



FY2012 Performance and Accountability Report

Montgomery County
Department of Health and Human Services





HHS Alignment to County Priority Objectives

Montgomery County Priority Objectives
<ul style="list-style-type: none"> • A Responsive and Accountable Government • Affordable Housing in an Inclusive Community • An Effective and Efficient Transportation Network • Children Prepared to Live and Learn • Healthy and Sustainable Communities • Safe Streets and Secure Neighborhoods • A Strong and Vibrant Economy • Vital Living for All of Our Residents

HHS Headline Performance Dashboard

<u>Headline Performance Measure</u>	<u>FY12 Results</u>	<u>FY11 Results</u>	<u>Performance Change</u>
Weighted percentage of DHHS customers satisfied with the services they received from DHHS staff	96.4%	95.4	
Weighted composite of HHS client cases that demonstrate beneficial impact from received services: Improved health and wellness (1-100 scale)	53.8	51.5	
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Greater independence (1-100 scale)	86.1	90.2	
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Risk mitigation (1-100 scale)	82.5	83.7	
Percent of REVIEWED HHS client cases that demonstrate beneficial impact from received services	86%	98%	
Percent of client cases needing assistance with multiple services for which effective team formation is documented	78%	81%	
Percent of client cases needing assistance with multiple services for which effective team functioning is documented	67%	70%	



**Montgomery County Department of Health and Human Services
FY2012 Performance and Accountability Report**



<u>Headline Performance Measure</u>	<u>FY12 Results</u>	<u>FY11 Results</u>	<u>Performance Change</u>
Percent of current DHHS "health and human services" contracts derived from RFPs that contain performance measures related to beneficial impact and customer satisfaction	97.7%	93.3%	
Percent offenders under 18 diverted into substance abuse education and treatment or mental health treatment programs who do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements	89%	88%	
Percent of clients with active infectious tuberculosis who received and were scheduled to complete Directly Observed Therapy and successfully completed the treatment regimen	95.0%	95.0%	
New cases of Chlamydia per 100,000 population in Montgomery County: Ages 15-24	1,313.4 (CY11)	1,157.6 (CY10)	
Percent adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/edu.	75.3%	76.5%	
Percent children served by continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/edu.	93.9%	93.7%	
Percent of vulnerable populations that have a primary care or prenatal care visit - CHILDREN	26.10%	27.9%	
Percent of vulnerable populations that have a primary care or prenatal care visit - ADULTS	27.5%	24.2%	
Percent of Medical Assistance applications approved for enrollment	71%	76%	
Percent of Head Start, licensed child care centers and family-based child care students that demonstrate full readiness upon entering kindergarten	80%	72%	



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<u>Headline Performance Measure</u>	<u>FY12 Results</u>	<u>FY11 Results</u>	<u>Performance Change</u>
Average 12 months job retention rates for current and former Temporary Cash Assistance recipients who are placed in jobs	81.0%	75.0%	
Average 12 months earnings gain rates for current and former Temporary Cash Assistance recipients who are placed in jobs	56.0%	50.0%	
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services	94.9%	93.8%	
Percent of households remaining housed at least 12 months after placement in permanent supportive housing	98%	97%	



Montgomery County Department of Health and Human Services FY2012 Performance and Accountability Report



HHS At A Glance

What Department Does and for Whom

The mission of the Department of Health and Human Services (DHHS) is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

DHHS ensures delivery of a full array of services to address the somatic and behavioral health, economic and housing security, and other health and human services needs of County residents. DHHS directs, manages, administers, funds and delivers critical support for the most vulnerable residents. Services provided also include case management and advocacy services, protective services for vulnerable children and adults, and prevention services.

The Department strives to provide services that:

- Build on the strengths of our customers and the community
- Are community-based
- Are accessible
- Are culturally competent
- Are responsive to changing needs of our community
- Are provided in collaboration with our community partners

How Much / How Many

Total Operating Budget: \$242.1 million
Total Work Years (WYs): 1485.7



HHS At A Glance (Cont.)

What Department Does and for Whom

How Much/How Many

Aging and Disability Services (ADS)
 The mission of ADS is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities which promote choice, independence, and inclusion.

Total Operating Budget: \$36.6 million
 Total Work Years (WYs): 158.7

Behavioral Health and Crisis Services (BHCS)
 The mission of BHCS is to foster the development of a comprehensive system of services to assist children, youth, adults, and families in crisis or behavioral health needs.

Total Operating Budget: \$37.2 million
 Total Work Years (WYs): 194.5

Children, Youth and Family Services (CYFS)
 The mission of CYFS is to promote opportunities for children to grow up healthy and ready for school, and for families to be self-sufficient.

Total Operating Budget: \$58.0 million
 Total Work Years (WYs): 417.8

Public Health Services (PHS)
 The mission of PHS is to protect and promote the health and safety of County residents.

Total Operating Budget: \$68.4 million
 Total Work Years (WYs): 540.3



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FY2012 Performance and Accountability Report**



HHS At A Glance (Cont.)

What Department Does and for Whom

How Much/How Many

Special Needs Housing (SNH)
The mission of SNH is to provide oversight and leadership to the County’s efforts to develop new and innovative housing models to serve special needs and homeless populations and maintain housing stability for vulnerable households.

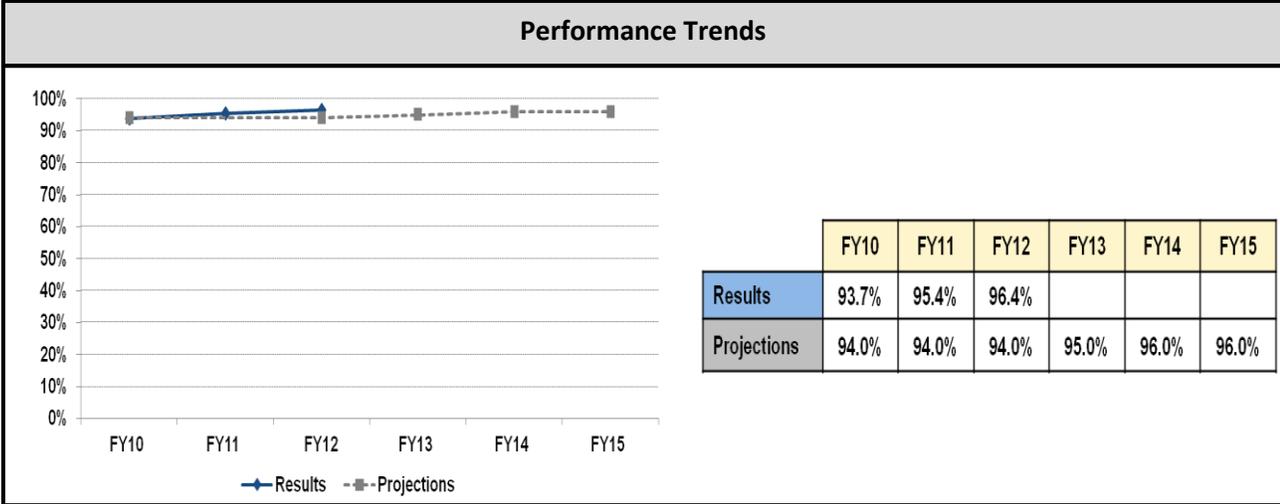
Total Operating Budget: \$17.3 million
Total Work Years (WYs): 56.3

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

Total Operating Budget: \$24.5 million
Total Work Years (WYs): 118.1



Headline Performance Measure 1: Weighted percentage of DHHS customers satisfied with the services they received from DHHS staff.



- Factors Contributing to Current Performance**
- Highly trained and knowledgeable staff
 - Multi-lingual staff and/or appropriate use of resources to facilitate communication
 - High ratings in sub-measures of politeness and respect
 - Greater use of a more user-friendly survey of customer satisfaction
 - Use of QSR findings to improve quality of case practice

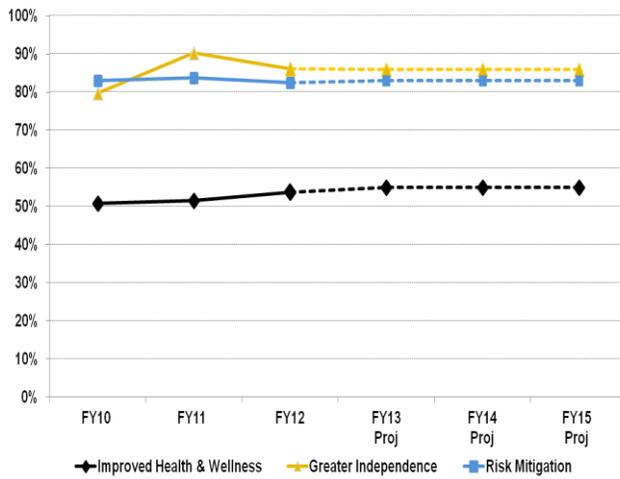
- Factors Restricting Performance Improvement**
- Eligibility requirements, lack of resources, and other factors outside of DHHS control
 - Non-voluntary nature of some services
 - Large numbers of LEP residents and large diversity in languages spoken
 - Complex and multiple client needs and strained service delivery systems
 - Increasing applicants for services, with decreasing staff resources
 - Denial of services (due to ineligibility) to residents experiencing new hardships

- Performance Improvement Plan**
- Continue to require all new staff to take HHS Limited English Proficiency Plan training
 - Partner with Center for the Study of Social Policy to provide updated customer service training and develop and implement site-based work to improve customer and staff experiences
 - Evaluate impact of online Program and Services Resource Guide for staff, and improved Web site, on customer service



Headline Performance Measures 2, 3, 4: Weighted composite of HHS client cases that demonstrate three aspects of beneficial impact from received services: Improved Health & Wellness (IH); Greater Independence (GI); Risk Mitigation (RM).

