HHS COMMITTEE #1
April 7, 2011

MEMORANDUM

April 5, 2011

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **FY12 Operating Budget: Department of Health and Human Services**
Overview
Administration and Support (includes Minority Health Initiatives)
Public Health Services
(includes Council Grants reviewed by the Montgomery Cares Advisory Board)

Those expected for this worksession:
Uma Ahluwalia, Director, Department of Health and Human Services
Brian Wilbon, DHHS Chief Operating Officer
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services
Kim Mayo, DHHS Management and Budget
Beryl Feinberg, Office of Management and Budget
Anita Aryeetey, Office of Management and Budget

Excerpts from the County Executive's FY12 Recommended Budget are attached at ©1-11 overview information), © 12-13 (Administration and Support), and ©14-19 (Public Health Services).

1. DEPARTMENT OVERVIEW

EXPENDITURES

For FY12, the County Executive is recommending an appropriation of $240,278,970 for the Department of Health and Human Services. This is a decrease of $10,069,020, or 4.3% from the FY11 original approved budget. General Fund expenditures are reduced by $8,713,950, or 4.9%. Grant Fund expenditures are reduced by $1,976,070, or 2.7%. There is a net decrease of 37 full-time and 10

part-time positions. Workyears are reduced by 1.4, or 0.1%. There is only a small change in workyears when compared to positions because the workyears associated with the FY11 furlough have been restored.

The following table shows the five year trends for the Department. Since FY08, the overall expenditures for DHHS have declined by 6.6%. However, DHHS grew from FY08 to FY09. The decline from FY09 to FY12 is 8.7%.

	FY08 Actual	FY09 Actual	FY10 Actual	FY11 Budget	FY12 Rec	Change FY11-12	Change FY08-12**
Expenditures:							
General Fund	218,259	190,089	181,834	177,832	169,118	-4.9%	-22.5%
Grant Fund	38,910	73,215	74,908	73,137	71,161	-2.7%	82.9%
Total Expenditures	**257,169**	**263,304**	**256,742**	**250,969**	**240,279**	-4.3%	-6.6%
Positions:							
General Fund FT	1230	845	811	784	752	-4.1%	-38.9%
Grant Fund FT	179	569	561	564	559	-0.9%	212.3%
Subtotal FT	**1409**	**1414**	**1372**	**1348**	**1311**	-2.7%	-7.0%
General Fund PT	317	299	303	302	292	-3.3%	-7.9%
Grant Fund PT	32	49	47	45	45	0.0%	40.6%
Subtotal PT	**349**	**348**	**350**	**347**	**337**	-2.9%	-3.4%
Workyears*	1758.0	1609.0	1577.1	1485.8	1484.4	-0.1%	-15.6%
*FY11 Workyears include reduction for furlough							
**Allocations to Grant Fund and General Fund were changed in FY09							

REVENUES

DHHS has substantial revenues that are credited to the General Fund and the Grant Fund. Revenues of $18.8 million from fees and Medicaid reimbursements are credited to the General Fund and cover about 11% of General Fund expenditures. The budget assumes increased revenues from Federal Financial Participation. In FY11, it was assumed that $8.079 million would be received but for FY12 this has been increased to $8.180 million based on the actual amount that will be received this year for the public health and Healthy Start portions of this funding.

The budget indicates that the Executive is proposing a total of $253,220 in additional revenues from increased licensing fees for Electronic Amusement Licenses ($3,000 increase), restaurant inspections ($160,000 increase), swimming pool inspections ($79,000 increase), and other miscellaneous inspections. These changes must be implemented through the approval of executive regulations. Director Ahluwalia will provide additional information on the proposed increases at this worksession.

The Grant Fund revenues presented in the operating budget book are dated as this information was developed last winter when the budget was submitted. Last year at this time, Director Ahluwalia shared that FY10 and FY11 reductions included Developmental Disabilities Administration ($517,740); the Alcohol and Drug Abuse Administration ($379,430); Senior Outreach Response Team ($387,640); Community Mental Health Services and Administration grants ($818,720). It is expected that there will be additional reductions in FY12 but some will not be know until after the General Assembly session ends and some are not known until the impacted State department provides information on how the reduction will be distributed to local programs. Many Grant Fund reductions are not reflected correctly in the budget book.

DEPARTMENT WIDE INCREASES

The FY12 budget includes a net reduction of $795,890 from costs and decreases for things like retirement and group insurance changes that are not specific to programs. The following table summarizes these changes for the whole department. These costs are generally included in the "Miscellaneous Adjustments" included for each service area.

General Fund Changes (not specific to a program)	Amount
Group Insurance Adjustment	$ (1,667,400)
Retirement Adjustment	$ (571,560)
Annualization of FY11 Personnel Costs	$ (375,320)
Restore Personel Costs from FY11 Furloughs	$ 1,406,730
General Fund Portion for Annualization of HB669	$ 411,660
Net Impact on DHHS Budget	**$ (795,890)**

SAVINGS PLAN

The Council approved a FY11 Savings Plan of about $2 million for the Department of Health and Human Services.

FY11 Savings Plan Reductions	Amount
Delay Conservation Corp Contract	(125,000)
Delay Homeless Outreach Contract	(21,000)
Reduce Projected Expenses for Project Deliver	(100,000)
Reduce Administrative Expenses for Care for Kids	(80,000)
Reduce Most General Fund Contracts by 2%	(672,260)
Reduce Miscellaneous Operating Expenses	(500,000)
Defer Hiring	(221,110)
Additional Lapse	(239,750)
TOTAL	**(1,959,120)**

CountyStat Presentation – Performance Plan

Attached at © 20-80 is the Department of Health and Human Services CountyStat Headline Measures review. Council staff has asked the Director to discuss this information with the Committee as it will provide the Committee with an overview about how HHS effectiveness is being monitored and evaluated through the CountyStat process. The report looks at team-based case management, customer satisfaction, and success in such areas as helping people remain independent, and providing access to health care.

2. ADMINISTRATION and SUPPORT SERVICES (© 12-13)

This service area provides department-wide administration and is home to the Office of Community Affairs. The following two tables provide an overview of the budget and workyear trends for this service section.

Administration and Support Services Expenditures in $000's	FY10 Budget	FY 11 Budget	FY12 Recommend	Change FY11 Budget to FY12 Rec
Office of the Director	3,321	2,630	2,218	-33.2%
Office of the Chief Operating Officer	18,560	16,110	15,524	-16.4%
Office of Disparities Reduction	3,815			-100.0%
Office of Community Affairs	3,458	6,740	6,635	91.9%
TOTAL	**29,154**	**25,480**	**24,377**	**-4.3%**

Administration and Support Services Workyears	FY10 Budget	FY 11 Budget	FY12 Recommend	Change FY11 Budget to FY12 Rec
Office of the Director	20.1	15.1	15.9	-20.9%
Office of the Chief Operating Officer	84.4	79.9	81.0	-4.0%
Office of Disparities Reduction	7.5		-	-100.0%
Office of Community Affairs	13.4	21.6	21.2	58.2%
TOTAL	**125.4**	**116.6**	**118.1**	**1.3%**

A. Office of the Director

The County Executive is recommending a total of $2,218,010 and 15.9 workyears for the Office of the Director. The Executive's Recommended Budget specifies the following changes.

Office of the Director			
Charges from PIO for MC311 Customer Service Staff Transfer	19,300	0.3	General
Reduce Miscellaneous Operating Expenses	(30,000)	0.0	General
Reduced funding from Casey Grant	(45,000)	-0.5	Grant
Miscellaneous Adjustments	(355,730)	1.0	General and Grant

1. Charges from Public Information Office for MC311 Service Staff Transfer
$19,300 and 0.3 workyears

In November 2009, staff was shifted from the Department to the MC311 call center to implement the new 311 system. In order for MC311 staff to assist those calling about certain types of DHHS services and referrals, the employees need to be a part of the Department of Health and Human Services to have access to the CARES system. **Council staff recommends approval of this expenditure.**

In February, CountyStat reviewed MC311 DHHS data and process. The presentation is attached at © 81-106. The review indicates that there are about 3,000 MC311 customer requests each month for DHHS related services. This is about 6% to 9% of all monthly calls to MC311. Most are for general information but about one-third is for a referral. Most calls are for Children, Youth, and Families services with most of those asking about income supports. In the Public Health Services area, most calls are about Medicaid. MC311 and DHHS also serve as a referral point to the Manna Food Center.

DHHS has 50 advertised phone lines that are not automatically redirected to MC311. In some cases a separate line is required by law and some are due to HIPAA compliance.

The CountyStat report notes that the move to MC311 has created a gap in the ability to refer people to community based non-profit agencies (other than MANNA). DHHS would like to have 211 implemented to address this issue.

2. Reduce Miscellaneous Operating Expenses
($30,000)

It is expected that the Department will be able to reduce operating expenses in the Director's Office in a variety of expense areas. **Council staff recommends approval.**

3. Reduce Grant Funds from the Casey Foundation
($45,000)

The Department has received multi-year grant funding from the Casey Foundation to implement Teaming for Excellence (or Integrated Practice Model). The Department has selected transition-age youth as the focus for this effort. In FY11, the grant provided $250,000. In Fy12, $205,000 will be provided. This reduction is to the DHHS Grant fund. Please note that $42,590 in County funds is recommended to replace these grant funds – but it is added to the Office of Community Affairs. **Council staff recommends approval of this change to the Grant Fund.**

4. Miscellaneous Adjustments
($355,730) and +1.0 workyear

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

B. Office of the Chief Operating Officer

The County Executive is recommending a total of $15,523,670 and 81 workyears for the Office of the Chief Operating Officer. The Executive's Recommended Budget specifies the following changes.

Office of the Chief Operating Officer			
Communications Services	(18,400)		General
Miscellaneous Operating - Info and Technology	(45,000)		General
Abolish Full-time Manager - Budget Team	(116,070)	-1.0	General
Verizon Point to Point T1and Relay Replacements	(212,700)		General
Miscellaneous Adjustments	(194,410)	2.1	General and Grant

1. Reduced cost for communications services
($18,400)

Estimated cost for communications services (phones) is expected to decline by $18,400. **Council staff recommends approval of this expenditure.**

2. Reduce Miscellaneous Operating Expenses
($45,000)

It is expected that the Department will be able to reduce operating expenses in the Chief Operating Officer's Office in a variety of expense areas. **Council staff recommends approval.**

3. Abolish a Full-Time (Vacant) Program Manager II in the Budget Team.
($116,070) and (1.0) workyear

The position was created to assist the Budget Team with Grants management and year end close-out. The position is currently vacant and proposed to be abolished due to budget constraints. **Council staff recommends approval.**

While not mentioned in the budget document, during FY11 the Department shifted vacant positions into the COO's Office and reclassified them as two Accountant Auditors to enhance contract monitoring and oversight. The Audit Committee and HHS Committee discussed these changes in session that reviewed the County response to issues raised by the Inspector General.

4. Reduce Costs for Verizon Point-to-Point T1 and Frame Relay Replacement
($212,700)

This money had been included in previous budget as a communications charge-back assessed by the Department of Technology Services. It is not longer needed. **Council staff recommends approval.**

5. Miscellaneous Adjustments
($194,410) and +2.1 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

C. Office of Community Affairs

Note: Community Action Agency and Head Start are reviewed jointly by HHS and ED Committees

The County Executive is recommending a total of $6,635,530 and 21.2 workyears for Office of Community Affairs. The Executive's Recommended Budget specifies the following changes.

Office of Community Affairs			
Shady Grove and Wheaton Workers Centers (shift from RSC)	312,160		General
Fund Part-time Planning Specialist (replaces Casey Grant funding in Office of the Director)	42,590	0.5	General
Miscellaneous Operating	(5,000)		General
Miscellaneous Operating - African American Health Initiative	(9,500)		General
Mini Grants supporting African American Health Initiative	(56,240)		General
Health Promoters and Misc Operating - Latino Health Initiative	(11,310)		General
Latino Youth Wellness case management, education	(109,540)		General
Health Screening and Education - Asian American Health Initiative	(15,000)		General
Translation Services Contract	(18,000)		General
New Contract for Patient Navigation and Medical Interpretation	(122,040)		General
Abolish 2 Full-time Community Services Aides	(155,980)	-2.0	General
Miscellaneous Adjustments	62,530	1.3	General and Grant

1. Shady Grove and Wheaton Workers Centers
$312,160

The FY11 budget includes $346,840 in the budget for the Regional Service Centers for two $173,420 non-competitive contracts to CASA de Maryland, Inc. for the operation of the Shady Grove Temporary Worker Center and the Wheaton Temporary Worker Center. For FY12, the Executive has recommended that these contracts be administered by the Department of Health and Human Services and reduced by 10% each for total funding of $312,160. DHHS currently manages the contract for services at the Silver Spring workers center.

These contracts could logically be assigned to the Office of Economic Development as a part of workforce program, to the Office of Community Engagement which is proposed to house the Regional Service Centers, or the Department of Health and Human Services as they manage the contract for the Silver Spring Center. Council staff is concerned, however, that DHHS has been asked to take on this responsibility with no additional contract monitoring resources.

Council staff recommends approval if the Committee is assured that there are adequate resources to monitor these contracts. The Committee may want to defer a decision until after the GO and HHS Committees have their joint worksession on the Office of Community Engagement that is currently scheduled for April 27th.

2. Replace Casey Grant Funding and Shift Position to Office of Community Affairs
$42,590 and 0.5 workyear

As previously noted, the Executive is recommending County funds to replace these grant funds. **Council staff recommends approval as the effort that is funded by the grant is still underway.** The Committee may want to discuss with the Director what the expectations are in terms of County funds when the remainder of the grant funding is gone (another $205,000).

3. Reduce Miscellaneous Operating Expenses
($5,000)

It is expected that the Department will be able to reduce operating expenses in the Office of Community Affairs Office in a variety of expense areas. **Council staff recommends approval.**

4. Minority Health Initiatives

The Executive's budget recommends reductions to the African American Health Program (AAHP), the Asian American Health Initiative, and the Latino Health Initiative.

Minority Health Initiatives			
	FY10 Approved	FY11 Approved	FY12 Recommend
African American Health Program	1,560,983	1,408,171	1,340,127
Asian American Health Initiative	719,415	403,067	378,290
Latino Health Initiative*	1,568,858	1,184,353	1,062,424
Consolidated Patient Navigator	NA	572,060	450,000
Total	**3,849,256**	**3,567,651**	**3,230,841**
*Latino Health Iniative includes $20K in Grant Funds for Asthma Management			

Background on Minority Health Initiatives

At the recent update on Montgomery Cares, Councilmember Navarro asked about the relationship between the Minority Health Initiatives, Montgomery Cares, and other health programs. Attached to this packet are large excerpts from the FY09 Annual Reports of each of the Initiatives. The following is a summary of the information provided. As noted by Director Ahluwalia at the Montgomery Cares update, the Committee will see that the Initiatives generally focus more on outreach, education, and health promotion although they also provide screening and testing as well as tobacco cessation programs.

African American Health Program

The FY09 Annual Report of the African American Health Program is attached at © 107-130. It says that the mission of the AAHP is to eliminate health disparities and improve the number of years and quality of life for African Americans/Blacks in Montgomery County. It has four goals: (1) To raise awareness in the Montgomery County community about key health disparities; (2) To integrate African American health concerns into existing services and programs; (3) To monitor the health status data for African Americans in Montgomery County; and, (4) To implement and evaluate strategies to achieve specific health objectives.

AAHP has the following programs:

- Start More Infants Living Equally Health (SMILE) was started in 2003 to address the issue of the infant mortality rate for Black babies. The data provided notes that for every one White death, 3.4 Black infants die in Montgomery County. The Healthy Montgomery website provides a link to Maryland Vital Statistics (©131-134) which reports that in 2009 the infant mortality rate in Montgomery County for all races was 5.5 per 1,000 births, that for White infants the rate was 3.9, and for Black infants the rate was 10.7 per 1,000 births. The SMILE program provided Registered Nurse case management services to 103 unduplicated clients in FY09, made a total of 1,530 home visits, made 671 referrals to other programs, provided lactation consulting and equipment, and pack and play cribs. The information on ©114 shows that in FY09 there were 79 term deliveries to and 4 pre-term deliveries to woman in the program.

- Diabetes Education and Dining Club was active in FY09. The report notes that 1,248 hours of free diabetes education were provided to 129 new and 32 repeat class participants. Three churches host the Dining Club which works to support people with Diabetes. Members have reported an increase (43%) in the consumption of fruits and vegetables and physical activity (79%) and some weight loss (32%).

- HIV/AIDS education and testing is also a focus of AAHP (©118-119). The report notes that Montgomery County has the third highest number of new HIV infections and that 59% of these were African Americans. More females than males were infected (57% vs. 43%) and half are in the 20-39 year of age range. Testing was provided to 218 residents and education to more than 670. AAHP also developed an educational series for inmates in the County Detention Center called WIGO (When I Get Out).

- Cardiovascular health efforts included screening 512 individuals for pre-hypertension and hypertension , participation in the Health Freedom Walk, and education regarding smoking.

- The Oral Health Program distributed 1,125 oral health kits. The report notes that poor oral health is linked to cardiovascular disease, premature birth, poor blood sugar management, and osteoporosis.

- AAHP partners with Holy Cross Hospital, the Latino Cancer Program, the Asian American Health Initiative, and the Native American Coalition to raise awareness about breast, colorectal, and lung cancer through the use of Health Promoters. This effort is funded by the Maryland Cigarette Restitution Program. In FY09, 132 people were referred for cancer screenings. The

information provided at the Healthy Montgomery website (©135-136) shows that while Montgomery County fairs relatively well in its death rate due to breast cancer when compared to other counties, the rate is much higher for Black women than for White women (Hispanic women are not separated).

Asian American Health Initiative

The FY09 Annual Report for the Asian American Health Initiative is attached at ©137-181. AAHI works to "create linguistically and culturally appropriate health programs that directly address the health care needs of Asians in the County" and to implement programs that are accessible and available for all Asian Americans in Montgomery County. It has five goals: (1) To conduct an in-depth data collection, analysis, and reporting of health status for the different ethnic groups in the Asian American community; (2) To expand and improve the existing health services available to Asian Americans; (3) To ensure the availability of quality healthcare directed to the specific needs of the different ethnic groups in the community; (4) To provide outreach programs to inform and educate the different ethnic groups about the accessibility and the availability of health care services; and, (5) To remove barriers preventing all ethnic groups in the Asian American community from receiving a fair share of health services.

- Cancer is the leading cause of death for Asian Americans in the U.S. Asian American women have one of the lowest breast cancer screening rates and are typically diagnosed at a later stage of the disease than other ethnic groups. AAHI collaborated with Holy Cross Hospital to educate women on how to perform breast exams and to promote mammogram screening. AAHI performed 42 breast and cervical cancer screening, 27 colorectal cancer screenings, and 20 prostate cancer screenings.

- Hepatitis B disproportionately impacts Asian Americans. The report notes that while Asian Americans represent under 5% of the country's population they account for more than half of chronic Hepatitis B cases. The Hepatitis B death rate is 7 times greater for Asian Americans than for the White population.

- Diabetes impacts about 7.5% of the Asian American population. Adjusted for age, sex, and body mass index, the prevalence of Diabetes for Asian Americans is 60% higher than for non-Hispanic Whites. In FY09 AAHI provided 202 diabetes related screenings.

- Osteoporosis is a significant problem for Asian American women. It is estimated that the calcium intake among Asian American women is about half that of western population groups. In FY09 AAHI provided 907 bone density screenings

- Tobacco use is a public health concern for the AAHI because of certain cultural factors and targeted marketing to Asian Americans. The report also notes that Asian American Youth grades 7 through 12 have shown the greatest increase in smoking rates among all racial and ethnic groups in that age range. During FY09 the AAHI provided 53 one-on-one smoking cessation sessions, 11 smokers received on-on-one counseling with an average of 5 sessions per smoker.

- The report highlights the Health Promoter program noting that in FY09 there were 39 Health Promoters that spoke 20 languages and represent 12 different Asian communities (©155). Over the course of FY09 there were 3,010 education encounters including health fairs, seminars, and one-on-one outreach to communities.

Latino Health Initiative

The Latino Health Initiative's FY09 Annual Report is attached at ©180-207. The LHI is charged with development of a plan of action that would be responsive to the health needs of Latinos in the county. The LHI is committee to improving the quality of life of Latinos living in Montgomery County by: (1) Enhancing coordination among existing health programs and services targeting Latinos; (2) Providing technical assistance to programs and services to effectively serve Latinos; (3) Developing and supporting models of programs and services to effectively serve Latinos; and (4) Advocating for policies and practices that will effectively reach the county's Latino population. The work of the LHI includes:

- The Latino Data Workgroup which offers technical assistance, advice, and advocacy to enhance the collection of data on health related issues for Latinos. The report notes that a partnership was made with the Governor's Commission on Hispanic Affairs and an official linkage was established with the Brooking Institution Montgomery County Hospital Care Equity Initiative.

- The Community Engagement Workgroup which developed a community engagement training curriculum and conducted 8 hour-ling training sessions for 16 workgroup members and provided testimony at community budget forums.

- The smoking cessation program which provides intervention to Latino smokers who need help in ending their dependence on tobacco. In FY09, counseling and/or education was provided to 151 smokers, 4 six-week session were held for 32 smokers, two Health Promoters were trained as Cessation Coaches, 64 Health Promoters were training on how to reach out to smokers in the Latino community, and a group session was specially conducted at CASA of Maryland for clients of that agency. At the end of cessation sessions 83% of participants were smoke-free. At the end of 12 months, 33% of these participants remained smoke-free. An abstract *"A Multi-pronged Strategy for Recruitment and Retention: Success and Challenges in a Latino Smoking Cessation Program,"* was accepted for presentation at the National Association of Hispanic Nurses conference.

- The "Ama Tu Vida" Health Festival and Soccer Tournament was held in Wheaton Regional Park. Over 22 county departments and offices and 30 nonprofit agencies were partners. Between 3,000 and 3,500 participants visited presentations on health care services from 39 exhibitors. Over 140 adults participated in the soccer tournament. Over 2,100 medical screenings were provide free of charge; 120 individuals were identified with abnormal results. Assistance was provided in setting up follow-up clinic visits for 105 uninsured. A follow-up with a sample of 37 individual showed that 65% kept their appointments.

- The Asthma Management Program works to reduce hospitalizations for asthma by providing educational sessions, supportive interventions, and follow-up session. Asthma disproportionately impacts poor and minority children and can be a significant cause of school absences. The program partners with School Health Services and Linkages to Learning. In FY09, 80 hours of educational sessions were provided in five elementary schools. There were 324 participants. Pre and post session test show that the number of participants reporting emergency department visits decreased from 21.6% to 7.8% and the number reporting school days missed due to asthma declined from 25.5% to 17.6%.

- The Foreign Trained Health Professional Program provides services to assist people in completing the Maryland licensure process. In FY09 a cohort of 35 foreign trained nurses were selected. The program was supported in part by $175,000 in funding from the Maryland Department of Labor, Licensing, and Regulation. Six program participants were placed as Nurses-in-Training at Washington Adventist and Holy Cross hospitals.

- The Latino Youth Wellness Program's goal is to improve the general health and wellness of Latino youth living in Wheaton and Gaithersburg. In FY09, the program supported 196 families through 800 hours of individual and family level intervention. A total of 22 referrals to medical, mental health, and other services were made. The program provided 107 individualized Health and Wellness plans. The programmed partnered with the Department of Recreation to form a soccer league. Youth visited the University of Maryland College Park to learn about attending college.

- The FY09 Annual Report describes the System Navigator and Medical Interpreter Program. This program was reorganized and consolidated with other patient navigator programs as a part of the FY11 budget.

FY12 Proposed Reductions

African American Health Program

Miscellaneous Operating ($5,000)
Outreach and Education Services ($56,240)

It is expected that the African American Health Program will be able to reduce its miscellaneous operating expenses by $5,000 in FY12. The second reduction is a reduction to the contract with BETAH Associates which administers much of the AAHP. Reductions are expected to be made in cardiovascular health and HIV/AIDS education efforts and the elimination of oral health care education. There will also be a reduction in hours assigned to the accounting manager. This budget book says that this will also impact mini-grants; however this is an error, the FY11 reduction of $89,000 to this contract already eliminated the mini-grant program. The $56,240 reduction proposed for FY12 represents a 5% reduction to the BETAH contract. **Council staff recommends approval.**

Asian American Health Initiative
Reduce Screening and Education Contract ($15,000)

This reduction represents a 5% reduction to the contract with the Primary Care Coalition which assists the AAHI with education and health screening services. Specific programmatic reductions have not been identified at this time but it is expected that there will be a reduction in the number of Asian Americans that will be reached through education and outreach efforts. **Council staff recommends approval.**

Latino Health Initiative
Reduce Health Promoter and Miscellaneous Expenses ($11,310)
Reduce Latino Youth Wellness Contract ($109,540)

The first listed reduction of $11,310 is composed of two pieces: a 5% reduction to the contract with the Primary Care Coalition for outreach and education services and a $6,900 reduction in operating expenses such as printing, training, supplies and equipment. **Council staff recommends approval.**

The second reduction is a 30% reduction to the contract with Identity, Inc. for the Latino Youth Wellness Program. While the exact impacts of the proposed reduction are not yet negotiated, it is clearly a significant reduction to this contract. As previously noted, the FY09 Annual Report shows that the Latino Youth Wellness Program served 196 families and provided over 1,646 counseling sessions. The Department feels that some of the impact of this proposed reduction can be offset by the use of other programs that provide youth wellness and support such as Crossroads and the UpCounty Youth Opportunities Center.

The Committee may want to defer a final decision on this reduction until has its discussion on other discussions on programs such as the High School Wellness Centers (joint with ED) and the other programs for at-risk youth in Children, Youth and Family Services.

5. Reduce Translation Services Contract
$18,000

This is a proposed 47% reduction to the funding available for contractual services for translation used in the Department (not specifically in the Minority Health Initiatives). It is expected that this will reduce the Department's ability to translate materials shared with non-profit organizations and the community about departmental services. It will not impact any legally required translation or translation of essential documents. **Council staff recommends approval.**

6. *Multilingual Patient Navigation/Medical Interpretation Contract ($122,040) – FY11 transition funding*

As a part of the FY11 budget, the Council approved the consolidation of patient navigator and medical interpretation that had previously been provided under separate contracts funded through the Asian American Health Initiative, the Latino Health Initiative, and Montgomery Cares. The Executive proposed this consolidation, expecting that it would result in an overall cost reduction and an alignment of service. The Executive had proposed that the new contract could be in place for all of FY11 but after review and consideration of the contracting process, the Council added $112,000 to the FY11 budget to allow for a transition period that would assume a new contract would be in place for the second half of FY11. Council staff understands that the RFP was issued and that the Department is in contract negotiations. A new consolidated program should be in place before the end of FY11 and for all of FY12. The Executive has proposed reducing the amount provided for this service in FY12 by $122,040 or about $10,000 when the one-time transitional funding is removed. **Council staff recommends approval.**

3. PUBLIC HEALTH SERVICES (© 14-19)

Note: School Health Services will be reviewed jointly by the HHS and ED Committees

This service area's programs protect and promote the health and safety of Montgomery County residents. The following two tables provide an overview of the budget and workyear trends for this service section.

Public Health Services Expenditures in $000's	FY10 Budget	FY11 Budget	FY12 Recommend	Change FY11 Budget to FY12 Rec
Health Care For the Uninsured	11,875	13,306	11,676	-12.3%
Communicable Disease and Epidemiology	1,440	1,747	1,773	1.5%
Community Health Services	12,949	11,846	11,637	-1.8%
Dental Services	1,977	1,919	1,939	1.0%
Environmental Health and Regulatory Srvs	3,104	2,862	2,914	1.8%
Health Care and Residential Facilities	1,351	1,499	1,498	-0.1%
Health Promotion and Prevention	1,265	187	-	-100.0%
Cancer and Tobacco Prevention	1,289	980	1,142	16.5%
STD/HIV Prevention and Treatment	6,257	6,726	7,005	4.1%
School Health Services	21,255	20,922	19,958	-4.6%
Tuberculosis Services	2,146	1,838	1,797	-2.2%
Women's Health Services	4,236	2,817	2,738	-2.8%
Public Health Emergency Preparedness	2,050	2,052	1,918	-6.5%
Service Area Administration	1,293	1,429	1,406	-1.6%
TOTAL	**72,487**	**70,130**	**67,401**	**-3.9%**

Public Health Services Workyears	FY10 Budget	FY11 Budget	FY12 Recommend	Change FY11 Budget to FY12 Rec
Health Care For the Uninsured	15.5	15.0	11.3	-24.7%
Communicable Disease and Epidemiology	12.2	14.4	15.8	9.7%
Community Health Services	133.0	118.7	120.2	1.3%
Dental Services	14.0	15.4	15.9	3.2%
Environmental Health and Regulatory Srvs	29.7	27.2	28.3	4.0%
Health Care and Residential Facilities	10.7	11.2	11.6	3.6%
Health Promotion and Prevention	5.7	1.9	0.0	-100.0%
Cancer and Tobacco Prevention	4.0	3.0	3.0	0.0%
STD/HIV Prevention and Treatment	43.1	40.7	41.0	0.7%
School Health Services	240.1	229.2	236.9	3.4%
Tuberculosis Services	19.8	16.9	17.0	0.6%
Women's Health Services	16.2	19.6	18.4	-6.1%
Public Health Emergency Preparedness	11.2	11.0	10.2	-7.3%
Service Area Administration	6.6	10.3	10.7	3.9%
TOTAL	**561.8**	**534.5**	**540.3**	1.1%

A. Health Care for the Uninsured

The Executive's is recommending a total of $11,675,830 and 11.3 workyears for this program area. As can be seen from the previous table this program area has the largest percentage, 24.7%, reduction in proposed funding.

Health Care for the Uninsured	Dollars	WYs	Fund
Maternity Partnership - Reduce based on decreased enrollment	(14,920)	0.0	General
Project Deliver - Reduced demand (workyears are group position)	(373,000)	-3.0	General
Reproductive Health - Family Planning Operating Expenses	(30,000)	0.0	General and Grant
Care for Kids - Contractual Services - unencumbered funds (no impact)	(80,000)	0.0	General
Montgomery Cares (workyear is from healthcare for homeless)	(1,194,800)	-1.0	General
Miscellaneous Adjustments	62,370	0.0	General and Grant

1. Maternity Partnership – Reduction based on decreased enrollment ($14,920)

2. Project Deliver – Reduced demand for services ($373,000) and (3.0) workyears (group position)

The Council has approved reductions to the Maternity Partnership program in each budget since FY09 due to a reduction in demand for services in this program. Some of this reduction is because of the restoration of Medicaid services; the total decline is not fully explained. Last year, the Department shared that they do not hear from the hospitals that there is an increase in the women are showing up to give birth without pre-natal care. The FY12 proposed reduction assumes that 19 fewer

women will seek services. There is no increase proposed in the co-pay that is made to the hospital for the services.

Project Deliver has been in place to reimburse doctors who deliver babies to uninsured women at the hospitals participating in the effort. The doctors are considered to be county employees when they are providing this service and their liability is covered by the county. The Executive is proposing a reduction in the funding for this project because the billing by doctors has declined. The workyears are part of a group position. Again, the Department cannot fully explain the decline but suspects many doctors are now billing through Medicaid.

Council staff recommends approval of these recommendations since they are based on a decline in demand. Council staff makes this recommendation with the caveat that the Department will not turn women away from the program because of the overall funding constraints. Council staff suggests that the Committee schedule a mid-year update to monitor the usage of the program.

3. Reduce Reproductive Health Family Planning Operating Expenses
($30,000)

This reduction is to the General Fund but shifts some expenses from the General Fund to the Grant Fund. The proposed change is to reduce by a total of $7,920 the contracts to Teen and Young Adult Connections, Planned Parenthood, and Mary's Center for family planning services to uninsured and low income teens and women of child bearing age. An additional reduction of $22,080 in County funding will be replaced by funding from the Family Planning grant. **Council staff recommends approval.** This change will also be noted in the HHS and ED Committee packet.

4. Care for Kids
($80,000)

Care for Kids is the County's program for low income uninsured children. This reduction will come from two items. The first is a $50,000 reduction to the contract with the Primary Care Coalition for administrative services. This reduction will be offset through enrolling some children through the School Based Health Centers and because some providers have waived their enrollment fees. This reduction will not impact the number of children who may be served through Care for Kids.

The second part of this reduction is the liquidation of $30,000 in unencumbered funds and again will not have an impact on the number of children served through the program.

Council staff recommends approval.

5. Reduce Montgomery Cares
($1,194,800) and (1.0) workyear

The Executive is recommending $1.195 million in reductions to the Montgomery Cares Program. The Montgomery Cares program is the County's primary health care program for low

income uninsured adults. The HHS Committee had an update on the Montgomery Cares program on March 10, 2011 where the Committee discussed the increase in demand for services, the fact that a majority of patients have incomes below the Federal Poverty Level ($22,350 for a family of 4), and the success of the health care being provided as shown in outcome measure related to control of diabetes and other benchmarks. The Montgomery Cares Program is a partnership with community clinics and volunteer health care professionals who bring tremendous resources to the program. The FY11 2nd Quarter Report that was reviewed as a part of the March 10th meeting is attached at ©208-230.

