department of Justice (DOJ) awarded \$1.3 million to Montgomery County and Prince George's County to address homelessness and reduce recidivism among the justice-involved population through the Pay for Success model. It is a multi-year project with the goal of developing a Permanent Supportive Housing (PSH) program for this population. For many individuals convicted of minor crimes, finding jobs and decent housing is so challenging that many are at extreme risk of homelessness or reentering the criminal justice system. The project will demonstrate cost savings and create a peer learning network. Project is aimed at addressing housing and rehabilitation needs of homeless individuals who are experiencing incarceration and with a history of receiving costly services including somatic and behavioral health care.

#### **Zero:2016 Chronic Homeless Initiative:**

Montgomery County is committed to ensuring that all County residents who are chronically homeless are living in permanent housing by December 31, 2017. Per directive from the U.S. Department of Housing and Urban Development (HUD), for Montgomery County to effectively end chronic homelessness, there should be no more than three unhoused chronically homeless individuals or families in the County at any time. As of September 1, 2016, the By-Name-List includes 209 individuals and zero families who are either verified as chronically homeless or who have been deemed by provider staff as likely to meet the Federal definition. We estimate 121 Permanent Supportive Housing (PSH) units will be available from our existing and new PSH units coming online. The estimated gap for housing is about 133 units.

**Medical Recuperative/Respite Programs:**

Establish Medical Respite Programs to Expand Options for Persons Experiencing Homelessness with Complex Medical Needs who are being discharged from hospitals. The Hospital and Jail committee of ICH has explored how a medical respite program could make an impact in bridging this gap in services. The Medical Respite Workgroup is conducting a 60-day data study that will identify gaps in care, and help inform scope of service, level of care, and staffing needs of a medical respite/recuperative care program. The study is being conducted at hospital and shelter.



EARLY CHILDHOOD COORDINATING COUNCIL

**Early Childhood Coordinating Council  
Top Two Priorities 2016-2017**

Presented to the County Council Health and Human Services Committee  
October 19, 2016

The Early Childhood Coordinating Council (ECCC) monitors, advocates, and makes policy recommendations for the development of a comprehensive, coordinated system of early care and education that supports school readiness, provides support for state and local initiatives.

ECCC Priorities for 2016-2017 will also be informed by the Strategic Plan for Early Care and Education being released later this year.

Building a seamless system of care from birth to age eight in Montgomery County requires improved communication and connections within the entire early childhood system and requires aligned resources for families and young children.

- 1.) Create a Birth-3<sup>rd</sup> grade system of early childhood education via a dialogue between Birth-5 and K-3<sup>rd</sup> grade professionals that also includes improved communication with parents
- 2.) Align resources to maximize support to families provided by programs and services

Department of Health and Human Services

1401 Rockville Pike, Suite 200 • Rockville, Maryland 20852 • 240-777-1528 • 240-773-1190 FAX

montgomerycountymd.gov/311



301-251-4850 TTY

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Montgomery County Community Action Board's Testimony  
County Council HHS Committee Worksession  
Wednesday, October 19, 2016

Pamela Lockett  
Community Action Board Chair

My name is Pamela Lockett, Chair of the Community Action Board, the federal government's designated anti-poverty group and the governing body for Head Start and the Community Action Agency. Thank you for the opportunity to share our priorities. This year, our budget priorities focus on the needs of the low-income community and the Community Action Agency.

Early Childhood Services

Our first priority is the expansion of affordable, high-quality early childhood services. We thank the Council for its commitment to improving childhood services, including the recent increase in funding for the WPA, for funding Montgomery College's early childhood center, and for funding quality improvements to support the County's early childhood workforce.

We are delighted that Charlene Muhammad, our agency's new Head Start director has joined the Community Action Agency. We are confident that her national expertise will be an asset as the County moves forward with its Strategic Plan to address unmet child care needs, as well as to assure that our program meets new Head Start performance standards. We know you will be pleased to hear that she is already fully engaged in providing training and reporting to our Board, as well as collaborating with the Early Childhood Policy Officer, DHHS' Early Childhood and School Health services, MCPS, Montgomery College, and with Early Head Start partners.

CSBG Funding Increase

Our enabling legislation and federal guidance provides us with a clear role in identifying needs and in recommending and approving the Agency budget. We are very pleased that for a second year in a row, as a result of the reallocation of the state's Community Services Block Grant (CSBG) funding, the

Montgomery County Community Action Agency's grant has increased. As we advocated for this change through our testimony to the State's Department of Housing and Community Development, we are gratified by this opportunity to serve the County's low-income residents through our Community Action Agency. Some funding has been utilized to make safety, privacy and facility improvements at the TESS Center and to support the Agency's move to 1401 Rockville Pike. Our increased CSBG grant has also been utilized to help fund a new Self-Sufficiency Standard, which will soon be released, and to launch the Board's Leadership Development Institute to provide advocacy training to low-income residents, adding new voices and ideas to better address the needs of our vulnerable neighbors. Funding has also supported temporary staff and contractors for the Agency, including at the TESS Center and for VITA.

In FY18, we are seeking to use federal CSBG funding to supplement the current County funding used for a contractor in the VITA program, to convert this position to a full-time County employee. We are also seeking the addition of a bi-lingual merit position at the TESS Center, funded in part by the CSBG grant. As the CSBG grant is prepared following the release of the County budget, we are urging the Department of Health & Human Services to include both of these merit positions in the FY18 budget, and are grateful for the County Council's support.

#### Volunteer Income Tax Assistance - VITA

Last year, the Community Action Agency's Volunteer Income Tax Assistance (VITA) program served over 2,500 households, bringing back nearly \$5 million in refunds and credits, through the efforts of over 100 volunteers, with just one full-time staff member, one full-time contractor, a part-time fellow, and a volunteer coordinator. Having just one full-time County employee for such a large, complex and technical program poses several challenges, including negotiating partnerships, assuring training protocols are followed, and initiating relationships internal to HHS. As well, a contractor cannot address IT needs, may not drive the County car to transport equipment to off-site locations, and may not enter the agency's office outside business hours. The IRS limits employees to serve as Certified Acceptance Agents to validate original identity documents for ITIN tax-filers. A second merit position will assure that high-quality services continue uninterrupted, as we reduce poverty among low-income residents by increasing access to free tax preparation services and Earned Income and Child Tax Credits.