Performance Trends



		FY10	FY11	FY12	FY13	FY14	FY15
Results	Improved Health & Wellness	50.8%	51.5%	53.8%			
	Greater Independence	79.7%	90.2%	86.1%			
	Risk Mitigation	83.0%	83.7%	82.5%			
Projections	Improved Health & Wellness	61.0%	52.0%	53.0%	55.0%	55.0%	55.0%
	Greater Independence	81.0%	81.0%	86.0%	86.0%	86.0%	86.0%
	Risk Mitigation	85.0%	84.0%	84.0%	83.0%	83.0%	83.0%

Factors Contributing to Current Performance

- Informational /query meetings with Service Areas to encourage development of meaningful metrics and improve performance management.
- Use of QSR findings to improve system performance
- Continued development of an integrated case practice model
- Use of best practice models
- IH score reflects higher results for Child and Adolescent Mental Health

Factors Restricting Performance Improvement

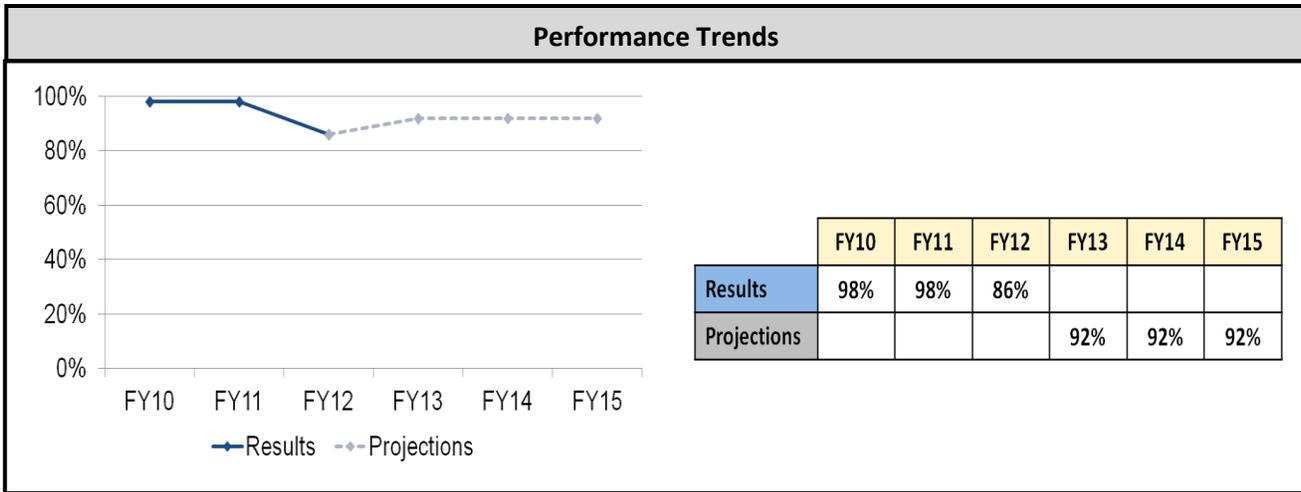
- Budget driven reduction in staff at time of increased demand for services from clients with complex needs
- Inconsistent internal knowledge about service integration and the team-based case management model
- Insufficient staff capacity to use data for program management
- Limited number of evidence-based practices to address some social problems
- Lack of available resources, particularly affordable housing, impacts GI

Performance Improvement Plan

- Continuously seek efficiencies to serve more people with ever-decreasing resources
- Expand the use of a formal integrated team-based case practice approach
- Work to increase equity by addressing disparities in service delivery
- Continue to make progress toward information technology interoperability



Headline Performance Measure 5: Percent of reviewed HHS client cases that demonstrate beneficial impact from received services.*



- Factors Contributing to Current Performance**
- Informational /query meetings with Service Areas to encourage development of meaningful metrics and improve performance management.
 - Use of QSR findings to improve system performance
 - Continued development of an integrated case practice model
 - Use of best practice models

- Factors Restricting Performance Improvement**
- Budget driven reduction in staff at time of increased demand for services from clients with complex needs
 - Inconsistent internal knowledge about service integration and the team-based case management model
 - Insufficient staff capacity to use data for program management
 - Limited number of evidence-based practices to address some social problems
 - Lack of available resources, particularly affordable housing

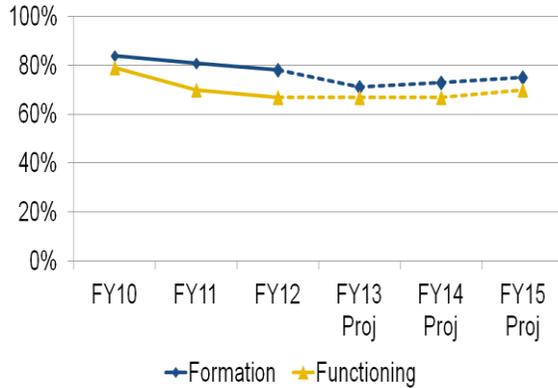
- Performance Improvement Plan**
- Continuously seek efficiencies to serve more people with ever-decreasing resources
 - Expand the use of a formal integrated team-based case practice approach
 - Work to increase equity by addressing disparities in service delivery
 - Continue to make progress toward information technology interoperability

***Note:** Results are based on a qualitative assessment by experienced reviewers of a small non-representative sample of DHHS cases. Our projection that results in FY12 would decline and thus present a more accurate picture of performance was realized.



Headline Performance Measures 6 & 7: Percentage of client cases needing assistance with multiple services for which effective teamwork (aspects of team formation and team functioning) is documented.

Performance Trends



		FY10	FY11	FY12	FY13	FY14	FY15
Results	Formation	84%	81%	78%			
	Functioning	79%	70%	67%			
Projections	Formation	N/A	82%	82%	71%	73%	75%
	Functioning	N/A	64%	71%	67%	67%	70%

Factors Contributing to Current Performance

- Implementation of an integrated case practice model with team planning meetings for selected transition age youth
- Expansion of model to intensive-needs clients throughout the department
- Overwhelmingly positive support from staff for integrated case teaming
- Development of an online DHHS "Programs and Services Resource Guide"

Factors Restricting Performance Improvement

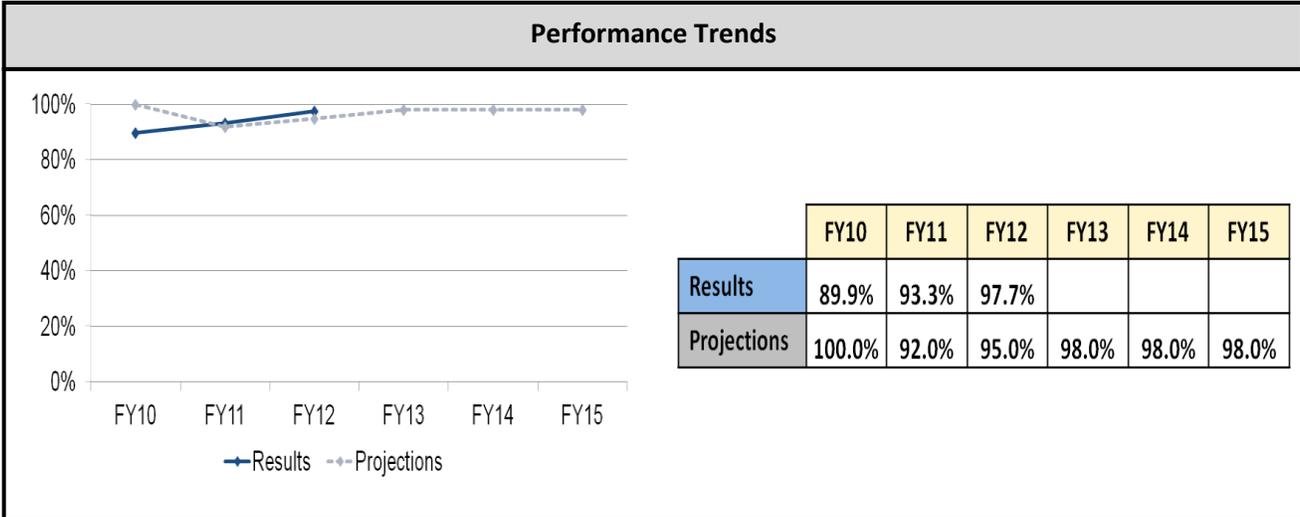
- Large caseloads
- Lack of resources for specialized needs
- Lack of subsidized and affordable housing
- Program requirements not in alignment
- Non-interoperable IT systems
- No common client index

Performance Improvement Plan

- Document all protocols of the integrated case practice model to ensure its sustainability
- Continue progress toward an IT solution to create a common client index
- Redesign enterprise-wide business processes that support integrated case management
- Continue expansion of integrated case practice to throughout DHHS
- Use grant funds to continue development and refinement of integrated case practice model
- Expand outlets for staff to obtain information about programs and client services
- Continue to improve intake, screening and referral process to support service integration
- Evaluate implementation efforts and effectiveness of integrated case practice
- Continue to provide staff support for integrated team practice and facilitation for team meetings
- Develop a protocol for leadership to address identified barriers to successful teaming



Headline Performance Measure 8: Percentage of current DHHS “health and human services” contracts derived from Requests for Proposals that contain performance measures related to beneficial impact and customer satisfaction.