The following table shows the budget trend from FY11 to FY12 (Recommended)

MONTGOMERY CARES	FY10 Budget	FY11 Budget	FY12 Recommend	% Change from FY11
Enrollment for Patients not served through Healthcare for the Homeless	23,000	28,000	28,000	0.0%
Budgeted Number of Primary care Encounters at $62 per visit	62,100	70,000	70,000	0.0%
Services Areas:				
Support for Primary Care Visits	3,682,800	4,340,000	3,640,000	-16.1%
Community Pharmacy-MedBank	2,136,590	1,785,590	1,785,590	0.0%
Cultural Competency	75,000	45,000	22,500	-50.0%
Behavioral Health and Oral Health	950,000	930,000	930,000	0.0%
Specialty Services	660,468	450,468	450,468	0.0%
Program Development	343,070	260,960	110,840	-57.5%
Information and Technology	350,360	320,360	315,360	-1.6%
PCC-Administration	569,274	529,274	502,774	-5.0%
HHS - Eligibility Determination*	205,137	-	-	
HHS - Administration	484,030	482,296	478,186	-0.9%
Facility	311,700	67,040	67,040	0.0%
Subtotal	**9,768,429**	**9,210,988**	**8,302,758**	**-9.9%**
Healthcare for the Homeless				
Budgeted Enrollment	1,000	800	500	-37.5%
Budgeted Primary Care Encounters	2,700	2,400	1,500	-37.5%
Direct Healthcare services (visits)	435,000	435,000	217,500	-50.0%
HHS Administration (includes hospital discharge planning)	303,972	255,158	144,800	-43.3%
Subtotal	**738,972**	**690,158**	**362,300**	**-47.5%**
TOTAL	**10,507,401**	**9,901,146**	**8,665,058**	**-12.5%**

Recognizing the current budget shortfall, there are four reductions the Executive proposed that Council staff recommends the Committee approve:

1. **Reduce Language Line ($22,500)** – This is a 50% reduction in the contract for language line services used by 4 of the community clinics. This will require the clinics to look for other arrangement or to work with the consolidated medical interpretation services funded in the Department.

2. **Reduce Quality Assurance Reviews by ($45,000) and IT support by ($5,000)** – This is a $50,000 reduction to the contract with the Primary Care Coalition. Quality is a critical component of the Montgomery Cares effort and a great deal of work has been done by the Department, Primary Care Coalition, and the clinics to make sure that patients are receiving quality care. However, given fiscal constraints Council staff agrees that this reduction, along with a small reduction in IT support, should be taken.

3. **Eliminate remaining fund for RAND evaluation ($66,500)** – The RAND studies were very helpful in understanding the effectiveness and areas needing improvement in the Montgomery Cares Program. Council staff understands that the RAND evaluation process has already ended and this deletes funding for FY12.

4. **Reduce funding for administration in Primary Care Coalition ($26,500)** – PCC administration was reduced by $40,000 in FY11 and this would increase that reduction. While Council staff realizes that there is not space for unlimited reduction to administration, Council staff believes this is a reasonable reduction given other items in the budget.

There is a $217,500 reduction proposed to direct healthcare visits for those people served through Healthcare for the Homeless. This reduction in the result of a change in how the service is provided and the new contractors' efforts to make sure that all those patients who are eligible for Medicaid are enrolled and served through the Medicaid program. While the table shows a decrease of 300 clients and 900 health care visits, this does not mean that fewer people in total will receive health care – only that fewer will need to receive it through Montgomery Cares. As the Committee will recall from other update discussions, the menu of services that can be provided through Medicaid also means that these clients will most likely have access to more health care services than could be provided through Montgomery Cares. **Council staff recommends approval.**

There are four issues that are problematic with the recommendation for Montgomery Cares:

1. There are not enough primary care visits funded.
2. There is a significant cut to the County funding for primary care visits.
3. The Executive is proposing that the reduction to County funding for primary care be offset by requiring Montgomery Cares patients to pay a membership fee.
4. There is a position reduced in Healthcare for the Homeless that is needed for hospital discharge planning.

Council staff suggests that at this worksession, the Committee discuss these issues and options but not make final decisions. The Montgomery Cares Advisory Board has provided a budget statement at ©231-232 that addresses these issues.

1. Insufficient Number of Primary Care Visits

For FY11, the Council was able to provide funding to the Montgomery Cares Program so that 70,000 primary care visits were funded at a reimbursement rate of $62. The Executive's

recommendation is that 70,000 primary care visits are still funded but with $700,000 of the cost from non-County dollars.

In FY11, it is likely that the clinics will provide 74,000 to 75,000 primary care visits. As the Committee heard at the March 10th update, the Department was able to shift funding among categories – with savings from Healthcare for the Homeless being able to be redirected to primary health care visits. The Department has been monitoring visits carefully with the clinics in case it becomes clear that funds will run out. But, for now it appears the County will be able to fund all primary care visits in FY11.

The Montgomery Cares Advisory Board recommends that 74,000 to 75,000 primary care visits should be funded at a continued rate of $62 per visit. Council staff believes that the budget should assume funding for 75,000 visits, even if it means that the per visit reimbursement cannot be maintained at $62. Council staff continues to be concerned about how a cut-off of service would be implemented and how it would impact patients at different clinics differently.

2. $700,000 Reduction in County Funding for Primary Care Visits

The budget assumes that the 70,000 primary care visits will be paid for with $700,000 less in County funding. This means that there is either $25 less in County funding for each of the assumed 28,000 Montgomery Cares patients or that the County funding for each visit is reduced by $10. This is a 16% decrease in the County funding available on a per encounter basis.

The Executive is proposing that the community clinics will fill this funding gap by collecting a $25 annual membership fee from each Montgomery Cares clients that and this results in overall level funding for FY12.

The Montgomery Cares Advisory Board recommends the Council restore the funds needed to continue the County funded $62 reimbursement.

3. Montgomery Cares Membership Fee

The Executive is proposing that the community clinics collect a $25 annual membership fee from each Montgomery Cares client. While all the details have not been completed, Council staff understands that under this proposal, the first time a patient comes to a Montgomery Cares clinic they would be asked to pay a $25 membership fee. This fee would be retained by the clinic. The County would not collect the fee and the clinics would not forward the fee to the County. During the 2nd half of the fiscal year, the County would deduct the estimated amount that was to be collected by the clinic from the payment they requested for primary care visits.

For example, if a clinic billed the County for 1,000 primary care visits the bill would be for $62,000. If the same clinic had 400 Montgomery Cares patients then they should have collected $10,000 in membership fees (400x25). The County would then reimburse the clinic $52,000 instead of the requested $62,000 because the difference would have been made up by these non-County funds.

The Department also feels that there is a benefit to the membership fee concept because it will give patients a sense of ownership in the program. It is also not unreasonable to expect people to pay some small portion of their health care cost.

The Montgomery Cares Advisory Board recommends against the fee and says it is a mistake for the following reasons:

- It will be a significant barrier to care, especially for the 71% of Montgomery Cares patients with incomes at or below 116% of the Federal Poverty Level.
- Two participating clinics will lose access to the indemnification program through the Federal Tort Claims Act if they are required to impose a fee.
- It will be difficult to administer and will impose unfunded costs on the clinics.

Council staff also notes that because it is an annual fee, a patient would pay $25 whether they are seen once in a year or 4 times in a year.

Lastly, Council staff notes that the clinics have different policies in place now regarding co-pays. While Montgomery Cares as a program does not require the clinics to collect any funds from patients for their primary care visit – some already do. This make the discussion about membership fees and co-pays a bit more difficult since some patients are already contributing toward the cost of their care.

4. Position Reduction in Healthcare for the Homeless

As previously noted, significant reductions in County funding for Healthcare for the Homeless is being realized because the new vendors are diligently working to make sure all patients who are eligible to be served through Medicaid are being seen at the Federally Qualified Health Centers. However, the Executive is also recommending the abolishment of one of two positions in Montgomery Cares that does hospital discharge planning for homeless patients. This is a critical function; prior to this program many homeless people were discharged to the street, only to get sick again and end of back in costly hospital care. These cases can be complicated and time consuming. The Montgomery Cares Advisory Board was provided with data that showed that in FY09, 31 homeless people were assisted. In FY10 this grew to 181. In the first 8 months of FY11, 105 people have been assisted (this would project to 156 for the year). While the number may be reduced from the FY10 level, it has not been cut to the point where a position should be abolished.

If the Committee wants to amend the Executive's proposal, Council staff suggests the following:

- Build the Committee recommendation on an assumption of 75,000 primary care visits.
- Build the budget based on primary care visits rather than the number of clients seen by a clinic. Council staff believes that if Montgomery Cares patients are all to be asked to contribute toward the cost of their case, a patient who is only seen once should not pay the same as a patient seen 4 times.
- Place funding on the reconciliation list in increments to allow the Council flexibility.

- While the Montgomery Cares Advisory Boards also requests increased funding for specialty care, Council staff does not believe this is feasible at this time.
- The FY11 funding for pharmacy should continue. While there are impacts from asking people to participate in low co-pay pharmacy programs, there has also been a significant increase in the use of Medbank.

Options:

Use proposed primary care funds ($3,640,000) to fund 75,000 visits – this would lower the reimbursement to $48.50.

Increment 1 - Add $260,000 to the reconciliation list to fund 75,000 visits at $52 per visit.
Increment 2 – Add an additional $375,000 to fund 75,000 visits at $57 per visit.
Increment 3 – Add an additional $150,000 to fund 75,000 visits at $59 per visit – $59 would be a 5% reduction from the current reimbursement of $62. This would be in line with the reduction to most of the DHHS contracts.
Increment 4 - Add an additional $225,000 to fund 75,000 visits at $62

To fund 75,000 visits at $59 per visit would require a total addition of $785,000 to the budget. This is still a 5% reduction to the clinics.

If the Committee agrees that there should be a $25 membership fee, funding for 75,000 visits should still be assumed. $260,000 would need to be added through the reconciliation list.

75,000 visits x $62 = $4,650,000
30,000 patients x $25 membership fee = $750,000
(DHHS is assuming 2.5 visits per patient)

Total County Funding Needed = $3,900,000
Amount that must be added through reconciliation list = $260,000

The $25 membership fee is equivalent to a $10 co-pay. If the Committee were interested in a $10 co-pay it would also require $260,000 on the reconciliation list.

B. Council Grant requests reviewed by Montgomery Cares Advisory Board (This section is provided by Council Grants Manager Peggy Fitzgerald-Bare)

The Council received **four grant applications totaling $213,100** from primary health care providers that are to be reviewed as part of the Committee's discussion of the Montgomery Cares program. One of the purposes of the Montgomery Cares program is to develop a coordinated and more systematic delivery of primary health care to uninsured individuals. In order for the Council and the program itself to be able to assess clinic provider needs, system needs, and set funding priorities, clinic provider funding requests should be considered through the Montgomery Cares program.

As in prior years, staff forwarded the applications to the Department of Health and Human Services for review by the Montgomery Cares Advisory Board. The Board's recommendations are contained on © 233-234.

The Board recommends approval of each of the four, noting, "We are impressed with the scope of all the proposals, and found each to have merit in providing services to the uninsured in the County. Additionally, we recognize the budget challenges for our Montgomery Cares clinics and support any and all efforts they undertake to increase their revenue during these difficult times."

Summary of staff recommendations:

- While each of the proposals provides important health services to patients in the Montgomery Cares program, staff's assessment of the highest priority for any additional funding is for the basic Montgomery Cares program.

- Alternatively, the Committee could recommend placing the proposals on the Council's Reconciliation List for potential funding:

  1. Montgomery General Hospital and Proyecto Salud: $36,100 for breast health program
  2. The Muslim Community Center Medical Clinic: $62,000, for Clinic expansion
  3. Primary Care Coalition: $65,000 for needed software modifications to the Montgomery Cares Health Information Exchange system
  4. Mobile Medical Care: $50,000 for partial funding for Nurse Practitioner and Emergency Dept. Diversion Patient Navigator

  If the Committee wishes to place proposals on the Reconciliation List, staff recommends listing the Mobile Med request as two separate items: 1) Emergency Room Diversion patient navigator ($15,000) and 2) Nurse Practitioner ($35,000)

The clinic grant requests and Advisory Board recommendations are summarized below:

1. **Mobile Medical Care: $50,000** for partial funding for Nurse Practitioner and Emergency Dept. Diversion Patient Navigator. The Patient Navigator will attempt to contact a proposed 300 uninsured, non-emergency case patients who have been referred by a hospital Emergency Dept. In many instances these patients have a chronic health condition that can be treated more effectively and much less expensively in a primary care setting. In addition to contacting the referred patients and obtaining necessary patient medical information, the patient navigator works with the Nurse Practitioner to conduct basic triage and determine the best clinic for treatment. Of the 541 individuals referred by emergency departments at Shady Grove and Suburban to Mobile Med since the project began in 2009, 90% had an initial medical visit within days after their trip to the Emergency Dept., resulting in substantial future health care

cost savings.

This effort was previously funded by a grant received by the Primary Care Coalition that in turn provided $20,000 grants to each of five hospital/Primary Care partnerships. The grant funding will end this year and staff's understanding is that with the exception of one hospital-funded navigator, the other hospital/primary care clinic partnerships are seeking outside funding to continue the project. Mobile Med is the only participant that has applied for a Council grant for this purpose. They request County support for this effort given the substantial support already provided by their hospital partners (clinic space, diagnostic testing, in kind staff expenses.) **MCAB is strongly supportive of the Patient Navigator position and also supportive of the Nurse Practitioner position, "with the understanding that in better financial times MCAB would not support a County grant to pay the salary of a Nurse Practitioner, as the County already reimburses for provider services during the primary care visit."**

Material from a briefing to the Montgomery Cares Advisory Board on the ED-PC Connect Project is attached at ©235-240.

2. **Montgomery General Hospital and Proyecto Salud: $36,100** for partial funding of the collaboration between the hospital and its on-site clinic partner to screen 300 uninsured/low income women from Proyecto Salud and provide a full continuum of breast health services, including education, screening, diagnosis, and treatment. The requested funds will be used primarily to cover some of the costs of mammograms and translator/benefits case management. This collaboration, which also involves the Primary Care Coalition, began in June, 2010 in response to the County's call to medical providers to increase breast cancer screening given the reduction in State funding for this purpose. The County does still receive some State funds for this purpose and in FY11 to date approximately 1000 low income women have received mammograms through the Women's Cancer Control Program. **MCAB strongly supports this proposal, is particularly pleased at the collaboration between a safety-net clinic and one of the County's hospitals, and notes the important objective of reducing health disparities among women of color.**

3. **The Muslim Community Center Medical Clinic: $62,000** to assist with funding an expansion of the Clinic. The Muslim Community Center Medical Clinic has seen a more than 300% increase in patient encounters in the last four years, with approximately 7000 patient encounters in 2010 and anticipates further increases each year. The Clinic is proposing to build a small addition, move its current waiting room to the addition, and convert the waiting room to more private cubicles for initial nurse or medical assistant consultation with patients, and obtaining blood pressure and other basic initial medical information. Currently, there is no private space for this initial work with patients, plus separate space for medical intake allows many more patients to be seen in the existing exam rooms. The Clinic has received a $150,000 State bond bill and was able to show the required matching funds through almost $90,000 in eligible expenditures already incurred and more than $100,000 in a financial institution. However, the clinic indicates that the funds in the financial institution are needed for outfitting the space and other medical equipment once the construction project is complete. The Clinic is seeking $62,000 from the County to help undertake the remaining construction project, which is estimated at $212,000. **MCAB supports this project if it is clarified that the proposed**

expansion is essential to expanding direct patient service capacity of the clinic. The Board believes that priority should be given for direct services, not on optional facility improvements.

4. **Primary Care Coalition: $65,000** for needed software modifications to the Montgomery Cares MeDHIX Health Information Exchange system to enable it to be connected to the Maryland State Health Information Exchange. Through this connection medical and demographic data on Montgomery Cares patients will be available to hospitals, laboratories, radiology groups, and other providers in the County and the State, providing more accurate and efficient care in emergency and consultation situations. It is unclear from the proposal whether other non-County funds might be available, as was the case for development of the original electronic medical records system. **MCAB is highly supportive of this project as it will lead to improved care for Montgomery Cares patients.**

C. Communicable Disease and Epidemiology

The Executive is recommending a total of $1,772,960 and 15.8 workyears for this program.

Communicable Disease and Epidemiology	Dollars	WYs	Fund
Miscellaneous Adjustments (including one WY transfer from TB Program)	(25,580)	1.4	General and Grant

The Executive is recommending only miscellaneous changes to this program that include a position transfer that has occurred during FY11. **Council staff recommends approval.**

D. Community Health Services

The Executive is recommending a total of $11,637,330 and 120.2 workyears for this program.

Community Health Services	Dollars	WYs	Fund
Minority Infant Mortality Reduction Grant Increase	135,000	0.0	Grant
Lead Poisoning Prevention Grant Increase	3,000	0.0	Grant
Abolish 2 Full-Time Community Service Aides	(165,780)	-2.0	General
Miscellaneous Adjustments including position shift in Community Mental Health Grant	(181,160)	-0.1	General and Grant

1. Minority Infant Mortality Reduction Grant – Increase in Funding $135,000

2. Lead Poisoning Prevention Grant – Increase in Funding $3,000

The budget includes an item to add $135,000 in funding for the Minority Infant Mortality Reduction grant and a $3,000 reduction to the Lead Poisoning Prevention Grant. **Council staff recommends approval.**

3. Abolish 2 Full-Time Community Service Aides
($165,780) and (2.0) workyears

One of these positions is a vacant Community Services Aide that helped families eligible for medical assistance with care coordination. The workload has already been redistributed and there is no more impact from abolishing this vacant position. The savings associated with this position are $104,960. **Council staff recommends approval.**

The other Community Services Aide is a filled position that is assigned to the Germantown Health Center and assists with Maternity Partnership orientation sessions, health education classes, and interpretation assistance. **Council staff recommends approval unless the abolishment of this position would directly impact a pregnant woman's ability to enter the Maternity Partnership Program.** While the Committee will have previously discussed the decreased demand for the Maternity Partnership program none of the decrease has been due to constraints from a lack of County staff. Making sure uninsured women have prenatal care is a critical issue. The savings from abolishing this position is $60,820.

4. Miscellaneous Adjustments
($181,160) and +3.6 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

E. Dental Services

The Executive is recommending a total of $1,939,310 and 15.9 workyears for this program.

Dental Services	Dollars	WYs	Fund
Reduce Hours for Dental Hygienist and Dentist Services	(52,380)	0.0	General
Miscellaneous Adjustments	72,930	0.5	General and Grant

1. Reduce Hours for Dental Services and Dental Hygienist
($52,380)

The Executive is recommending reductions of $23,200 for dentist services at the Colesville Dental Clinic. The reduction will eliminate access for 112 clients. The reduction in hygienist services ($29,180) is expected to reduce off-site outreach and preventive dental services to about 250 people.

As a part of the March 10th update on Montgomery Cares, the Committee reviewed information indicating that there is a 5 month backlog of patients for oral health services. Information in the African American Health Program report highlighted the links between poor dental care and other diseases, such as cardiovascular disease.

Council staff recommends that the Committee put the $23,200 for dentist services on the reconciliation list. While Council staff is not endorsing a reduction to the off-site outreach and education services, given the current budget constraints Council staff recommends approval of the $29,180 reduction.

2. Miscellaneous Adjustments
($72,930) and +2.1 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

F. Environmental Health Regulatory Services

The Executive is recommending a total of $2,913.770 and 28.3 workyears for this program.

Environmental Health Regulatory Services	Dollars	WYs	Fund
Miscellaneous Adjustments	51,650	1.1	General and Grant

The Executive is not recommending any change to the expenditures for this program (other than miscellaneous changes) that is responsible for inspections of a variety of facilities. Previously the Committee has discussed the workload faced by this unit, particularly during certain times of the year such as when swimming pools are being opened. As previously noted, the Executive is recommending increased fees that will result in over $250,000 in revenues. **The Committee may want to understand why the additional revenue is not resulting in additional positions for this team. Council staff recommends approval of the miscellaneous changes.**

G. Health Care and Group Residential Facilities

The Executive is recommending $1,497,740 and 11.6 workyears for this program.

Health Care and Group Residental Facilities	Dollars	WYs	Fund
Miscellaneous Adjustments	(1,700)	0.4	General and Grant

The Executive is only recommending miscellaneous adjustments for this program area. **Council staff recommends approval.** Last year, the Committee spent time with the Department reviewing whether there might be duplication of service in this area given that there are State inspection requirements and a County license. The Committee was told that while there is a separate County license there is no separate inspection.

H. Health Promotion and Prevention

This program is being eliminated in FY12 as a separate program. The staff and workyears are being shifted to Administration and Support and School Health Services.

Health Promotion and Prevention	Dollars	WYs	Fund
Eliminate Childhood Injury Prevention Grant	(3,500)	0.0	Grant
Miscellaneous Adjustments and Shift of Health Promotion Program to PH Administration and School Health Services	(183,250)	-1.9	General

Last year, Director Ahluwalia shared that in setting priorities for spending they recommended significant reduction in health promotion and prevention in favor of direct services. In FY09, this program was budgeted at $1,368,460 in expenditures and had 7.7 workyears.

I. Cancer and Tobacco Prevention

The Executive is recommending funding of $1,141,980 and 3.0 workyears for this program.

Cancer and Tobacco Prevention	Dollars	WYs	Fund
Cigarette Restitution Fund Grant Increase	223,850	0.0	Grant
Tobacco Prevention and Outreach Program for At-Risk Youth	(27,900)	0.0	General
Miscellaneous Adjustments	(34,000)	0.0	General and Grant

1. Cigarette Restitution Fund Grant Increased $223,850

The County is expecting to receive an increase in the Cigarette Restitution Funds (CRF) that can be used for cancer screening, prevention, education, and training. **Council staff recommends approval.** The Committee may want to hear from the Director on the Department's plans for these additional funds.

Last year the Committee discussed the reductions in CRF funds that had negatively impacted cancer screening efforts in FY10. The number of colonoscopies that were performed dropped from 250 in FY09 to 200 in FY10. Prostate cancer screening dropped from 150 in FY09 to 92 in FY10.

2. Tobacco Prevention and Outreach Program for At-Risk Youth ($27,900)

The Department is proposing to eliminate one contract for outreach and prevention. The program currently provides information to 700 school aged children and services to at risk youth and young adults. Given other reductions to outreach and prevention, **Council staff recommends approval.**

3. Miscellaneous Adjustments
($34,000)

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

J. STD/HIV Prevention and Treatment Program

The Executive is recommending $7,005,000 and 41.0 workyears for this program area.

STD/HIV Prevention and Treatment Program	Dollars	WYs	Fund
Housing Opportunites for Persons with AIDS Grant	328,440	0.3	Grant
AIDS Partner Notification Grant	44,710	0.5	Grant
HIV Counseling and Testing Grant	(45,710)	-0.9	Grant
Abolish Full-Time Program Manager II for Special Projects	(135,540)	-1.0	General
Miscellaneous Adjustments	87,330	1.4	General and Grant

1. Increase Housing Opportunities for Person with AIDS (HOPWA) Grant
$328,440 and 0.3 workyears

The County expects an increase in funding for this program that provides housing subsidies for people with AIDS and their family members. The program is run cooperatively with the Housing Opportunities Commission. Determining factor for being placed in this program include (but are not limited to) health status, current housing situation, income, family situation, availability of other resources, and ability to live independently. **Council staff recommends approval.**

2. Increase in AIDS Partner Notification Grant
$44,710

This funding was first received during FY11 and will be continued for FY12.

3. HIV Counseling and Testing Grant
($45,710) and (0.9) workyears

This is a reduction to the HIV local prevention initiative. For FY12, $201,000 will be available for this program. **Council staff recommends approval.**

4. Abolish Full-Time Program Manager II for Special Projects
($135,540) and (1.0) workyear

This is a filled position. The person in this position has assisted with special projects including high-profile disease investigations, TB investigations, and coordinating public information for the

community on issues such as Lyme Disease, West Nile Virus, and rabies. Some work will be eliminated and some will be redistributed to other staff. **Council staff recommends approval.**

5. Miscellaneous Adjustments
$87,330 and 1.4 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

K. Tuberculosis Services

The Executive is recommending $1,797,380 and 17 workyears for this program.

Tuberculosis Services	Dollars	WYs	Fund
Abolish a Part-time Client Assistance Specialist	(28,570)	-0.5	General
Miscellaneous Adjustments (including addition of 1 WY to Refugee Resettlement Grant within current Grant dollars and shift of 1 WY to Communicable Disease and Epidemiology)	(12,360)	0.6	General and Grant

1. Abolish Part-time Client Assistance Specialist
($28,570) and (0.5) workyears

The Executive is recommending the reduction of this filled part-time position. The person in this position delivers medications and observes TB patients to make sure that they take their medications. This is referred to as Directly Observed Therapy. At any time there are 70 patients with active TB cases on Direct Observed Therapy. The person in this position is generally assigned 10 cases that may be located anywhere in the County. Currently the County has a 100% cure rate for people who are on Direct Observed Therapy. If this position is abolish, work will be redistributed among three other Community Service Aides.

Council staff is concerned about this reduction. Patients under Direct Observed Therapy can have a history of being non-compliant. TB is a communicable disease and requires that medical treatment be completed. Council staff recommends that $28,570 be placed on the reconciliation list to continue funding of this part-time position.

2. Miscellaneous Adjustments
($12,360) and 0.6 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

L. Women's Health Services

The Executive is recommending $2,737,930 and 18.4 workyears for this program.

Women's Health Services	Dollars	WYs	Fund
Abolish Part-Time Community Services Aide III Position	(34,010)	-0.5	General
Miscellaneous Adjustments (including the shift of 1WY to School Health Services)	(44,500)	-0.7	General and Grant

1. Abolish Part-Time Community Services Aide ($34,010) and (0.5) workyears

This position is currently vacant and has been vacant for over one year. There will be no new impact from abolishing this position. **Council staff recommends approval.**

2. Miscellaneous Adjustments ($44,500) and (0.7) workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

M. Public Health Emergency Preparedness and Response

The Executive is recommending funding of $1,917,640 and 10.2 workyears for this program.

Public Health Emergency Preparedness and Response	Dollars	WYs	Fund
Miscellaneous Adjustments (including the shift of 1WY to Community Support Network for People with Disabilities)	(134,560)	-0.8	General and Grant

The Executive is only recommending miscellaneous adjustment to this program. **Council staff recommends approval.**

N. Service Area Administration

The Executive is recommending $1,406,410 and 10.7 workyears for this program.

Service Area Administration	Dollars	WYs	Fund
Abolish a Full-Time Administrative Specialist II Position	(111,160)	-1.0	General
Abolish a Full-Time Manager III Position	(171,110)	-1.0	General
Miscellaneous Adjustments (including a shift of 1WY from Health Promotion and Prevention and a Manager III from A&D Administration)	259,660	2.4	General and Grant

1. Abolish Full-Time Administrative Specialist II Position
($111,160) and (1.0) workyear

This is a filled position that provides administrative support to the Administrative Services Coordinator (ASC) for the service area. The ASC will absorb the work that was previously handled by the Administrative Specialist. **Council staff recommends approval.**

2. Abolish Full-Time Manager III Position
($171,110) and (1.0) workyear

This is a filled Manager III position that has managed two grants and supervised three employees in the service area. The employee also assists with grant reporting, budget, quality improvement projects, and work with regional partners. The work will be assigned to another Manager position currently overseeing the CRF program. **Council staff recommends approval.**

3. Miscellaneous Adjustments
$259,660 and 2.4 workyears

Miscellaneous adjustment account for restoration of furlough, FY12 recommended benefit changes, annualizations and other items impacting more than one program. **Council staff recommends approval.**

f:\mcmillan\fy2012opbud\dhhs - admin ph april 7 2011 hhs.doc

Health and Human Services

MISSION STATEMENT

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

BUDGET OVERVIEW

The Department facilitates much of the delivery of direct services through partnerships with private providers. Approximately 80 percent of the Department's General Fund operating expenditures consist of contracts with service providers.

ORGANIZATION

The Department of Health and Human Services provides an array of public health and human services that address the needs of children, families, individuals, and seniors. At its core, the Department's mission, responsibility, and focus are: the provision of public health programs that protect the health of the general public and address the health care needs of specific populations; the administration of protection programs and systems that provide for the safety and well-being of children and vulnerable adults, and the provision of programs and services that meet basic needs including food, shelter, and personal care.

The Department also provides supportive services that include intervention programs, including psychosocial, behavioral and physical health services, early intervention and prevention, and self-sufficiency that assist individuals and families in achieving their maximum level of readiness and selfreliance. These programs and services are designed to assist families to be healthy, safe, and strong.

As a Department that provides services to clients across the lifespan, it is imperative to have a strong focus on integrating practice and supporting a seamless continuum. Clients, both as individuals and as families, have multiple needs and often access multiple services through the Department. Building a "No Wrong Door" approach will provide services to customers in a seamless and integrated way to minimize duplication and improve outcomes.

The Department's FY12 budget reflects the critical resources necessary to implement the core goals identified in the strategic plan and to maintain the broad range of services and programs administered by the Department.

ACCOMPLISHMENTS AND INITIATIVES

To assure healthy and sustainable communities:

- The FY12 budget sustains access to health care for 28,000 patients. In FY10, the Montgomery Cares program experienced a 25% growth in patients from FY09.
- 1,999 women received prenatal care through the Maternity Partnership in FY10; 3,720 pregnant women and infants were case managed by nurses; 94% of these women had healthy birth weight babies (= or > 2,500 grams).
- In FY09 and FY10, Licensing and Regulatory Services nursing staff successfully collaborated with operators of health care facilities, such as, nursing homes, assisted living and group homes, to ensure they are prepared for emergencies, including activities, such as, reviewing emergency plans and observing and evaluating evacuations.
- Public Health Services increased the number of residents able to make appointments for the Sexually Transmitted Disease (STD) clinics by 30% since September 2010, with the enhancements of STD services, including hiring an additional Nurse Practitioner and opening the Up-county STD clinic at Germantown Health Center.

To assure affordable housing in an inclusive community:

- The Department continues to use a uniform assessment tool that gathers client background information at the point of intake and identifies housing barriers, which enables staff to accurately identify the services and housing supports that will be most effective in rapidly exiting families from homelessness. As a result, resources are targeted more effectively and earlier in the assistance process, thereby reducing the length of time in homelessness.

- The FY12 budget provides matching funds for the SuperNofa Samaritan Initiative to provide shelter and housing services for homeless individuals.

- Continuation of the Housing First Program. The goal of Housing First is to rapidly place homeless individuals and families in permanent housing and reduce the time spent in homeless shelters.

To assure vital living for all of our residents:

- Continued funding for the Neighborhood Opportunities Network Program to address the growing needs of residents, in response to the downturn of the economy. This initiative received a National Council on Aging (NCOA) Best of Category Award. HHS also established a third site at TESS/Mary's Center in December 2009 and had served 1,223 clients by the end of August 2010. Overall, the Neighborhood Service Centers served approximately 4,800 customers in FY10 in the Gaithersburg, Long Branch, and Wheaton communities. Over 1,000 families took advantage of extended hours on Tuesday evenings until 7PM.

- In FY10, the Commission on Veteran Affairs Successfully Advocated for 25 Veteran Affairs Supportive Housing (VASH) vouchers. At the recommendation of the Commission on Veterans Affairs and those of County Executive Isiah Leggett and Congressman Chris Van Hollen, the County for the first time, received 25 Housing Choice Vouchers for housing homeless veterans. Over 150 homeless Montgomery County veterans have been identified by the Veterans Affairs Medical Center and this effort has led to housing for 25 of the neediest veterans.

- The Senior Sub-Cabinet reflects an on-going process to bring about the recommendations established during County Executive Leggett's Senior Summit. Aging and Disability (A&D) staff play a lead role in organizing and coordinating the activities of the Sub-Cabinet (HHS' Director, Uma Ahluwalia is co-chair of the group). In September 2010, the County Executive reaffirmed his commitment to this work, and A&D remains a pivotal partner in the work of the Sub-Cabinet, including participation in most of the eight continuing workgroups.

- Money Follows the Person (MFP): Aging and Disability (A&D) joined the state-wide MFP initiative, which is an attempt "re-balance" the funding of services to disabled adults away from institutional settings and towards community based care.

- In FY10, 287 customers' financial education classes were scheduled at public agencies and nonprofits. 69 customers with intensive needs received individual and financial consultation; 675 individuals received brief "drop-in" counseling at HHS and partner facilities; 1,641 customers and providers received financial education information.

- In FY10, Community Action's Voluntary Income Tax Assistance (VITA) programs, in partnership with the City of Gaithersburg and Family Services, the City of Rockville, and TESS, returned $8,292,236 million to 2,749 customers; includes Federal and State refunds and Earned Income Tax Credit (EITC). 72% of VITA customers received the EITC.

- Continuation of the program that provides supplemental funding to providers of services to the Developmentally Disabled.

- Continuation of the African American Health Program, Asian American Health Initiative, and Latino Health Initiative to address disparities.

To assure that children are prepared to live and learn:

- In FY10, approximately 163,000 Early Childhood services were provided to young children, their families and caregivers through HHS, MCPS and a wide array of private non-profit community-based partners even though all partners are functioning with reduced budgets because of the struggling economy.

- In FY10, Child Welfare Services, Family Centered Practices (Family Involvement Meetings and Family Finding) contributed toward decreasing out-of-home placements by 30% and improved utilization of family resources.