The Takoma-East Silver Spring (TESS) Center

The Agency's Takoma-East Silver Spring (TESS) Center serves over 8,000 walk-in clients each year. The critical role that the TESS Center plays in the Long Branch community was highlighted recently following the tragic fire at the Flower Branch Apartments. With over 40 years in the community, TESS was immediately trusted by community members, and served as an emergency response site, serving 43 residents in just the first day after the fire. Following the fire, staff continued to work tirelessly, linking victims with services, including with DHHS housing staff and mental health professionals, based at TESS and other locations.

TESS operates with four full-time employees and two part-time Neighborhood Opportunity Network (NON) Connectors. The Center would greatly benefit from the addition of a bi-lingual Spanish/English or Amharic/English staff member, as recommended during last year's DHHS Community Review of the TESS Center. In light of future Purple Line changes that may affect TESS, we ask that Council review its future facility plans for the program, and to explore infrastructure issues referenced in the report. These include ADA limitations and frequent IT outages that continue to plague the site, which appear to be related to inadequacies of the Comcast service connection.

In closing, we appreciate your attention to addressing unmet needs in East County, where Community Action formerly provided coordination and delivery among DHHS programs. We are eager to learn more about proposals to bring a new, multi-sector partnership to improve the economic opportunities in the community.

Thank you again for the opportunity to share our priorities with you and for the Council's ongoing commitment to low-income residents. We look forward to continuing to work with the County Council to address the critical needs of all County residents struggling to achieve self-sufficiency.



**Commission on Veterans Affairs Budget Priorities FY18  
Meeting with B/C/C and HHS Committee of County Council  
October 19, 2016**

**Dan Bullis, Chairman  
Randy Stone, Vice-Chairman**

1. **Continue County funding for Ending Homelessness for Veterans** - \$500,000 per year to be able to serve those who do not qualify for Veteran Administration Supported Housing (VASH) vouchers.
2. **Funding to Identify and ensure treatment from Veterans Administration and other benefits/services for Veterans in Mental Health Court** - The Commission supports the work of the Mental Health Court Planning and Implementation Task Force and recommends that the STEER and Sequential Treatment Model be used to identify Veterans and refer them to needed services. The goal of the Deflection Model project is to deflect low-risk individuals with substance use disorders (SUDs) away from the criminal justice system and directly into community-based treatment. This deflection model presents an evidence-based approach to providing individuals treatment for substance use and will have many benefits not only for the affected individuals, but also for their families and our communities, as well as Montgomery County's overburdened expensive criminal justice system. The County is moving forward with an initial smaller scale implementation that will be funded for 12 months. To ensure that all Veterans receive this model, and because it is anticipated that this model will be expensive and far beyond available resources the Commission recommends to fund \$250,000 to provide 2 staff positions to support this effort specifically to serve Veterans that have a diagnosis of substance abuse and /or mental illness/Post Traumatic Stress.

Commission on People with Disabilities  
Meeting with Montgomery County Council HHS Committee  
Priorities for FY 18  
October 19, 2016

Seth Morgan, M.D., Chair  
Marcie Povitsky, Vice-Chair

**1. Housing**

Housing affordability and accessibility are the number one first priority for people with disabilities. We thank the Council and Executive for implementing the Design for Life Montgomery Tax Incentive Program which will lead to increasing the housing stock of accessible homes. In regards to housing affordability there is a need to support housing for individuals with disabilities on receiving Social Supplemental Security Income/Social Security Disability Income. In the case where parents age 60+ are the caregivers of people not able to live independently, it should be a priority. Following the lead of the County's recognized leadership on the Zero 16: Campaign to End Veteran and Chronic Homelessness, we ask you to expand this effort to people with disabilities. As the County continues to divert individuals with serious mental illness (SMI) and developmental disabilities (DD) out of its correctional facilities, there will be an increasing need for a community-wide response that includes increased housing for this population. A failure to provide accessible housing and services for diverted SMI and DD individuals poses a risk to the safety and public health of those involved, and the affected population will inevitably end up cycling back into the criminal justice system.

**2. Developmental Disabilities Services**

We are pleased that the County is now providing Coordination of Community Services to 500 persons who have developmental disabilities. We request that HHS/Aging and Disability Services expand the number of clients that they provide Coordination of Community Services to. We ask that the County work with members of the General Assembly to work toward the elimination of the State of Maryland Developmental Disabilities Waiting List and to establish timelines for how long a person can be on a waiting list particularly in the crisis resolution and crisis prevention categories. There are currently 989 individuals in Montgomery County on the State DDA Waiting List – not in any services at all. 12 are in crisis resolution, meaning will be in crisis if they do not receive services within 3 months 106 are in crisis prevention, meaning will be in crisis if they do not receive services within 6 months and 871 are in current request.

**3. Employment**

The County is to be commended for its efforts to increase the hiring of people with disabilities which includes the hiring preference for Veterans and people with disabilities, internships and the non-competitive hiring process. We do not expect the County to be the only organization to hire people with disabilities. For the upcoming year, we ask that the County look to work more with the private sector employers to encourage them through financial and other incentives to hire people with disabilities.

**4. Compliance with the Americans with Disabilities for Equal Access**

The Commission is advisory to the County on issues of compliance with the Americans with Disabilities Act and recommends expanded support to facility and program compliance. This includes health related programs, recreational parks and all facilities and services. We recommend that the County provide sufficient funds to comply and accelerate compliance with the Department of Justice Project Civic Access Settlement Agreement.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma Ahluwalia  
Director

## THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-17

In FY-17, the Commission on Juvenile Justice is focusing on the work-plan, which was developed by the Commissioners for the coming year. The Commission on Juvenile Justice, along with the professionals who dedicate themselves to youth services and rehabilitation, overwhelmingly support programs that enhance life skills for youth. In a report on at-risk-youth and workforce development, the County's Office of Legislative Oversight found too few school based programs aimed at re-engaging high risk youth, including access to vocational training programs for high-school students. Nearly two-thirds of Maryland's \$280 million juvenile services budget is being spent on detention facilities. Maryland, like a lot of states, needs to diversify its juvenile justice investment portfolio and shift money from brick and mortar into less expensive, more effective ways to serve these young people in their communities.