- Factors Contributing to Current Performance**
- Expectations are identified in RFPs and PM specific to the Service or Program area are included in the final contract
 - Requirements are identified in the federal and state funding streams
 - Outputs and deliverable timelines are well identified
 - Service Areas established department wide definitions for contract PM related to both beneficial impact and customer satisfaction

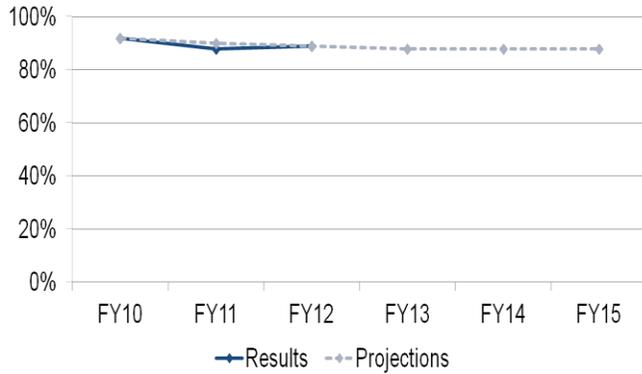
- Factors Restricting Performance Improvement**
- Additional work is required to standardize policies
 - Additional training on PM development and measurement is needed
 - General economic conditions and budgetary constraints create significant resource issues
 - Lack of technology to track performance measures

- Performance Improvement Plan**
- Continue efforts to refine program-specific performance measures for beneficial impact in partnership with DHHS vendors
 - Continue training service area staff on development and monitoring of performance measures
 - Continue to review RFPs and contracts for inclusion of performance measures



Headline Performance Measure 9: Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements.*

Performance Trends



	FY10	FY11	FY12	FY13	FY14	FY15
Results	92%	88%	89%			
Projections	92%	90%	89%	88%	88%	88%

Factors Contributing to Current Performance

- An array of behavioral health services
- Great collaboration among system providers
- Pre-established diversion eligibility criteria
- Strong track record in “diversion” services
- Experienced substance abuse and mental health screening and assessment staff

Factors Restricting Performance Improvement

- Underlying criminogenic factors not easily impacted in recidivism prevention
- Limited program resources supporting case management services

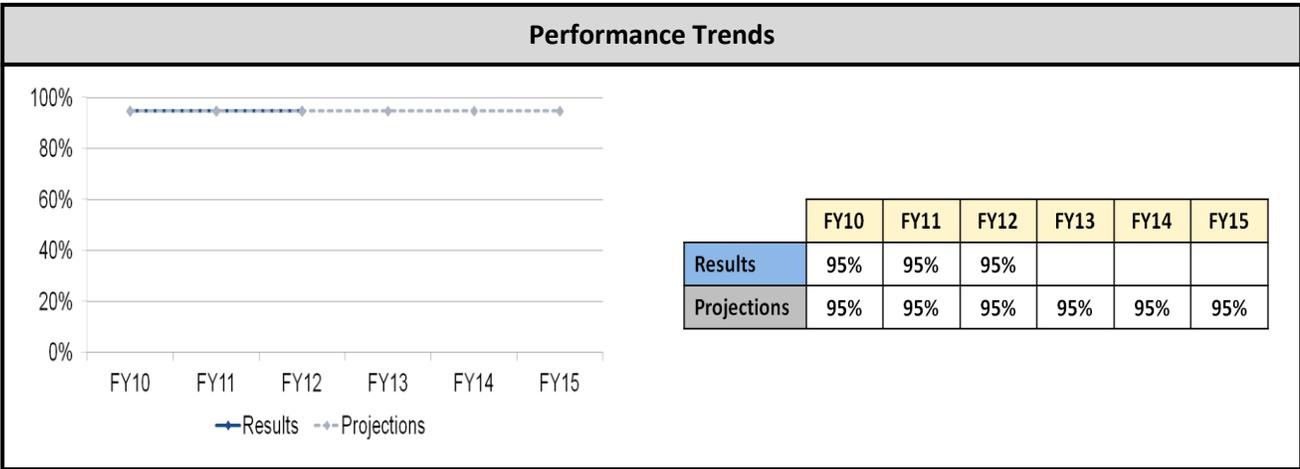
Performance Improvement Plan

- Continue partnership with the Montgomery County Collaboration Council and the State to ensure future funding for the case manager position. This position works with families to increase the number of Screening And Assessment Services For Children and Adolescents (SASCA) diversions that become engaged in the diversion process, and increase the retention rate in treatment among diversion program participants
- Continue to analyze Juvenile Justice Information System data for diversity trends and outcomes in diversion to ensure optimal performance by the SASCA diversion program
- Continue to work with the Montgomery County Collaboration Council, the State’s Attorney’s Office for Montgomery County, and Maryland Department of Juvenile Services (DJS) to explore expanding diversion eligibility criteria in order to serve more youth and families, and divert more youth from DJS
- As the integration of the Child and Adolescent Behavioral Health Program and Juvenile Justice Services continues to evolve, service delivery will continue to be streamlined under the State initiative for integration of the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration

***Note:** The correction system refers to juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. This measure is by definition a 12-month follow-up of clients, so actual FY12 data reports recidivism rate of clients served in FY11.



Headline Performance Measure 10: Percentage of clients with active infectious tuberculosis who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen.



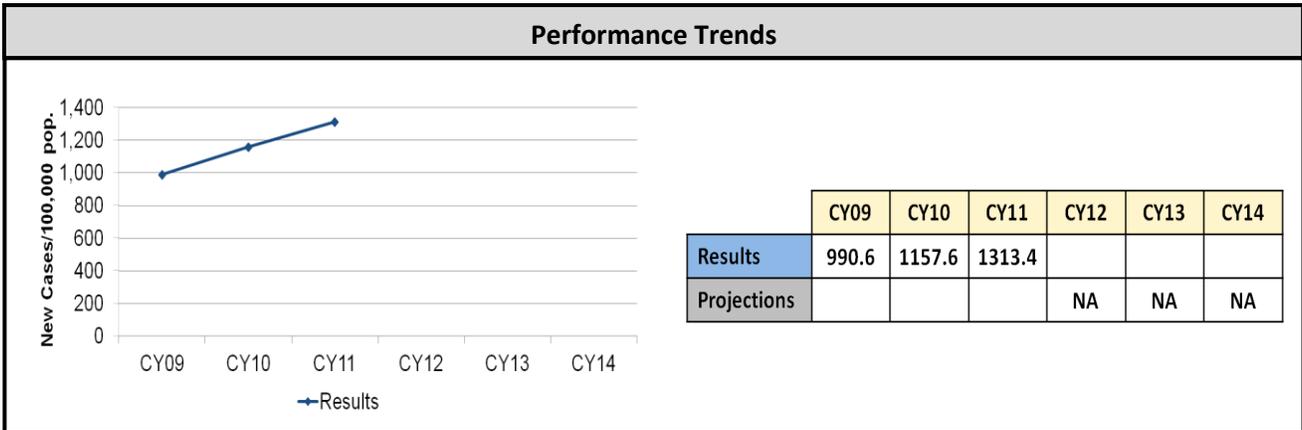
- Factors Contributing to Current Performance**
- Quick response time to outbreaks and emerging diseases is the norm
 - Intensive medical and nurse case management of diagnosed diseases is provided
 - Public health investigations follow federal and state guidelines
 - Screening and latent TB treatment to county residents, inmates and homeless is also provided

- Factors Restricting Performance Improvement**
- Public perception of risk is often inconsistent with actual risk
 - Finding balance between motivating people to have safe behavior versus seeking unnecessary treatment
 - County residents without legal status fear seeking treatment
 - Non-compliance with directly observed therapy and fewer resources to respond
 - Increase in co-morbidity (e.g. HIV)

- Performance Improvement Plan**
- Improve internal process for completing reports on closed cases to DHMH
 - Provide education and outreach on preventing and limiting the spread of communicable diseases by providing consistent cultural and language appropriate messages on aspects of health topics to improve public awareness and trust in DHHS services
 - Continue to invest in relationships with key partners, including efforts to implement a community health assessment involving local public health system partners and use information from this assessment to develop a Community Health Improvement Process (Healthy Montgomery)
 - Continue to assess changing needs of the community and develop innovative ways to address those needs, such as increasing access via evening clinic hours
 - Advocate for additional revenue to compensate for shortfall from grant awards
 - Advocate for opportunities for screening, treatment, education and counseling/case management, specifically for the STD clinic up-county
 - Improve internal process for managing patient flow
 - Advocate for resources to train staff on best screening, counseling and treatment practices



Headline Performance Measure 11: New cases of Chlamydia per 100,000 population among County residents (15-24).*



- Factors Contributing to Current Performance**
- Public health investigations follow federal and state guidelines
 - Response time to outbreaks is quick
 - Aggressive strategies are in place for contact tracing and partner notification

- Factors Restricting Performance Improvement**
- County residents without legal status fear seeking medical care
 - Since 2009, only women 25 years and younger are tested for Chlamydia
 - Due to increased clinic capacity, fewer residents are being turned-away, which leads to more cases being identified

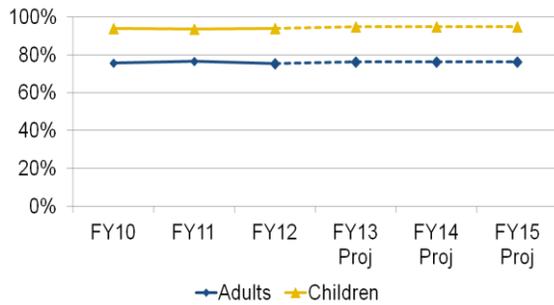
- Performance Improvement Plan**
- Improve internal process for completing reports on closed cases to DHMH
 - Provide education and outreach on preventing and limiting the spread of communicable diseases by providing consistent cultural and language appropriate messages on aspects of health topics to improve public awareness and trust in DHHS services
 - Continue to invest in relationships with key partners, including efforts to implement a community health assessment involving local public health system partners and use information from this assessment to develop a Community Health Improvement Process (Healthy Montgomery)
 - Continue to assess changing needs of the community and develop innovative ways to address those needs, such as increasing access via evening clinic hours
 - Advocate for additional revenue to compensate for shortfall from grant awards
 - Advocate for opportunities for screening, treatment, education and counseling/case management, specifically for the STD clinic up-county
 - Improve internal process for managing patient flow
 - Advocate for resources to train staff on best screening, counseling and treatment practices

***Note:** Data are for calendar year in which fiscal year began. This measure is one of three age cohort components. Projections are not made due to uncertainty as to when case numbers will fall.