- In FY10, Linkages to Learning (LTL) was selected by the Nemours Foundation and California Health Endowment as one of eight "innovative and exemplary children's initiatives to identify the promising policies and practices related to cross-sectoral initiatives that address the health and developmental needs of children." As one of the "Communities of Practice" in this pro sponsored by Nemours, the California Health Endowment and an anonymous donor, LTL has had the opportunity to interface with other cross-sectoral children's initiatives across the country and help drive Federal and State policies toward better outcomes for children.

To assure safe streets and secure neighborhoods:

- The Crisis Center provides crisis services to all Montgomery County residents. During FY10, the Crisis Center intervened in 56,345 crisis situations. 3,377 persons were served through the Crisis Centers walk-in services that are available 24 hours a day, 7 days a week. Included in this number were, 362 students referred by the county public schools for assessment and referrals related to self injurious threats and behaviors, or threats to harm the school community. During FY10, the Crisis Center provided mobile crisis outreach to 1,227 County residents in the community.

To provide a responsive and accountable county government:

- Provide one-time only grants for non-profit organizations to help achieve a safe, healthy, and self-sufficient community (See Non-Departmental Accounts - Community Grants).

- Continuation of the customer service initiative to improve the intake and screening process resulting in better customer access to a range of services and improved customer satisfaction.

- The Department's Performance Plan includes fifteen program measures to track performance in several key areas.

- Facilitated eight rounds of Quality Service Reviews (QSR) covering a total of forty-four cases. Thirty-three Departmental staff served as reviewers, including nine new trainees in FY10. By so building internal reviewer capacity, The Department ensured an adequate number of in-house reviewers without having to rely on external consultants in lean budget times.

Productivity Improvements

Administration and Support

- Voluntary Income Tax Assistance (VITA) volunteers contributed 3,364 hours and three graduate social work interns received training, and contributed their time through a two days per week practicum on VITA and Earned Income Tax Credit (EITC) outreach.

- Used FY10 Community Services Block Grant (CSBG) and American Recovery and Reinvestment Act (ARRA) funds to achieve the following outcomes (via a contract): 287 low income individuals were provided with work maturity/job readiness skills; 114 individuals obtained employment while 20 individuals obtained self employment; 109 individuals retained either part-time or full-time employment from 30 through 90 days; 70 individuals achieved a "living wage", and 45 individuals obtained the skills and competencies necessary to receive a certificate from Montgomery College.

Aging and Disability Services

- Better Living at Home: Aging and Disability (A&D) in FY09 established an innovative new program that utilizes occupational therapists (OT's) to provide detailed home assessments, as well as assistive devices and home modifications if necessary, to help seniors and disabled adults remain independent in the community. In order to gain efficiencies and maximize local resources, the County modified the program operation in FY09 and now offers this program to residents as part of collaboration between Howard County and Montgomery County. Preliminary findings from a systematic evaluation of the program indicate that it produces cost savings while improving client's functional independence. The program was awarded both National Association of Counties (NACo) and an National Council on Aging (NCOA) Innovation in Aging awards in FY10. In FY11, this program moved to the Home Care Program Area in A&D to facilitate assessments of new and renewing In Home Aid Assistance Services (IHAS) clients.

Behavioral Health and Crisis Services

- Family Justice Center (FJC): In FY10, the FJC opened and successfully integrated criminal justice and human services programs to comprehensively address domestic violence. The FJC worked with approximately 1,000 victims from numerous countries during the first year. The Abused Persons Program (APP) experienced an increase in the percentage of victims seen through their office at the FJC. This integration has prevented victims from going to multiple sites for domestic violence (DV) services. While many of the services provided by APP are now onsite at the FJC, the program has retained the 24 hour access to DV victims, counseling, and some victim advocacy services at several sites in the community.

- Lethality Assessment Protocol (LAP): LAP was implemented during FY10 by all local police departments, the Office of the Sheriff, and Abused Persons Program (APP), and the Crisis Center in HHS. This program assures that an instrument will be completed whenever a victim comes to the attention of these departments to gauge the level of safety. As a result of the LAP being implemented, APP had a 20% increase in requests for services.

Children, Youth, and Family Services

In FY10, despite the significant increase in demand, income supports and child care subsidy staff continued to respond and serve families who need help meeting their basic financial needs. The number of applications for services increased 40% at the three regional income support offices over two years. Caseloads rose by 45% over two years. Enrollment in the Child Care Subsidy programs increased by 10.7%.

Public Health

- In FY10, working with the Department of Technology Services, the Department launched a new online appointment system for flu and other vaccine clinics to significantly shorten lines and wait time for residents getting immunized. This system facilitated the process of scheduling and administering over 35,000 doses of H1N1 (flu) vaccine to residents.

- In FY11, Public Health Services collaborated with Maryland National Capital Park and Planning Commission (M-NCPPC) and the Department of Technology Services' Geographic Information System (GIS) team and compiled community level maps displaying health and well-being data, which is available to the public through the Healthy Montgomery (Community Health Improvement Project) website available effective February 16, 2011.

Special Needs Housing

- Special Needs Housing reorganized to unify and centralize contract monitoring into one unit. This unification improves coordination between the "family" and "single" adult shelter systems, efficiently addresses issues of service coordination for our clients, and enhances communication with our vendors since the team is centralized. In addition, it has reduced delays of processing invoices, which supports our vendors being served more effectively.

In addition, this department's Capital Improvements Program (CIP) requires Current Revenue funding.

LINKAGE TO COUNTY RESULT AREAS

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

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

DEPARTMENT PERFORMANCE MEASURES

Performance measures for this department are included below, with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY11 estimates incorporate the effect of the FY11 savings plan. FY12 and FY13 targets assume the recommended FY12 budget and FY13 funding for comparable service levels.

Measure	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Multi-Program Measures					
Active contract monitors' training completion rates (County-administered and internally (DHHS)-administered)	N/A	96	97	97	98
Average response scores from contract monitor trainees' predictions of whether their work quality will improve as a result of training received (County-administered and internally (DHHS)-administered)	N/A	3.9	4.0	4.0	4.0
Percentage of client cases with multiple services for which effective team functioning is documented	68	79	64	74	77
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services	95.3	95.2	95	95	95
Weighted percent of DHHS customers satisfied with the services they received from DHHS staff	N/A	93.7	94	94	94
Percentage of client cases reviewed that demonstrate beneficial impact from services received[1]	89	98	100	95	95
Percentage of client cases needing assistance with multiple services for which effective team formation is documented	82	84	82	83	84
Percentage of current "health and human services" contracts derived from Requests for Proposals that contain performance measures related to beneficial impact and customer satisfaction[2]	90	90	92	95	96

[1] Figures shown are based on a qualitative assessment by experienced reviewers of a small sample of HHS cases and are not representative of HHS as a whole. This measure also has composite quantitatively-derived submeasures.

[2] Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

PROGRAM CONTACTS

Contact Brian Wilbon of the Department of Health and Human Services at 240.777.1211 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this department's operating budget.

BUDGET SUMMARY

	Actual FY10	Budget FY11	Estimated FY11	Recommended FY12	% Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	78,497,024	76,468,130	75,641,140	75,133,700	-1.7%
Employee Benefits	26,156,746	28,076,050	27,610,860	24,614,440	-12.3%
County General Fund Personnel Costs	***104,653,770***	***104,544,180***	***103,252,000***	***99,748,140***	***-4.6%***
Operating Expenses	77,180,421	73,287,850	71,591,070	69,369,940	-5.3%
Capital Outlay	0	0	0	0	—
County General Fund Expenditures	***181,834,191***	***177,832,030***	***174,843,070***	***169,118,080***	***-4.9%***
PERSONNEL					
Full-Time	811	784	784	752	-4.1%
Part-Time	303	302	302	292	-3.3%
Workyears	1,132.6	1,042.8	1,042.8	1,042.5	0.0%
REVENUES					
Comprehensive Case Management	265	3,490	0	0	—
Administrative Case Management	2,663	69,120	0	0	—
Miscellaneous	22,405	0	0	0	—
Purchase of Care - MSDE	4,090,044	0	0	0	—
Adult Mental Health Clinic Fee	10,766	0	0	0	—
Health Clinic Fee - Adult Immunizations	30	0	23,500	23,500	—
STD Clinic Service Fee/Donation	15,224	12,360	12,360	12,360	—
Marriage Licenses-Battered Spouses	268,510	250,000	260,000	260,000	4.0%
Core Health Services Funding	3,601,473	3,601,470	3,601,470	3,601,470	—
Medicaid Reimbursement: Child & Adolescent Service	165,694	250,000	250,000	250,000	—
Medicaid Reimbursement: School Health	16,113	30,000	21,780	21,780	-27.4%
STEPS	97,160	80,000	70,000	80,000	—
MA Reimbursement: LTC Waiver AERS	224,395	190,000	215,000	215,000	13.2%
Medicaid Reimbursement: Behavioral Hlth Case Man.	4,830	30,000	10,000	10,000	-66.7%
Medicaid Form Distribution	8,668	9,180	6,920	6,920	-24.6%
Medicaid Reimbursement: Obstetrics	694,804	850,000	695,000	567,180	-33.3%
Health Inspections: Swimming Pools	477,280	440,000	465,820	519,580	18.1%
Nursing Home Reimbursement	689,383	625,000	689,300	689,300	10.3%
Medicaid Reimbursement: Outpatient Addictions Svc	77,805	80,000	80,000	80,000	—
Health Inspections: Restaurant	1,418,289	1,420,000	1,395,970	1,580,340	11.3%
Medicaid Reimbursement: TASC Assess. & Urinalysis	75,806	167,000	100,000	100,000	-40.1%
Health Inspec: Living Facilities - Environmental	80,400	76,750	76,750	76,750	—
Health Inspections: Living Facilities - Licenses	203,785	200,000	192,050	192,050	-4.0%
Federal Financial Participation (FFP)	8,230,057	6,686,680	6,168,890	6,037,630	-9.7%
Health Inspections: Miscellaneous	28,575	31,380	31,040	43,140	37.5%
Money Follows the Person (MFP)	0	0	185,720	185,720	—
Medicaid & Medicare Reimb: Mental Health	166,120	130,000	160,000	160,000	23.1%
MA Long Term Care Waiver	555,107	631,390	555,100	555,100	-12.1%
Federal Financial Particpation: Public Health	1,848,578	1,242,000	1,876,610	1,821,580	46.7%
Federal Financial Participation - Healthy Start	323,774	150,000	320,000	320,000	113.3%
Electronic Amusement Licenses	41,090	41,520	41,520	44,500	7.2%
Conservation Corps Fees	60,151	15,000	15,000	0	—
Child and Adolescent-Outpatient Programs	5,153	6,000	6,000	6,000	—
Birth Search Adoption Fee	608	0	0	0	—
In-Home Aide Service Fees	7,116	7,250	7,250	7,250	—
MA Hospital Fees	450,040	525,620	517,210	517,210	-1.6%
Death Certificate Fees	247,960	260,000	250,000	250,000	-3.8%
Rabies Vaccine Fee	88,989	80,000	80,000	80,000	—
HIV Clinic Service Fees/Donations	11,130	12,450	12,450	12,450	—
TB Testing Donations	33,391	33,000	33,000	33,000	—
Statement of Age Card	384	410	410	410	—
Health Clinic Fees - Dental	50,452	45,980	45,980	45,980	—

	Actual FY10	Budget FY11	Estimated FY11	Recommended FY12	% Chg Bud/Rec
Health Clinic Fees - School Health Services Center	11,735	14,980	11,740	11,740	-21.6%
Health Clinic Fees - Pregnancy Testing	4,473	0	0	0	—
Health Clinic Fees	1,572	0	0	0	—
Sexual Assault Victim Counseling	11,191	11,000	11,000	11,000	—
Partner Abuse Program	11,183	12,500	12,500	12,500	—
Outpatient Addiction Service Fees	747	2,000	1,000	1,000	-50.0%
Adult Mental Health Fees	8,417	5,500	8,000	8,000	45.5%
Addictions Services Coordination Fees	14,580	20,000	14,580	14,580	-27.1%
Autism Assessment Fee	398,275	416,100	416,100	416,100	—
County General Fund Revenues	***24,856,640***	***18,765,130***	***18,947,020***	***18,881,120***	***0.6%***
GRANT FUND MCG					
EXPENDITURES					
Salaries and Wages	32,188,489	31,370,040	31,546,950	30,287,900	-3.4%
Employee Benefits	10,379,811	11,372,540	11,378,570	8,599,000	-24.4%
Grant Fund MCG Personnel Costs	***42,568,300***	***42,742,580***	***42,925,520***	***38,886,900***	***-9.0%***
Operating Expenses	32,339,471	30,394,380	31,323,630	32,273,990	6.2%
Capital Outlay	0	0	0	0	—
Grant Fund MCG Expenditures	***74,907,771***	***73,136,960***	***74,249,150***	***71,160,890***	***-2.7%***
PERSONNEL					
Full-Time	561	564	564	559	-0.9%
Part-Time	47	45	45	45	—
Workyears	444.5	443.0	443.0	441.9	-0.2%
REVENUES					
Infants and Toddlers (CLIG Part B 619)	0	9,000	9,000	9,000	—
Disparities Self-Assesment Project	19,058	0	0	0	—
Under One Roof	115,017	0	0	0	—
Social Services State Reimbursement (HB669)	32,778,071	32,932,200	32,932,200	31,650,680	-3.9%
Adult Drug Court Capacity Expan	354,768	300,000	300,000	300,000	—
Infants and Toddlers CLIG (Medicaid Revenue)	245,568	250,000	250,000	364,370	45.7%
Casey Grant	245,762	250,000	250,000	205,000	-18.0%
Parent Locator - FFS	3,344	0	0	0	—
Family Intervention	137,574	0	0	209,300	—
Opening Up W.I.D.E.	124,151	89,640	89,640	44,820	-50.
ARRA - SS Courthouse VASAP	8,069	21,610	21,610	0	—
ARRA - CSBS Grant	597,954	0	0	0	—
Up County Youth Opportunity Center	0	450,000	450,000	0	—
Gudelsky Foundation Grant	12,286	15,000	15,000	0	—
Minority Infant Mortality Reduction	201,748	0	135,000	135,000	—
ARRA Head Start Cola & QI Grant	4,520	0	0	0	—
HOC For Persons W/ AIDS (HOPWA)	456,690	525,300	525,300	853,740	62.5%
ARRA JAG Recovery	0	0	0	60,010	—
ARRA Part C - MCITP	286,572	0	0	0	—
ARRA Extended Part C - IDEA	479,230	0	0	0	—
Infants & Toddlers CLIG (Part B 619)	9,000	0	0	0	—
Administrative Care Coordination (EPSTD)	694,624	705,000	705,000	705,000	—
Alcohol and Drug Abuse Block Grant	4,422,814	4,464,320	4,464,320	4,365,320	-2.2%
Area Agency on Aging: III	3,485,340	2,798,520	2,798,520	2,868,990	2.5%
Asthma Management Grant	20,000	20,000	20,000	20,000	—
Breast Cancer Outreach and Dx. Case Mgt.	228,091	258,720	258,720	258,720	—
CDC Breast and Cervical Cancer Screening	654,838	675,160	675,160	675,160	—
Child Care Resource and Referral	315,199	448,000	448,000	306,280	-31.6%
Childhood Injury Prevention	4,380	3,500	3,500	0	—
Children With Special Care Needs	74,867	74,920	74,920	76,930	2.7%
Community Mental Health Grant Admin	0	1,091,110	1,091,110	1,091,110	—
Community Mental Health	4,838,285	4,128,820	4,128,820	3,971,200	-3.8%
Community Action Agency	508,804	473,520	473,520	473,520	—
Community Supervision Program	98,860	0	0	0	—
CRF: Cancer Prevention, Educ., Screen, Training	609,026	662,670	662,670	886,520	33.8%
CRF: Tobacco Prevention and Education	187,861	203,980	203,980	203,980	—
DJJ Day Treatment	156,000	103,810	103,810	156,930	51.2%
Domestic Violence Grant	176,871	182,000	182,000	182,000	—
Emergency Shelter & Nutrition: Homeless	242,840	269,900	269,900	269,900	—
Family Planning	491,637	546,790	546,790	546,790	—
Foster Care Court Improvement	15,695	0	0	0	—

	Actual FY10	Budget FY11	Estimated FY11	Recommended FY12	% Chg Bud/Rec
Federal Block Grant Homeless	569,645	596,790	596,790	569,790	-4.5%
Geriatric Evaluation	2,852	2,860	2,860	2,750	-3.8%
Head Start: DFR and Health	1,126,816	1,127,160	1,127,160	1,142,710	1.4%
Head Start: Extended Year Summer	127,916	25,000	25,000	5,530	-77.9%
Hepatitis B Immunization Action Plan	299,188	314,500	314,500	324,000	3.0%
HIV Local Prevention Initiative	243,146	246,710	246,710	201,000	-18.5%
HIV Partner Notification	0	0	44,710	44,710	—
HIV Positive Women's Health Program	126,263	125,910	125,910	125,910	—
HIV/STD Minority Outreach	239,398	332,050	332,050	333,180	0.3%
Improved Pregnancy Outcome	117,691	119,540	119,540	119,540	—
Individual Support Services-Single Point of Entry	672,311	880,690	880,690	750,160	-14.8%
Infants and Toddlers Mead Family Grant	1,380,041	2,083,610	2,083,610	1,922,590	-7.7%
Infants and Toddlers State Grant	1,977,167	959,100	959,100	1,147,030	19.6%
Lead Poisoning Prevention	13,857	15,000	15,000	18,000	20.0%
SR Ombudsman Grant	191,241	188,430	188,430	181,530	-3.7%
MA Waiver Admin and Case Management	217,869	217,870	217,870	217,870	—
McKinney: PATH	115,588	115,590	115,590	115,590	—
MD Children's Health Prog. Outreach & Eligibility	1,336,953	1,353,650	1,353,650	1,353,650	—
Medicaid Fraud and Abuse Education (CAMM)	15,629	15,630	15,630	15,640	0.1%
Oral Cancer Prevention	8,690	15,000	15,000	15,000	—
Refugee Resettlement: MONA	258,183	305,360	305,360	305,360	—
Ryan White I: Emergency AIDS Services	2,276,678	2,035,210	2,035,210	2,035,410	0.0%
Ryan White II: Consortia Services	920,590	933,000	933,000	991,880	6.3%
Senior Care Grant - Gateway II	608,920	612,080	612,080	620,620	1.4%
Senior Group Assisted Housing	278,432	323,590	323,590	289,500	-10.5%
Senior Guardianship Program	43,902	43,910	43,910	43,910	—
Senior Health Insurance Counseling (SHICAP)	66,120	66,460	66,460	69,430	4.5%
Senior Information and Assistance	75,809	84,230	84,230	75,810	-10.0%
Senior Outreach Team (SORT)	979,012	1,190,640	1,190,640	201,420	-83.1%
Seniors State Nutrition Program (Meals Grant)	123,939	123,960	123,960	123,960	—
Service Coordination	3,557,781	4,030,550	4,030,550	3,425,970	-15.0%
Sexual Assault: Rape Crisis Service	141,375	145,000	145,000	145,000	—
Stop Domestic Violence Now	36,576	37,000	37,000	34,000	-8.1%
Substance Abuse Prevention (ADAA-Public Health)	458,005	483,390	483,390	365,320	-24.4%
Surplus Food Distribution (TEFAP)	66,487	35,000	35,000	35,000	—
TB Control: Nursing	267,282	331,930	331,930	331,930	—
Teenage Pregnancy & Parenting	15,000	15,000	15,000	0	—
Victims of Crime: VOCA	323,312	327,520	327,520	327,520	—
Vulnerable Elderly Initiative VEPI	53,621	53,630	53,630	53,630	—
Sexual Assault: Prevention & Awareness	20,690	23,000	23,000	23,000	—
Grow Up Great Head Start	11,706	0	0	0	—
Early Childhood Mental Health	141,332	0	0	0	—
MFP Education & Application	1,220	0	0	0	—
UASI MD 5% Share	77,750	0	0	0	—
ARRA - VOCA Grant CSA	23,765	0	0	0	—
ARRA - Senior Nutrition	135,034	0	0	0	—
Medicare IMP for Patients & Providers	3,475	0	0	0	—
Emergency Preparedness - PH (CDC)	1,279,876	929,340	929,340	929,410	0.0%
NACCHO Advanced Practice CTR Grant	322,597	450,000	450,000	450,000	—
ARRA - Byrne Justice	21,318	0	0	0	—
School Based Health Center	259,760	261,280	261,280	261,780	0.2%
Gang Prevention Initiative	419,220	0	0	0	—
Senior Health Management	19,830	0	0	0	—
Early Childhood Mental Health Consultant	0	150,000	150,000	141,000	-6.0%
Adult Drug Court	83,285	89,780	89,780	83,580	-6.9%
Gang Prevention Coordination Assist	74,215	0	0	0	—
Multicultural Intervention Project - Child Abuse	0	0	300,000	300,000	—
Komen-PCC Quality Improvement Mini-Grant	9,135	0	0	0	—
Grant Fund MCG Revenues	***75,542,907***	***73,769,440***	***74,249,150***	***71,160,890***	***-3.5%***
DEPARTMENT TOTALS					
Total Expenditures	**256,741,962**	**250,968,990**	**249,092,220**	**240,278,970**	**-4.3%**
Total Full-Time Positions	**1,372**	**1,348**	**1,348**	**1,311**	**-2.7%**
Total Part-Time Positions	**350**	**347**	**347**	**337**	**-2.9%**
Total Workyears	**1,577.1**	**1,485.8**	**1,485.8**	**1,484.4**	**-0.1%**
Total Revenues	**100,399,547**	**92,534,570**	**93,196,170**	**90,042,010**	**-2.7%**

FY12 RECOMMENDED CHANGES

	Expenditures	WYs
COUNTY GENERAL FUND		
FY11 ORIGINAL APPROPRIATION	**177,832,030**	**1042.8**
Changes (with service impacts)		
Reduce: Asian American Health Initiative Contract for Health Screening and Education [Office of Community Affairs]	-15,000	0.0
Reduce: Community Outreach - Translation Services Contract [Office of Community Affairs]	-18,000	0.0
Reduce: Foster Care Families Mental Health Services [Behavioral Health Planning and Management]	-21,210	0.0
Reduce: Senior Korean Chore Services to 20 Clients [Home Care Services]	-25,000	0.0
Reduce: Contract for Parenting Skills to 20 Families [Behavioral Health Planning and Management]	-27,450	0.0
Reduce: Tobacco Prevention and Outreach Programs for At-Risk Youth [Cancer and Tobacco Prevention]	-27,900	0.0
Reduce: Case Management Intervention Services to 25 Clients [Home Care Services]	-29,000	0.0
Eliminate: Burial Assistance to Low-Income Households [Housing Stabilization Services]	-39,300	0.0
Reduce: Saturday School Contract by 5% [Child and Adolescent School and Community Based Services]	-40,270	0.0
Eliminate: Legal Services Program for Women [Abused Persons Program]	-42,980	0.0
Reduce: Working Parents Assistance Program Subsidies (No Reduction to Families Already Enrolled) [Child Care Subsidies]	-50,000	0.0
Reduce: Dental Services - Reduction in Hours for Dental Hygienist Services and Dentist Services [Dental Services]	-52,380	0.0
Reduce: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program [Office of Community Affairs]	-56,240	0.0
Eliminate: Attachment and Bonding Support Services for Child Welfare Services Clients [Behavioral Health Planning and Management]	-57,630	0.0
Eliminate: Contractual Services for Recruiting Volunteer Tutors for MCPS Students and Shift a Portion to Mentoring and Intergenerational Program [Child and Adolescent School and Community Based Services]	-60,560	0.0
Reduce: Eliminate the Contract for Human Trafficking Outreach Education and Legal Services in Victim Assistance and Sexual Assault Services [Domestic Violence, Sexual Assault, and Trauma Services Program]	-62,570	0.0
Reduce: In Home Care Services to Eight (8) New Clients [Home Care Services]	-100,000	0.0
Reduce: Abolish a Full-time Social Worker IV Supervisor Position [Behavioral Health Community Support Svcs]	-102,780	-1.0
Reduce: Abolish a Full-time Program Manager I Position [Early Childhood Services]	-106,340	-1.
Reduce: Latino Youth Wellness - Case Management, Health Education, and Wellness Intervention [Office of Community Affairs]	-109,540	0.0
Eliminate: Abolish Two Part-time Therapists II Positions in the Linkages to Learning Therapeutic Recreation Program [Linkages to Learning]	-125,300	-1.0
Reduce: Substance Abuse Treatment Services for the Lawrence Court Half Way House Program [Behavioral Health Community Support Svcs]	-130,600	0.0
Reduce: Abolish a Full-time Program Manager II Position for Special Projects [STD/HIV Prevention and Treatment Program]	-135,540	-1.0
Reduce: Abolish Two Full-time Community Services Aide III Positions [Community Health Services]	-165,780	-2.0
Reduce: Abolish a Full-time Supervisory Therapist Position in Drug Court Services and a Full-time Therapist II Position [Outpatient Addiction Services (OAS)]	-229,920	-2.0
Reduce: Abolish Two Full-time Social Worker Positions [Child Welfare Services]	-242,470	-2.0
Reduce: Abolish Two Part-time and One Full-time Therapist II Positions in Victim Assistance and Sexual Assault Program [Domestic Violence, Sexual Assault, and Trauma Services Program]	-345,610	-2.6
Reduce: Developmentally Disabled (DD) Supplemental Payments to Providers by 5% [Community Support Network for People with Disabilities]	-388,250	0.0
Eliminate: Conservation Corps Contract with Offsetting Reduced Scope Program in Economic Development [Conservation Corps]	-417,630	-3.7
Eliminate: County Energy Tax Rebate Program to 9,600 Households [Rental & Energy Assistance Program]	-479,500	0.0
Reduce: Montgomery Cares - Implement a $25 Annual Fee, Homeless Health Care Direct Care, Eliminate RAND Study, Decrease Language Line, and Contractual Operating Support [Health Care for the Uninsured]	-1,194,800	-1.0
Other Adjustments (with no service impacts)		
Increase Cost: Restore Personnel Costs - Furloughs	1,406,730	40.2
Increase Cost: HB669 Adjustment for General Fund Portion of the Annualized Personnel Costs	411,660	0.0
Shift: Shady Grove and Wheaton Workers Centers from Regional Services Center [Office of Community Affairs]	312,160	0.0
Replace: VOCA Grant - For Two Full-time Community Services Aide III Positions [Child Welfare Services]	148,050	2.0
Increase Cost: Annualization of FY11 Operating Expenses	113,510	0
Replace: HB669 Grant - Income Support Triage and Greeters [Income Supports]	106,200	0
Increase Cost: Risk Management Adjustment	103,030	0.0
Replace: SAMHSA Capacity Expansion Grant - Partial Year Funding for a Full-time Therapist II Position in the Adult Drug Court [Outpatient Addiction Services (OAS)]	59,100	0.6

	Expenditures	WYs
Increase Cost: Printing and Mail Adjustment	49,270	0.0
Replace: Casey Grant - For a Part-time Term Planning Specialist III Position [Office of Community Affairs]	42,590	0.5
Increase Cost: Help Desk - Desk Side Support	34,310	0.0
Increase Cost: SuperNofa Mandated Cash Match [Shelter Services]	30,000	0.0
Increase Cost: Charges from Public Information Office for MC311 Customer Service Staff Transfer [Office of the Director]	19,300	0.3
Increase Cost: Motor Pool Rate Adjustment	7,260	0.0
Increase Cost: Net Changes to the Victims Compensation Fund Match [Domestic Violence, Sexual Assault, and Trauma Services Program]	1,890	0.0
Decrease Cost: Mental Health and Substance Abuse Services to Three Families [Child and Adolescent Mental Health Services]	-2,390	0.0
Decrease Cost: Taxi Services for Crisis Center and Abused Person Program [24-Hour Crisis Center]	-2,640	0.0
Decrease Cost: Non-Safety Net Services to Low-Income Vietnamese Families [Child and Adolescent School and Community Based Services]	-3,330	0.0
Decrease Cost: After School and Weekend Enrichment Programs - Non-Safety Net Services [Child and Adolescent School and Community Based Services]	-4,850	0.0
Decrease Cost: Miscellaneous Operating Expenses [Office of Community Affairs]	-5,000	0.0
Decrease Cost: Court Appointed Special Advocate Contractual Services [Child Welfare Services]	-5,200	0.0
Shift: Funding for the Hotline Contract for Crisis Center to the Community Mental Health Grant [24-Hour Crisis Center]	-5,910	0.0
Decrease Cost: Prevention Services Contract [Child and Adolescent School and Community Based Services]	-8,080	0.0
Decrease Cost: Contract for Assisted Living Services for Mental Health Consumers [Behavioral Health Planning and Management]	-9,020	0.0
Decrease Cost: Mentoring Services and Academic Enrichment Programs - Non-Safety Net Services [Child and Adolescent School and Community Based Services]	-9,270	0.0
Shift: Operating Expenses in Shelter Plus Care Program from General Fund to Grant Fund [Behavioral Health Planning and Management]	-9,310	0.0
Decrease Cost: African American Health Program- Miscellaneous Operating Expenses [Office of Community Affairs]	-9,500	0.0
Decrease Cost: Post-Adoption Contractual Services [Child Welfare Services]	-9,690	0.0
Decrease Cost: Occupational Medical Services Adjustment	-9,840	0.0
Decrease Cost: Latino Health Initiative - Health Promoters Program and Miscellaneous Operating Expenses [Office of Community Affairs]	-11,310	0.0
Decrease Cost: Temporary Clerical Staff [Housing Stabilization Services]	-13,100	0.0
Decrease Cost: Outpatient Mental Health Clinic Administration Fee Across Seven Contracts [Behavioral Health Planning and Management]	-14,260	0.0
Decrease Cost: Maternity Partnership - Due to Decreasing Enrollment [Health Care for the Uninsured]	-14,920	0.0
Decrease Cost: Community-Based Pre-Kindergarten Contract [Early Childhood Services]	-16,290	0.0
Decrease Cost: Communication Services [Office of the Chief Operating Officer]	-18,400	0.0
Decrease Cost: Miscellaneous Operating Expenses for Positive Youth Development [Positive Youth Development]	-20,040	0.0
Decrease Cost: Tree House Contract for Abused Children [Child Welfare Services]	-25,420	0.0
Decrease Cost: Parking for Mid-County Regional Service Center	-26,220	0.0
Decrease Cost: Abolish a Part-time Client Assistant Specialist Position [Tuberculosis Services]	-28,570	-0.5
Decrease Cost: Miscellaneous Operating Expenses [Office of the Director]	-30,000	0.0
Decrease Cost: Reproductive Health - Family Planning Operating Expenses [Health Care for the Uninsured]	-30,000	0.0
Decrease Cost: Miscellaneous Operating Expenses for Child and Adolescent School and Community Based Services [Child and Adolescent School and Community Based Services]	-30,450	0.0
Decrease Cost: Abolish a Part-time Community Services Aide III Position [Women's Health Services]	-34,010	-0.5
Decrease Cost: Abolish a Part-time Income Assistant Program Specialist III Position in Transitional Housing Services [Permanent Supportive Housing Services]	-38,660	-0.5
Decrease Cost: Education, Tuition, and Training	-39,000	0.0
Decrease Cost: Abolish a Part-time Program Manager I Position in HHS Office of Consumer Affairs [Behavioral Health Planning and Management]	-44,430	-0.5
Decrease Cost: Information and Technology - Miscellaneous Operating Expenses [Office of the Chief Operating Officer]	-45,000	0.0
Decrease Cost: Client Advocacy Contract Serving 30 Residents [Community Support Network for People with Disabilities]	-51,010	0.0
Decrease Cost: Miscellaneous Operating Expenses for the School Based Health Centers [School Health Services]	-55,460	0.0
Decrease Cost: Eliminate Security Contract [Child and Adolescent School and Community Based Services]	-55,800	0.0
Decrease Cost: Residential Rehabilitation Supplement Budget and shift a Portion to the Community Mental Health Grant [Behavioral Health Planning and Management]	-56,850	0.0
Decrease Cost: Abolish a Full-time Income Assistance Program Specialist III Position [Child Care Subsidies]	-66,280	-1.0
Decrease Cost: Care For Kids Program - Contractual Services and Unencumbered Funds, with no Impact to Clients [Health Care for the Uninsured]	-80,000	0.0
Decrease Cost: Abolish a Full-time Principal Administrative Aide Position and Absorb in the Urine Monitoring Program [Juvenile Justice Services]	-82,070	-1.0