The Commission's first priority is on intervention and prevention efforts for high need youth, including disproportionate minority contact, gender specific, and effective re-entry opportunities for youth who have been detained and for disconnected youth. During the next year, the Commission will take the following action steps.

- Monitor report on, and make recommendations regarding relevant proposed legislation.
- Advocate for Commission budget recommendations.
- We will address one or more of the following issues:
  - Shackling and strip searching of youth in the county juvenile justice system
  - Research/investigate best practices in alternative education

The Commission's 2<sup>nd</sup> priority is to advocate for effective vocational training programs for youth who have been detained. The Commission hopes to strengthen and support the services for the Evening Reporting Center, which is currently grant funded and unavailable post-disposition.

We will address this priority by accomplishing the following tasks;

- Identify vocational programs that are available at the facilities and look at the effectiveness of those programs.
- Identify other agencies that are providing services and look at the effectiveness of those programs within those agencies.
- Identify and create relationships with MSDE and other agencies within Montgomery County and state-wide who have responsibility for this work to facilitate collaboration and information gathering.
  - Commit to participating in some sort of fact-gathering, community-engagement, stakeholder, roundtable event.

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**Commission on Juvenile Justice**

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma Ahluwalia  
Director

- Research and potentially advocate for a Re-Engagement Center/Wrap-Around Center for disengaged and/or returning youth that is potentially analogous to the District of Columbia's Re-Engagement Center (for out of school youth), Montgomery County's Family Justice Center (for families who have experienced DV) or Montgomery County's One-stop Employment Centers.

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**Commission on Juvenile Justice**

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



## Montgomery County Commission on Health

### Fiscal Year 2017 Policy Recommendations Health and Human Services Committee Work Session October 19, 2016

Good morning Council President Floreen, Council members, Director Ahluwalia, and my fellow boards and commission chairs. My name is Daniel Russ, Chair of the **Commission on Health (COH)**. Thank you for this opportunity to briefly share the priorities that the Commission will be focusing on in FY 2017.

The COH has selected its priority areas for FY 2017. At the Commission's upcoming October 20<sup>th</sup> retreat, COH members will form workgroups to focus on health literacy, men's health and obesity/nutrition. Each workgroup will consider health equity issues as part of its work.

In addition to addressing these priority issue areas, COH members hope to partner more formally this year with other committees and boards to work on broader public health issues. COH members serving as liaisons to these boards and those of us who have had the opportunity to attend quarterly director meetings and other events have noted many boards and commissions seeking to address such issues as mental health conditions and substance use disorders, child care, housing (selected as a cross-cutting priority area for the Department of Health and Human Services (DHHS) Boards and Commissions), intimate partner violence and access to various care and services. COH members, like our public health colleagues, believe that public health can be greatly improved by attention to the social determinants of health and therefore look forward to working with other boards and commissions on these issues which impact county resident health and well-being. (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>).

The Commission on Aging has approached COH to discuss oral health issues. Oral health was a previous COH priority area and COH members look forward to hearing about this issue at an upcoming COH meeting and discussing how we can work together. Similarly, the COH plans to hear from Montgomery County's Fetal and Infant Mortality Review Board at a future meeting. A liaison from the Commission on Disabilities attends most COH meetings and COH members similarly serve as liaisons to other boards and commissions. Consistent with its focus and growing interest in health literacy and access to care issues, the COH also hopes in FY 2017 to enhance partnerships with the Montgomery Cares Advisory Board. The COH has in the past supported increased funding to Montgomery Cares for behavioral health, specialty care, oral health services and pharmaceuticals.

COH members remain interested in FY 2016 priorities including communicable diseases (human immunodeficiency virus, tuberculosis, emerging diseases such as Zika), emergency preparedness, and public health accreditation for DHHS/Public Health Services.

We appreciate this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council and our fellow board and committee members to improve the health and wellness of our residents.

Sincerely,  
Daniel Russ, Chair, COH



## COMMISSION ON CHILDREN AND YOUTH

### **Top Two Policy Priorities Submitted to the County Council Health and Human Service Committee**

*October 19, 2016*

The Commission on Children and Youth (CCY) promotes the well-being of Montgomery County's children, youth, and families so that all young people may realize their full potential and become contributing, productive adults. We do this by supporting policy and budget decisions that promote the safety and well-being of children and youth, and by working so that they have access to successful futures.

This year, the Commission plans to work toward its goals by focusing on these two priorities:

- 1.) The Commission is concerned about the increase in prescription opioid and heroin abuse by youth in Montgomery County. We intend to examine the factors influencing this problem and the impact it is having on youth and family members in our community. Recognizing that many organizations are working on these issues, we plan to collaborate broadly and engage in a public awareness campaign targeted at youth.
- 2.) The Commission is committed to its missions of informing and advising county officials. To become more effective in this work, we intend to reevaluate our internal infrastructure, create processes to better influence County policies and budgets. Contact and/or identify appropriate actors/organizations to enact recommendations submitted in the Commission's annual report(s) over the past five years. Therefore, we will also be revisiting past priorities and following-up on recommendations that have not yet been implemented.

Additionally, in order to advance its mission, the CCY will host its annual Youth Having a Voice Roundtable on Monday, December 5, 2016 on the campus of the National Center for Children and Families. This will be our 10<sup>th</sup> gathering of teens from across the County to discuss issues that are important in their lives. Not only do youth have the opportunity to speak out, but adults – members of the County Council, Board of Education, HHS senior leadership and others – have the chance to hear, learn, and act on the concerns of the youth.

This year's Roundtable will focus on the Commission's priorities to gain insights from the County's youth on topics that affect them. We hope you will join us for this important event.