Headline Performance Measures 12 & 13: Percentage of individual clients served by the continuum of behavioral health services that demonstrate a higher degree of Social Connectedness and Emotional Wellness as demonstrated by positive outcomes in the domains of housing, quality of life, legal encounter, and employment/education*

Performance Trends



		FY10	FY11	FY12	FY13	FY14	FY15
Results	Adults	75.8%	76.5%	75.3%			
	Children	93.9%	93.7%	93.9%			
Projections	Adults	82.3%	82.3%	76.5%	76.3%	76.3%	76.3%
	Children	93.5%	93.5%	93.7%	94.9%	94.9%	94.9%

Factors Contributing to Current Performance

- A continuum of behavioral health services
- Well-established crisis services
- Strong commitment to deliver Evidence Based Practices
- Training of Behavioral Health and Crisis Services frontline staff
- Crisis Intervention Training for law enforcement officers

Factors Restricting Performance Improvement

- Lack of an adequate data system
- A shortage of bilingual providers
- Lack of access to appropriate housing
- Lack of transportation resources
- Growing demand for trauma services
- Budget challenges for safety net services

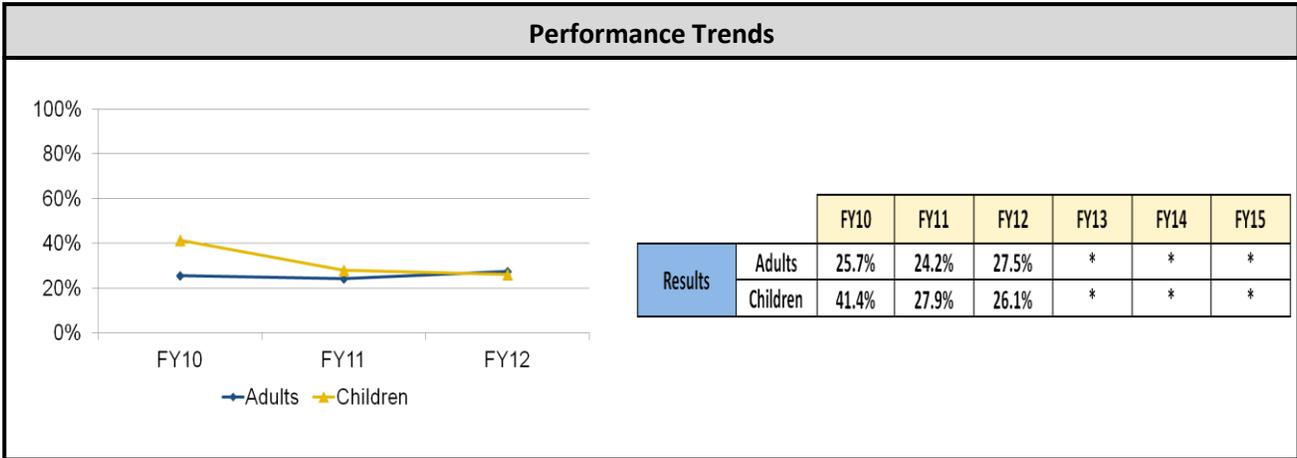
Performance Improvement Plan

- Continue the integration of mental health and substance abuse services
- Continue the integration of somatic health care and behavioral health care services
- Increase number of providers in the community that are trained in Evidence Based Practices
- Increase capacity to provide health education and psycho-education programs in multiple languages
- Increase program capacity to handle the influx of cases for child and adolescent services
- Continue ongoing collaboration with and encouragement for client participation in activities at Wellness and Recovery centers and other peer run groups
- Continue to develop landlord-based housing for behavioral health consumers
- Continue collaborating with Department of Correction and Rehabilitation, community providers, homeless resources and criminal justice agencies to improve the transition of inmates with behavioral health needs as they re-enter the community
- Continue ongoing data analysis projects with various databases to evaluate service utilization, patterns/trends and the prevalence of co-morbidity issues for the County's mentally ill population
- Continue to expand Geographic Information System application usage
- Continue to collaborate with the DHHS eICM Team to develop and/or improve viable IT systems
- Continue to provide an array of community-based behavioral health services

*Note: Results are calculated using Outcome Measurement System (OMS) data released by DHMH.



Headline Performance Measures 14 & 15: Percentage of vulnerable populations that have a primary care or prenatal care visit – Children and Adults.



- Factors Contributing to Current Performance**
- DHHS enrolls uninsured who are not eligible for state or federal programs into Care for Kids, Montgomery Cares & Maternity Partnership programs
 - County residents can enroll at multiple locations
 - Language interpretation is provided
 - Online enrollment is available for medical assistance programs

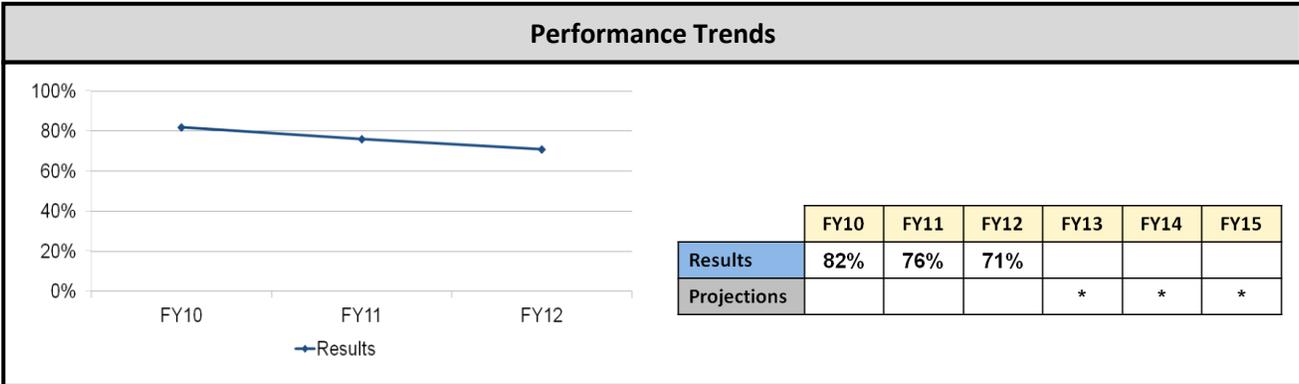
- Factors Restricting Performance Improvement**
- Proof of citizenship for federal/state medical assistance limits enrollment
 - Many residents are not aware they are eligible for federal/State programs
 - Lack of funding limits sufficient staffing
 - Lack of IT interoperability limits improved efficiencies in case management

- Performance Improvement Plan**
- Continue to streamline procedures for residents applying for programs
 - Advocate for resources to develop and implement an integrated and interoperable medical assistance and County-specific computerized eligibility system
 - Increase individual awareness of eligibility for medical assistance programs through MC311 and updates to the County Web site, and by continuing to support online information about resources available to County residents through the Collaboration Council’s www.InfoMontgomery.org
 - Continue providing information in multilingual formats like the Montgomery Cares Web site (www.MontgomeryCares.org) and brochures
 - Advocate for and train additional volunteer Health Promoters to assist residents in applying for available publicly-funded health insurance/primary care programs
 - Advocate for funding to support sufficient staffing and office resources to sustain increased medical assistance caseloads

***Note:** The Department is not projecting results for FY13-15 at this time due to the multiple variables related to health care reform.



Headline Performance Measure 16: Percent of Medical Assistance applications approved for enrollment.