	Expenditures	WYs
Decrease Cost: Abolish a Full-time Community Health Nurse II Position [School Health Services]	-87,900	-1.0
Decrease Cost: Multilingual Pay Adjustment	-96,240	0.0
Decrease Cost: Abolish a Full-time School Based Health Center Nurse Manager Position [School Health Services]	-102,780	-1.0
Decrease Cost: Technical Services Contract to New Child Care Providers [Early Childhood Services]	-109,030	0.0
Decrease Cost: Abolish a Full-time Administrative Specialist II Position [Service Area Administration]	-111,160	-1.0
Decrease Cost: FY11 Mid Year Miscellaneous Personnel Changes	-115,540	-4.2
Decrease Cost: Abolish a Full-time Program Manager II Position - Budget Team [Office of the Chief Operating Officer]	-116,070	-1.0
Decrease Cost: Community Outreach - Multilingual Patient Navigation/Medical Interpreting Services; New in FY11 [Office of Community Affairs]	-122,040	0.0
Decrease Cost: Annualization of FY11 Lapsed Positions	-150,950	-1.7
Decrease Cost: Abolish Two Full-time Community Services Aide III Positions [Office of Community Affairs]	-155,980	-2.0
Decrease Cost: Abolish a Full-time Manager III Position due to Consolidated Programs [Abused Persons Program]	-162,140	-1.0
Decrease Cost: Abolish a Full-time Policy and Compliance Position [Aging and Disability Resource Unit]	-170,900	-1.0
Decrease Cost: Abolish a Full-time Manager III Position - Grants Management [Service Area Administration]	-171,110	-1.0
Decrease Cost: Verizon Point to Point T1 and Frame Relay Replacements [Office of the Chief Operating Officer]	-212,700	0.0
Decrease Cost: Abolish Two and Shift Three Client Assistant Specialist Positions to the Office of the Sheriff [Abused Persons Program]	-219,460	-3.1
Decrease Cost: Abolish a Part-time Therapist II Position in Child and Adolescent Mental Health Clinic and a Full-time Supervisory Therapist Position [Behavioral Health Planning and Management]	-222,550	-1.6
Decrease Cost: Developmentally Disabled Contract Partially Offset by Medicaid Payment [Community Support Network for People with Disabilities]	-324,020	0.0
Decrease Cost: Project Deliver Group Position - Due to Underutilization [Health Care for the Uninsured]	-373,030	-3.0
Decrease Cost: Annualization of FY11 Personnel Costs	-375,320	0.0
Decrease Cost: Retirement Adjustment	-571,560	0.0
Decrease Cost: Group Insurance Adjustment	-1,667,400	0.0
FY12 RECOMMENDED:	**169,118,080**	**1042.5**

GRANT FUND MCG

FY11 ORIGINAL APPROPRIATION	**73,136,960**	**443.**
Changes (with service impacts)		
Enhance: Housing Opportunities for Persons with AIDS Grant [STD/HIV Prevention and Treatment Program]	328,440	0.3
Enhance: Cigarette Restitution Fund Grant [Cancer and Tobacco Prevention]	223,850	0.0
Enhance: Maryland Infants and Toddlers Grant [Infants and Toddlers]	187,930	0.0
Add: Family Intervention Specialist - Intergovernmental Agreement (IGA) [Behavioral Health Planning and Management]	145,000	1.0
Add: Family Intervention Grant - Positive Youth Development [Positive Youth Development]	64,300	1.0
Add: American Recovery and Reinvestment Act (ARRA)-FY09 Justice Assistance Grant (JAG) Recovery Grant [Positive Youth Development]	60,010	0.5
Add: AIDS Partner Notification Grant [STD/HIV Prevention and Treatment Program]	44,710	0.5
Eliminate: Childhood Injury Prevention Grant [Health Promotion and Prevention]	-3,500	0.0
Eliminate: Gudelsky Foundation Grant [Abused Persons Program]	-15,000	0.0
Eliminate: Teen Pregnancy Grant [School Health Services]	-15,000	0.0
Eliminate: American Recovery and Reinvestment Act (ARRA) - Silver Spring Courthouse [Domestic Violence, Sexual Assault, and Trauma Services Program]	-21,610	-0.3
Reduce: Public Education and Prevention Grant [Juvenile Justice Services]	-118,070	0.0
Reduce: Single Point of Entry Grant [Community Support Network for People with Disabilities]	-130,530	-0.3
Reduce: Child Care Resource and Referral Grant [Early Childhood Services]	-141,720	-1.7
Reduce: Community Mental Health Grant [Juvenile Justice Services]	-157,620	-1.0
Eliminate: Up County Youth Opportunity Center Grant [Positive Youth Development]	-450,000	0.0
Reduce: Resource Coordination Grant [Community Support Network for People with Disabilities]	-604,580	0.0
Reduce: Eliminate the Hospital Diversion Program in SORT Grant [Behavioral Health Planning and Management]	-989,220	-5.0
Other Adjustments (with no service impacts)		
Shift: Funding to Multicultural Intervention Project for Victims of Child Abuse From HB669 [Child Welfare Services]	300,000	3.0
Increase Cost: Minority Infant Mortality Reduction Grant [Community Health Services]	135,000	0.0
Increase Cost: Lead Poisoning Prevention Grant [Community Health Services]	3,000	0.0
Technical Adj: Refugee Resettlement Grant [Tuberculosis Services]	0	1.0
Technical Adj: Shift Personnel Costs to Operating Expenses - Adult Drug Court Capacity Grant [Outpatient Addiction Services (OAS)]	0	-1.1

	Expenditures	WYs
Technical Adj: Shift Personnel Costs to Operating Expenses - Community Mental Health Grant [Behavioral Health Planning and Management]	0	-0.1
Technical Adj: Shift Personnel Costs to Operating Expenses - Stop Domestic Violence Now Grant [Abused Persons Program]	0	-0.5
Technical Adj: Shift Positions within the Community Mental Health Grant [Community Health Services]	0	-0.1
Decrease Cost: Senior Information and Assistance Grant [Senior Community Services]	-8,420	0.0
Decrease Cost: Head Start Extension Grant [Office of Community Affairs]	-19,470	-0.2
Decrease Cost: Miscellaneous Grant Changes	-19,730	1.3
Decrease Cost: Group Senior Assisted Housing Grant [Assisted Living Services]	-34,090	0.0
Decrease Cost: Casey Foundation Grant [Office of the Director]	-45,000	-0.5
Decrease Cost: HIV Counseling and Testing Grant [STD/HIV Prevention and Treatment Program]	-45,710	-0.9
Decrease Cost: HB669 Grant Changes	-649,040	2.0
FY12 RECOMMENDED:	**71,160,890**	**441.9**

FUNCTION SUMMARY

Program Name	FY11 Approved Expenditures	FY11 Approved WYs	FY12 Recommended Expenditures	FY12 Recommended WYs
Aging and Disability Services	37,364,930	156.7	35,881,800	158.7
Behavioral Health and Crisis Services	37,746,910	196.2	37,487,910	192.7
Children, Youth, and Family Services	62,257,750	427.4	57,825,860	418.3
Public Health Services	70,130,490	534.5	67,400,920	540.3
Special Needs Housing	17,988,890	54.4	17,305,270	56.3
Administration and Support	25,480,020	116.6	24,377,210	118.1
Total	**250,968,990**	**1485.8**	**240,278,970**	**1484.4**

CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY11 Total$	FY11 WYs	FY12 Total$	FY12 WYs
COUNTY GENERAL FUND					
Sheriff	Grant Fund MCG	34,870	0.5	34,870	0.5

FUTURE FISCAL IMPACTS

Title	CE REC. FY12	FY13	FY14	($000's) FY15	FY16	FY17
This table is intended to present significant future fiscal impacts of the department's programs.						
COUNTY GENERAL FUND						
Expenditures						
FY12 Recommended	**169,118**	**169,118**	**169,118**	**169,118**	**169,118**	**169,118**
No inflation or compensation change is included in outyear projections.						
Motor Pool Rate Adjustment	**0**	**117**	**117**	**117**	**117**	**117**
School Based Health & Linkages to Learning Centers	**0**	**612**	**1,110**	**1,110**	**1,110**	**1,110**
These figures represent the impacts on the Operating Budget (maintenance, utilities, staff) of projects included in the FY11-16 Recommended Capital Improvements Program.						
Subtotal Expenditures	***169,118***	***169,847***	***170,345***	***170,345***	***170,345***	***170,345***

Administration and Support

FUNCTION

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

PROGRAM CONTACTS

Contact Brian Wilbon of the HHS - Administration and Support at 240.777.1211 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Office of the Director

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

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**2,629,440**	**15.1**
Increase Cost: Charges from Public Information Office for MC311 Customer Service Staff Transfer	19,300	0.3
Decrease Cost: Miscellaneous Operating Expenses	-30,000	0.0
Decrease Cost: Casey Foundation Grant	-45,000	-0.5
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-355,730	1.0
FY12 CE Recommended	**2,218,010**	**15.9**

Office of the Chief Operating Officer

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

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**16,110,250**	**79.9**
Decrease Cost: Communication Services	-18,400	0.0
Decrease Cost: Information and Technology - Miscellaneous Operating Expenses	-45,000	0.0
Decrease Cost: Abolish a Full-time Program Manager II Position - Budget Team	-116,070	-1.0
Decrease Cost: Verizon Point to Point T1 and Frame Relay Replacements	-212,700	0.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-194,410	2.1
FY12 CE Recommended	**15,523,670**	**81.0**

Notes: Miscellaneous adjustments include the shift of 1.0 workyear from and 0.5 workyear to Child Care Subsidies and 1.0 workyear to Income Supports.

Office of Community Affairs

This office develops and implements outreach strategies and initiatives that aim at promoting self sufficiency and reducing disparities in ethnically and culturally diverse populations, through the work of the Community Action Agency and the Minority Program including, the African American Health Program, Latino Health Initiative, and the Asian American Health Initiative. The Office of Community Affairs develops strategies for service delivery that meet specific regional needs shaped by the size, diversity, and economic conditions of populations in different areas of the County. It also monitors and assures department-wide compliance with Limited English Proficiency (LEP) requirements, and has responsibility for the Head Start grant. The Head Start program is a

collaborative effort of HHS, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of African Americans who demonstrate an increase in knowledge after taking diabetes education classes	100	83	90	90	

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**6,740,330**	**21.6**
Shift: Shady Grove and Wheaton Workers Centers from Regional Services Center	312,160	0.0
Replace: Casey Grant - For a Part-time Term Planning Specialist III Position	42,590	0.5
Decrease Cost: Miscellaneous Operating Expenses	-5,000	0.0
Decrease Cost: African American Health Program- Miscellaneous Operating Expenses	-9,500	0.0
Decrease Cost: Latino Health Initiative - Health Promoters Program and Miscellaneous Operating Expenses	-11,310	0.0
Reduce: Asian American Health Initiative Contract for Health Screening and Education	-15,000	0.0
Reduce: Community Outreach - Translation Services Contract	-18,000	0.0
Decrease Cost: Head Start Extension Grant	-19,470	-0.2
Reduce: Outreach Services and Mini Grants to Community Based Organizations for Projects Aligned with the African American Health Program	-56,240	0.0
Reduce: Latino Youth Wellness - Case Management, Health Education, and Wellness Intervention	-109,540	0.0
Decrease Cost: Community Outreach - Multilingual Patient Navigation/Medical Interpreting Services; New in FY11	-122,040	0.0
Decrease Cost: Abolish Two Full-time Community Services Aide III Positions	-155,980	-2.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	62,530	1.3
FY12 CE Recommended	**6,635,530**	**21.2**

PROGRAM SUMMARY

Program Name	FY11 Approved Expenditures	FY11 Approved WYs	FY12 Recommended Expenditures	FY12 Recommended WYs
Office of the Director	2,629,440	15.1	2,218,010	15.9
Office of the Chief Operating Officer	16,110,250	79.9	15,523,670	81.0
Office of Community Affairs	6,740,330	21.6	6,635,530	21.2
Total	**25,480,020**	**116.6**	**24,377,210**	**118.1**

Public Health Services

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases), fostering public-private partnerships, which increase access to health services, developing, and implementing programs and strategies to address health needs, providing individual and community level health education, evaluating the effectiveness of select programs and strategies, licensing and inspecting facilities, and institutions affecting the public health and safety.

PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Anita Aryeetey of the Office of Management and Budget at 240.777.2784 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Health Care for the Uninsured

This program area includes the Montgomery Cares, Care for Kids, Maternity Partnership, and Reproductive Health programs. Through public-private partnerships, these programs provide health care services for low-income uninsured, children, adults, and pregnant women, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment, and provides primary health care services for the homeless.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	94	93	94	94	94
Percentage of uninsured County adults that have a primary care visit at one of the participating Montgomery Cares clinics[1]	21.3	25.7	TBD	TBD	TBD
Percentage of uninsured County children that have a primary care visit at one of the participating Montgomery Cares clinics	34.7	41.4	TBD	TBD	TBD

[1] The Department is not projecting results for FY11-13 for the second and third measures above at this time due to the multiple variables related to health care reform.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**13,306,210**	**15.0**
Decrease Cost: Maternity Partnership - Due to Decreasing Enrollment	-14,920	0.0
Decrease Cost: Reproductive Health - Family Planning Operating Expenses	-30,000	0.0
Decrease Cost: Care For Kids Program - Contractual Services and Unencumbered Funds, with no Impact to Clients	-80,000	0.0
Decrease Cost: Project Deliver Group Position - Due to Underutilization	-373,030	-3.0
Reduce: Montgomery Cares - Implement a $25 Annual Fee, Homeless Health Care Direct Care, Eliminate RAND Study, Decrease Language Line, and Contractual Operating Support	-1,194,800	-1.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	62,370	0.3
FY12 CE Recommended	**11,675,830**	**11.3**

Communicable Disease and Epidemiology

Communicable Disease and Epidemiology is responsible for investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis, and lyme disease. Emerging pathogens, such as H1N1 Influenza, are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as residents of long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups who serve persons at-risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration (death certificate issuance, and birth verification) Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other

community groups The Refugee Health program screens all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease	100	100	100	100	100

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**1,747,380**	**14.4**
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	25,580	1.4
FY12 CE Recommended	**1,772,960**	**15.8**

Notes: Miscellaneous adjustments includes the shift of 1.0 workyear from Tuberculosis Services to this program.

Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, from newborns to the elderly. Services include nurse case management and home visits to targeted populations such as, pregnant women, pregnant and parenting teens, children up to one year of age, and at risk infants. This program includes the Community/Nursing Home Medical Assistance and Outreach program in addition to the regional service eligibility units, to provide a single point of entry for eligibility screening, access and assignment to Federal, State or County health programs. Other services include immunizations and conducting pregnancy testing in regional health centers.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of infants at risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse	85	85	85	85	85

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**11,846,270**	**118.7**
Increase Cost: Minority Infant Mortality Reduction Grant	135,000	0
Increase Cost: Lead Poisoning Prevention Grant	3,000	0.0
Technical Adj: Shift Positions within the Community Mental Health Grant	0	-0.1
Reduce: Abolish Two Full-time Community Services Aide III Positions	-165,780	-2.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-181,160	3.6
FY12 CE Recommended	**11,637,330**	**120.2**

Dental Services

This program provides dental services to promote oral health in six dental clinics. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-infected clients.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of children who complete their dental treatment plan	76	95	80	80	80

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**1,918,760**	**15.4**
Reduce: Dental Services - Reduction in Hours for Dental Hygienist Services and Dentist Services	-52,380	0.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	72,930	0.5
FY12 CE Recommended	**1,939,310**	**15.9**

Environmental Health Regulatory Services

This program issues permits for and inspects, a variety of activities to protect the public health by ensuring that sanitation stand are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and water borne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans fat in foods. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, hotels, motels, massage

establishments, and a variety of other facilities used by the public, are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations. The County's Rat Control Ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of swimming pools found to be in compliance upon regular inspection	NA	89	90	90	90

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**2,862,120**	**27.2**
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	51,650	1.1
FY12 CE Recommended	**2,913,770**	**28.3**

Health Care and Group Residential Facilities

This program inspects and licenses nursing homes, domiciliary care homes (large assisted living facilities with less intensive care than nursing homes), adult day care centers, small assisted living facilities and group homes serving children, elderly, mentally ill, and developmentally disabled to ensure compliance with County, State, and Federal laws and regulations. Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of nursing homes with actual harm deficiencies	15	12	12	10	10

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**1,499,440**	**11.2**
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-1,700	0.4
FY12 CE Recommended	**1,497,740**	**11.6**

Health Promotion and Prevention

This program is eliminated for FY12. The operating funds shift to Service Area Administration for limited health promotion activities. The African American Health Initiative continues to serve as a liaison to the faith based communities for outreach programs and activities to help reduce disparities. In addition, a level of health promotion and prevention activities continues through the course of delivering public health programs.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**186,780**	**1.9**
Eliminate: Childhood Injury Prevention Grant	-3,500	0.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-183,280	-1.9
FY12 CE Recommended	**0**	**0.0**

Notes: Miscellaneous adjustments includes the shift of the remainder of this program to this Service Area Administration and School Health Services.

Cancer and Tobacco Prevention

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two major programs funded through the State Cigarette Restitution Funds. The State funding allows for administering grants to community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities, whether based on race, ethnicity, age or sex, as well as the establishment of tobacco-control programs.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**980,030**	**3.0**
Enhance: Cigarette Restitution Fund Grant	223,850	0.0
Reduce: Tobacco Prevention and Outreach Programs for At-Risk Youth	-27,900	0.0

	Expenditures	WYs
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-34,000	0.0
FY12 CE Recommended	**1,141,980**	**3**

STD/HIV Prevention and Treatment Program

The STD Program provides diagnosis and treatment to those who have contracted sexually transmitted diseases (STDs). Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS (HOPWA).

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
New cases of Chlamydia per 100,000 population among County residents (15-24)[1]	1,052	990.6	NA	NA	NA

[1] Data are for the calendar year in which the fiscal year began. This measure is one of the four age cohort components. Projections are not made due to uncertainty as to when case numbers will fall.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**6,725,770**	**40.7**
Enhance: Housing Opportunities for Persons with AIDS Grant	328,440	0.3
Add: AIDS Partner Notification Grant	44,710	0.5
Decrease Cost: HIV Counseling and Testing Grant	-45,710	-0.9
Reduce: Abolish a Full-time Program Manager II Position for Special Projects	-135,540	-1.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	87,330	1.4
FY12 CE Recommended	**7,005,000**	**41.0**

Notes: Miscellaneous adjustments include workyear increase associated with converting a part-time position to full-time.

School Health Services

This program provides health services to the students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation and education; referral for medical, psychological and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens, hearing and vision screenings and Lead Certification screenings are provided to MCPS students. Immunizations and tuberculosis screenings are administered at the School Health Services Center, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's five School Based Health Centers or one High School Wellness Center.

Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of students who return to class after and are ready to learn following health room intervention	86	87	86	86	86

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**20,921,760**	**229.2**
Eliminate: Teen Pregnancy Grant	-15,000	0.0
Decrease Cost: Miscellaneous Operating Expenses for the School Based Health Centers	-55,460	0.0
Decrease Cost: Abolish a Full-time Community Health Nurse II Position	-87,900	-1.0
Decrease Cost: Abolish a Full-time School Based Health Center Nurse Manager Position	-102,780	-1.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-702,980	9.7
FY12 CE Recommended	**19,957,640**	**236.**

Notes: Miscellaneous adjustments includes the shift of 1.0 workyear from Womens Health and 1.0 workyear from Health Promotion and Prevention.

Tuberculosis Services

This program includes: testing persons for exposure to Tuberculosis (TB);, treating active cases, identifying persons at risk of developing TB;, performing contact studies to determine who may have been exposed to an infectious person, and medication therapy. Each diagnosed patient has a treatment plan developed, and receives supervised medication therapy. Special programs are provided to high-risk populations, such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of clients with active infectious tuberculosis who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen[1]	88	92	93	93	93

[1] Data are for the calendar year in which the fiscal year began and differs from previously published results due to use of a more accurate denominator.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**1,838,310**	**16.9**
Technical Adj: Refugee Resettlement Grant	0	1.0
Decrease Cost: Abolish a Part-time Client Assistant Specialist Position	-28,570	-0.5
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-12,360	-0.4
FY12 CE Recommended	**1,797,380**	**17.0**

Notes: Miscellaneous adjustments include the shift of 1.0 workyear to Communicable Disease and Epidemiology.

Women's Health Services

This program provides care coordination services for women and children in the Medical Assistance-managed care program Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program (WCCP) to eligible women aged forty years and older.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**2,816,440**	**19.6**
Decrease Cost: Abolish a Part-time Community Services Aide III Position	-34,010	-0.5
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-44,500	-0.7
FY12 CE Recommended	**2,737,930**	**18.4**

Notes: Miscellaneous adjustments includes the shift of 1.0 workyear from this program to School Health Services.

Public Health Emergency Preparedness & Response

This program is responsible for the planning, readiness, and response in the event of a public health emergency or bio-terrorism threat. Planning efforts are in collaboration with the County Emergency Management Group, the Office of Emergency Management and Homeland Security, the Departments of Fire and Rescue Services, and Police, hospitals and a variety of other County, State, Regional, and Federal agencies. Efforts are targeted at training and staff development; communication strategies; emergency response drills; partnerships; resources and equipment; the establishment of disease surveillance systems; mass immunization clinics and medication dispensing sites, and readiness. This program manages the Advanced Practice Center for public heath emergency planning.

Program Performance Measures	Actual FY09	Actual FY10	Estimated FY11	Target FY12	Target FY13
Percentage of PHS Programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**2,052,200**	**11.0**
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-134,560	-0.8
FY12 CE Recommended	**1,917,640**	**10.2**

Notes: Miscellaneous adjustments includes the shift of 1.0 workyear to Community Support Network for People with Disabilities.

Service Area Administration

This program area provides leadership and direction for the administration of Public Health Services. Service Area administration also includes Health Planning and epidemiology, the Community Health Improvement Process and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contract, grant and partnership development.

FY12 Recommended Changes	Expenditures	WYs
FY11 Approved	**1,429,020**	**10.3**
Decrease Cost: Abolish a Full-time Administrative Specialist II Position	-111,160	-1.0
Decrease Cost: Abolish a Full-time Manager III Position - Grants Management	-171,110	-1.0
Miscellaneous adjustments, including restoration of employee furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	259,660	2.4
FY12 CE Recommended	**1,406,410**	**10.7**

Notes: Miscellaneous adjustments include the shift of 1.0 workyear (grant funded) from Health Promotion and Prevention and the shift of a Manager III from Aging and Disability Services, Service Area Administration.

PROGRAM SUMMARY

Program Name	FY11 Approved Expenditures	FY11 Approved WYs	FY12 Recommended Expenditures	FY12 Recommended WYs
Health Care for the Uninsured	13,306,210	15.0	11,675,830	11.3
Communicable Disease and Epidemiology	1,747,380	14.4	1,772,960	15.8
Community Health Services	11,846,270	118.7	11,637,330	120.2
Dental Services	1,918,760	15.4	1,939,310	15.9
Environmental Health Regulatory Services	2,862,120	27.2	2,913,770	28.3
Health Care and Group Residential Facilities	1,499,440	11.2	1,497,740	11.6
Health Promotion and Prevention	186,780	1.9	0	0.0
Cancer and Tobacco Prevention	980,030	3.0	1,141,980	3.0
STD/HIV Prevention and Treatment Program	6,725,770	40.7	7,005,000	41.0
School Health Services	20,921,760	229.2	19,957,640	236.9
Tuberculosis Services	1,838,310	16.9	1,797,380	17.0
Women's Health Services	2,816,440	19.6	2,737,930	18
Public Health Emergency Preparedness & Response	2,052,200	11.0	1,917,640	10
Service Area Administration	1,429,020	10.3	1,406,410	10.7
Total	**70,130,490**	**534.5**	**67,400,920**	**540.3**

Contributions to Montgomery County Results

EXECUTIVE SUMMARY

Department of Health and Human Services | Uma S. Ahluwalia, Director

---

The Department of Health and Human Services (Department) has had many successes and transitions over the past four years and has been an important contributor to the County Executive's results areas. With the economic downturn and the increase in need, the challenges to the Department and our partners in the non-profit sector remain challenging and require unique and creative solutions.

IMPACTED RESULTS AREAS:

1. Affordable Housing in an Inclusive Community
2. Children Prepared to Live and Learn
3. Healthy and Sustainable Neighborhoods
4. Responsible and Accountable County Government
5. Safe Streets and Secure Neighborhoods
6. Vital Living for All of our Residents

WORK IN PROGRESS: (1) Continuing our work on Department-wide Integration and Interoperability; **(2)** Continuing our work on contracts reform; **(3)** Continuing our work to reduce disparities; **(4)** Sustaining our strong collaborations on PYDI; Senior Sub-Cabinet; Hoarding; Neighborhood Opportunity Networks; ERP, MC311; Housing First; Workforce Development; Family Justice Center; DOCR partnerships; **(5)** Using Healthy Montgomery for DHHS planning purposes – to determine investment levels and population health outcomes tracking; **(6)** Sustain strong State, Federal and Non-Profit Partnerships; **(7)** Sustain program efforts for our vast array of services; **(8)** Increase federal revenue streams; **(9)** Manage with data and improve accountability; and, **(10)** Improve workforce retention and succession

ACCOMPLISHMENTS (2006-2010)

Department Wide:

1. No Wrong Door — Strengthened integrated and interoperable Department case management systems and practices by improving intake, screening, scheduling, confidentiality, case practice and integrated eligibility and technology tools
2. Developed an approach to evaluating Department practices through the lens of equity and social justice
3. Collaborated with non-profit partners to successfully implement 3Neighborhood Opportunity Network Sites.
4. Strong public collaborations — PYDI; Senior Sub-Cabinet; Hoarding; Dances for Profits; ERP; MC311; Housing First; Workforce Development; and, DOCR partnerships for incarcerated inmates
5. Developed improvements to the County's contracting and the Department's monitoring practices
6. Built Healthy Montgomery in partnership with the Planning Office to engage in meaningful Department planning activities
7. Quality Service Reviews — built qualitative client and practice evaluation protocol and applied it to 110 cases

Programmatic:

1. Successfully Implemented Housing First — Placed 351 homeless individuals and families in permanent supportive housing
2. Partnered to establish and successfully implement the Family Justice Center
3. Partnered in a very successful Drug Court Initiative
4. Provided outpatient mental health treatment for approximately 2,500 adult immigrants with very serious mental health issues
5. Established the Suburban Maryland Welcome Back Center
6. Coordinated a multi-agency effort to administer over 35,000 doses of H1N1 flu vaccine
7. Provided 31,633 uninsured adults, pregnant women and children with healthcare services through Montgomery CARES, Maternity Partnerships and Care for Kids. Also provided 4,955 young women with reproductive health services and 1,800 women with breast cancer services
8. Decreased Child Welfare foster care placements by 30%
9. Responded to significantly increased needs over 4 years for income supports and emergency assistance (applications for Temporary Cash Assistance up 64% and Food Stamp up 116%)
10. Successfully implemented the Lethality Protocol for Domestic Violence to prevent violent outcomes
11. Established the Cross-Roads and Up-County Youth Opportunity Centers to address needs of At-Risk Youth
12. Supported Customized Employment Initiative and Bill 46-09
13. The Department is one of only 7 sites nationally with a Federal Advance Practice Center
14. Successfully supported Emergency Preparedness activities from a public health and sheltering perspective
15. Run 27 Linkages to Learning and 6 School Based Health Center sites
16. Supported the work of 3 minority health initiatives on infant mortality, Asthma, Diabetes, Hepatitis, community outreach; served over 2,400 high-risk Latino youth through Latino Youth Wellness Program
17. Brought nearly $1.5 million in EITC dollars to eligible families using the VITA program
18. Reduced wait list for TB Preventive Treatment by more than half

Department of Health and Human Services
Headline Measure Review

Uma Ahluwalia, Director

11/12/2010

CountyStat

(18)

CountyStat Principles

- Require Data-Driven Performance
- Promote Strategic Governance
- Increase Government Transparency
- Foster a Culture of Accountability

Agenda

- Welcome and introductions
- Performance update
- Wrap-up and follow-up items

23

Meeting Goals

- **Determine the impact of DHHS work on headline measures and establish new performance expectations and goals**

Headline Measures (1 of 2)

A Responsive and Accountable County Government

- Percent of client cases needing assistance with multiple services for which effective teamwork is documented
- Percentage of current DHHS "health and human services" contracts derived from Requests for Proposals (RFPs) that contain performance measures related to beneficial impact and customer satisfaction
- Contract monitoring: Active monitors' training completion rates *(sub-measure)*
- Contract monitoring: Average response scores from trainees' predictions of whether their work quality will improve as a result of training received *(sub-measure)*
- Weighted percent of DHHS customers satisfied with the services they received from DHHS staff

Healthy and Sustainable Communities

- Weighted composite scores and percentage of DHHS client cases that demonstrate beneficial impact from received services
- Percent of vulnerable populations that have a primary care or prenatal care visit
- Percent of Montgomery County medical assistance applications approved for enrollment
- Percent of clients with active infectious tuberculosis who received and were scheduled to complete Directly Observed Therapy and successfully completed the treatment regimen
- New cases of Chlamydia per 100,000 population in Montgomery County
- Percent of individuals served by the continuum of behavioral health services that demonstrate a higher degree of social connectedness and emotional wellness

Headline Measures (2 of 2)

Safe Streets and Secure Neighborhoods

- Percentage of offenders under age 18 who are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements

Children Prepared to Live and Learn

- Percentage of Head Start, licensed child care centers and family-based child care students who demonstrate "full readiness" upon entering kindergarten

Vital Living For All of Our Residents

- Job retention rate and earnings gain rate for current and former TCA recipients who receive job placement
- Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management and other services

Affordable Housing in an Inclusive Community

- Percentage of households remaining housed at least 12 months after placement in permanent supportive housing
- Percentage of households that received emergency financial assistance that sought additional assistance for housing stabilization within 12 months

Departmental Reflections on Annual Performance

What is the Department's perception of their overall performance?

- **Heroic and outstanding performance by staff**
  - Numbers of residents in need of DHHS services has grown - as much as 72% in food stamps and around 40% across the HHS enterprise.
  - Customers presenting with more complex needs for a range of services.
  - Fewer government and community resources available to customers.
  - Strained system capacity to respond to volume and depth of need.
  - Weakened infrastructure.

- **Collaborative partnerships to serve the Safety Net**
  - Neighborhood Opportunity Network with three sites
  - Health Care Safety Net to serve the uninsured
  - Kennedy Cluster and Linkages to Learning focusing on low income
  - Positive Youth Development to reduce gang activity
  - Senior Subcabinet to better support the needs of growing senior population
  - Hoarding Task Force - an interdepartmental and public-private initiative
  - Dances for Profit – a response to increase safety and positive recreation.
  - H1N1 vaccinations – a response to a public health emergency
  - Storm (winter and summer) response – led sheltering efforts

Departmental Reflections on Annual Performance

What is the Department's perception of their overall performance?

- **Strengthened Non-Profit Partnerships and Accountability both internally and externally**
  - Contract Monitoring strategic plan including training for non-profit staff
  - Quality Service Reviews conducted quarterly are used for performance improvement

- **Service Integration and Information System Interoperability**
  - Case Practice Model foundation completed, implementation underway
  - Technology assessments and substantial work to obtain external funding for interoperability
  - Work to define equity and social justice and address institutional racism to address disparities in (and disproportionality among) residents needing and/or seeking certain services.
  - Healthy Montgomery Community Health Improvement Process fully underway to identify indicators of population based health and their data sources (significant partnership effort with our hospitals)
  - Social Return on Investment efforts help us baseline client outcome data elements for future calculation including a way to monetize social service activities.

Departmental Reflections on Annual Performance

What factors influenced Departmental performance?

- In the face of increasing volume of customers seeking services and growing complexity of needs, resources decreased

- External factors
  - Increased need and a customer base with more complex presenting issues.
  - A more fragile non profit sector.
  - Creative partnerships with philanthropy
  - Reduced support from State but stronger partnerships.
  - Increased visibility of the County at the Federal and national levels.
  - Clear understanding of technology solutions and opportunities with practice improvements.

- Internal factors
  - Improvement in and challenges related to contract monitoring
  - Grant writing – high volume, receipt of ARRA funding which is beginning to go away. DHHS is aggressively working multiple funding sources in search of funding to support the internal resource and capacity issue.
  - Complex business process – worker overload has led to management issues and increased labor activity
  - Hiring Freeze – challenges for service delivery
  - Procurement Freeze – leaving appropriated resources unspent, slowing down the process

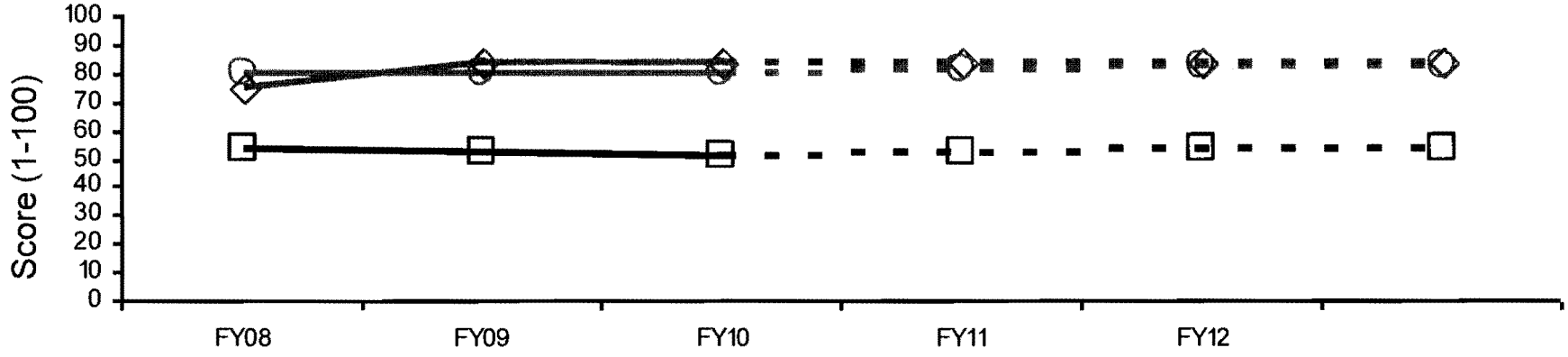
Departmental Reflections on Annual Performance

How does the Department expect to improve overall performance?