The Commission is committed to its mission and appreciates your support in our efforts. We look forward to working with you this year. Please feel free to contact us to inform us about how we may best support your efforts and partner to benefit the County's children and youth.



## COMMISSION ON CHILD CARE

### Top Two Policy Priorities

Presented to the

**Health and Human Services Committee of the County Council**

*October 19, 2016*

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

The Commission will advance its mission in 2016 – 2017 through a continued focus on two priorities: **The Working Parents Assistance Program (WPA) and the Child Care in Public Space Program (CCIPS)**. Additionally, the Commission will continue its efforts to educate policy makers and other stakeholders about issues impacting the child care community by hosting a policy event in early 2017.

### 2016-2017 Commission on Child Care Priorities

#### **Priority 1: Working Parents Assistance Program**

To increase accessibility and affordability of high quality child care for all working families, the commission will analyze policy options set forth by the WPA workgroup. Use this information and the recommendations from the strategic plan for early care and education to provide further recommendations to the County Executive and the County Council.

**Priority 2: Child Care in Public Space**

Examine the results of the CUPF internal audit as it applies to Child Care in Public Space and additional information from child care providers and families on experiences during the CUPF bid processes in the spring of 2016 and in the Spring of 2017. Create recommendations for the County Executive and the County Council informed by the community and by the strategic plan for early care and education.

The Commission on Child Care's Annual Report will include its recommendations on Child Care in Public Space and WPA.

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



COMMISSION ON AGING

October 11, 2016

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

Dear Mr. Leventhal:

On behalf of the Commission on Aging (COA), I am pleased to provide the COA's priorities for FY18. The COA strongly supports the County Executive's expressed desire to treat all County residents with dignity and respect. We fully support the County's continuing to make progress in becoming a Community for a Lifetime as evidenced by its acceptance of the World Health Organization's invitation to be an Age-Friendly County, and the establishment of a framework which supports that endeavor. We are cognizant of the fact that, in our County, the older adult population over the age of 60 is projected to have an average growth of 5,870 persons per year over the next five years. It is therefore critical that the County annually increase its senior initiative budget to address the growing resource needs of an aging and vulnerable population as well as those older adults who are aging in place and community with vitality.

The COA was pleased to support the County Executive's Summit on Aging in December 2015. Over 400 older Montgomery County residents and representatives from local non-profits and businesses shared their needs and priorities. Of particular importance was the stated need for affordable senior housing in Montgomery County, including a focus on the availability of units, increasing rents and tenants' rights. Homelessness, appallingly, is also an issue for our older residents. Over 140 persons over the age of 62 currently live in our County's homeless shelters, as compared to 78 older persons in Fiscal Year 2013.

The COA appreciates the County Executive's and Council's strong support for ongoing efforts to identify solutions to the challenges faced by our older residents. The COA is very appreciative that in FY 2017, the County Executive and County Council thoughtfully provided additional funds for: Montgomery County Respite Services Program; Adult Foster Care Program; Adult Day Care subsidies, Home delivered meals for seniors of low income, Social Services to Adults Case Management; an Age-Friendly County Senior Fellow position; the Caregiver Support Coordinator position increase to full time; and the Deferral of Property Tax Increases for Seniors.

For FY17 the COA is expanding the scope of its committees to better align with, support, and monitor the WHO/Age Friendly Montgomery County strategic planning; Dementia Friendly initiative and the County's Senior Agenda. Our FY18 priorities support related policy issues developed as a result of Summer Studies, Stakeholder Meetings, and the Summit on Aging, all of which provide forums for older residents to share their needs and priorities and inform our decision making.

Department of Health and Human Services

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

[www.montgomerycountymd.gov/hhs](http://www.montgomerycountymd.gov/hhs)

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## Aging in Place, Community and Planning

### **Affordable Housing, Tenants' Rights and Protections and Senior Homelessness**

- COA applauds the County Executive and County Council for increasing the number of Senior Housing Projects which are either complete, underway, or committed. This will provide 1234 affordable units in the County. However, additional steps need to be taken to enable older adults to age-in-place in their neighborhoods which is a growing issue in the County partly due to increasing rents. Also, there is the issue of increasing fees in senior housing, assisted living facilities and nursing homes. We look forward to the County Council's hearing in November on the MNCCPP's Planning Office's report on rental housing.
- COA supports the Council's consideration of Bill 19-15 "Landlord -Tenant Relations - Licensing of Rental Housing Landlord-Tenant Obligations." in coordination with the Department of Housing and Community Affairs, and other parties. COA understands that the final version is under consideration at this time and anticipate that the Bill will address issues such as Landlord-Tenant requirements, publicizing rent increases based on the Voluntary Rent Increase Guidelines, and quality and safety of rental housing. Although this is a step in the right direction, COA would like to see the Council and DCHA engage with owners of rental units and tenant groups to develop an approach that lessens the hardship of rent increases on older adults living on fixed incomes (including those whose income is above the poverty guidelines), while enabling the owners to continue to benefit from their investments.

FY'18 Recommendation: COA does not have a dollar amount associated with this recommendation since COA is seeking passage of the Bill and that there be coordination with tenants and rental housing owners' groups to develop a path forward to address increasing rents.

### **Transportation and Mobility**

- Expanded Free Ride On hours - Public transportation is of great importance to the county as a whole, and older residents choosing to age in place with limited income in particular. The Commission thanks you for increasing availability of free or subsidized Ride On bus service for older county residents. Currently, the free Ride on is available from 9:30AM to 3PM, Monday through Saturday. However, many residents have medical or dental appointments before 9:30AM after 3:00PM. Others require transportation to family or social events during the morning, late afternoon, evening, and weekends. The Commission on Aging seeks funding for expanded Ride On service.  
FY18 Recommendation: \$200,101.

### **Senior Centers' Expanded Hours**

- COA thanks you for your continued support of County Senior Centers. The five Senior Centers provide access to nutrition, opportunities for social engagement and preventive health and wellness programs for older county residents. Currently, a number of older residents seeking to use the Senior Centers work full time, yet they want access to similar programs and services. The Recreation Department is considering increasing operating hours at the most frequently visited centers to accommodate requests for utilization. The CoA requests funding to increase operation to one evening a week for four Senior Centers and two evenings a week for another Senior Center.  
FY'18 Recommendation: \$62,778.