- Factors Contributing to Current Performance**
- DHHS enrolls uninsured who are not eligible for State or federal programs into Care for Kids, Montgomery Cares & Maternity Partnership programs
 - County residents can enroll at multiple locations
 - Language interpretation is provided
 - Online enrollment is available for medical assistance programs
 - County residents can enroll at multiple locations

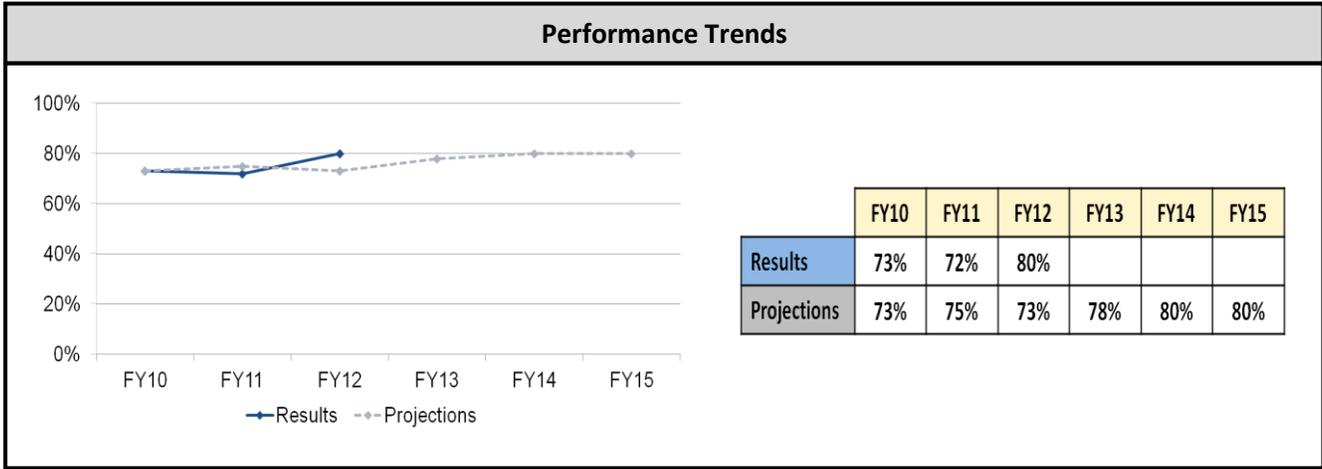
- Factors Restricting Performance Improvement**
- Proof of citizenship for federal/state medical assistance limits enrollment
 - Many residents are not aware they are eligible for federal/state programs
 - Lack of funding limits sufficient staffing
 - Lack of IT interoperability limits improved efficiencies in case management

- Performance Improvement Plan**
- Continue to streamline procedures for residents applying for programs
 - Advocate for resources to develop and implement an integrated and interoperable medical assistance and County-specific computerized eligibility system
 - Increase individual awareness of eligibility for medical assistance programs through MC311 and updates to the County Web site, and by continuing to support online information about resources available to County residents through the Collaboration Council’s www.InfoMontgomery.org
 - Continue providing information in multilingual formats like the Montgomery Cares Web site (www.MontgomeryCares.org) and brochures
 - Advocate for and train additional volunteer Health Promoters to assist residents in applying for available publicly-funded health insurance/primary care programs
 - Advocate for funding to support sufficient staffing and office resources to sustain increased medical assistance caseloads

***Note:** The Department is not projecting results for FY13-15 at this time due to the multiple variables related to health care reform.



Headline Performance Measure 17: Percentage of Head Start, licensed child care centers, and family based child care students who demonstrate “full readiness” upon entering kindergarten.



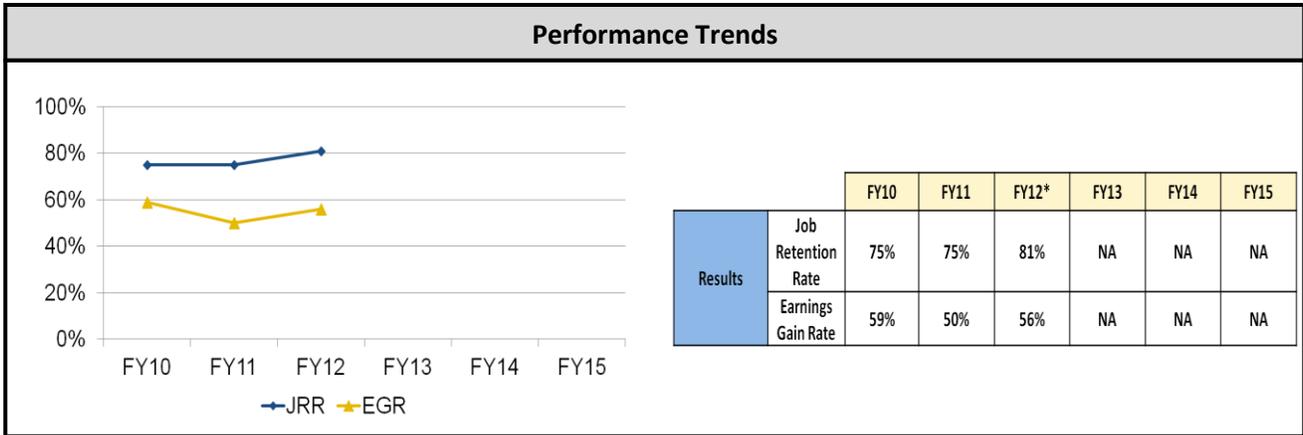
- Factors Contributing to Current Performance**
- Collaboration with state, county and local private non-profit agencies to provide continuum comprehensive services to support successful transition of children to kindergarten
 - Increased focus on collaboration among partners led to improvements
 - Effective MCPS Head Start curriculum, front line staff program guidance and training contributed to better kindergarten readiness for children enrolled in the Head Start program

- Factors Restricting Performance Improvement**
- Federal, state and local funding for at-risk children’s programs decreased
 - Due to the Child Care Subsidies wait list, created by funding cuts, children may be cared for in unlicensed settings, putting them at risk for reduced school readiness
 - Children/families with incomes below the Federal Poverty Level face more disadvantages than other children
 - Lack of funding for outreach
 - Changing demographics create a challenge to providing culturally appropriate services

- Performance Improvement Plan**
- Continue to follow Early Care and Education Congress action agenda strategies
 - Continue to work with the federal and state government to build coalitions and apply for any new funding that becomes available
 - Follow the State Early Childhood Advisory Council priorities for low income children, children with special needs, and children from families where English is a second language, by seeking data on Montgomery County’s children in those categories and advocate for additional resources as necessary
 - Continue to follow Early Care and Education Congress action agenda strategies and promote the message developed by the Early Care and Education Congress as featured on the one pager now used as an advocacy piece statewide: During hard times, it is critical that we champion a family-focused early childhood service delivery system and that we maintain funding for the whole system of services that supports these important gains. A loss in any one program jeopardizes the overall design of the system
 - This headline measure is currently under revision



Headline Performance Measures 18 & 19: Average 12 month Job Retention Rate and Earnings Gain Rate for current and former TCA recipients who are placed in jobs. (Measure being retired and new measure under construction for FY13)



- Factors Contributing to Current Performance**
- The state goal for EGR is 40%. The state goal for JRR is 70%
 - Montgomery county is an affluent county and has a strong job market
 - Employment services are provided by subject matter expert vendors
 - Services are funded by a state grant that allows for flexibility in program design
 - DHHS provides daily oversight, collaboration and service coordination
 - Intensive case management and follow-up services are provided to customers
 - Strong partnerships with other agencies support the program goals

- Factors Restricting Performance Improvement**
- Funding and staffing levels have not increased despite the increase in caseload size
 - The economy is not fully recovered, unemployment is still high
 - High cost of day care when paid out of pocket (if income is too high to qualify for day care subsidies)
 - Less skilled workers are more likely to get temporary employment

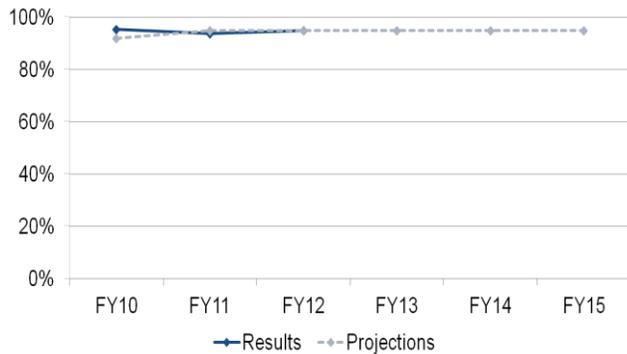
- Performance Improvement Plan**
- This data used to be provided by the Maryland Department of Human Resources, however they stopped collecting and reporting this data. Therefore, this measure is being retired.
 - The Earnings Gain Rate and Job Retention Rate are not considered a state priority anymore and are not being tracked by the state at this time
 - Time lags in data extraction make these measures an ineffective yardstick for current performance
 - A new Measure is under construction for FY13

***Note:** FY11 is the most recent data available for this measure due to an 18 month time lag, therefore FY12 number is estimated.