- The infrastructure is stripped to bare survival mode and further cuts are not possible.
- Work effort in the face of dramatically increased demand for services and case loads has maxed out the capacity of the workforce and there is considerable fatigue and fraying morale.
- For now, holding our own is the best we can do; another round of cuts in FY12 will likely diminish our ability to hold together the frayed ends of our safety net.
- The integrated and interoperable case practice model and the application of technology solutions will be the gateway to a new business model and potentially creating a social return on our investments producing savings for possible return to general treasury and to reinvest in programming – this requires greater conversation.
- Despite the hardships, improved performance in customer service will remain a focus.

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Weighted composite scores of DHHS client cases that demonstrate beneficial impact from received services (1-100 scale)



Domain	FY08	FY09	FY10	FY11	FY12	FY13
Improved health & wellness	53.4	51.3	51.2	52	53	53
Greater independence	80.0	80.1	79.7	81	82	82
Risk mitigation	74.3	83.2*	83.0*	84	84	84

**Data for at least one additional program added to mix since previous year to better reflect the scope of the Department's impact.*

Since our last meeting, all FY08-09 figures except one have changed since last report of them due to minor calculation errors discovered and corrected.

FY10 Estimate
61
81
85 (FY10 result = 86 using FY09 program mix)

Note: Drilldown into included programs is in the appendix of this presentation.

Headline Measure: Direct DHHS Services
Part 2 – Qualitative Component

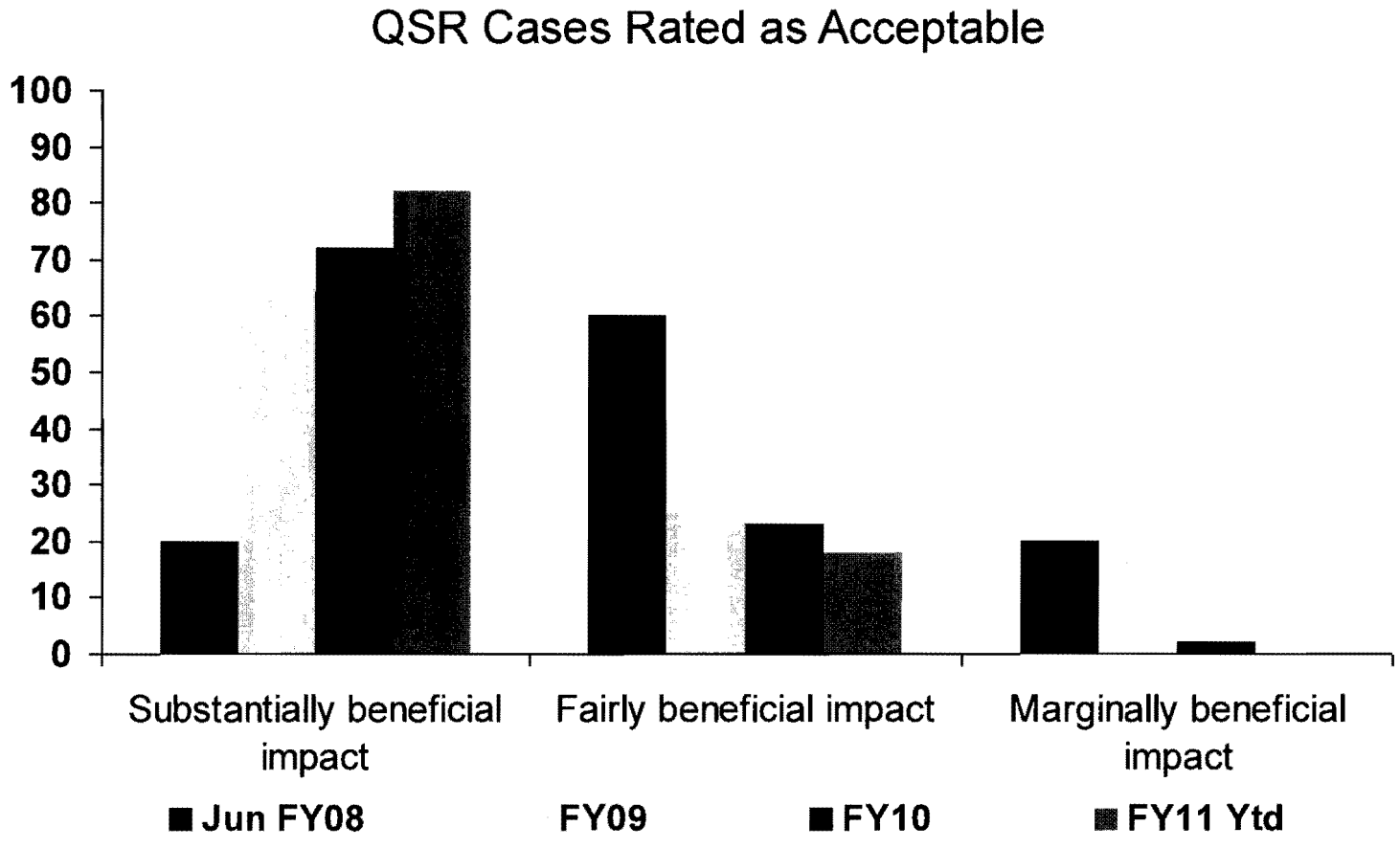
Qualitative Component: Percentage of DHHS client cases that demonstrate beneficial impact from received services, with number of cases reviewed by Service Area

Service Area	June FY08	FY09	FY10	FY11 (to date)
Aging and Disabilities Services	2 cases	16 cases	8 cases	2 cases
Behavioral Health and Crisis Services	2 cases	14 cases	11 cases	1 case
Children, Youth and Family Services	4 cases	4 cases	9 cases	4 cases
Public Health Services	1 case	4 cases	8 cases	2 cases
Special Needs Housing	1 case	6 cases	7 cases	2 cases
Total	**80%**	**89%**	**98%**	**100%**

Cases considered as showing "beneficial impact" are those that received a rating of 4-6 (on a 6 point scale), based on the consensus judgment of two reviewers after evaluating client status and system performance across 16 defined indicators (17 in FY11).

32

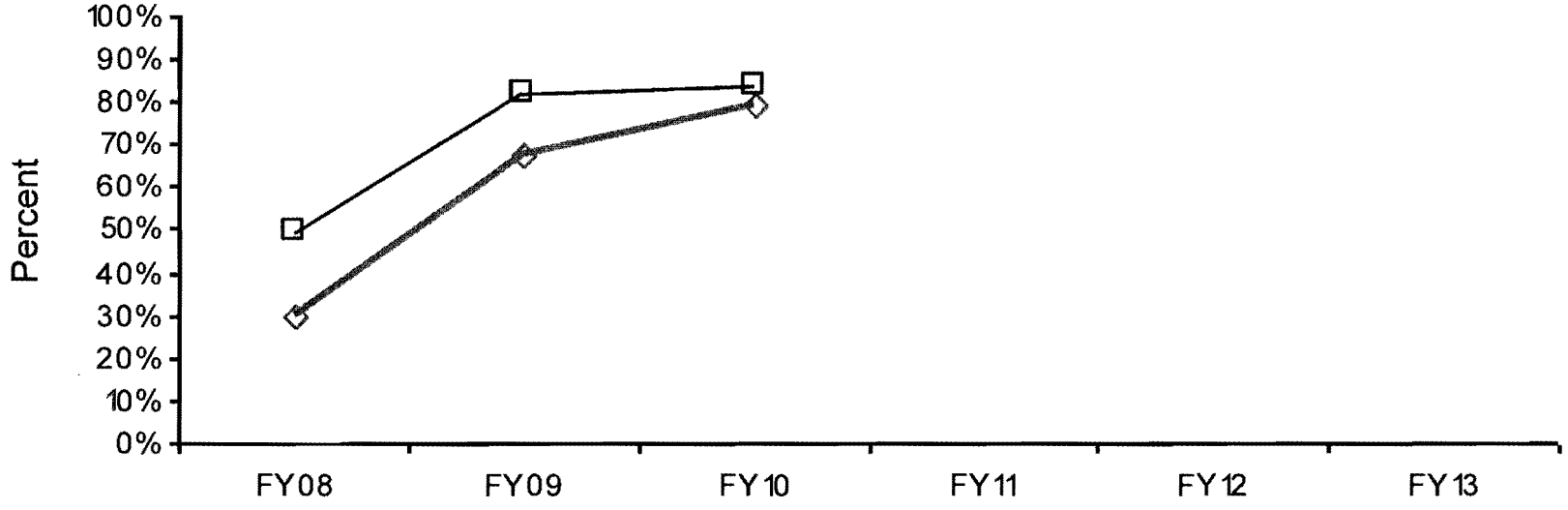
Headline Measure: Direct DHHS Services Part 2



Degrees of beneficial impact are determined by a rating of 6, 5, or 4 on a 6 point scale, based on the consensus judgment of two reviewers after evaluating client status and system performance across 16 defined indicators (17 in FY11).

Headline Measure: Team-based Case Management (1 of 2)

Percentage of client cases with multiple services for which effective teamwork is documented



	FY08 Cases Reviewed: 10	FY09 Cases Reviewed: 44	FY10 Cases Reviewed: 43	FY11 Estimate (11 cases to date)	FY12 Projection	FY13 Projection
Team Functioning □	30%	68%	79%	64%	74%	77%
Team Formation ◇	50%	82%	84%	82%	83%	84%

Effective teamwork is determined by a rating of 6, 5, or 4 on a 6 point scale, based on the consensus judgment of two reviewers after reviewing case record and conducting client and key informant interviews.

(34)

Headline Measure: Team-based Case Management Performance Context: Operational Data (2 of 2)

Client Record System (CRS) Data of Active Cases, by Number of Services

Number of Services	Number of Clients
	FY10
1	45,530
2	12,653
3	6,283
4	3,152
5	1,372
6	564
7	235
8	81
9 or more	51
Total	**69,921**

- Data in this table represent only those clients entered into the DHHS Client Record System (the largest of several DHHS databases). It does not necessarily include client data entered in mandatory state or federal systems.
- The actual total number of individuals receiving services (single or multiple) is unknown due to the lack of interoperable databases.

DHHS serves over 70,000 clients on an unduplicated basis. Over one-third of those clients in CRS receive more than one service from the department.

Headline Measure: HHS Customer Satisfaction *New* (1 of 2)

Headline measure: Weighted percent of DHHS customers satisfied with the services they received from DHHS staff

Submeasure: Weighted percent of DHHS customers satisfied with the language assistance (including sign language) they received when contacting DHHS

Measures	FY10	FY11	FY12	FY13
Headline Measure – Customer Satisfaction	93.7%	94%	94%	94%
Submeasure – Language Assistance	N/A	97%	97%	97%

*Submeasure result is not statistically valid for this baseline year due to low number of survey respondents.

Projections are based on results achieved with use of previous measure of language assistance.

In FY10, staff encountered LEP clients 49,000 times and used over 10,000 telephonic interpretations, nearly 300 per diem interpretations, over 5,700 vendor-provided medical interpretations, and 50 translations.

Note: Drilldown into surveyed programs is in the appendix of this presentation.

Headline Measure: HHS Customer Satisfaction *New* (2 of 2)

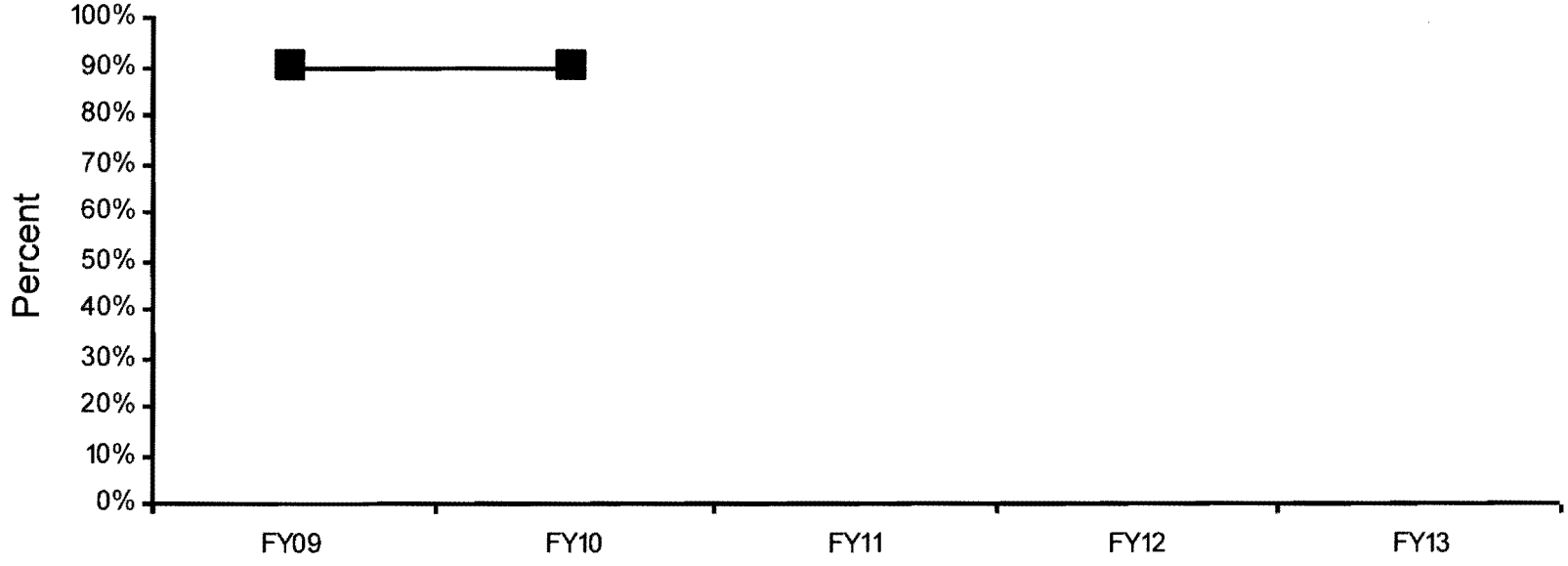
Results by Question
Headline Measure – Customer Satisfaction

FY10 Results by Question	% Agree or Strongly Agree
My needs were addressed.	87.4%
I was served in a timely manner.	93.0%
I was treated politely.	97.2%
I was treated with respect.	96.1%
Overall, I was satisfied with the service I received.	93.7%

Note: Drilldown into surveyed programs is in the appendix of this presentation.

Headline Measure: Contracted Services (1 of 2)
Performance Measurement *Revised*

Percentage of current DHHS "health and human services" contracts derived from Requests for Proposals (RFPs) that contain performance measures related to beneficial impact and customer satisfaction



FY09	FY10*	FY11	FY12	FY13
90%	90%	92%	95%	96%

***FY10 result is 98/109**

Headline Measure: Contracted Services (1 of 2)
Performance Measurement *Revised*

Percentage of current DHHS "health and human services" contracts derived from Requests for Proposals (RFPs) that contain performance measures related to beneficial impact and customer satisfaction

Due to DHHS's projected 100% success in FY10 and all future years of measuring the inclusion of performance measures related to beneficial impact and customer satisfaction in *new* RFPs, the department has changed its measure of contracted services performance to a rate which is calculated as follows:

$$\frac{\text{Cumulative \# of DHHS "health and human services" contracts from RFPs that contain performance measures related to beneficial impact and customer satisfaction}}{\text{Total \# of current DHHS "health and human services" contracts derived from RFPs}}$$

Each year, the rate should increase as the numerator grows, assuming that the total number of applicable contracts remains relatively constant.

Contract Monitoring (1 of 2)

Submeasures *New*

Active monitors' training completion rates (County-administered and DHHS-administered)

Average response scores from trainees' predictions of whether their work quality will improve as a result of training received (County-administered and DHHS-administered)

	FY10	FY11	FY12	FY13
Training Completion Rate	96% (81/84)	97%	97%	98%
Average Response Score to "My work quality will improve in efficiency, effectiveness, or accuracy by attending this class" **	3.91 (out of 5)	4.0	4.0	4.0

**Based on 279 evaluations provided by OHR. Survey used 5 point scale (Agree: 5; Disagree: 1). Statement used for headline measure: "My work quality will improve in efficiency, effectiveness, or accuracy by attending this class."

In another evaluation, 58 trainees were asked whether, because of the class, their work quality would remain the same or improve. 93.1% felt their work quality would improve.

Contract Monitoring (2 of 2)

Submeasures *New*

Active monitors' training completion rates (County-administered and DHHS-administered)

Average response scores from trainees' predictions of whether their work quality will improve as a result of training received (County-administered and DHHS-administered)

This measure tracks newly implemented fiscal contract monitoring training.

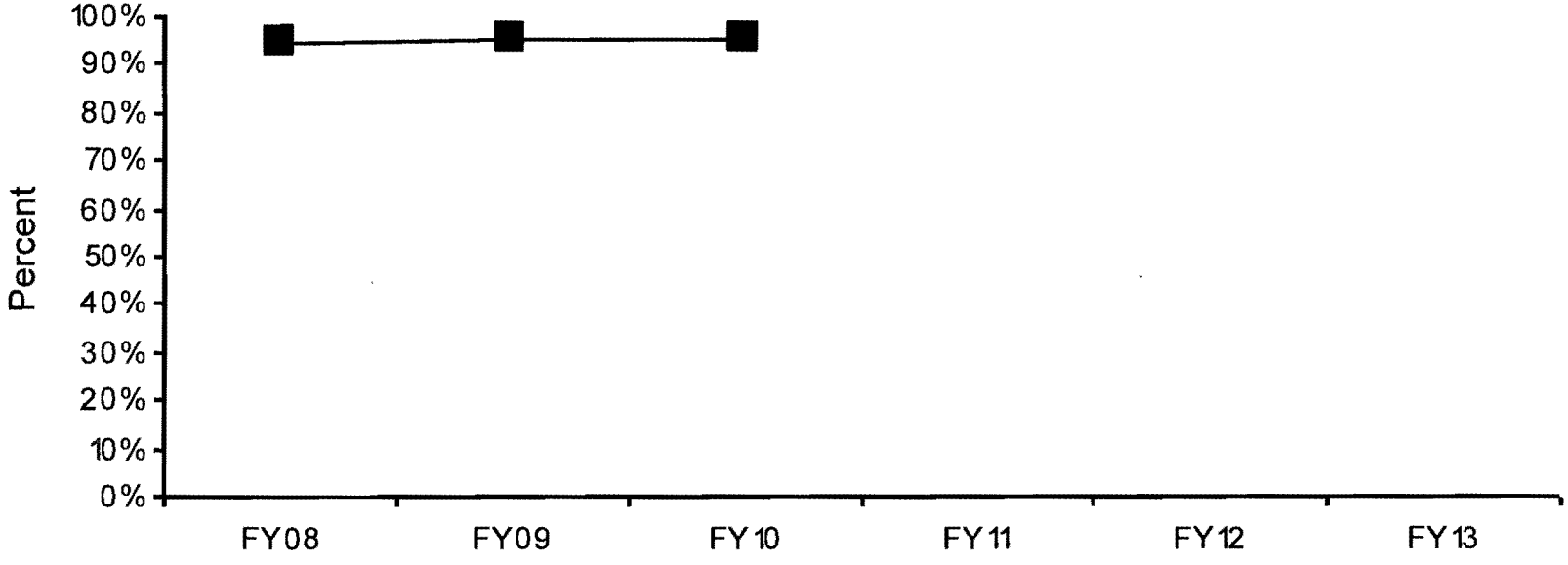
- Over 550 business, consulting and direct services contracts are administered by a Contract Management Team (CMT).
  - Over 300 of DHHS' contracts are cost reimbursement contracts.

- DHHS has strong program-based contract monitoring. As a result of several reports issued by the Office of the Inspector General (OIG) as well as a general climate relating to increased fiscal accountability and transparency, DHHS is implementing changes to its fiscal contract monitoring.

- To facilitate the enhanced fiscal monitoring, DHHS is developing training materials for monitors, managers, supervisors, and other fiscal and contract management DHHS staff. This training is mandatory for contract monitors.

Headline Measure: Maintaining Independence in the Community (1 of 2)

Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management and other support services



FY08	FY09	FY10	FY11	FY12	FY13
94.2%	95.3%	95.2%	95%	95%	95%

Headline Measure: Maintaining Independence in the Community (2 of 2)

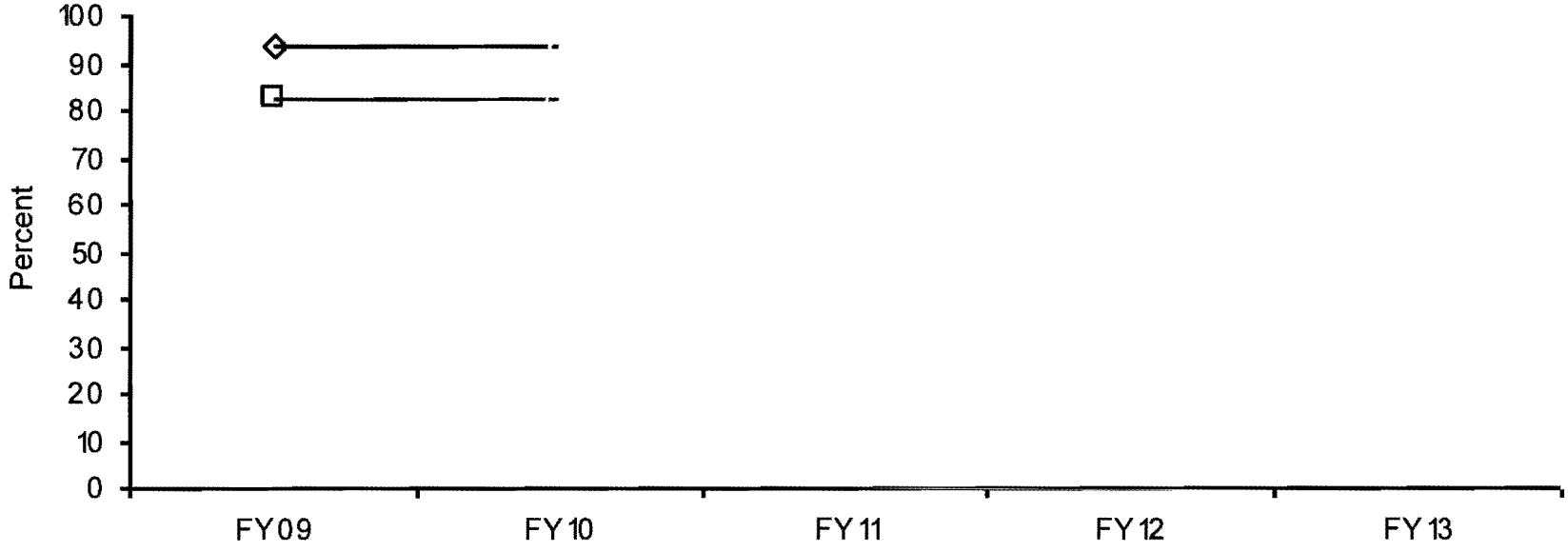
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management and other support services

	FY08	FY09	FY10
Clients receiving services	1,257	1,025	1,086
Clients receiving services who avoid institutional placement	1,184	977	1,034

The number of seniors and adults with disabilities served between FY08 and FY09 declined (1,257 to 1,025) due to a State moratorium on Social Services to Adults (SSTA) assessments. The number of clients served in FY10 increased relative to FY09 (1,086 to 1,025) due to a relaxation of the SSTA moratorium combined with DHHS' participation in the State's Money Follows the Person initiative.

Headline Measure: Social Connectedness and Emotional Wellness (1 of 3)

Percentage of individuals 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



	FY09	FY10(est)*	FY11	FY12	FY13
Adults	82.8	82.3	82.3	82.3	82.3
Children	94.0	93.5	93.5	93.5	93.5

** FY09 indicator for adults and children are computed using Outcome Measurement Survey (OMS) Data released by DHMH. OMS data has not yet been released for FY10 due to ASO (Administrative Service Organization) contract change during the fiscal year.*

Headline Measure: Social Connectedness and Emotional Wellness (2 of 3)

Percentage of individuals 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

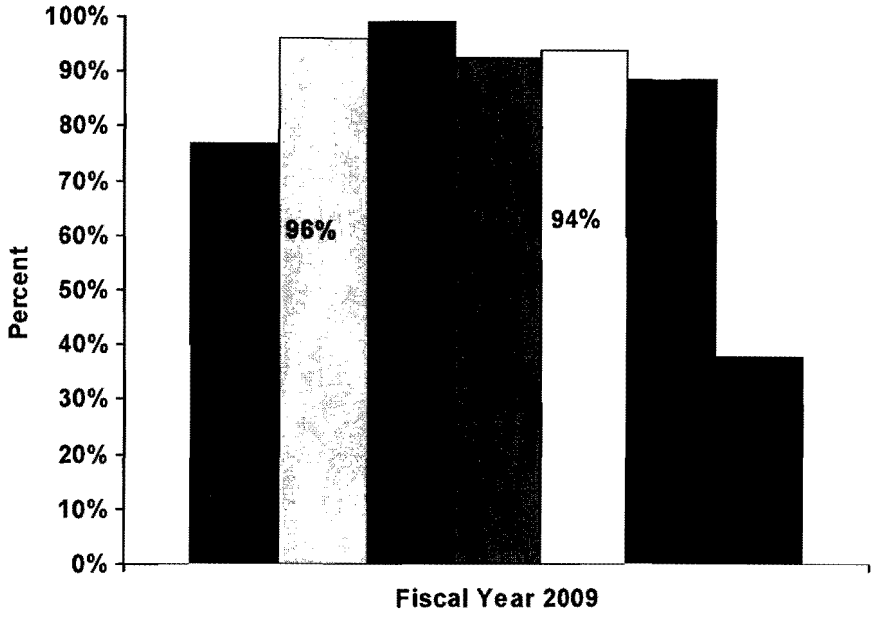
	FY09	FY10	Percent Change
Individuals served by BHCS operated programs and community partners	**7,776***	**9,013***	**+16%**
Individuals who demonstrate a higher degree of Social Connectedness and Emotional Wellness	**82.8%**	**	**

*The number of clients served in FY09 is based on DHMH (Dept. of Health and Mental Hygiene Administration) MARF0004 Total System Expenditures by Procedure Groups, Coverage Type, Age and Fiscal Year dated Aug. 30, 2009, and the FY10 number of served is reported based on PMHS Paid Claims data as of Sept. 30, 2010.

**FY10 Indicator for Social Connectedness and Emotional Wellness is pending upon release of State OMS data.

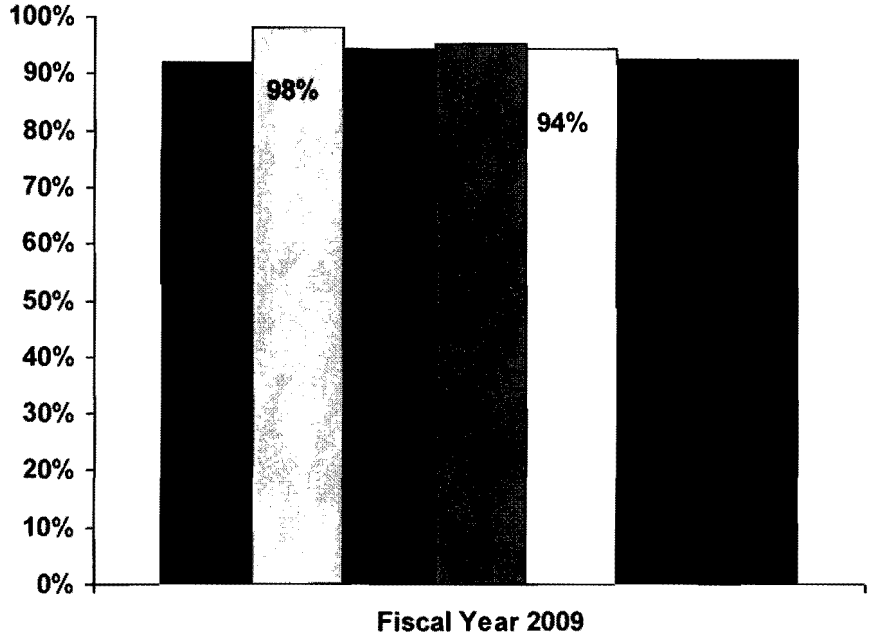
Headline Measure: Social Connectedness and Emotional Wellness (3 of 3)

ADULTS
FY09 Sub-measures in the Construct of Social Connectedness and Emotional Wellness Composite Measure (Adult Population 18-64 yrs, Sample Size 2712)



- Gained/Retained Housing
- Housing Stability (Times Moved)
- Curbing Alcohol Use
- Drug Free
- Legal System Encounter
- Arrest Free
- Employment

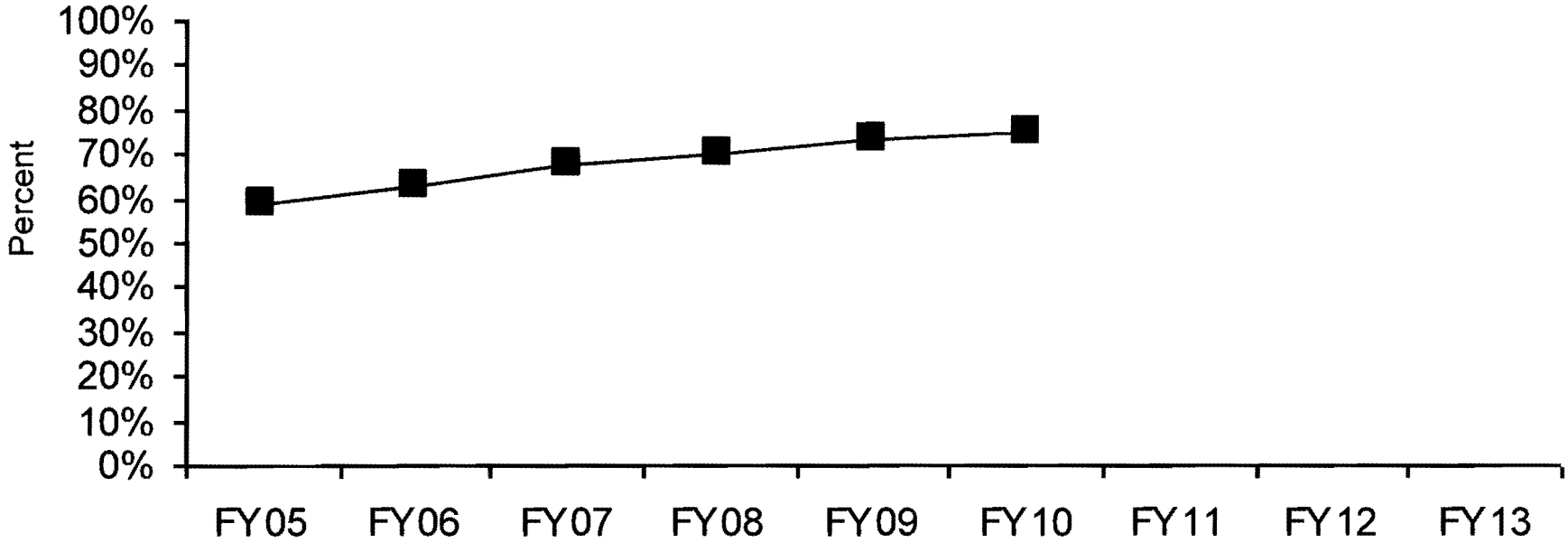
CHILDREN
FY09 Sub-measures in the Construct of Social Connectedness and Emotional Wellness Composite Measure (Child Population 6-17 yrs, Sample Size 1984)



- Gained/retained Housing
- Housing Stability:Times moved
- Alcohol Free
- Drug free
- Legal System Encounter
- Arrest Free
- Staying in School

Headline Measure: Early Childhood Services and Programs
(1 of 2)

Percentage of Head Start, licensed child care centers and family-based child care students who demonstrate "full readiness" upon entering kindergarten



FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13
59%	63%	68%	70%	73%	75%	75%	75%	75%

FY10 Est.
73%

Headline Measure: Early Childhood Services and Programs (2 of 2)

Percentage of Head Start, licensed child care centers and family-based child care students who demonstrate "full readiness" upon entering kindergarten

Percent of students demonstrating "full readiness" by child care setting

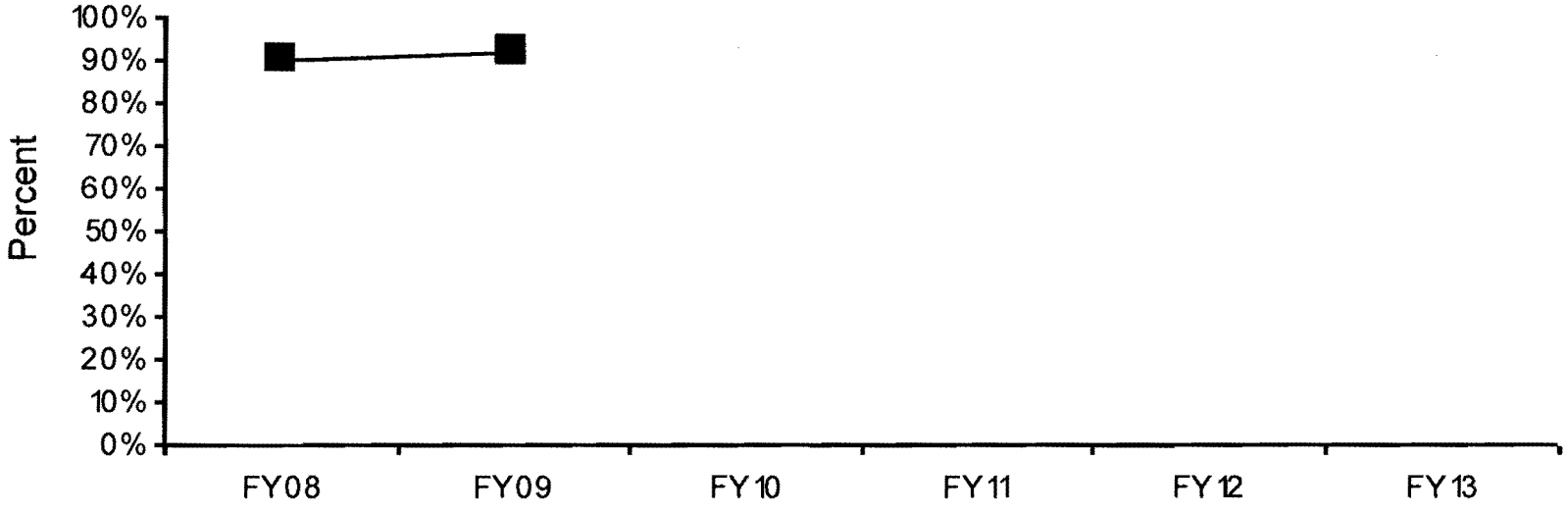
Child Care Setting	FY07	FY08	FY09	FY10
Head Start	59%	64%	68%	68%
Family Child Care	63%	66%	70%	70%
Child Care Center	69%	76%	76%	80%
Home/Informal Care	55%	60%	73%	64%
Pre-Kindergarten	68%	70%	75%	87%
Non-Public Nursery	85%	81%	83%	76%