## **Health Planning, Services & Community Supports**

### **Adult Protective Services**

- Nearly 14% of County residents are 65 years of age or older and 2.3% are age 85 or older and we expect an above average increase in the County's 85+ population. Older adults are expected to be approximately 20% of the County's population by 2020. With this growth there is an expectation of an increase in crimes against older adults. This also signifies a potentially higher risk for elder abuse because one in every three people over the age of 85 has moderate to severe memory impairment increasing their risk for exploitation.
- So far in 2016, APS investigated a record 808 clients. This is a 37% increase over the last five fiscal years. Reported cases will continue to rise as our population ages. Hence, the growth in APS cases has been exponential and has been managed with essentially the same number of APS Guardianship staff. To help balance prevention vs. protection of the county's most vulnerable residents and address increasing numbers of investigations, emergency housing for the physically abused, and investigation into financial abuse cases, COA requests funding for two additional social workers and one supervisor.  
FY'18 Recommendation: \$229,436.

### **Public Guardianship**

- The adult public guardianship program provides proxy decision making for disabled adults who the Circuit Court has determined lack the ability to make their own decisions (e.g., decisions re: housing, medical care, psychiatric care). The program provides case management under the direction of the court and is only considered when there are no alternatives. The Program has grown by 18% in four years. An additional Social Worker is needed to provide these services to very vulnerable clients.  
FY'18 Recommendation: \$75,225.

### **Small Group Home Adult Foster Care**

- COA has sought incremental increases in the payment rates for Small Group Homes in the Adult Foster Care Program. The Adult Foster Care Program provides supervised housing and assistance to disabled adults and seniors, using family homes and small assisted living homes in the community. The FY17 increase was the second attempt to increase the Adult Foster Care reimbursement rate, in order to reduce the gap between the County and State subsidy rates for small assisted living homes. The care providers remain hopeful that the reimbursement would continue to take into account the fact that subsidy rates remained flat for more than 20 years prior to the initial increase in 2016. This requested increase, the third on a three-year reimbursement schedule, addresses the financial challenges of housing, care and supervision for our most vulnerable residents.  
FY'18 Recommendation: \$153,180.

### **Adult Foster Care Escorted Transportation**

- For County residents living in Adult Foster Care homes, the manager of the group home must stay in the home with the residents. Frequently, residents require medical and dental care, however, the manager cannot leave other residents alone to provide escorted transportation for one person. Currently, the County provides \$38,000 in funds to support short trip escorted transportation for Adult Foster Care residents. COA recommends that the County increase funds for the specific purpose to help pay for contracted escorted transportation to medical, dental and other appointments. As this population ages, more medically related trips are needed. These additional funds would provide 121 program participants a total of 271 trips.  
FY'18 Recommendation: \$38,000.

### Money Management Services

- Senior Connection, a well respected non-profit, offered free money management services to older vulnerable residents aging in place. The bill payer assistance program provided financial management services by trained volunteers in the homes of low income older adults. Unfortunately, the program has been discontinued. However, the 20 residents who had used this program still require those services. The Commission requests funding to contract out this program under the auspices of the County to help the 20 people in need.  
FY'18 Recommendation: \$150,000.

### Senior Nutrition Program

- In Montgomery County, close to 6,000 seniors participate in the County's senior nutrition programs. Among them 70% are ethnically diverse. The number of nutrition sites and contracts has grown over the years while the staffing has not. It is very difficult for the current program staff, which has not grown for 20 years, to meet the education, diverse languages challenge, grants requirements, planning and access to nutrition needs for this growing vulnerable population. The COA requests funding for one additional part time staff person for the Senior Nutrition Program to help meet increasing demand.  
FY'18 Recommendation: \$39,000.

### Emergency Medical Services Frequent Users Follow-Up

- In the current changing healthcare landscape, many cities have expanded the role of emergency medical services (EMS) through innovative mobile integrated health (MIH) programs. These programs have been found to better link patients to preventative health services, reduce 911 call volume, and improve the continuity of care from the hospital to the home in order to reduce complications for patients and avoid unnecessary hospital readmissions. One approach is to target high utilizers of EMS, conducting in home visits to assess, treat and refer residents to appropriate government services outside of the emergency context, as well as staffing 911 call centers to provide medical advice and triage non-emergency patients to appropriate health care providers and community services.
- In partnership with DHHS, the EMS Section of the County Fire & Rescue Services is in process of developing a Non-Emergency Integrated Community Care and Coordination Program (MCNIC) which targets vulnerable adults and frequent users (people who called 911 four times or greater within a 30-day period) of the 911 system. The EMS staff met monthly with DHHS to discuss mutual clients/patients who used both services (by looking at the data), then HHS attempted to increase services to the client. Overall it was found that the 911 use of the clients/patients that were able to be assisted, decreased dramatically in the following months.
- There is an intention to use college/university graduate social work students as part of the MCNIC team with challenging cases. In order to use the social work students, there needs to be a social worker available for oversight.  
FY'18 Recommendation: \$75,225.

### Senior Center Plus

- Older adults with cognitive impairments are frequently dropped off at the county's Senior Centers where there is minimal staffing and where it is difficult to provide for their individual needs. *Senior Center Plus* is a program of structured small group activities and enhanced socialization, which is designed to have a positive impact on physically frail, or cognitively impaired individuals. The services available at a *Senior Center Plus* site are recreational activities, and socialization, in accordance with the care plan developed for each participant. Appropriate meals and snacks are served to participants in a dining area accessible to persons with disabilities. The level of personal support is less intensive than medical adult day care.