Headline Performance Measure 20: Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services

Performance Trends



	FY10	FY11	FY12	FY13	FY14	FY15
Results	95.3%	93.8%	94.9%			
Projections	92.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Factors Contributing to Current Performance

- Highly trained and knowledgeable staff
- Available and accessible social support systems and services
- Array of services including case management, personal care, adult day care, and respite care

Factors Restricting Performance Improvement

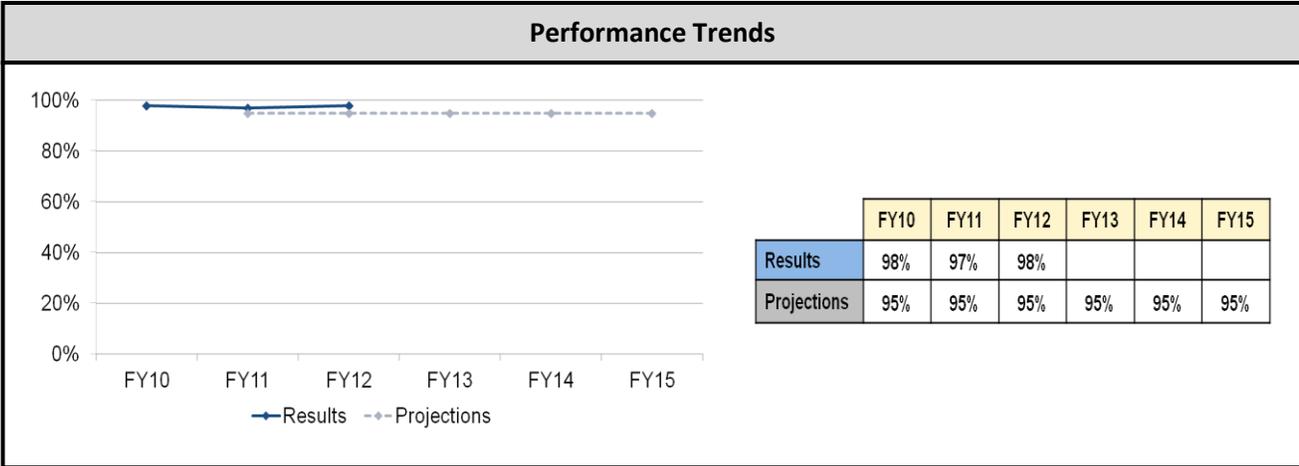
- Limited case management capacity due to budget constraints
- The elderly and disabled population is increasing, particularly among the oldest (85+) and those with cognitive impairment
- The disabled elder population often has multiple and complex health problems (physical and cognitive)
- Projected decrease in number of informal supports (family or friends) available

Performance Improvement Plan

- Identify system factors that lead to higher vs. lower quality services through Quality Service Reviews
- Increase coordination and teamwork between case management staff and staff with the Better Living at Home program (which provides environmental assessment by occupational therapist, with provision of assistive devices and home modifications as needed).
- Telephone Case Management- The Department received permission from the State Department of Human Resources to pilot a program of telephone case management using more frequent contacts in place of less frequent face-to-face contacts using otherwise stable Social Services to Adults (SSTA) clients. Research indicates that higher caseloads could be managed with no decrement in outcomes under this model.



Headline Performance Measure 21: Percentage of households remaining housed at least 12 months after placement in permanent supportive housing.



- Factors Contributing to Current Performance**
- Supportive case management services
 - Linkages to mainstream benefits
 - Deep rental subsidies
 - Landlord mediation
 - Collaboration with service providers

- Factors Restricting Performance Improvement**
- Households need more intensive support services than can be provided in PSH
 - Limited financial management skills
 - Lack of income
 - Immigration status, poor credit and criminal history impact exit from homelessness

- Performance Improvement Plan**
- Collaborate with DHHS partners to continue to implement the “Housing First” model to expedite the movement of homeless families and single adults into permanent housing
 - Develop more models to serve medically vulnerable households that provide more intensive supports
 - Collaborate with HOC and DHCA to explore opportunities to increase the supply of affordable housing units
 - Update HUD Continuum of Care ten-year plan and align with Federal plan to end homelessness
 - Implement the Housing First Initiative’s four primary goals:
 - Provide assistance to at-risk households to prevent homelessness
 - Move homeless families through the intake/assessment phase of the system as quickly as possible
 - Place households into suitable housing as quickly as possible
 - Deliver the necessary services required to assure that households are able to stabilize their housing situation and prevent a reoccurrence of homelessness



Responsive and Sustainable Leadership:

Responsive and Sustainable Leadership has been the cornerstone of the County Executive’s vision for Montgomery County government. To advance this vision, we have identified eight overarching goals for all County departments:

1) Effective and Productive Use of the Workforce/Resources:

Department actively works to effectively and productively use its workforce/resources, including, but not limited to, better management of overtime, implementation of productivity improvements, reduction of ongoing costs, and efficient use of other resources.

a) 2.3% decrease in average overtime hours used by all approved positions (Source: Department provides and CountyStat validates)

The department’s overtime hours and costs, based on CountyStat data, decreased from FY11 to FY12 by 4.3% and 6%, respectively. Based on number of approved positions for FY11 and FY12, DHHS determined that the departmental “average overtime hours” for all approved positions (full time and part time combined) declined from 8.6 in FY11 to 8.4 in FY12, a decrease of 2.3%.

Based on data obtained by DHHS for FY12, the following five programs represented the highest overtime usage for FY12 (from highest to lowest percentage of total departmental overtime usage):

- 24 Hour Crisis Center (17.5%)
- Income Supports (13.4%)
- Community Health Services (6.9%)
- Child Welfare Services (4.8%)
- Environmental Health Regulatory Services (3.0%)

b) XX% increase/decrease in average Net Annual Work hours worked by all approved positions (Under Construction)



2) Internal Controls and Risk Management:

Department actively assesses its internal control strengths, weaknesses, and risks regarding compliance with laws, regulations, policies and stewardship over County assets. Department reviews and implements Internal Audit recommendations in a systematic and timely manner, and proactively manages risk pertaining to improving workplace safety, decreasing work-related injuries, and reducing County exposure to litigation.

a) 67% (10 of 15) actionable Audit report recommendations were fully implemented since issuance of the audit report on Contract Monitoring.

Although this report focuses on FY12, three additional recommendations were implemented in FY13, raising our percentage to 93%. The one other actionable recommendation (#15) is partially complete, as explained below.

Recommendations #1, 4, 11 and 15 were not completed as of the end of FY12. However, recommendations #1 and 4 were implemented as of February 2013 when an Allowable Cost Policy was approved by the Director. Contract monitors and vendors with \$1 million or more of DHHS contracts were trained on the policy in February and March 2013. DHHS is phasing in the policy for contractors with \$1 million or more of DHHS contracts in FY14 and all other contractors in FY15.

Recommendation #15 (performing an evaluation of the vendors with five or more cost reimbursement contracts that undergo random monitoring of their invoices) is still in progress. The Compliance Unit must meet with program staff and vendors that participate in the program to discuss our findings and recommendations and consider their input in completing the final report and in performing the overall evaluation analysis.

DHHS considers recommendation #14 (Consider developing a mechanism by which contractors can submit invoice support documentation electronically) to be not actionable and has excluded it from our percentage calculation. The Department of General Services (DGS) and the Finance Department have not established an electronic invoice protocol for the County. The DHHS Fiscal Team has met with DGS and the ERP Team and has provided an outline of DHHS issues with electronic invoicing. However, DHHS has not been apprised of any movement on its implementation.

b) 8% decrease in number of work-related injuries from 62 injuries in FY11 to 57 in FY 12.

DHHS views its risk management activities as the process of aligning operations strategy with the mechanisms that identify, aggregate, mitigate, avoid and transfer risk. The new risk manager employed a departmental enterprise risk management strategy which includes articulating standards of compliance and ethical conduct through organizational policies and procedures. Accordingly, in FY12 DHHS:

- Reviewed the agency's process for policy and procedure development to ensure that the Department's policies are reflective of best practices and industry standards for services;
- Performed comprehensive review of applicable regulatory requirements including HIPAA; and
- Drafted a white paper in conjunction with ASPHA to advocate for integration of federal privacy regulation

(Continued on page 25)



Montgomery County Department of Health and Human Services FY2012 Performance and Accountability Report



(Continued from page 24)

DHHS sustained 23 work-related injuries that incurred a dollar value in FY11, and 29 in FY12, although the average cost per indemnity claim declined by \$449 in FY12, an 8.7% decrease. DHHS is working closely with the Division of Risk Management in the Department of Finance and the Office of Medical Services to reduce employee injury risk.

On an ongoing basis, DHHS:

- Creates awareness of standards through ongoing communication efforts;
- Maintains a risk manager as part of the Senior Leadership Team;
- Monitors and audits performance in areas of compliance risk to ensure that established policies and procedures are being followed and are effective. This includes routinely checking training schedules for HIPAA and IT Security Awareness training for new employees and contractors, and actively reviewing QSR reports to address trends that may indicate areas of compliance or training that propose risk for the department; and
- Reviews all outside Employment Requests in Risk Management before being forwarded to the Ethics Commission for review.



3) Succession Planning:

Department actively plans for changes in its workforce, in order to maintain continuity of services, develop staff capabilities, maintain and/or transfer knowledge, and enhance performance.

a) List all the key positions/functions in the department that require succession planning:

In FY12, DHHS started to identify key positions for succession planning. We have identified 116 positions that are critical to the success and continuity of services. These positions are in all of our Service Areas and include the following:

- Department Director
- County Health Officer
- 4 Service Area Chiefs
- Community Outreach Manager
- 19 Manager II positions
- 46 Manager III positions
- Medical Doctor positions
- Other critical positions in Finance, Legislative, Information Technology
- Senior Public Health Advisor
- Public Information Officer
- Other key positions with multiple incumbents such as:
 - Program Manager II
 - Social Worker IV
 - Supervisory Therapist
 - Nurse Managers in Community and School Health

b) 74% of those identified key position/functions which turned over in FY12 have developed and implemented long-term succession planning

In FY12, we had a total of 32 hires into those key positions which became vacant, and 23 (or 72%) of those hires were internal promotions. In Behavioral Health and Crisis Services alone, we promoted two of three vacant Manager IIs internally. In addition, management has endorsed staff to take training to enhance promotional opportunities to management positions.



4) Mandatory Employee Training:

Department systematically monitors and actively enforces employees' mandatory and/or required trainings.