Part of DHHS Headline Measure

(87)

Headline Measure: Juvenile Justice Assessments, Screenings and Referrals (1 of 2)

Percentage of offenders under age 18 who are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements



FY08	FY09	FY10(est.)	FY11	FY12	FY13
90%	92%	90%	90%	90%	90%

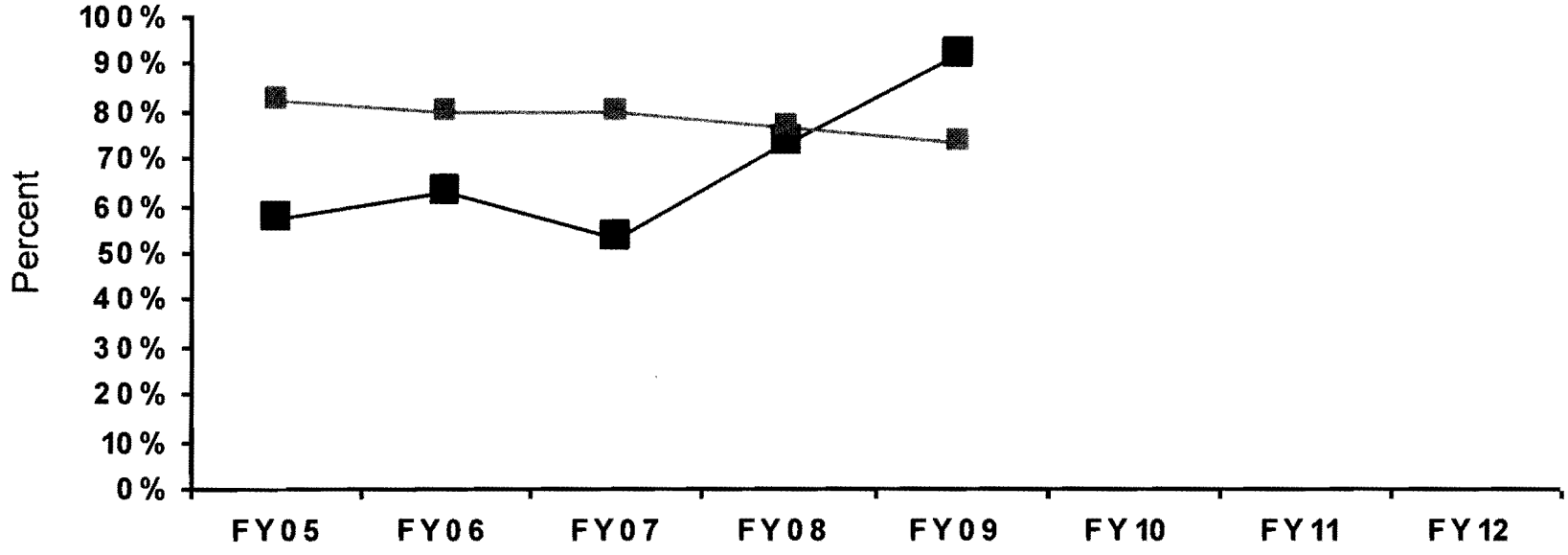
Headline Measure: Juvenile Justice Assessments, Screenings and Referrals (2 of 2)

Percentage of offenders under age 18 who are diverted to substance abuse education and treatment or mental health treatment programs that do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements

	FY08	FY09	FY10
Total offenders under 18	897	768	613(est)
Offenders under 18 that do not re-enter system	806	708	552(est)

Headline Measure: Employment Related Services (1 of 3)

Job Retention Rate and Earnings Gain Rate for current and former Temporary Cash Assistance (TCA) recipients who receive job placement



	FY05	FY06	FY07	FY08	FY09	FY10 (est.)	FY11	FY12
Earnings Gain	57%	63%	53%	73%	92%	60%	60%	60%
Job Retention	82%	80%	80%	77%	73%	80%	80%	80%

Note: This headline measure has a lag in data reporting.

Headline Measure: Employment Related Services (2 of 3)

Job Retention Rate and Earnings Gain Rate for current and former Temporary Cash Assistance (TCA) recipients who receive job placement, by State FY

	FY07	FY08	FY09	FY10
Goal	410	375	388	338
TCA recipients who receive job placement	370	411	462	475

Note: This headline measure has a lag in data reporting.

Headline Measure: Employment Related Services (3 of 3)
Benchmark Data – FY09

Maryland Counties	Earnings Gain Rate	Job Retention Rate
Allegany	59%	71%
Anne Arundel	65%	74%
Baltimore City	45%	72%
Baltimore County	47%	79%
Calvert	35%	72%
Caroline	54%	72%
Carroll	68%	72%
Cecil	55%	67%
Charles	60%	78%
Dorchester	63%	70%
Frederick	70%	77%
Garrett	99%	56%

Maryland Counties	Earnings Gain Rate	Job Retention Rate
Harford	86%	66%
Howard	38%	76%
Kent	47%	59%
Montgomery	92%	73%
Prince George's	35%	72%
Queen Anne's	60%	73%
Somerset	56%	74%
St. Mary's	50%	80%
Talbot	76%	83%
Washington	52%	76%
Wicomico	50%	72%
Worcester	78%	86%
Maryland	**48%**	**73%**

Job Retention Rate Goal (All Counties) = 70%
Earnings Gain Rate Goal (All Counties) = 40%

Headline Measure: Providing Health Care Access (1 of 5)

This headline measure has 2 parts: 1. enrolling residents in medical assistance 2. providing health care services to residents ineligible for medical assistance.

1. Enrolling residents in medical assistance: Percent of Montgomery County medical assistance applications approved for enrollment

	FY09	FY10	FY11*	FY12*	FY13*
Percent approved	84%	82%			

*The Department is not projecting results at this time due to the multitude of variables related to health care reform.

In FY10, 40,331 new applications were submitted for enrollment into Maryland's medical assistance programs (Community Care and Long-Term Care), with 32,339 applications (82%) approved. The annual average approval statewide was 77%.

Headline Measure – Providing Health Care Access (2 of 5)

2. Providing health care services to residents ineligible for medical assistance: Percent of select uninsured vulnerable populations have an HHS primary care or prenatal care visit

		FY09	FY10	FY11	FY12	FY13
Children *Care for Kids*	Program participants	3,600 FY09 Enrollment	3,366 FY10 Enrollment			
	Uninsured children	10,371 2008 ACS	8,130 2009 ACS			
	%	34.7%	41.4%			
Adults *Montgomery Cares*	Program participants	21,077 FY09 Enrollment	26,268 FY10 Enrollment	27,000 (budgeted)	Unknown Budget dependent	Unknown Budget dependent
	Uninsured adults	98,872 2008 ACS	102,154 2009 ACS			
	%	21.3%	25.7%			
Pregnant Females *Maternity Partnerships Under Construction*	Program participants	2,375	1,999			
	Uninsured pregnant females	Unavailable	Unavailable			
	%	Under Construction	Under Construction			

Source: DHHS data; U.S. Census Bureau, American Community Survey

Providing Health Care Access (3 of 5)
Indicator – Uninsured Population, Montgomery County

The following data shows the estimated percent of County residents with 1. private health insurance 2. public health insurance and/or 3. no health insurance coverage. Montgomery Cares focuses on low income adults (ages 18+ with no health insurance coverage).

Montgomery County Census ACS Survey	Under 18 years		18 to 64 years		65 years or over	
	2008	2009	2008	2009	2008	2009
Total Population in Age Range	**228,457**	**237,203**	**598,557**	**605,601**	**114,056**	**114,917**
Health Insurance Coverage	**2008**	**2009**	**2008**	**2009**	**2008**	**2009**
With health insurance coverage	**95%**	**97%**	**84%**	**84%**	**97%**	**98%**
No health insurance coverage	**5%**	**3%**	**16%**	**16%**	**3%**	**2%**
With private health insurance coverage	**80%**	**74%**	**82%**	**76%**	**77%**	**76%**
Without private health insurance coverage	**20%**	**26%**	**18%**	**18%**	**23%**	**24%**
With public health coverage	**17%**	**24%**	**4%**	**5%**	**88%**	**92%**
Without public health coverage	**83%**	**76%**	**96%**	**95%**	**12%**	**8%**

Note: Respondents can select more than 1 insurance option, so the figures do not sum to 100%. The Census Bureau introduced a health insurance question in the 2008 ACS questionnaire. Source: U.S. Census Bureau, American Community Survey

59

Providing Health Care Access (4 of 5)
Indicator – Uninsured Population, Montgomery County

Montgomery Cares focuses on low income adults (ages 18+ with no health insurance coverage). The data below shows this data by poverty threshold categories.

	% of Poverty Threshold						
	Under 50%	50 to 99%	100 to 149%	150 to 199%	200 to 299%	300 to 399%	400% and over
18 to 64 years - Population	19,990	17,757	20,616	33,806	63,909	60,873	388,057
With health insurance coverage	41%	56%	51%	52%	67%	79%	95%
With employer-provided health insurance	13%	23%	27%	41%	50%	67%	85%
With direct-purchase health insurance	16%	12%	9%	7%	12%	10%	11%
With Medicare coverage	4%	7%	3%	2%	2%	0%	1%
With Medicaid coverage	14%	19%	14%	4%	5%	2%	1%
No health insurance coverage (A)	59%	44%	49%	48%	33%	21%	5%
65 years and over - Population	2,634	4,573	5,044	4,783	10,600	10,749	76,534
With health insurance coverage	100%	100%	96%	100%	96%	95%	98%
With employer-provided health insurance	25%	27%	14%	28%	37%	51%	72%
With direct-purchase health insurance	23%	26%	20%	35%	39%	35%	24%
With Medicare coverage	89%	100%	96%	99%	93%	90%	91%
With Medicaid coverage	53%	59%	50%	25%	12%	13%	9%
No health insurance coverage (B)	0%	0%	4%	0%	4%	5%	2%
18+ Population with "no health insurance coverage" (A+B)	11,736	7,757	10,425	16,204	21,763	13,419	20,791

Note: Respondents can select more than 1 insurance option, so the figures do not sum to 100%. The Census Bureau introduced a health insurance question in the 2008 ACS questionnaire. Source: U.S. Census Bureau, American Community Survey

CountyStat

57

Providing Health Care Access (5 of 5)
Indicator – Uninsured Population, Benchmark Communities

The following data shows comparison data on the uninsured population in Washington metro jurisdictions. Montgomery Cares focuses on low income adults (ages 18+ with no health insurance coverage).

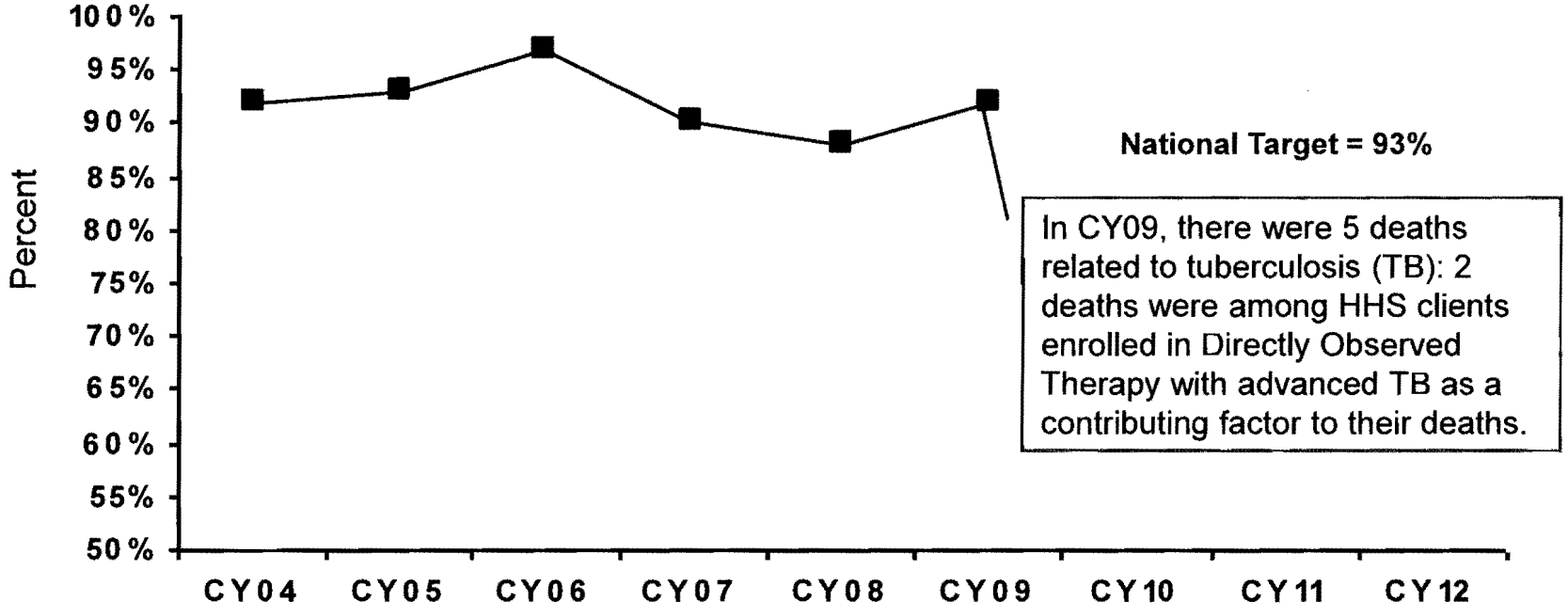
Jurisdictions	% of **Under 18** Population with no health insurance		% of **18-64** Population with no health insurance		% of **Over 65** Population with no health insurance	
	08	**09**	**08**	**09**	**08**	**09**
Prince George's County	8%		20%	20%	2%	
Prince William County	11%		17%	17%	3%	2%
Montgomery County	5%		16%	16%	3%	
Fairfax County	7%		13%	13%	3%	3%
Baltimore County	5%		12%		1%	1%
Frederick County	4%	5%	12%	11%	1%	1%
Anne Arundel County	4%		10%		0%	0%
District of Columbia	4%		10%		3%	
Loudoun County	4%	4%	10%		3%	4%
Arlington County	4%		9%		3%	
Howard County	2%		8%		4%	

Note: This table is ordered by "% of 18-64…"; Red=statistically significant increase, Green=statistically significant decrease
The Census Bureau introduced a health insurance question in the 2008 ACS questionnaire.
Source: U.S. Census Bureau, 2008-2009 American Community Survey

CountyStat

Headline Measure: Communicable Diseases Control (1 of 2)

Percent of clients with active infectious tuberculosis that received and were scheduled to complete Directly Observed Therapy and that successfully completed the treatment regimen



In CY09, there were 5 deaths related to tuberculosis (TB): 2 deaths were among HHS clients enrolled in Directly Observed Therapy with advanced TB as a contributing factor to their deaths.

CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY12
92%	93%	97%	90%	88%	92%	93%	93%	93%

51

Headline Measure: Communicable Diseases Control (2 of 2)

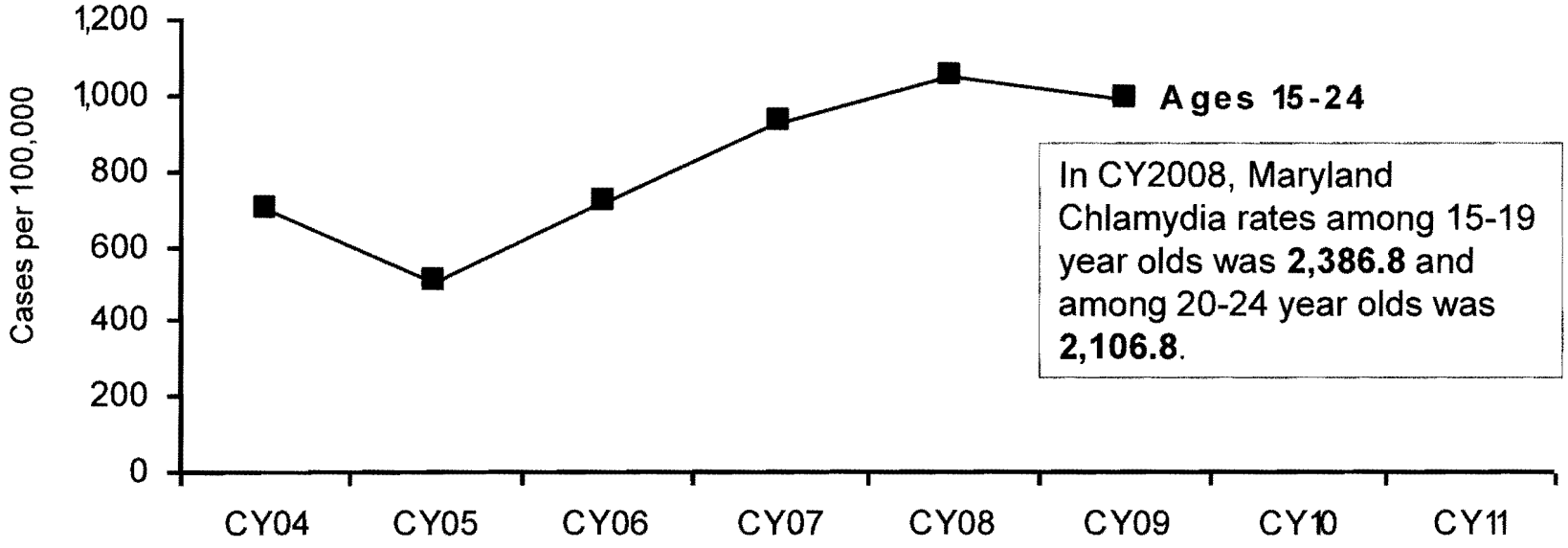
Percent of clients with active infectious tuberculosis that received and were scheduled to complete Directly Observed Therapy and that successfully completed the treatment regimen

	CY04	CY05	CY06	CY07	CY08	CY09*
Total clients	93	81	62	82	88	66
Clients successfully completing treatment	86	75	60	74	77	61
Percent	92%	93%	97%	90%	88%	92%

In CY09, there were 70 clients, and 4 of those clients needed to continue treatment into CY10. Two clients who died of complications of TB and other conditions before treatment was completed, and 3 patients died in hospitals and were diagnosed with TB on autopsy. There were an additional 7 clients placed on Not Direct Observed Therapy (NDOT) and were provided medication therapy to self-administer with close monitoring.

Headline Measure: Communicable Diseases Control (1 of 2)

New cases of Chlamydia per 100,000 population in Montgomery County (Ages 15-24)



	CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY12
15-24 ■	696.9	502.2	712.6	930.2	1,052.0	990.6			

DHHS chooses not to estimate or project because of uncertainty over when case numbers will begin to fall as a result of decreased exposure to the disease resulting from such program activities as community education, screening, and partner notification.

Headline Measure: Communicable Diseases Control (2 of 2)

New cases of Chlamydia per 100,000 population in Montgomery County (Ages 15-24)

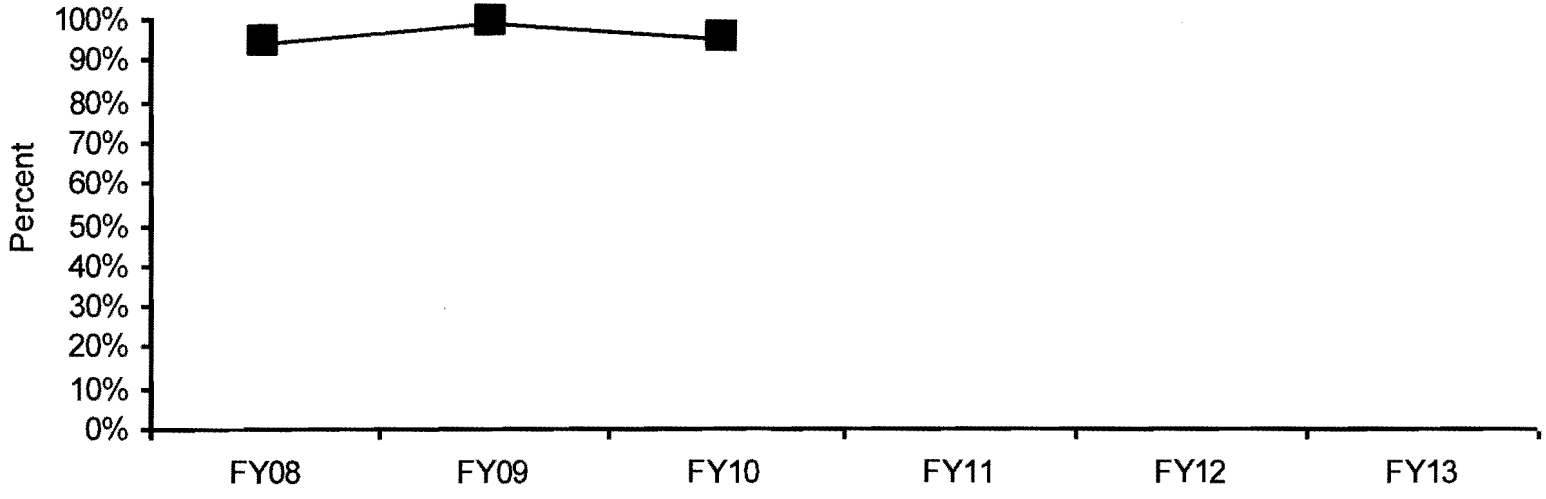
	CY04	CY05	CY06	CY07	CY08	CY09	CY10	CY11	CY13
Ages 15-24	696.9	502.2	712.6	930.2	1,052.0	990.6			
Percent Change		-27%	42%	30%	13%	-6%			
Ages 25-34	254	169.3	305.4	411.2	488.4	410.2			
Ages 35+	20.9	15.6	21.2	24.8	32.0	33.7			
All Ages 15 Years and Older*	156.5	112.4	169.4	223.0	256.4	244.8			

Rates were revised in 2010 to reflect the population is not all ages, but rather all ages 15 years and older.

62

Headline Measure: Housing Services (1 of 2)

Percentage of households remaining housed at least 12 months after placement in permanent supportive housing



FY08	FY09	FY10	FY11	FY12	FY13
94%	99.5%	98%	95%	95%	95%

FY10
95%

Montgomery County's had permanent supportive housing retention rate of 98% in FY10. This greatly exceeds retention rates demonstrated in a number of studies, typically 85% to 90%.

Headline Measure: Housing Services (2 of 2)

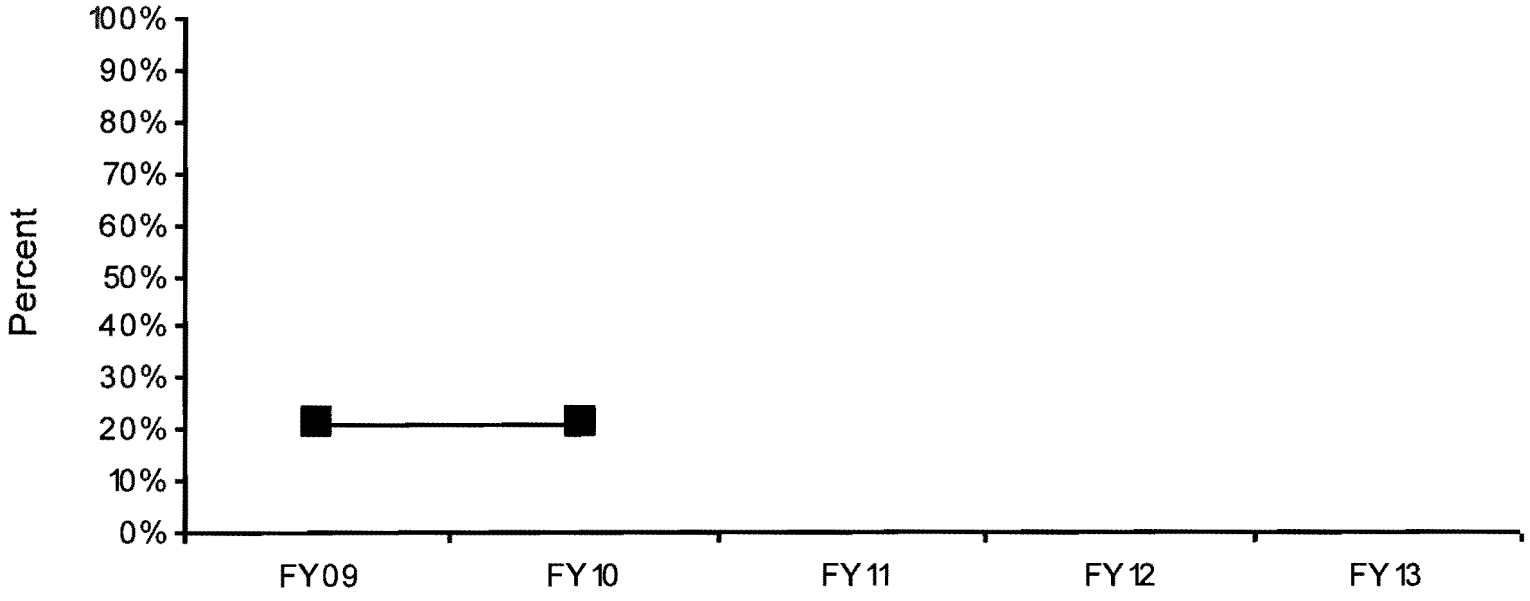
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing

People Living in Permanent Supportive Housing	FY08	FY09	FY10
Single Adults	268	345	442
Families	145	186	292

49

Headline Measure: Housing Services (1 of 2)

Percentage of households that received emergency financial assistance that sought additional assistance for housing stabilization within 12 months



FY08	FY09	FY10	FY11	FY12	FY13
Under Construction	21%	21%	21%	21%	21%

FY10
21%

65

Headline Measure: Housing Services (1 of 2)

Percentage of households that received emergency financial assistance that sought additional assistance for housing stabilization within 12 months

Emergency Assistance	FY08	FY09	FY10
Applications for Assistance	7,312	7,607	8,094
Total Grants Provided	5,844	6,791	6,313

Tracking Our Progress

- **Meeting Goals:**
  - Determine the impact of HHS's work on headline measures and establish new performance expectations and goals
- **How will we measure success**
  - Department meets or exceeds projected performance

Wrap-up

- Items for follow-up

68

Appendix: DHHS Follow-up Items

From 12/11/2009 CountyStat meeting:

Provide additional data/information

Complete
- Provide drill down data for program level measures included in the roll-up of headline measure: "Direct DHHS Services".

Complete
- Revise headline measure: "Housing Services: Percentage of households that received emergency financial assistance for housing stabilization within 12 months" to include contextual data (i.e. number of clients served).

Change performance measure

Complete
- Revise headline measure: "Contracted Services Performance Measurement" to quantify the percent of total HHS contracts that include performance measures.

Benchmark measure

Complete
- Benchmark headline measure: "Juvenile Justice Assessments, Screenings, and Referrals" against counties with similar programs.

Complete
- Benchmark headline measure: "Employment related Services" with comparable regional or national programs.

Submit documents

Complete
- Submit departmental performance plan for web posting.

69

Appendix
Headline Measure: HHS Customer Satisfaction *New* (1 of 3)

Programs contributing data used in the calculation of the Headline Measure, by Overall Score

Service Area	Program	Survey Questions Applicable to Composite Measure	Overall Result	# served
ADS	Adult Foster Care	Overall	100%	160
BHCS	Behavioral Health Access to Care	ALL	100%	2,400
CYFS	Child Link	Needs Addressed, Overall	100%	2,027
OCA	African American Health Program – Diabetes Ed.	Overall	100%	128
PHS	School-based Health and Wellness Centers	Timeliness, Politeness, Overall	100%	3,501
PHS	H1N1 Vaccinations	Overall	100%	4,763
PHS	Environmental Health	ALL	100%	400
ADS	In Home Aide Service	Overall	99%	450
BHCS	Child and Adolescent Services	ALL	97%	221

Headline Measure: HHS Customer Satisfaction *New* (2 of 3)

Programs contributing data used in the calculation of the Headline Measure, by Overall Score (continued)

Service Area	Program	Survey Questions Applicable to Composite Measure	Overall Result	# served
BHCS	Jail Addiction Services	ALL	97%	348
CYFS	Linkages to Learning	Needs Addressed, Overall	97%	1,511
ADS	Respite Care	Overall	96%	1505
BHCS	Adult Behavioral Health	ALL	93%	362
BHCS	Urine Monitoring Program	ALL	91%	4,500
ADS	Aging and Disability Resources Unit	Overall	91%	22,483
CYFS	Child Care Subsidy Program	Timeliness, Overall	89%	2,349
BHCS	Community Re-entry Services	ALL	88%	457
ADS	Adult Protective Services	Overall	76%	570

Headline Measure: HHS Customer Satisfaction *New* (3 of 3)

Programs contributing data used in the calculation of the Headline Measure, by Overall Score (continued)

Service Area	Program	Survey Questions Applicable to Composite Measure	Overall Result	# served
BHCS	**Crisis Center***	**ALL**	**N/A**	**3,377**
BHCS	**Medication Assisted Treatment**	**Needs addressed, timeliness, respect, overall**	**47%**	**128**
CYFS	**Early Childhood Mental Health**	**Needs Addressed**	**N/A**	**81**
CYFS	**SASCA & Juvenile Justice Case Management**	**Needs Addressed, Timeliness, Respect**	**N/A**	**1,298**

*Crisis Center results not used in composite due to extremely low number of responses.

72

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s)* in which the data were applied

Aging and Disability Services

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Case Management	**% of clients who avoid institutional placement after receiving case management services**	**N/A**	**N/A**	**92**	**92**	**95**	**GI**	**1,621**
Developmental Disabilities Supplement - Resident and Day Services	**% of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving support services.**	**96**	**97**	**96**	**95**	**94**	**GI**	**2,595**
In-Home Aide Services	**% of customers with no unmet personal care needs**	**95**	**94**	**96**	**95**	**95**	**GI**	**451**

*DOMAINS:
GI – Greater Independence
IH – Improved Health
RM – Risk Mitigation

Source: DHHS

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Behavioral Health and Crisis Services

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Adult Behavioral Health Program	% of clients showing improvement in functioning and decreased symptoms - therapist rating	92	89	77	83	81	GI and IH	375
Adult Behavioral Health Program.	% of clients showing improvement in functioning and decreased symptoms - symptoms list	84	66	79	81	83	GI and IH	375
Child and Adolescent Mental Health Services	% of clients who meet their treatment goals at the time of discharge	100	90	90	71	71	GI and IH	443
Crisis Center	% of patients receiving crisis stabilization services who experience a reduction in symptoms	N/A	75	75	60	79	RM	147
Outpatient Addiction Services	% of clients successfully discharged from treatment	9	35	35	30	37	GI and IH	442

Source: DHHS

74

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Children, Youth and Family Services

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Child Welfare Services	% of families receiving in-home services who do not have a child protective service investigation with an abuse or neglect finding within one year after receiving services		98	96.5	95	98	RM	420
Child Welfare Services	% of abused or neglected children in out of home placements whose adoption occurs within 24 months		9	30.4	16	29	RM	34
Linkages to Learning	% of students receiving mental health services who maintain or improve classroom conduct per teacher report			84	81	79	RM/GI	1,025

Source: DHHS

75

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Public Health Services

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Montgomery Cares	% of low income uninsured County adults who received primary care at one of the participating clinics	15	16.2	20.9	26	26	IH	26,268
Women's Health Services	% of healthy birth weight babies born to pregnant women enrolled in the Maternity Partnership Program	94	95	94	94	93	IH	1,999
School-based Health Centers	% of elementary Care for Kids School Based Health Center enrolled students having an annual comprehensive physical exam	95	94	94	94	95	IH	437
Foodborne Diseases and Illnesses	% of food service facilities not having a critical violation upon routine inspection	81	75	80	65	77	IH	3,538

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Office of Community Affairs

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
African-American Health Program	% of African Americans who demonstrate an increase in knowledge after taking diabetes education classes	91	N/A	86	100	83	GI and IH	105
Asian American Health Initiative	% of individuals who accessed services as a result of contacting the AAHI Patient Navigator Multilingual Line	N/A	N/A	TBD	60	76	IH	7,329
Latino Health Initiative	% of changes in health behaviors as a result of the Latino Youth Wellness Program	29.5	38.7	26.9	32	28	RM and IH	768

Source: DHHS

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Office of Community Affairs (continued)

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Latino Health Initiative	% of parents who felt fairly and very sure on their ability to manage their children's asthma (self-efficacy)	**N/A**	**N/A**	**N/A**	**N/A**	**45**	**RM and IH**	**390**
Latino Health Initiative	% decrease of reported emergency department visits due to asthma	**N/A**	**N/A**	**N/A**	**N/A**	**30**	**RM and IH**	**390**
Latino Health Initiative	**% of individuals who accessed services as a result of contacting the Latino Health Initiative bilingual information line**	**88**	**86.6**	**85**	**82**	**75**	**IH**	**8,357**

Source: DHHS

Headline Measure: Direct DHHS Services
Part 1 – Quantitative Component

Quantitative Component: Programs contributing data used in the calculation of the Headline Measure, and the domain(s) in which the data were applied

Special Needs Housing

Program Element	BENEFICIAL IMPACT OUTCOME MEASURES	FY06	FY07	FY08	FY09	FY10	Domain	# served (FY10)
Shelter Services	% of homeless single adults placed in transitional shelters who graduate to independent housing	68	43	36	65	60	GI	388
Shelter Services	% of homeless families who move to more stable housing after leaving emergency shelter	66	47	40	61	85	GI	652

Source: DHHS

Department of Health and Human Services: MC311 Data Review

2/22/2011

Uma Ahluwalia, Director

CountyStat

CountyStat Principles

- Require Data-Driven Performance
- Promote Strategic Governance
- Increase Government Transparency
- Foster a Culture of Accountability

18

Agenda

- **HHS/ MC311 Transition Overview**
- **Review of HHS Related Customer Request Data**
  - Customer Request Intake Method
  - HHS Customer Request Volume
  - Customer Requests by Call/Web Portal Type
  - Customer Requests by Area Type
  - Manna Food Referral Volume
  - Customer Requests by Top Sub Areas
- **HHS Process for Closing Tickets**
- **Review of County Current HHS Phone Numbers**
- **Improving Existing Practice**
  - HHS Recommendations
  - CountyStat Recommendations
- **Wrap-Up and Follow-Up Items**

82

MC311 Nomenclature: Categorizing Customer Intake

A Customer Request in MC311 is simply a record that is created when a resident contacts the 311 Call Center requesting service.
(Customer Requests were previously called "service requests".)