- There are currently 43 *Senior Center plus* sites in Maryland. Fairfax County has provided over \$1 million of county funds for this program for those with early stage dementia who are not Medicaid eligible, cannot manage in a regular Senior Center and are not eligible for Adult Day Care. It is projected that by 2025, the number of persons diagnosed with dementia in our County will increase by 31% or over 5,300 persons.
- COA believes that the County needs a *Senior Center Plus* Program to address the gap in services for older adults who are not able to take advantage of the Senior Center programs and that don't yet need Adult Day Care. COA supports the implementation of a pilot program in partnership with the Recreation Department which will provide space at one senior center. A qualified non-profit agency would operate the program.  
FY'18 Recommendation: \$150,000

We appreciate the opportunity to present the COA's FY18 priorities to the HHS Committee of the County Council. We look forward to further discussions during the coming months.

Sincerely,

  
Noelle Heyman, Chair  
Commission on Aging

CITIZEN'S REVIEW PANEL FOR CHILDREN  
Created: Montgomery County Code Section 27-49A, effective 4/23/01  
Priority Statement for Meeting with  
Montgomery County Council Health and Human Services Committee  
October 19, 2016

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

Our first focus this year is to complete our review of children voluntarily placed in the child welfare system. Voluntary placement (VPA) legislation was created to address the needs of those children/youth whose parents could no longer provide for them. Initially there were approximately seven cases in the system. Today there are 21 cases, approximately five percent of the child welfare foster care caseload. Our goal has been to review all the cases in the system in FY 2016 to identify who these children are, how they are referred to child welfare, what happens to them when they reach the age of majority, the community services needed to prevent these placements, and how the coordination between county agencies occurs.

While we are still in the process of finalizing our review, some preliminary issues are clear. One hundred percent of the cases have severe mental health problems, often coupled with violence towards family members and suicide ideation. Nearly 70% of the youth were hospitalized just prior to placement. Six of these children are autistic. Parents often request voluntary placement for their children because they want residential placement. While the original intent of the legislation was to coordinate responsibility for services across mental health, education, and child welfare, it appears that coordination is not always occurring. This can lead to inconsistent service delivery for the children. In cases where parents show little involvement with service planning and active participation, the court can only review the placement but does not have the same ability to mandate parents to cooperate as when children are in the care and custody of the agency. When youth are returned home CW relies on their community partners to provide follow-up services. There is need for further mental health and wrap around services for these children and families. Additionally, MCPS has its own mandate to provide education to children in their home districts and in the least restrictive environment. This becomes a Catch 22 when trying to provide services to children with severe mental health problems, who often need additional services than can be provided by the schools. These are just a few of the issues we are reviewing. We hope to have a full report by the end of this calendar year.

Our second priority for this year is to review how the agency is addressing the needs of the LGBTQ population. Our focus will be on procedures for identifying youth; ascertaining if there is system bias; and the scope of training of social workers, foster homes, group homes, and residential treatment centers.



## *Montgomery County Board of Social Services*

Priority Statement for Meeting with  
George Leventhal, Chair of the Health and Human Services Committee  
Montgomery County Council  
October 19, 2016

### **Introduction:**

My name is Crystal Townsend and I am the newly elected Chair of the Montgomery County Board of Social Services (BSS), which provides advisory oversight to social services programs within Montgomery County funded by state Department of Human Resources (DHR) dollars. These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to assure that those individuals in our community who have the greatest challenges and least resources receive the support they need. The Board has two policy and practice priorities that align with your priorities: 1) Supporting two generation poverty approaches, and 2) Ensuring optimal health and human service delivery.

### **Top Policy and Practice Priorities:**

- 1. *Supporting Multi-Generation Poverty Approaches.*** Overall, the Board is supporting strategies that prevent generational poverty. During our October meeting, we received a briefing from the Office of Legislative Oversight on their report on two generation poverty. From this meeting, we determined that there is opportunity for cross collaboration with other Boards and Commission and the Department. Focus areas could include early identification, behavioral health, health care and health literacy, education/Head Start, workforce development, and self-sufficiency initiatives through the Office of Eligibility and Support Services.
- 2. *Ensuring Optimal Health and Human Service Delivery.*** The Board also continues to partner with DHHS to help respond to practice changes from shifts in policy, law or need.

For example, in FY15, the state's Department of Health and Mental Hygiene provided guidance on expansion of eligibility to pregnant women and children with temporary status. The Board determined that this change and a general need for education necessitated a training for the community prior to Open Enrollment.

For the first quarter of FY16, the Board of Social Services membership partnered with DHHS, Healthcare Initiative Foundation, Primary Care Coalition and Nonprofit Montgomery

to plan a free seminar for nonprofits, "Understanding Health Coverage Options for Montgomery County Residents." The training, which occurred on October 14<sup>th</sup>, focused on

- educating the community on the latest information on coverage options and eligibility;
- preparing clients for successful enrollment;
- improving service delivery across the county; and
- building relationships with other providers and DHHS Office of Eligibility and Support Services staff.

The partners tailored materials and sessions with the goal of equipping nonprofits to better assist clients and lessen the need for individuals and families to go to offices during the peak Redetermination and Open Enrollment seasons. We received tremendous feedback and the participants found the session to be valuable.

Additionally, new guidance came out last month from the federal DHHS' Office of Civil Rights on Section 1557 of the Affordable Care Act. The Board has shared this information with partners to increase education. The Board will continue to support DHHS on any impact that this guidance may have.

Another area regarding service delivery that the Board supports is on the work of East County. The Board received an initial briefing from DHHS staff on the work of the planning group and will continue to make this a priority in FY16.

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



## Fiscal Year 2017 Policy Priorities

Montgomery County Council Health and Human Services Committee Work Session  
October 19, 2016

The Honorable George L. Leventhal  
Chair, Health and Human Services Committee

Dear Committee Chair Leventhal:

For the Fiscal Year 2017 (FY2017), the Asian American Health Initiative Steering Committee (AAHISC) has identified the following policy priority areas: behavioral and mental health and senior health.