40-100% of department's employees who have fulfilled mandatory County/State/Federal training requirements (see breakdown below)

Montgomery County is committed to providing a workplace that promotes fairness, equity, and safety for all its employees. We have a responsibility to comply with federal state, and county laws. To ensure managers and employees are aware of the County's policies, we provide mandatory training for all employees. It is the responsibility of employees and their managers to ensure all appropriate training is taken.

DHHS employees are required to attend certain classes depending upon their job responsibilities in order to provide inclusive customer service, as well as to ensure the safety of our customers and our staff. DHHS systematically monitors and actively enforces employees' mandatory and/or required trainings. DHHS supervisors will continue to track the attendance of their staff at mandatory County/State/Federal training applicable to them (e.g., Child Welfare workers are required to take Legal Requirements: What You Must Know When Working with Clients).

In FY12, there were 5,751 training attendances (both mandatory and non-mandatory) by DHHS employees. This is a 42% increase from FY11. Also in FY12:

- 100% of all 140 new FY12 DHHS hires completed mandatory training which included HIPAA, computer security awareness, and Introduction to Limited English Proficiency (LEP) training as part of the DHHS New Employee Orientation (conducted 24 times in FY12). The Office of Community Affairs (OCA) provided the Introduction to LEP to ensure new staff can start assisting our diverse language speaking community from their first days with DHHS.
- 113 (81%) of the 140 new hires also took DHHS the "LEP Implementation Plan" training on DHHS' policy and protocol for accessing language services to assist customers. This class is required in the first year of employment. All already-trained employees are encouraged to complete the training as a refresher, and many do so. In FY12, OCA conducted 14 sessions of "LEP Implementation Plan" training for 187 employees and interns, one "Community Interpreter" training for 15 certified bilingual staff, and one "How to Work with an Interpreter" training for 20 employees.
- 138 employees took Preventing Workplace Harassment training. This includes new hires and current employees who take it as a refresher every three years. Of the new hires in FY12, over 40% have taken the training.

(Continued on page 28)



(Continued from page 27)

The period for completion of the six OHR-required training classes by newly-hired or promoted DHHS managers (including supervisors) varies according to the length of their probationary period. DHHS hired or promoted 32 new managers in FY12. Over 68% have completed or are within two classes of fulfilling their requirement as of the end of January 2013. Total attendance for these classes in FY12 includes:

- American's with Disability Act: Employment Law- 47 Managers
- Don't Let It Happen to You – Workplace Violence- 37 Managers
- EEO/Diversity Management- 45 Managers
- Introduction to Managing in a Union Environment (formerly called Basic Labor/Employee Relations for Supervisors)- 44 Managers
- Planning for Excellence: Performance Management Basics-39 Managers took the County course and DHHS Human Resources conducted 8 sessions on how to write and conduct effective employee performance reviews.
- DHHS Human Resources with OHR conducted two formal trainings on FMLA - 104 Managers
- DHHS Human Resources also worked with OHR to provide five sessions for DHHS Managers on the new Oracle Work Performance Management functionality.

Employees working in programs related to certain funding sources must take Time Study training to assist DHHS in accounting for staff time when claiming reimbursement. Results for FY12 reveal the following completion rates by those who were required to complete the training:

- 95% for Family Investment Administration Income Maintenance
- 92% for Title XIX; and
- 86% for Title IV-E

Finally, In FY 12 we conducted Ethics training for over 200 DHHS staff. We also offer several courses in our CCL program to support staff where they can earn CEU credits to continue their Social Work and Therapist Licenses, which enables their continued employment in their positions.



5) Workforce Diversity and MFD Procurement:

Department actively participates in the recruitment of a diverse workforce and enforcement of MFD procurement requirements.

*Workforce Diversity: refer to or attach summary yearly report prepared by OHR
 (Source: Department provides and CountyStat validates)*

a) MLS and non-MLS HHS Employees

	African Amer	Native Amer	White	Asian	Hispanic	Other
2012	31.7%	0.2%	42.4%	6.3%	17.3%	2.1%
2013	31.8%	0.2%	40.7%	6.9%	18.1%	2.3%

b) MLS HHS Employees

	African Amer	Native Amer	White	Asian	Hispanic	Other
2012	28.3%	0.0%	64.2%	1.9%	3.8%	1.8%
2013	27.6%	0.0%	63.8%	1.7%	3.4%	3.5%

DHHS has significant representation of minorities in its overall workforce and in MLS ranks. In FY12, 57.6% of the overall workforce was minority employees. DHHS exceeded most departments in its representation of Hispanic (17.3%) and Asian (6.3%) employees, and exceeds County-wide percentages as it relates to the employment of African American employees (31.7%).

Among MLS ranks, 35.8% of employees were minorities in FY12, including African American (28.3%), Asian (1.9%) and Hispanic (3.8%).

c) MFD Procurement

*MFD Procurement: refer to yearly report prepared by DGS ([Link](#) to report)
 (Source: Department provides and CountyStat validates)*

(Continued on page 30)



(Continued from page 29)

Accomplishments in the area of MFD procurement, as reported by the Department of General Services (see [Link](#)), include the following:

- In FY12, the dollar value of goods and services procured through MFD vendors was up by \$119,180, a 2.8% increase, from the previous year.
- Again, most DHHS awards to MFD vendors were in professional services, with 32.8% of all dollars in that category awarded to MFD vendors, up from 27.8% in FY11
- The overall rate for all categories of DHHS awards to MFD vendors was 31% compared to 26.3% in FY11

6) Innovations:

Department actively seeks out and tests innovative new approaches, processes and technologies in a quantifiable, lean, entrepreneurial manner to improve performance and productivity.

Total number of innovative ideas/project currently in pipeline for your department, including the ones initiated in coordination with the Montgomery County Innovation Program.

(Source: Department)

Expected (or achieved) return on investment for each of those innovative ideas/projects, quantified in terms of at least one of the following measures: increased effectiveness/efficiency, cost savings/avoidance, increased transparency/accountability, or increased customer satisfaction.

(Source: Department)

- **Service Integration-** Developed and implemented an integrated team meeting protocol and criteria for determining which cases would move into the intensive level of integrated team case practice. Held 62 integrated team case practice planning meetings and 18 follow-up team meetings. Contracted and trained five clinicians to facilitate team meetings to increase capacity. Worked with Special Needs Housing to incorporate the integrated team model into their existing case staffing practice for homeless families.

The return on our investment for Service Integration will primarily be the cost savings associated with achieving positive outcomes for client-related goals sooner than would have been possible without integrated service delivery. In FY12, DHHS had not quantified the return value.

(Continued on page 31)



Montgomery County Department of Health and Human Services FY2012 Performance and Accountability Report



(Continued from page 30)

- **Health Care Reform-** In preparation for implementation of the Patient Protection and Affordable Care Act (ACA), the Department secured representation on a State ACA Advisory Committee, provided guidance to assist in the development of Maryland's Health Exchange, and advocated for the designation of DHHS sites as Essential Community Providers within the Exchange.

The return on our investment for Health Care Reform activities had not been categorized or quantified by DHHS in FY12 due to the preliminary nature of the work and the extensive scope of the activities.

- **Tech Mod.** The DHHS technology modernization project known as Process and Technology Modernization will in FY13 be in its first year of development. We have completed our high level requirements definition and are moving in to the phase of completing the detailed requirements definition. We are also completing the DTS review and assembling documentation for a Gartner Price Point Analysis. We have started a change management effort and are working hard to keep our project in synch with state Exchange development.
- **ACF Collaboration with ROI** - DHHS received a federal Administration on Children Integration and Interoperability grant through DHR at the State of Maryland to build standards for data exchanges, and build a Return on Investment calculatory by testing it with Transition Age Youth and Homeless Families.
- **East County Jobs project with Chief Innovations Officer** – still in design phase
- **Mobile food vending opportunities** project with Chief Innovations Officer – still in design phase
- **Mobile Apps for DHHS** – partnering with Chief Innovations Officer



7) Collaborations and Partnerships:

Department actively participates in collaborations and partnerships with other departments to improve results beyond the scope of its own performance measures. Please only list accomplishments that had positive results for other department(s) as well.

a) Total \$\$ saved by through collaborations and partnerships with other departments (Under construction)

b) List your accomplishments and/or expected results (Source: Department)

The following examples are illustrative of DHHS' collaborations and partnerships. This listing is not exhaustive.