The types of MC311 Customer Requests can be categorized as follows:

- **General Information (GI):** These calls typically constitute 50% of a Customer Service Center's (CSC) calls and deal with responses to Frequently Asked Questions (FAQs); provide static information about policies and procedures, County government events, and operations.

- **Referrals (REF):** These calls typically constitute 25% of a Customer Service Center's calls and provide constituents with the telephone number for a call requiring "subject matter expertise" and perform a "warm transfer" of the call, if required.

- **Service Requests (SRs):** These calls typically constitute 20% of a Customer Service Center's calls. A service request is created for a department to fulfill a resident's request.

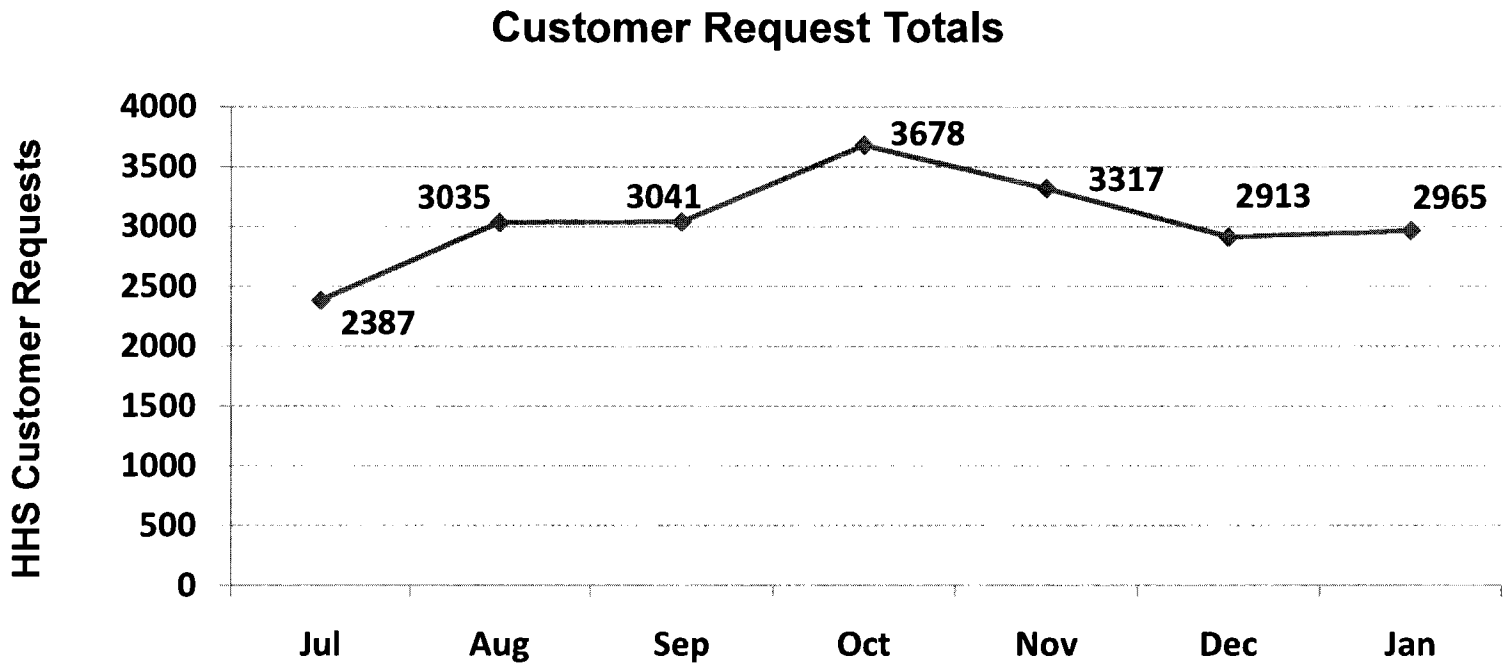
- **Miscellaneous Comments / Compliments / Complaints:** These calls typically constitute 5% of a Customer Service Center's calls and typically document the nature of the comment, compliment, or complaint and are visible to the specific department.

The use of the term "Service Request" to categorize multiple types of interactions within MC311 was a cause of confusion, thus the totality of all interactions are now categorized as "Customer Requests."

HHS Transition to MC311

- In November 2008, HHS call center manager joined MC311 as subject matter expert.
- On November 4, 2009, four of five HHS staff authorized for the move went to MC311 from HHS.
- Transferred staff previously staffed our main HHS Information and Referral Line.
- Beginning with a soft launch on January 11, 2010, MC311 answers calls from the public, including those who dialed the defunct HHS I&R line, seeking information and referral for their health and human service needs.
- Where possible, based on information provided by HHS, MC311 staff handle the call, or refer it to one of the former HHS I&R staff trained (Tier 2) to work with HHS callers.
- Calls that require a further response are referred to the appropriate program staff within HHS.

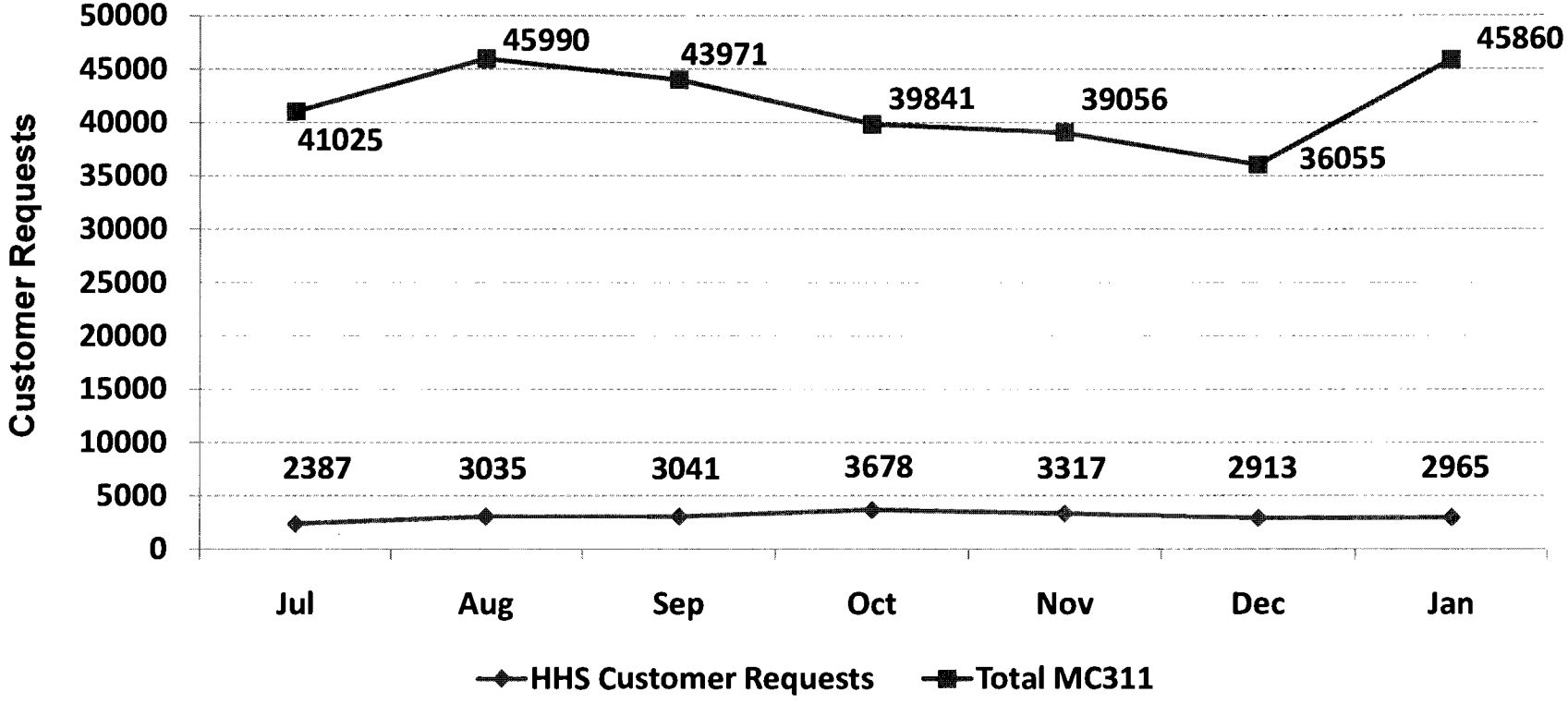
HHS Monthly Customer Request Totals



	July-Aug	Aug-Sep	Sep-Oct	Oct-Nov	Nov-Dec	Dec-Jan	July-Jan
Percent Change	27%	0.2%	21%	- 9.8%	- 12%	1.8%	24%

85

HHS Related Customer Requests as Percentage of Total MC311 Customer Requests



	July	Aug	Sep	Oct	Nov	Dec	Jan
HHS as Percent of Total	6%	7%	7%	9%	8%	8%	6%

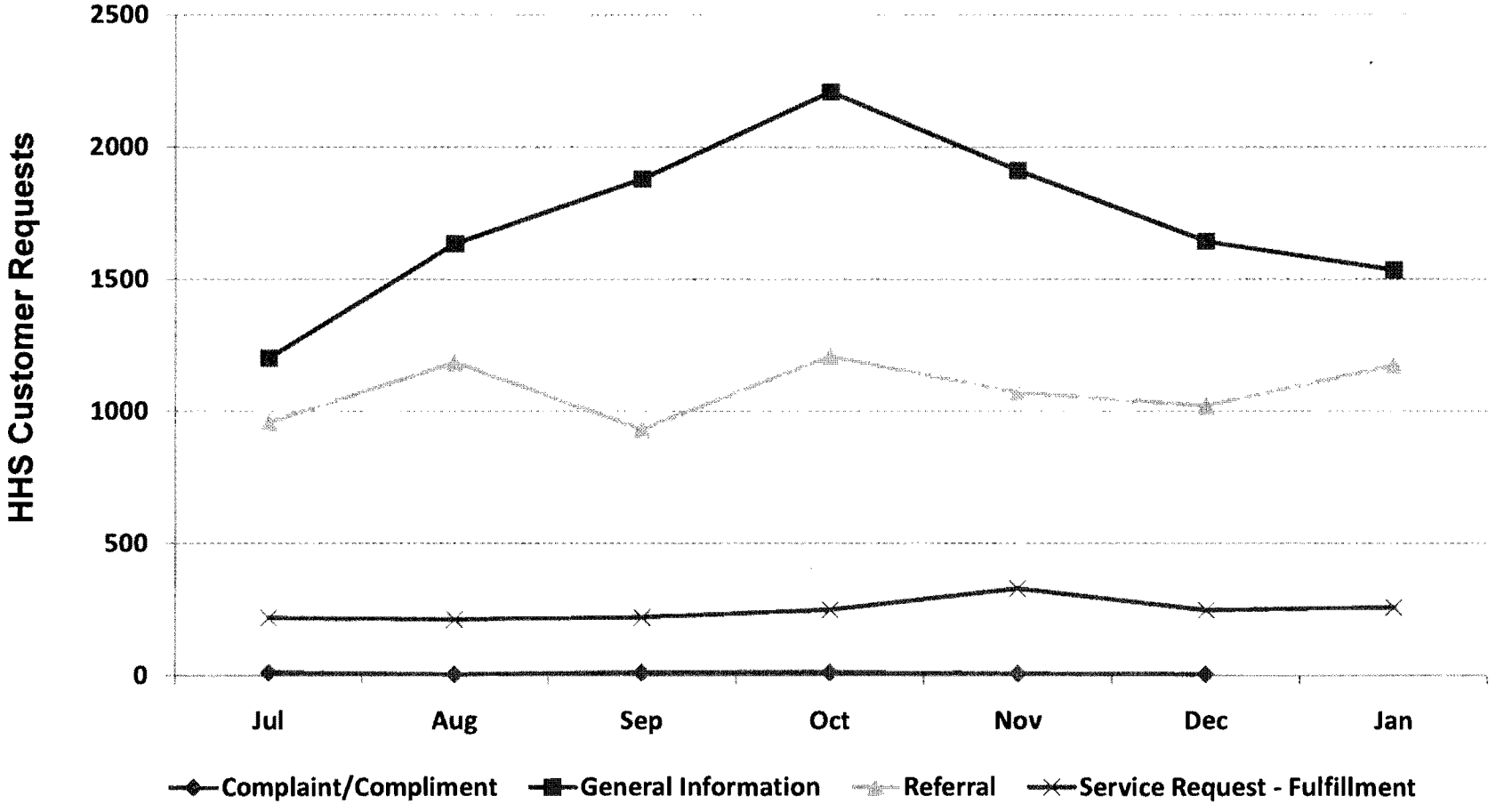
98

HHS Monthly Customer Request Totals by Type

	July	Aug	Sep	Oct	Nov	Dec	Jan	Avg.	Grand Total
Complaint/Compliment	12	4	11	12	7	4	0	8	50
General Information	1,201	1,634	1,879	2,209	1,911	1,643	1,535	1,716	12,012
Referral	957	1,185	931	1,209	1,071	1,020	1,173	1,078	7,546
Service Request - Fulfillment	217	212	220	248	328	246	257	247	1,728
Grand Total	2,387	3,035	3,041	3,678	3,317	2,913	2,965	3048	21,336

General Information and Referrals account for 92% of all HHS Customer Requests.

HHS Monthly Customer Request Totals by Type



88

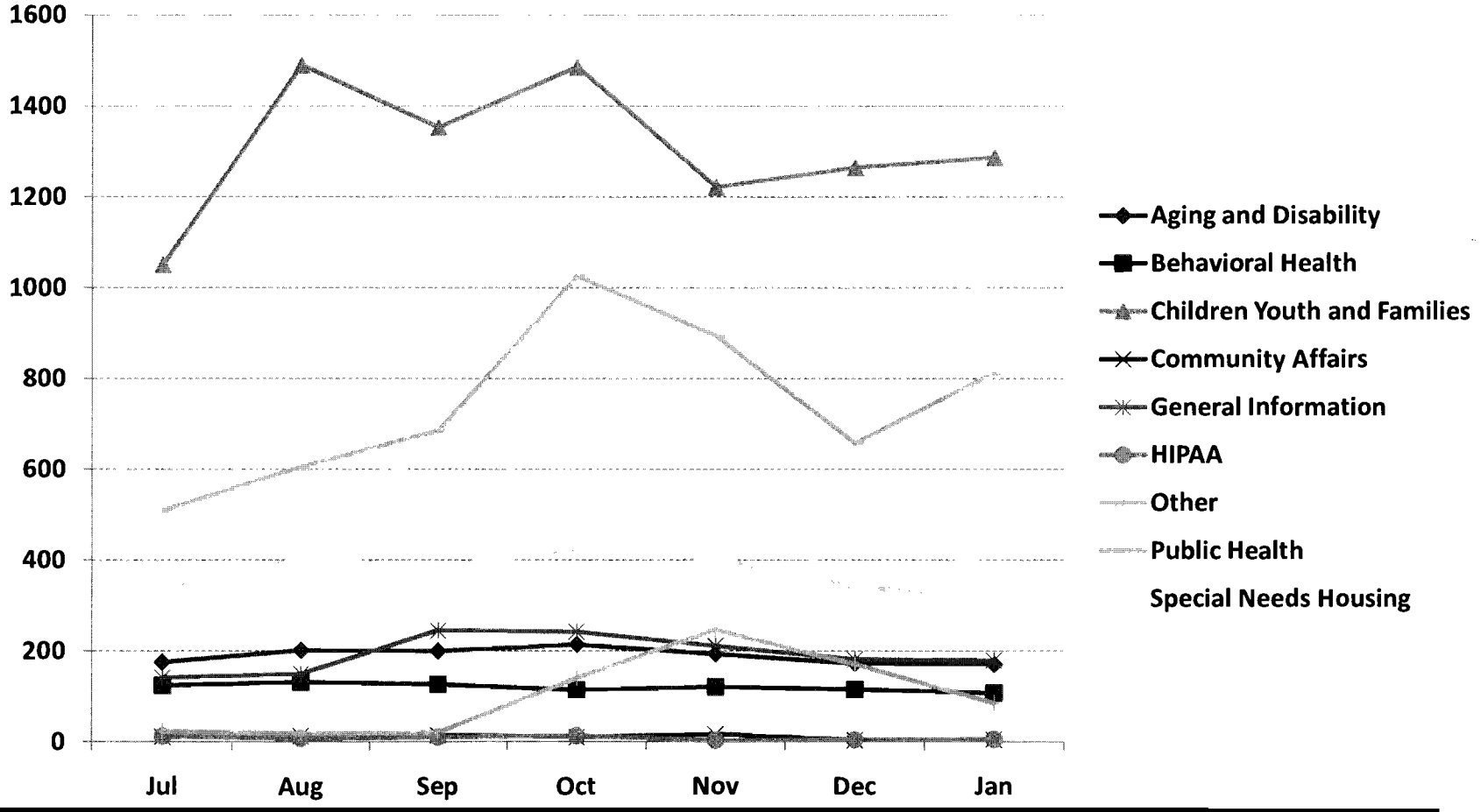
HHS Monthly Customer Request Totals by Area Type

	July	Aug	Sep	Oct	Nov	Dec	Jan	Avg.	Grand Total
Aging and Disability	175	201	199	214	193	172	170	189	1,324
Behavioral Health	124	131	126	114	121	115	107	120	838
Children Youth and Families	1,051	1,490	1,353	1,486	1,222	1,265	1,287	1,308	9,154
Community Affairs	11	13	15	10	17	4	5	11	75
General Information	141	149	245	242	211	181	179	193	1,348
HIPAA	12	7	10	13	3	4	5	8	54
Other	23	18	20	140	246	170	84	100	701
Public Health	509	605	685	1,026	894	657	813	741	5,189
Special Needs Housing	333	402	383	424	403	342	313	371	2,600

* Does not include following Area Types with negligible amount on entries (Information Request, Non Profit Groups, 'Blank')

(18)

HHS Monthly Customer Request Totals by Area Type



Children Youth and Families, and Public Health areas account for 67% of all HHS Customer Requests.

* Does not include following Area Types with negligible amount on entries (Information Request, Non Profit Groups, 'Blank')

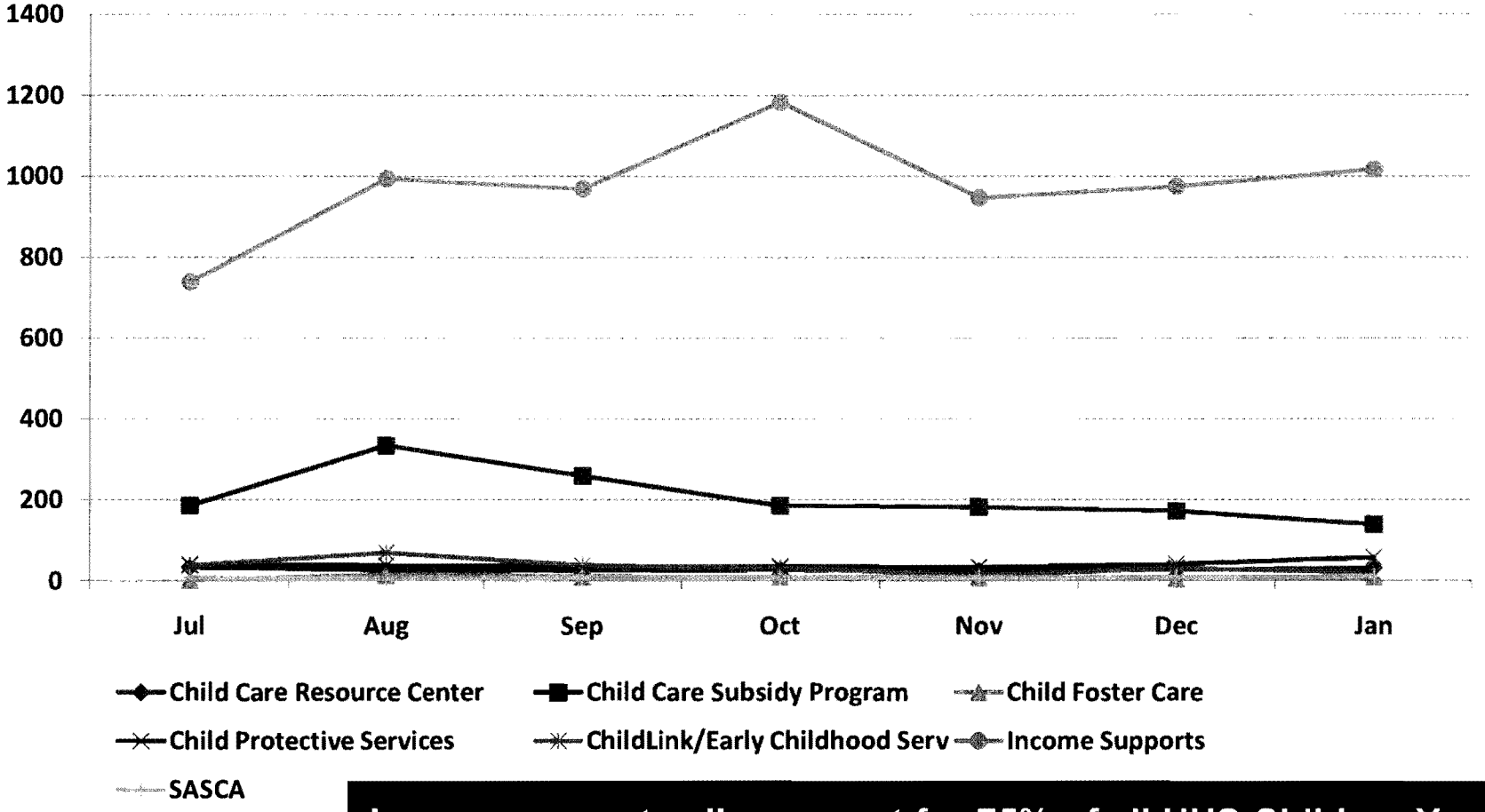
(90)

HHS Monthly Customer Requests Totals by Children Youth and Families Area Type

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Child Care Resource Center	33	26	25	27	24	27	31	193
Child Care Subsidy Program	186	334	259	185	182	172	139	1,457
Child Foster Care	2	15	10	9	8	5	9	58
Child Protective Services	40	38	37	35	34	41	58	283
Child Link/Early Childhood Svcs	38	69	38	32	12	31	19	239
Conservation Corps	1	2			1		1	5
Gang	1	3	3	3	1	1	1	13
General Information				1			1	2
Income Supports	739	994	969	1,183	947	975	1,017	6,824
Other		1	1	2	4			8
SASCA	8	5	7	7	7	8	10	52
(blank)	3	3	4	2	2	5	1	20
Grand Total	1,051	1,490	1,353	1,486	1,222	1,265	1,287	9,154

16

HHS Monthly Customer Requests Totals by Children Youth and Families Area Type



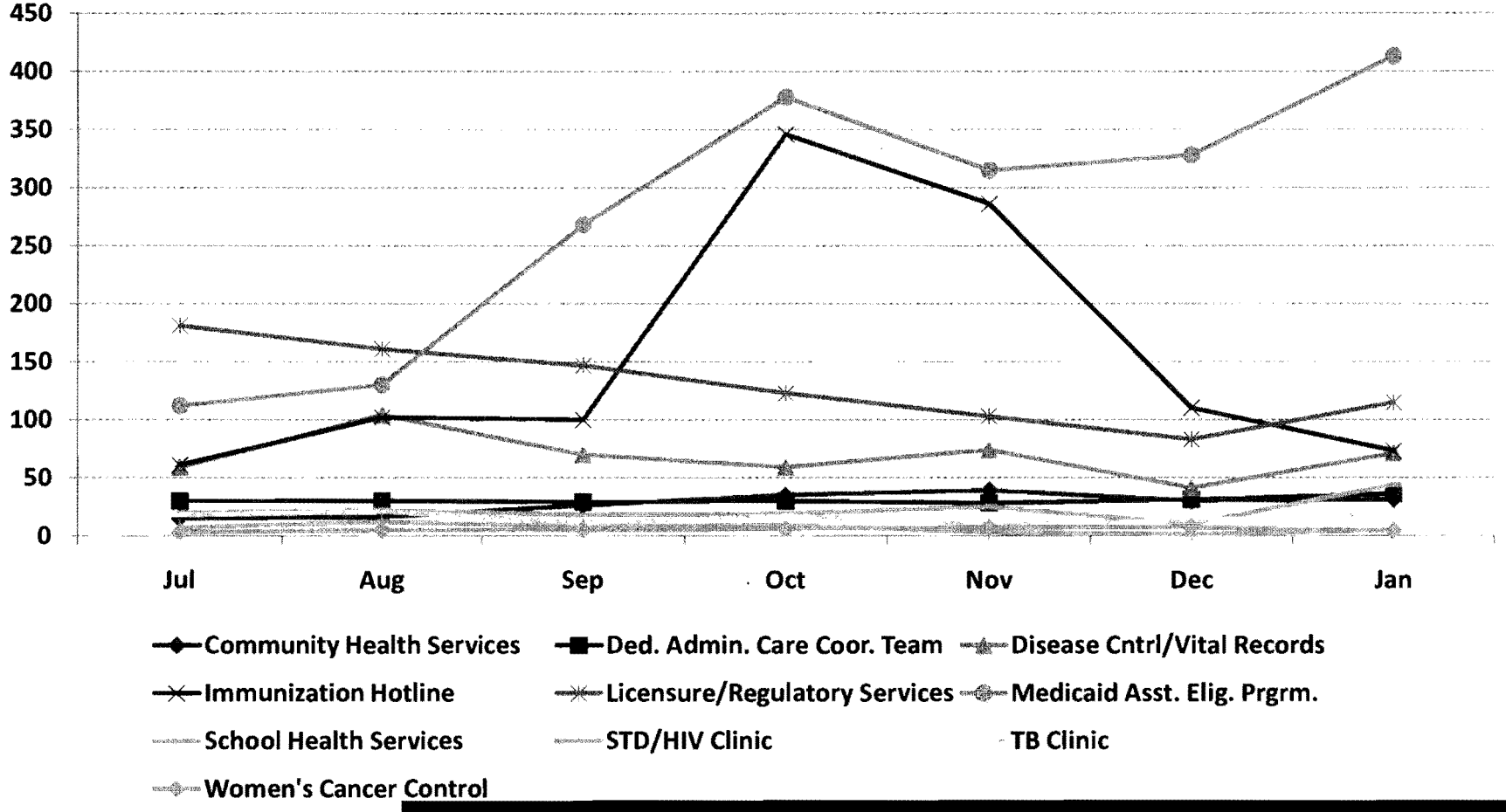
Income support calls account for 75% of all HHS Children Youth and Families Customer Requests.

* Does not include sub areas with less than 30 total entries.

HHS Monthly Customer Requests Totals by Public Health Area Type

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Birth/Death Records					1		1	2
Community Health Services	15	16	26	35	39	30	31	192
Ded. Admin. Care Coor. Team	30	30	29	30	28	31	36	214
Disease Cntrl/Vital Records	59	104	70	59	74	41	71	478
Environmental Health	1							1
General Information						1		1
Health Care Facility		1	1			1		3
Immunization Hotline	61	102	100	346	286	110	73	1,078
Licensure/Regulatory Services	181	161	147	123	103	83	115	913
Medicaid Asst. Elig. Prgrm.	112	130	268	378	315	328	413	1,944
Other	1	1	2	3	3	1	1	12
School Health Services	7	12	8	9	3	1	5	45
Shaken Baby/Fam. Violence Prev	1			1				2
STD/HIV Clinic	20	22	18	19	25	10	44	158
TB Clinic	18	21	11	17	10	13	19	109
Women's Cancer Control	3	5	5	6	7	7	4	37
Grand Total	509	605	685	1026	894	657	813	5,189

HHS Monthly Customer Requests Totals by Public Health Area Type



Immunization and Medicaid account for 58% of all HHS Public Health Customer Requests.

* Does not include sub areas with less than 30 total entries

HHS Manna Food Referral Overview

- **Manna Food Center is the main food bank in Montgomery County**

- **Montgomery County Government serves as the de facto referral agency**
  - According to Manna's website, "The phone number for the Montgomery County Department of Health and Human Services Information and Referral Line is **240-777-1245**. They can provide you with a Manna referral as well as many other services.

- **Besides Montgomery County Government, there are 360 additional referral agencies**
  - According to Manna's website, "You can also get a referral to pick up food from Manna from any of the 360 Referral Agencies that work with Manna."

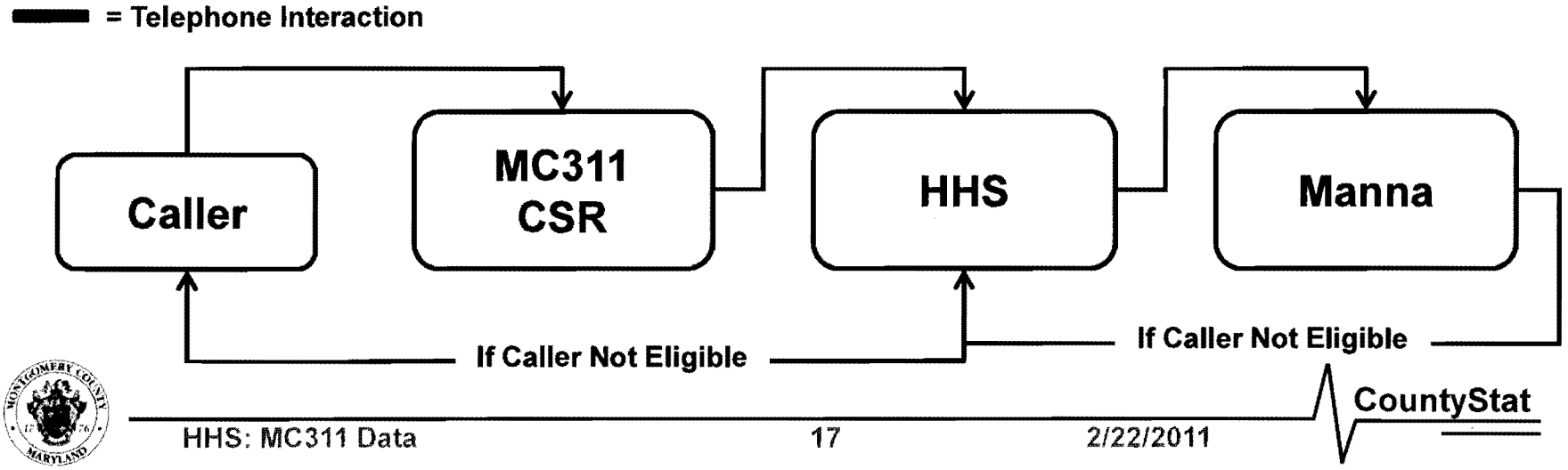
Manna customer requests are discussed in this presentation because they are consistently amongst the top-20 solution areas on a weekly basis and require HHS support.