### **Behavioral and Mental Health**

Behavioral and mental health continues to be a priority area for the AAHISC due to the growing and unmet mental health challenges faced by Asian Americans. Studies have shown that mental health is largely stigmatized among Asian Americans, subsequently leading to low mental health service utilization and delayed treatment. Further, Asian Americans are more likely to drop out of treatment after initial contact with a provider or prematurely terminate care. The consequences of this stigma is manifested in the high suicide rates among Asian Americans – Asian American females between the ages of 15-24 and women over the age of 65 have the highest suicide mortality rate when compared to their counterparts in all other racial and ethnic groups. A focus group study conducted with Asian American in Montgomery County underline these same issues locally: lack of awareness, stigma, negative perceptions of counseling, and limited linguistically and culturally sensitive mental health professionals serve as major deterrents in seeking mental health care. In response to these needs, the Asian American Health Initiative (AAHI) launched a mental health project in Fiscal Year 2015. Since then AAHI has developed culturally and linguistically sensitive health education tools to raise awareness about mental health and, due to the overwhelming community response, is continuing to develop more materials. In addition, AAHI is working with partners to create a community infrastructure that is more equipped and responsive to mental health needs by providing the nationally certified Mental Health First Aid training to community and faith-based leaders. Furthermore, through outreach, AAHI has been able to distribute thousands of literature, including mental health photonovel and educate hundreds of community members. In FY2017, AAHI plans to continue building upon this progress and further dismantle the stigma around mental health.

#### Highlighted accomplishments

- Created two multilingual photonovels (English, Chinese, Korean, Vietnamese, Hindi)
  - o Introduction to mental health
  - o Better Understand mental health care
- Created one multilingual mental health video (English, Chinese, Korean, Vietnamese, Hindi)
- Organized 2 Mental Health First Aid Training
  - o Trained about 50 people
- Provided education to 688 people and referred 44 clients to mental health services

### **Senior Health**

Montgomery County's Asian American senior population is the largest among all racial and ethnic minority groups in the County and continues to grow at a rapid pace. Comprising 13% of the senior population, this burgeoning subgroup necessitates stronger support services to allow Asian American seniors to age in place and in a healthy manner. As the aging population in America grows, health challenges such as disability, chronic disease, caretaking, financial needs, and limited transportation are seen across all senior groups. Such challenges will continue to expand with the population, and thus require a concerted effort across all sectors of

community to ensure the health of seniors. In addition to this, Asian American seniors have unique needs such as limited English proficiency, social isolation, mental health concerns, lack of health insurance, and suffer from specific chronic diseases. To address the needs of the Asian American senior population, AAHI is developing a targeted senior health plan, collaborating with senior-focused programs and organizations in Montgomery County, and engaging with Asian American communities. AAHI is planning a series of technical assistance workshops on senior health needs and resources targeting community- and faith-based organization leaders to strengthen community responsiveness to senior health concerns. Additionally, AAHI regularly updates its Resource Brochure which highlights a myriad of senior support services and is available in fifteen Asian languages, and is creating service maps which simplify enrollment processes for different senior services. Further, AAHI is working to identify senior centers across the County for future partnership efforts.

#### Highlighted accomplishments

- Conducted two workshops to train faith based organizations volunteers
  - o 50 attendees
- Developed a plan to conduct countywide (ECHO) workshop (usually attract 80-100 attendees, represent over 50 organizations)
- Developed 26 service maps to assist seniors to access to services
- Created a resource brochure that is available in 15 languages.

As AAHI has started to implement culturally and linguistically competent programs to address both concerns, we want to increase the efficiency of the programs by converting 2 positions from contractor positions to merit positions. We are going to discuss this opportunity with the executive branch and will keep the council abreast.

Sincerely,

Meng K. Lee  
Chairperson  
Asian American Health Initiative Steering Committee

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



## ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

### 2016-2017 Priorities

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) is pleased to share with the Montgomery County Council's Health and Human Services Committee its projected priorities for 2016-2017.

#### 1. OPIOID EPIDEMIC

##### A. Avery Road Treatment Center and Prevention Programs

The County is in the fourth year of a steadily escalating epidemic of opioid misuse and overdose deaths. The Montgomery County Police Department has reported that overdose deaths from opioid drugs have more than tripled in the past four years, and the number of these deaths continued to increase in 2015 and the first half of 2016. These deaths exceed the number of deaths associated with driving under the influence of alcohol and homicide.

The County needs to step up its response. The heart of an effective response must be to maintain, if not increase, the County's capacity to treat the disease of addiction. The County has recognized that the county's primary treatment facility, the Avery Road Treatment Center (ARTC), has exceeded its structural life. Inspection of the facility by the AODAAC and members of the County Council revealed roof leakage, rotting floors, the invasion of living quarters and treatment facilities by wildlife and vermin, and other features of an inadequate physical plant (HVAC incapacity and failure, and broken and non-functioning plumbing fixtures). The County has responded with a sophisticated, multi-party financing effort to replace the ARTC temporary structure with a well-designed, fully functional structure. However, the future of this response has been interrupted by the kinds of budgetary reductions that have been an all-too-common challenge over the last eight years. Recognizing the life-or-death character of the growing opioid epidemic and the cost-effective response of in-patient treatment such as ARTC, AODAAC is committed to take whatever steps it can to help the County resolve the obstacles to the completion of the ARTC rebuilding program.

*We recommend that in the new facility, Montgomery County, as needed, purchase additional bed days above the 49 county-funded beds to manage acute admissions when the 49 county-funded beds are full. The County could purchase some of the 11 beds in the facility, at market rate, that are not funded by the County, or beds at a state operated facility, such as Mountain Manor.*

##### B. Overdose Prevention: Naloxone Training and Distribution, and Good Samaritan Policy

In addition, responding to this epidemic demands the continuation of the naloxone distribution and training program by the State and the County. Persons experiencing an opioid overdose are usually discovered by their family members, friends, lovers, and fellow drug users – not by strangers or first responders. To save the life of a person in such an overdose requires immediate action, measured in minutes. The easy administration of naloxone can immediately disrupt the overdose and create the opportunity for emergency medical response to arrive and transport the patient for appropriate medical care. This response requires that the naloxone be on the scene – in the medicine cabinet or in the purse or bag of the drug user's associates. The response requires that the caller not fear criminal prosecution or re-incarceration for calling 9-1-1 to summon an ambulance – “the Good Samaritan” policy.