Senior Nutrition

This program provides lunches to seniors at congregate sites around the County, as well as nutrition education, nutrition screening and related activities and services. The Senior Nutrition Program also provides Meals on Wheels to the County's frailest seniors. These programs are administered through contracts with a variety of public, private, and nonprofit organizations.

a) Savings through collaborations and partnerships with other departments

- It is not possible to put a price on these collaborative efforts. However, our partnerships with the Department of Recreation, the Housing Opportunities Commission, the faith communities and ethnic groups enhance our ability to provide services to the County's seniors. All programs use volunteers. These volunteers provide a variety of services, most importantly the delivery of home delivered meals throughout the County. In addition, space is provided by a variety of facilities at no cost to the County
- According to the Administration on Aging, 40% of seniors who receive home delivered meals would qualify for residence in a nursing home. In FY12, we served 5,198 seniors in congregate programs and 995 homebound seniors with meals delivered to their homes. About 70% of participants are minorities

(Continued on page 33)



(Continued from page 32)

b) Accomplishments and/or expected results

- Adult Day Care Centers in the County benefit from a collaborative contract with the Senior Nutrition Program. This is also true of two Congregate Housing Services Programs
- Six ethnic contractors are able to serve meals to seniors and provide a resource for many people with limited English skills to come together for activities and a nutritious meal
- With 35 contracts and 48 congregate meal sites, the Senior Nutrition Program provides meals throughout the County. In addition, more than 1,000 volunteers assist in the services provided to seniors that could otherwise not be implemented

Child Advocacy Center

The Tree House Child Assessment Center is dedicated to reducing trauma and promoting healing for child victims of physical abuse, sexual abuse and neglect. The multidisciplinary team approach provides children with the highest quality of comprehensive medical, mental health, forensic interviewing, case management and victim advocacy services.

a) Savings through collaborations and partnerships with other departments

A study conducted by the National Children’s Alliance (2006) on the cost effectiveness of Child Advocacy Centers yielded the following results:

- Traditional case investigations are 36% more expensive than Child Advocacy Center investigations (\$2902 v. \$3949)
- Operational budgets including a Child Advocacy Center are 45% higher than non-Child Advocacy Center communities. However, Child Advocacy Centers are able to process 202% more cases than traditional communities
- Annual investigation costs per 1000 children are 41% lower in communities with a Child Advocacy Center
- Based on the finding that the Child Advocacy Center approach is less expensive than traditional investigations, the Tree House resulted in a savings of \$665,000 in serving 636 victims of abuse last fiscal year. $(\$3949 - \$2902) \times 636$ victims
- 131 victims of abuse received trauma focused therapy from the Tree House, designed to help children recover from the effects of abuse/neglect
- 214 children received comprehensive medical evaluations conducted by our board certified pediatrician, who also testified in numerous criminal and family court hearings

(Continued on page 34)



(Continued from page 33)

b) Accomplishments and/or expected results.

- The multidisciplinary team, consisting of law enforcement, state’s attorney’s office, county attorneys, child protective services, and Tree House staff meets weekly to coordinate and effectively manage all case investigations
- The Tree House annually sponsors partner agency attendance at trainings on child abuse investigation, therapeutic approaches, teaming and other relevant topics
- The addition of a forensic interviewer to the Tree House staff along with digital recording equipment will improve the interview process for child victims visiting the Tree House

Montgomery Cares

Montgomery Cares is a County-supported program that provides access to primary care and related services for uninsured, adult County residents. Services are provided via arrangements with 12 community-based non-profit provider organizations.

a) Savings through collaborations and partnerships with other departments

- By providing access to primary care services, Montgomery Cares results in reduced use of hospital emergency rooms and inpatient hospital stays and improved health outcomes. The costs savings accrue, therefore, to the State, Federal, and private funders of hospital-based care and only indirectly to the County
- Patients served in FY12: 27,812
- Patient encounters in FY12: 77,162

b) Accomplishments and/or expected results

Montgomery Cares is a collaborative effort among the 12 participating provider organizations, the five local hospitals, the Primary Care Coalition, and the County DHHS. Program capacity and quality of care have both shown improvement over the past several years

Maternal and Child Health Clinics

Maternity Partnership is a County-supported program that provides prenatal care to pregnant, uninsured County residents. Services are provided via a contractual arrangement with three local hospitals.

a) Savings through collaborations and partnerships with other departments

- The cost savings accrue to the State, Federal, and private funders of health care services and only indirectly to the County.
- The basic cost for prenatal care is covered via a contractual arrangement and patient co-pay, but the cost of providing care for certain high-risk pregnant women is covered in part by the partner hospitals
- Most of the basic cost for prenatal care is covered via a fixed contractual payment and one-time patient co-pay, but the hospitals absorb costs over and above these payments for both routine patients and those with higher cost high-risk pregnancies.

(Continued on page 35)



(Continued from page 34)

b) Accomplishments and/or expected results

- By providing access to pre-natal care, the Maternity Partnership results in healthy, full-term babies, and reduced perinatal and maternal morbidity and mortality
- 1,755 women served in FY12

School Based Health and Wellness Centers, including Linkages to Learning and Youth Development Program

School Based Health-Wellness Centers (SBHWC) are a partnership of DHHS' Public Health Services and Children Youth and Family Services, Montgomery County Public Schools (MCPS), the Primary Care Coalition's Care for Kids Program (CFK), public-private sector organizations, and the community. SBHWCs are located in schools where many students experience significant barriers to accessing health care and where there are indicators of health and social services needs among the students and their families. There is a broad range of cultural, linguistic and ethnic diversity within the student population.

SBHWCs provide a comprehensive range of primary health care services, behavioral health and youth development services, social services, health promotion and preventive services, and educational and other human services. These services promote positive youth development and support families and students to be healthy and successful in school. Services are provided by multidisciplinary staff in a student-friendly environment in the school building to all students who enroll in the SBHWC program. The team includes nurse practitioners, registered nurses, social workers, physicians, behavioral health and school counselors and other support personnel from school and community organizations. Parents must enroll their children and give permission for students to receive services.

a) Savings through collaborations and partnerships with other departments

- Our collaborations have many positive effects, including increased educational time for the children, decreased absenteeism, less time needed for parents to take off from work. These all have potential positive fiscal impacts
- In FY12, of all students who visited health rooms in MCPS, 87% of these children returned to class. In those schools with a SBHWC, 92% of the students returned to class
- Linkages To Learning (LTL) conducted an in-depth review of both cash and in-kind resources brought in through their efforts. This review revealed that LTL leverages 50 cents for every public dollar invested
- 76% of children exiting LTL mental health services maintained or improved their school functioning, per validated assessment tools of client behavior collected from clients and teachers, *regardless* of reason for exiting the program (i.e., moving to another school, leaving area, or planned program exit)

(Continued on page 36)



(Continued from page 35)

- 52% of participants decreased their symptoms of depression. 53% of participants experienced reductions in delinquent activity. 77% of participants experienced reductions in negative perceptions of school. 87% reduction in school disciplinary actions specifically for those students that were clients of the wellness center
- Based on FY12 CountyStat data approximately \$1,772 was spent per Positive Youth Development client which is a tremendous cost savings for both the county and the state if you are talking about services that prevent involvement in more deep end systems like detention which could cost up to \$60,000 per individual

b) Accomplishments and/or expected results

- In FY12, we surveyed those asthmatic children who receive primary care through SBHWC, and found that none of the children needed to be seen in the emergency room in the last year for their asthma. This is a positive health outcome for those children, and an overall savings in health care costs
- Annual preventative health maintenance visits are positive markers for child well being. State Managed Care Organizations (MCOs) rates of children (ages 5-11) having annual well child visits is 37% (per latest HealthChoice report). The DHHS SBHWCs (who are assigned as Care for Kids enrollees primary care sites), provide over 90% of these children with an annual preventative health maintenance visit
- 98% of parents receiving LTL services reported that, because of their participation in Linkages, they know more about their family's needs and where and when to get help
- In FY12, LTL piloted the use of the *Massachusetts Family Self Sufficiency Scales and Ladders Assessment*, which looks at nine domains of family life that are critical to self-sufficiency, to evaluate the impact of social services – and documented an average 29% positive change in summary scores within 6 months
- 96% of parents receiving LTL services were satisfied with the services they received
- As of FY13, the County currently operates 7 LTL School Based Health Centers (SBHC) located in elementary schools and the 1 School Based Wellness Center (SBWC) in a high school

Jail – Community Re-Entry program

In collaboration with the Department of Correction and Rehabilitation (DOCR), DHHS provides incoming inmates who are identified with behavioral health issues a comprehensive needs assessment for substance abuse, mental health, risk of self-harm and potential for post-booking diversion to community based services.

(Continued on page 37)



(Continued from page 36)

a) Savings through collaborations and partnerships with other departments

According to some estimates, every \$1 invested in treatment programs yields a return of between \$4 and \$7 in reduced drug -related crime, criminal justice costs and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts, greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths. [Data sources are National Institute on Drug Abuse, Principles of Drug Treatment for Criminal Justice Populations, A Research-Based Guide, September, 2006 and Principles of Drug Addiction Treatment, A research-Based Guide, 2nd Edition, May, 2009]

b) Accomplishments and/or expected results

- The new discharge function, assumed by Clinical Assessment Triage Staff during FY12, served 327 inmates who were at the end of their stay at the correctional facility and required linkages to housing, community based treatment services and entitlements as they were exiting the facility
- In FY12, Clinical Assessment Triage Staff screened 9,448 incoming inmates
- Approximately 2,200 inmates (23%) were evaluated for risk of suicide as well as their potential for diversion to in-house or community-based providers for further treatment



Montgomery County Department of Health and Human Services FY2012 Performance and Accountability Report



8) Environmental Stewardship:

Department actively makes appropriate changes to workplace operations, workflow, employee behavior, equipment use, and public interactions to increase energy-efficiency, reduce its environmental footprint, and implement other environmentally responsible practices.

a) 6% decrease in print and mail expenditures (Source: CountyStat)

b) 3% decrease in paper purchases (measured in total sheets of paper) (Source: CountyStat)

c) Accomplishments and/or expected results (Source: Department):

- ◆ DHHS is steadily adding more scanning equipment to our offices to reduce paper usage, with a goal that all 97 Ricoh rental copiers have scanners when the new copier contract is implemented in early 2014.
- ◆ DGS is supposed to soon begin scanning archived DHHS documents as a part of a County-wide move to scanning, having recently completed scanning of archived documents of other County departments.
- ◆ Starting in January of 2013, the Finance Department is requiring that County credit card purchase documentation be retained in a scanned format.