*We recommend that the County Police advertise its adoption of the Good Samaritan Policy to educate drug users to call 9-1-1.*

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#### Department of Health and Human Services

401 Hungerford Drive • Rockville, Maryland 20850 • 240-777-1671 • 301-279-1692 FAX  
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We commend the State for making large numbers of doses of naloxone available to the associates of drug users and paying to train those persons. The medication has a two-year expiration date, and the training requires re-certification, and the 2014 effort to train and distribute naloxone now needs to be repeated and expanded. In Fiscal Year (FY) 2016, the State allocated \$30,072 for the County Overdose Response Training Program. For FY17, the State has allocated \$27,242.50 – a reduction of \$2,829.50.

*Because of the great need for this training in our community we recommend the County restore this reduction of \$2,829.50.*

## **2. PREVENTION**

### **A. Montgomery County Public Schools**

AODAAC wrote to the Montgomery County Board of Education in 2016 about the failure of the Interim Superintendent of Schools to support the disciplinary policies of high school principals when alcohol and drugs were being used at school events. AODAAC has been concerned for several years that the Montgomery County Public Schools (MCPS) drug and alcohol education programs do not reflect evidence-based standards, and have been implemented inconsistently. Relegating this subject to a subunit of a half-credit health unit taken at some time during a four-year high school career is an utterly inadequate response to the high rates of alcohol and drug use by adolescents in the society and the county. AODAAC will continue to make a priority of its collaboration with MCPS to encourage MCPS to intensify evidence-based education to prevent the use of alcohol and other substances in every school.

### **B. Patient and Prescriber Education**

In addition, AODAAC is communicating with health care practitioners about their practices in prescribing narcotics and opioid medications. Pain can be adequately managed without writing prescriptions that substantially over-prescribe the number of doses of narcotics required. AODAAC wants to contribute to the education of prescribers to counteract the self-serving evangelizing of narcotic prescribing by pharmaceutical representatives.

Finally, the general public needs much greater education about the risks of physician-prescribed pain medication. Unlike a prescription for an anti-biotic medication to control infection, which should be taken until finished, use of narcotic medications should be discontinued as soon as possible, and only the minimum amount of medication that was prescribed should be consumed. The fact that opioid medications are legal and prescribed does not mean they are safe or risk-free. The contrary is true: the reason they are used under a physician's supervision is *because* they are risky. The serious physical, mental, and social risks from opioid use increase the longer a patient uses opioid prescription meds and the higher the dose.



Montgomery County Council  
Health and Human Services Committee  
Worksession: October 19, 2016

Policy Issues Submitted by the African American Health Program Executive Committee

Presenter: Beatrice Miller, Vice-Chair, AAHP Executive Committee

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There are policies outside of health that has a downstream effect on health. Inequities affect blacks not only in health –

- Voting right changes in 17 states disproportionately affect African Americans. The advent of requiring driver's licenses and/or state IDs to register to vote has resulted in a decrease in the number of blacks registered to vote. This practice affects blacks economically as they generally have to miss work due to the process being lengthy and time consuming. Curtailment of early voting, election day registration, and out of precinct voting has had a negative impact on the black vote. (The Economist May 26, 2016)
- The Infant Mortality rate in some U.S. cities exceeds rates in some developing countries. The lack of available prenatal care and exposure to increased levels of lead and harmful metals and chemicals have an adverse effect on the health of African Americans. (Center for Research on Globalization)
- According to the National Education Association, there is a lack of adequate funding for schools serving minority populations. According to the National Center for Education school year 2013-2014 rates of graduation were 73% for blacks as compared to 87% for whites. Statistics show that a greater percentage of black males are placed in special education courses while there is a decrease in the number of black students in honors or advanced placement courses.

The African American Health Program's policy priorities for 2017 focus on:

- Infant Mortality which is one of AAHP's six priority areas.
- Integration of Cardiovascular Health and Diabetes.

AAHP is dedicated to reducing the infant mortality rate to below the Healthy People 2020 (HP2020) goal of 6.0. According to Healthy Montgomery, the infant mortality rate for blacks in Montgomery County is currently at 8.3. Culturally appropriate primary and secondary prevention strategies are important to reduce the current rate to below the HP2020 goal. Some strategies recommended by the CDC to reduce infant mortality are increased access to primary care, increased perinatal care, smoking cessation, as well as multi-vitamin/folic acid intake. The AAHP SMILE program was developed to address Infant Mortality utilizing evidence based strategies. The SMILE program provides health education, support, and referrals to improve the likelihood of healthy birth outcomes. The SMILE program provides nurse case management, childbirth and breastfeeding classes. Breastfeeding is an important tool in reducing infant mortality as breastmilk gives the baby a healthy start. Decreased rates of morbidity due to infectious disease of infants has been correlated to breastfeeding.



The integration of Cardiovascular Health and Diabetes is a priority for AAHP. Diabetes affects 29.1 million people in the United States and is the 7<sup>th</sup> leading cause of death. Among African Americans, 13.2% of the population has diabetes, and it is the 5<sup>th</sup> leading cause of death. Hypertension affects 70 million people in the United States, with heart disease being the #1 leading cause of death. Among African Americans, 43% of men and 45.7% of women have hypertension, with heart disease being the #1 cause of death. Given that over time high blood glucose levels damage nerves and blood vessels which lead to heart disease and stroke (#3), the leading causes of death among people with diabetes, AAHP wants to ensure that all primary and secondary strategies implemented tackle both diseases jointly. All programming should integrate components of both disease states that can reduce the incidence, morbidity and mortality.

We advocate for additional funding for programs such as the African American Health Program. While progress has been made in areas such as Infant Mortality, additional milestones must be achieved. We must develop primary and secondary prevention strategies that target infant mortality, cardiovascular health and diabetes by reducing the incidence, morbidity and mortality associated with these health disparities.

AAHP appreciates having this opportunity to share its priorities as well as having input into the future policies of Montgomery County and County Council. Having partnerships with the County Council and Department of Health and Human Services that strive to eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County are valuable.