95

MC311 Manna Food Center Referral Process (English)

- Caller calls in requesting a Manna food basket or they say they need food.
- CSR asks customer if they have ever been to Manna before. If yes, CSR asks if they have been within the last 30 days. If yes, they are told they must wait 30 days before their next referral and customer is not transferred to HHS and the service request is closed.
- If customer has never been to Manna or they have not been to Manna within the last 30 days, they are transferred to HHS and the service request is closed.
- If customer is eligible, caller is transferred to responsible employee at HHS. Customer may receive voice mail.
- HHS employee tells customer to go to the pick up site on the requested date (usually it's the next day) and the correct time, and to bring a photo ID.
- The customer goes into Manna at the specified date and location to pick up food.

Process Flow Chart

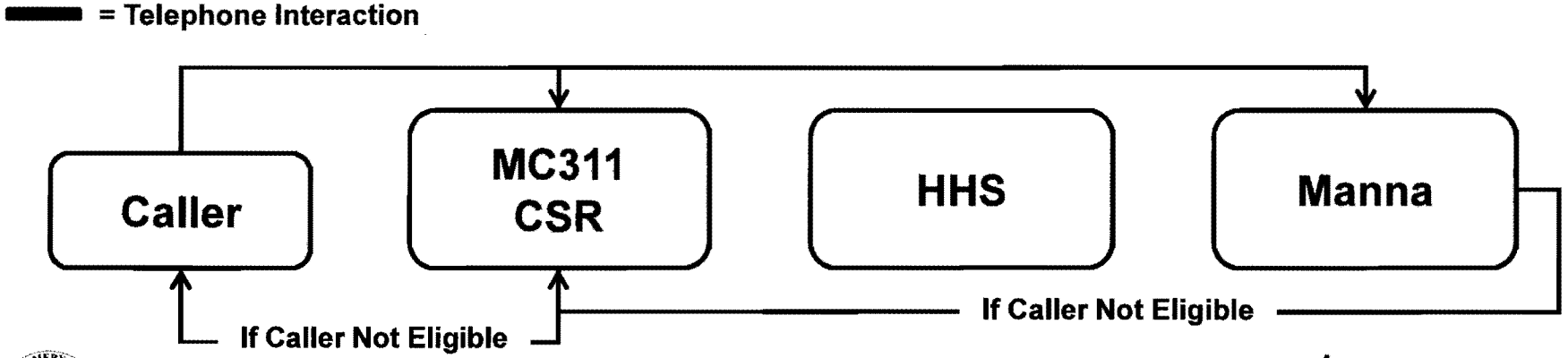


96

MC311 Manna Food Center Referral Process (Non-English)

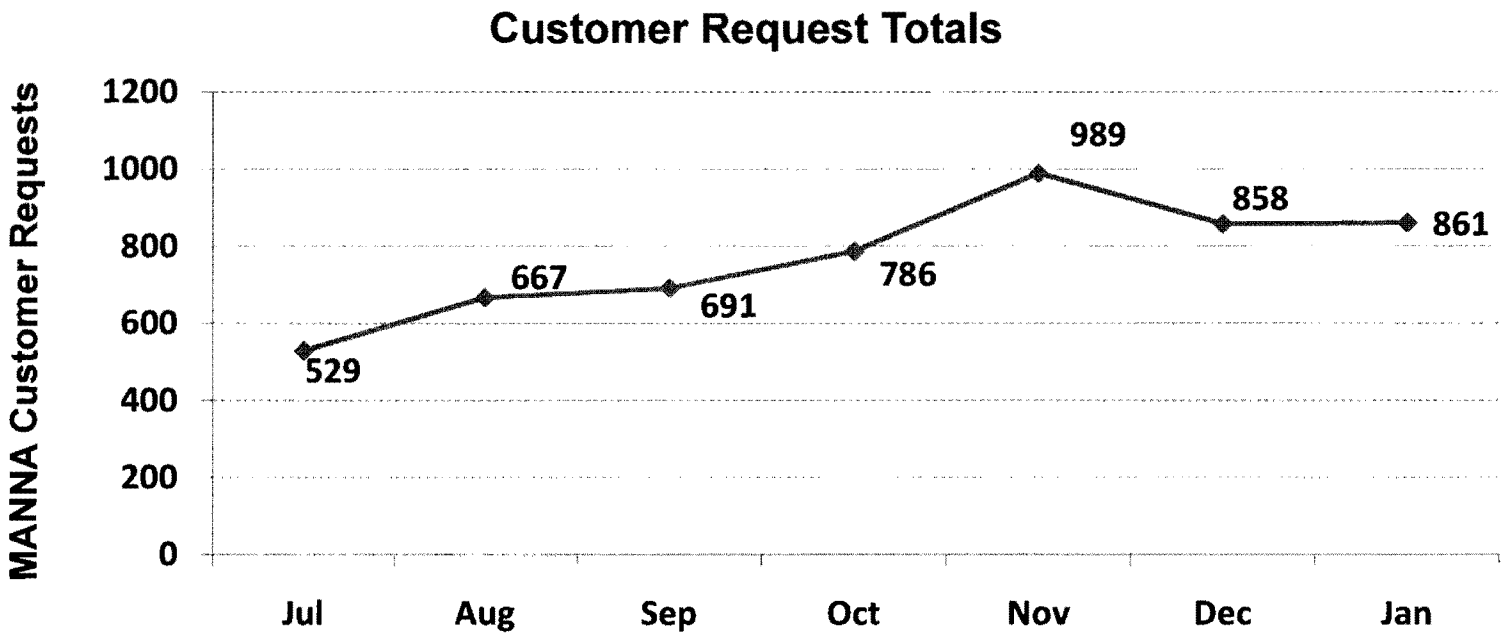
- If caller speaks Spanish or another language other than English, the CSR transfers customers to an HHS Tier II Customer Service Rep (CSR).
- HHS Tier II CSR will either speak to the person in their native language (Chinese and Spanish) or engage language interpretation services.
- HHS Tier II CSR determines Manna eligibility. No referral made if the customer is ineligible and the service request is closed.
- If customer has never been to Manna or they have not been to Manna within the last 30 days, the CSR asks for qualifying information.
- HHS Tier II CSR either calls in referral to Manna or faxes referral to Manna. If Manna notes that customer is ineligible because they have received a basket within the last 30 days – Manna will call the CSR who made the referral. The CSR then contacts customer to inform in ineligible status.
- The customer goes into Manna at the specified date and location to pick up food.

Process Flow Chart



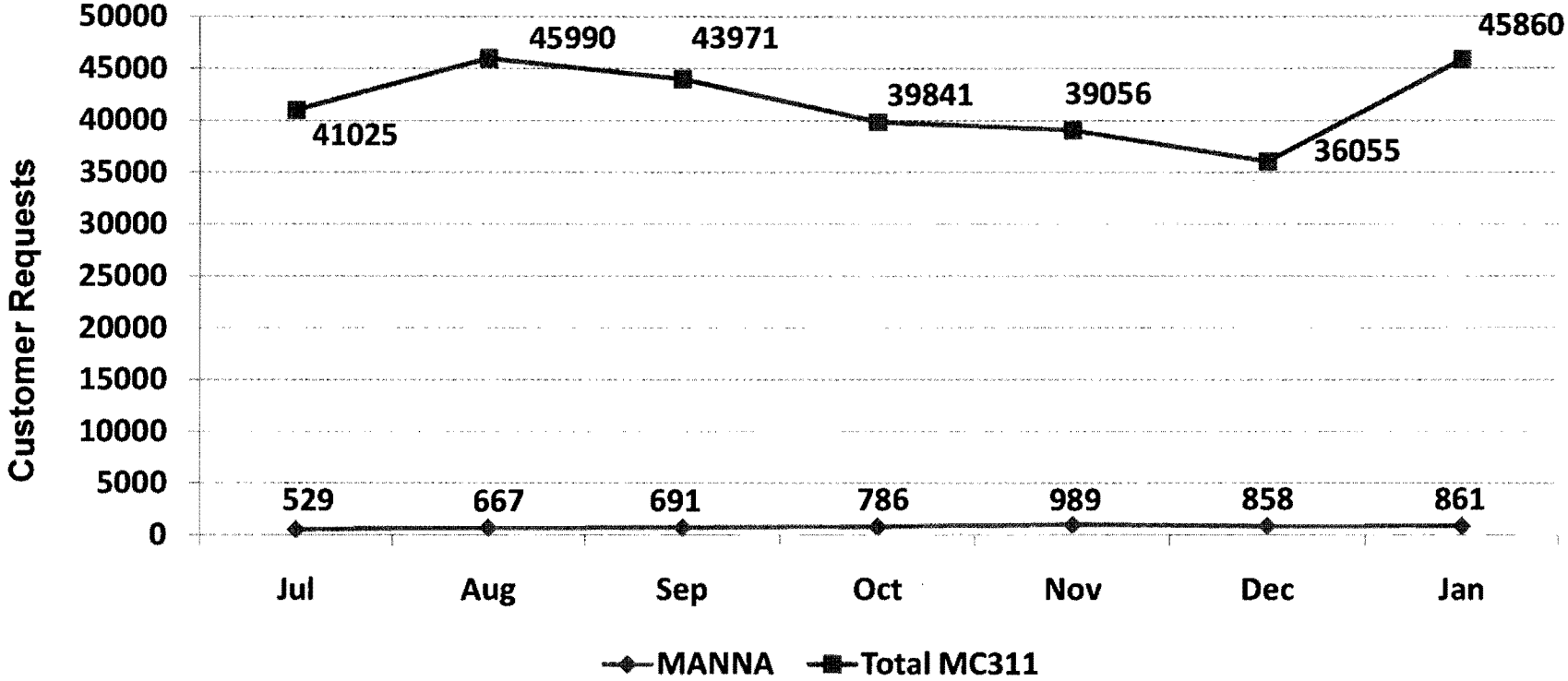
(77)

Manna Customer Request Totals



	July-Aug	Aug-Sep	Sep-Oct	Oct-Nov	Nov-Dec	Dec-Jan	July-Jan
Percent Change	26%	4%	14%	26%	- 13%	0.3%	63%

Manna Related Customer Requests as Percentage of Total MC311 Customer Requests



	July	Aug	Sep	Oct	Nov	Dec	Jan
Manna as Percent of Total	1%	1%	2%	2%	3%	2%	2%

Combined with Manna requests, HHS accounts for an average of 9% of all MC311 Customer Requests.

Customer Request Intake Method for HHS Related MC311 Customer Requests

Phone calls are the most frequent avenue for HHS-related Customer Requests

HHS Non-Manna	July	Aug	Sep	Oct	Nov	Dec	Jan	Grand Total
Internal	15	31	14	21	27	19	15	142
Phone	2,372	3,004	3,026	3,655	3,286	2,894	2,950	21,187
Web			1	2	4			7

Manna	July	Aug	Sep	Oct	Nov	Dec	Jan	Grand Total
Internal	1	2	3	1	3	2	4	16
Phone	528	665	688	785	986	856	857	5,365

(100)

Process for Closing HHS Service Requests

HHS feels the duration of their existing business practices necessitate the closure of tickets once the appropriate referral is completed.

- HHS closes service requests at the point that service is started or direct answer is provided to the customer.

  For example: A customer calls with a request for services. Once HHS receives the service request, they forward all necessary information to the appropriate HHS staff and then close the request.

	July	Aug	Sep	Oct	Nov	Dec	Jan
Average Service Requests Handled by HHS	217	212	220	248	328	246	257
Average Days to Close a HHS Service Request	5	2	1	1	1	1	0

Status of Existing HHS Phone Numbers

HHS currently has 50 advertised phone numbers (non-TTY) that are not forwarded to MC311.

- In some instances existing phone numbers, advertised on the HHS website, are no longer actively monitored and instead have a voice mail directing callers to dial 311.

  For example: If a customer calls the Immunization and Lead Outreach Line(240-777-1050), they receive a voice mail, in both English and Spanish, directing the caller to hang-up and call 311 to speak with a customer service representative.

	24 Hour Access	Separate Line Req'd by Law	Handles HIPAA Information	Actively Monitored by Call Taker	Staffed by Contractor*	Staffed by HHS*	Planned Migration to MC311
Number of HHS Phone Numbers with Identified Characteristic**	7	7	30	35	7	33	0

*These fields are not mutually exclusive. Some lines are staffed by both HHS staff and contractor staff.

**96% of phone lines reported data to CountyStat as of 2/18/2011.

102

HHS Reflections on Improving Existing Practice

- Gap in capacity to connect HHS consumers to Community Based Organizations - many HHS services are provided on contract with community partners or as a non-profit service offering. The HHS internal Information and Referral line provided information and referral both within County government and to community partners.
  - That capacity was lost in the move to MC311 which refers only within County government with the partial exception of MANNA food. HHS has no capacity to fill the gap and is therefore unable to provide this important customer service to callers. This is why having 211 capacity in Montgomery County is so important for HHS.

- MANNA food referrals are critical and time sensitive to low income families. MC311 handles Spanish referrals and HHS has a former I and R specialist handling the English speaking calls. When that individual is out of the office, HHS needs backup support from MC311 to cover MANNA calls.

HHS Reflections on Improving Existing Practice

- Track data to determine if more HHS related calls can be completed by MC311 as opposed to referring them back to HHS as service requests.

- Migrate only phone lines that have information and referral as the primary purpose.

- Engage Ms. Bell-Pearson in a review of current HHS related MC311 activities to ensure that we are compliant with privacy and confidentiality statutes

CountyStat Reflections on Improving Existing Practice

- Where appropriate, combine existing phone numbers by functional area in order streamline customer intake
- Create a strategy for migrating all eligible existing HHS phone numbers to MC311
- Determine appropriate level of effort for supporting non-governmental call volume
- Examine opportunities for expanding customer use of the MC311 web portal for leveraging HHS services

105

Wrap-Up and Follow-Up Items

2009 Annual Report excerpt

LETTER FROM **THE CHAIR**

Doing "more with less" is a palliative phrase. It conveys a "can do" will that accepts a tattered safety net. During the past year "budget adjustments" meant decreases in staff and dollars. The County 2008 alerts from State and local legislators were prescient, and we are cautioned that the problems caused by a down economy will worsen before getting better.

African Americans in Montgomery County, Maryland are at a greater risk of suffering the highest percentage of the most debilitating diseases and the greatest rate of death at an earlier age than people from other racial or ethnic groups.

Our core mission continues to expunge that disparity. We have realized that others seek relief from maladies that beset them; and we have welcomed the chances to work together to reduce the pernicious effects of poor health, wherever it exists. Dining Clubs for diabetics conducted through our effort attracted others. Learning to prepare and enjoy healthier foods while sharing the comradeship of others has encouraged the adoption of a self-directed course to manage a life threatening disease.

Currently we are planning, in concert with a segment of a local African community, to establish an additional Dining Club in order to expand this therapeutic mode for prospective members from their group.

Our Start More Infants Living Equally Healthy (S.M.I.L.E.) program was able to have set in play a multifunctional data system that increases the efficiency of our nurses who visit with mothers who are at high risk of delivering babies too soon and too small to thrive. Data is entered near actual time of the nurse case manager's contact and recalled on an as-needed basis, creating a currency of data.

One resource that has not been cut is resourcefulness. After reviewing our Advisory Body, a recruitment strategy was undertaken. The goal was to find and attract those who would bring skills to fit some of the gaps created by our losses in staff and dollars.

Teams have been organized to explore ways to better realize our objectives in realizing advancements in prevention of illness and sustenance of wellness; in embedding cultural competence as the criterion for provision of service; in exploiting available research regarding social determinants and their effects on health; and in securing and analyzing those data that exist (albeit, too often incoherent), and transmitting these data to produce information useful to our pursuit of trends that point to a reduction of the higher levels of morbidity and mortality among African Americans.

We appreciate the efforts made by our public and private funders to choose equity as the accepted measure of comparison for quantitative and qualitative determinations as budgets need to be "readjusted."

We are committed for the coming year to do more with "more"—choosing a revised definition of "more."

Arva J. Jackson

Arva Jackson
Chair, African American Health Program
Executive Committee

LETTER FROM **THE PROGRAM MANAGER**

It is hard to believe that 10 years have passed since the inception of the African American Health Program. AAHP had its genesis in the recognition of the soaring disparity in infant mortality between the Black and White populations of Montgomery County. Further investigation revealed significant disparities between Black and White residents of Montgomery County in a number of other conditions and diseases.

The African American community responded initially by forming community coalitions around four major conditions: infant mortality, HIV/AIDS, diabetes, and oral health, specifically oral cancer in men over 40 years of age, for which data demonstrated significant disparity. Subsequently, a fifth coalition was established to focus on cardiovascular diseases.

Since that time, AAHP has been a model for public-private partnership between the Montgomery County Department of Health and Human Services, which provides the majority of the funding; the community as represented by the AAHP Executive Committee and coalitions; and our program administrator, currently BETAH Associates, Inc.

As the national focus on health disparities has expanded, AAHP has been able to take advantage of new research and best practices which have emerged. While we have made some progress and achieved good outcomes in some areas, we recognize that our goal to eliminate health disparities may be limited by focusing only on conditions and diseases, addressing each health area independently, and not addressing fundamental underlying social determinants of health.

To that end we have developed a new strategic plan for the coming five years, which will broaden the scope of our services and activities and address in a more focused way some of the fundamental issues that impact these disparities.

The five areas of focus that we have identified, and into which we will subsume our successful activities, are:

1. Social Determinants of Health
2. Access to Culturally Competent Health Care
3. Wellness and Prevention
4. Community Involvement
5. Data Monitoring and Analysis

We expect that this new direction will enable us to serve all of our Black residents from throughout the African Diaspora in our effort to eliminate disparities in health for this population.

Thank you for your past support, and we ask for your continued support during this period of economic uncertainty.

Sincerely,

Brenda A. Lockley

Brenda Lockley
Program Manager, AAHP
Montgomery County Department of Health and Human Services

LETTER FROM **THE PROJECT DIRECTOR**

Dear Friends of the African American Health Program:

We are 10 years young this year! We at the African American Health Program have been working for 10 years to eliminate health disparities in the African American/Black populations of the County. Has the small staff of the program accomplished our goal? Not fully, but we are committed to working tirelessly and promoting health equity until we accomplish our goal of eliminating health disparities in the County. Some of the highlights of the 2009 fiscal year were:

- AAHP formalized a collaborative relationship with CASA of Maryland to provide health education and access to health care for newly arrived French-speaking African immigrants in Montgomery County. The program was named "Project Santé Pour Tous," which translates to "Health for All."
- AAHP worked with and provided guidance to five undergraduate and graduate level interns.
- AAHP took part in 106 community outreach activities, and reached more than 5,000 Montgomery County residents.
- On June 4, 2009, AAHP hosted its 10th Anniversary Call to Action Summit at the Universities at Shady Grove with 110 community members, AAHP staff, and friends of the program in attendance.
- On November 14, 2009, AAHP partnered with the Primary Care Coalition of Montgomery County and other community partners to host the second African Immigrant Health Fair which was held at Montgomery College in downtown Silver Spring.

It has been our privilege to provide health education, health care services, clinical referrals, and County resources to the community over the past 10 years. We invite you to join us and share your talents for the good of all. Go to our website, www.OneHealthyLife.org, at any time or call us directly at 301-421-5445.

Yours in health,

Darlene L. Coles, RN, BSN, MBA
Project Director
African American Health Program

HISTORY OF THE AFRICAN AMERICAN HEALTH PROGRAM

The African American Health Program was created in 1999 as the African American Health Initiative, under the auspices of the Department of Health and Human Services, to address health care disparities disproportionately affecting African Americans in Montgomery County. Community-based coalitions in the areas of infant mortality, diabetes, HIV/AIDS, oral health, and cardiovascular disease serve as the link to and from the community. The African American Health Program is guided by an executive committee made up of community leaders and representatives from each of the coalitions.

Early program projects were administered by the Academy for Educational Development. In 2002, the Department of Health and Human Services awarded the contract to administer the program to The People's Community Baptist Church in Silver Spring, which also operates a community clinic called The People's Community Wellness Center. Also in that year, the African American Health Initiative changed its name to the African American Health Program.

In April 2008, the African American Health Program began another chapter with the award of the program contract by DHHS to BETAH Associates, Inc. BETAH is a minority- and woman-owned consulting firm in Bethesda with over 20 years of experience in communications and outreach, conference and event management, information technology, and project management services. BETAH's mission is to improve the quality of life, health, safety, and education of vulnerable and hard-to-reach populations through innovative communications and management services.

Today, AAHP continues to provide the community with an essential public health service as it informs, educates, and empowers African Americans and people of African descent to address health issues impacting their lives, their families, and their communities. Beyond directing clients to existing clinics, AAHP has made outreach a cornerstone of its mission.

OUR VISION

African Americans and people of African descent in Montgomery County will be as healthy and safe as the rest of the population.

OUR MISSION

To eliminate health disparities and improve the number of years and quality of life for African Americans/Blacks in Montgomery County.

OUR GOALS

1. To raise awareness in the Montgomery County community about key health disparities.
2. To integrate African American health concerns into existing services and programs.
3. To monitor health status data for African Americans in Montgomery County.
4. To implement and evaluate strategies to achieve specific health objectives.

OUR STRATEGY

To bring together community partners and resources in a collaborative and efficient manner to support the goals of the African American Health Program.

PROGRAMS: **INFANT MORTALITY**

The African American Health Program's SMILE program (Start More Infants Living Equally Healthy) was developed in 2003 to address the disparity of infant mortality in the African American population of Montgomery County. Infant mortality is an important focus for AAHP because it represents one of the most glaring health disparities in the County.

The infant mortality rate is the number of infants who die before their first birthday per 1,000 live births. Infant mortality rate disparity is the ratio of the Black infant mortality rate compared to the White infant mortality rate. In Montgomery County, Black babies are dying at 3.4 times the rate of White babies (see table below).

The infant mortality rate is an important summary reflecting social, political, health care delivery, and medical outcomes in a geographic area.

In Montgomery County, the leading reason for infant mortality is prematurity and/or low birth weight. The goal of the AAHP infant mortality program is to reduce the number of premature and low birth weight babies born to African American women and women of African descent in the County. The program assesses high risk pregnancies and parenting. In addition, the program provides case management services, home visits, education, support groups, individual counseling, community referrals, and a breast pump loan program.

Infant Mortality Rate Disparity
Black vs. White, 2006-2008

Data provided by Advocates for Children and Youth: For every one White infant death in Maryland, the numbers below indicate how many Black infants died in the same period. LNE (Low Number Event) is a value of five or less events (deaths) in any three-year period and thus is not reported.

Maryland	2.6
Allegany	LNE
Anne Arundel	2.7
Baltimore City	2.8
Baltimore County	1.9
Calvert	LNE
Caroline	LNE
Carroll	LNE
Cecil	LNE
Charles	2.3
Dorchester	2.5
Frederick	2.9
Garrett	LNE
Harford	2.0
Howard	2.2
Kent	LNE
Montgomery	3.4
Prince George's	2.2
Queen Anne's	LNE
Saint Mary's	2.6
Somerset	LNE
Talbot	LNE
Washington	1.4
Wicomico	2.3
Worcester	LNE

To minimize spikes in the data due to small sample sizes, rates were calculated using three-year rolling averages. For example, 2006-2008 includes births and infant deaths in 2006, 2007, and 2008.

NURSE CASE MANAGEMENT

AAHP provided Registered Nurse case management services to 103 unduplicated clients. SMILE's clients are medically at-risk or high-risk pregnant women and infants up to 12 months of age who reside in Montgomery County.

HOME VISITS

A total of 1,530 home visits were made by the Nurse Case Managers to families enrolled in our SMILE program in all areas in Montgomery County.

COUNTY SUPPORT PROGRAM REFERRALS

AAHP made 671 referrals to other Montgomery County services and programs for assistance with food, housing, baby furniture, mental health needs, etc.

LACTATION CONSULTING/BREAST PUMP LOAN PROGRAM

An April 1996 report from the Centers for Disease Control and Prevention found that African American mothers, who are less likely than White or Latina women to breastfeed, have reversed that trend and are now doing so in impressive numbers. Sixty-five percent of Black women have nursed their infants at some point. This compares to a 36% rate 14 years ago. Still, only 20% of Black mothers reach the government's target goal of exclusively breastfeeding when their infants are six months old.

Studies show that babies who are exclusively breastfed for six months are less likely to develop ear infections, diarrhea, and respiratory illnesses. They may also be less likely to develop childhood obesity.

During each quarter of FY09, all 34 of the program's breast pumps were in use each month, with a wait list in place. Mothers were required to show proof of a negative HIV test or be willing to get tested by the SMILE nursing staff before being allowed into the breast pump loan program. During the fiscal year, 58 mothers breastfed, which represents 50% of postpartum mothers in the program. In addition, 80% of these SMILE mothers breastfed for six months or more.

CHILDBIRTH EDUCATION SERIES/LACTATION EDUCATION SERIES

AAHP, whose nurses are certified in childbirth education and/or lactation counseling, developed a comprehensive, bi-annual, six-hour childbirth education and breastfeeding course in June 2007. These classes are offered to the residents of Montgomery County free of charge. Classes were held twice in FY09.

2008

October 13 and 15: Childbirth and Lactation Consulting Class series—34 pregnant women.

October 22 and 23: Childbirth and Lactation Consulting Class series—20 pregnant women.

2009

June 15 and 16: Childbirth and Lactation Consulting Class series—25 pregnant women.

June 22 and 23: Childbirth and Lactation Consulting Class series—23 pregnant women.

The three classes ran for two hours on each evening. The classes were interactive and informative as they prepared the mom-to-be and her partner for the birth experience and the early weeks of parenthood. The curriculum included:

- The Anatomy and Physiology of Pregnancy
- Signs and Symptoms of Pregnancy
- Fetal Growth and Development
- Signs and Symptoms of Preterm Labor
- Special Circumstances in Pregnancy
- The Bradley Childbirth Method
- Prenatal Belly Dancing Session
- True Labor vs. False Labor
- Phases and Stages of Labor
- What Happens in the Hospital
- Vaginal and Caesarean Delivery

(113)

- A "Just for Dads" breakout session
- Breast Feeding Positioning and Latching On
- Procedures Performed on the Baby After Birth
- Newborn Care at Home
- Safe Kids of Montgomery County (car seat safety and new car seat laws)

FREE PACK-AND-PLAY CRIBS TO NEEDY MOMS

Sudden infant death syndrome (SIDS) is the leading cause of post neonatal mortality in the United States, where approximately 3,000 infants die each year from SIDS. In most cases, infants appear healthy before succumbing to SIDS. Great progress has been achieved in understanding SIDS and reducing the number of deaths caused by this tragic disorder. Less than a decade ago, almost twice as many American infants were dying of SIDS than is the case today.

Although SIDS rates have declined in all populations throughout the United States during the last decade, disparities in SIDS rates and in the prevalence of risk factors remain evident in certain groups. The SIDS rate among American Indians (1.5 per 1,000) and African Americans (1.4 per 1,000) remains more than twice that of Whites (0.6 per 1,000). In contrast, infants born to Hispanic and Asian or Pacific Islander mothers have among the lowest SIDS rates (0.4 per 1,000).

Source: CDC Office of Minority Health and Health Disparities, February 2004

The African American Health Program provided free pack-and-play cribs to 60 mothers in 2009, in an effort to promote safe sleeping environments for infants. All babies, regardless of sleep location, should be positioned on their backs for sleep. In addition, infants should sleep in their own sleeping space, such as a crib, bassinet, portable crib or sidecar, in the same room with the parent(s) during the early months.

Source: www.cdc.gov

REPRODUCTIVE HEALTH AND SEXUALLY TRANSMITTED DISEASE EDUCATION

In addition to the SMILE program, reproductive health and STD education are other important aspects of the Infant Mortality Unit. During the fiscal year the nurses taught 11 classes in the community, reaching over 650 teens or pre-teens:

- Holy Cross Hospital Babies R Us Fair
- Springbrook High School
- NAACP Tri-County Health Workshop
- Kennedy High School
- Blair High School
- Blake High School
- YMCA "Go Girls" Teen Group
- Sophia House
- Paint Branch High School
- Washington Hospital Center ICAP TEEN Parent Conference
- Collaboration Council "Month of the Young Child" Workshop

INFANT MORTALITY PROGRAM ACCOMPLISHMENTS

The African American Health Program is proud to report an infant mortality rate of 0 per 79 live births for all infants enrolled in the program in FY09.

Number of clients including pregnant, postpartum, or high-risk infants	**103**
Number of home visits	**1,530**
Number of term deliveries	**79**
Number of pre-term deliveries	**4**
Number of low birth weight infants	**4**
Number of very low birth weight infants	**0**
Number of referrals to County agencies	**671, a 46.2% increase over FY08**
Number of infant mortalities	**0**

PROGRAMS: **DIABETES**

AAHP provides free education classes to those suffering with or trying to prevent diabetes, which affects the African American community in higher prevalence rates and higher rates of complications. It is primarily a self managed disease, yet the information needed to manage blood sugar and prevent complications is not always provided through routine primary care, thus leaving individuals at increased

risk for serious complications, such as heart disease, strokes, lower limb amputation, blindness, and kidney failure.

During FY09, AAHP staff delivered 1,248 hours of free diabetes education to 129 new and 32 repeat class participants.

The need for greater opportunities for culturally appropriate diabetes self management classes is well documented in the AAHP class data. Outcomes for the classes show gains in the knowledge needed to control blood sugar, weight loss or maintenance, and evidence of changes in behavior, such as increased blood glucose monitoring and confidence in doing it, more physical activity, and greater consumption of fruits and vegetables. Classes focus on these healthy lifestyle behaviors and empower individuals to seek appropriate preventive and adequate health care for diabetes.

DIABETES DINING CLUBS

The Diabetes Dining Clubs are the support system for African Americans and Black immigrants with diabetes, and they are truly changing lives. Self reported changes of behavior are documented on the evening evaluations, and frequency data show an increase in fruit and vegetable consumption and physical activity for many members. Nightly conversations where club members refer to themselves as people who think about health indicate real internalization of the health messages promoted through the clubs.

The Diabetes Dining Club program is grateful to the three churches—Goshen United Methodist Church, Mt. Calvary Baptist Church, and Colesville United Methodist Church—that hosted the dining clubs throughout the year. The clubs successfully reached our target audience and delivered 840 hours of instruction.

The following table lists the learning topics and physical activities presented during the year:

MONTH	LEARNING TOPIC	PHYSICAL ACTIVITY
July 2008	Glucose Monitors	Zumba Gold
August	Cardiac Rehabilitation	(Led by Exercise Physiologist)
September	Spices and Herbs by Chef Gayle	Chair Dancing
October	Sick Day Care	Chair VolleyBall
November	Planning a Healthy Holiday Party	Dancing
March 2009	Physical Toll of Stress	Yoga
April	Skin Care	Dancing with Inger
May	Over the Counter Meds	Square Dancing
June	Healthy BBQ's and Changing Family Norms	Chair Volleyball

These are just a few topics of the American Association of Diabetes Educator's 7 Self Care Behaviors that people with diabetes need to know to maximize their chances of staying healthy and avoiding complications. Healthy eating, monitoring, being active, avoiding complications, healthy coping, medications, and problem solving (the AADE 7) each have a myriad of self care tasks that require some knowledge base to form goals and achieve success. Club members continually learn from the club, the resources provided, and from each other.

OUTCOMES

The outcomes for the dining clubs are based on the positive behavior changes made by the group. For all clubs combined, where matched sets of data are available, a comparison of initial data obtained at the first club night to data collected for FY09 Qtr 4 shows that 43% increased fruit and vegetable consumption, 81% had a higher knowledge score, 79% engaged in more physical activity, and 32% had some weight loss. All of these are behaviors that will keep club members more healthy.

PARAMETER	NUMBER ASSESSED	IMPROVED	STAYED THE SAME	REGRESSED	AVERAGE PRE	AVERAGE POST
Fruit and Veg Consumption	23	10 (43%)	6	7	4.2	4.5
Knowledge Score	27	22 (81%)	3	2	3.8	5.7
Days of Physical Activity	29	23 (79%)	3	3	2.8	4.3
Weight Change	38	12 (32%)	4	22	206.9	205.4

1:1 DIABETES COUNSELING

The AAHP Certified Diabetes Nurse Educator provides one-on-one counseling sessions with clients referred from the diabetes education classes, The People's Wellness Center, and school nurses within the Montgomery County school system. Her main area of focus is to assist clients with developing individualized treatment, nutrition, and exercise plans, and to help them lower or stabilize their blood sugar levels. In 2009, AAHP provided individual education and counseling to 51 clients.

DIABETES PROGRAM ACCOMPLISHMENTS

- 11 diabetes class sites
- 3 Diabetes Dining Clubs
- 163 clients enrolled in diabetes classes
- 840 hours of diabetes instruction
- 51 clients provided with education counseling

PROGRAMS: **HIV/AIDS**

Of all racial and ethnic groups in the United States, African Americans have been hit the hardest by HIV and AIDS. Montgomery County has the third highest number of new HIV infections in the state after Baltimore City and Prince George's County. In cases reported through December 31, 2007, 227 individuals tested positive on HIV

tests and 59% of these were African Americans. Montgomery County HIV infection data by gender shows more males with HIV infection than females (57% vs. 43%).

More than 50% of new infections in the County are in the 20-39 year age range. The most frequent modes of transmission in the state and County are heterosexual transmission, intravenous drug users (IDU), and men who have sex with men (MSM), in that order.

Source: http://www.dhmh.state.md.us/AIDS/Data&Statistics/prof1207montg.pdf

HIV testing is recognized as a very important weapon in the arsenal to combat HIV/AIDS. Testing is provided on a bi-monthly basis at The People's Community Wellness Center. In addition, AAHP provided HIV testing and post-test counseling throughout the County during year-round health fairs and on nationally recognized days promoting HIV awareness and prevention. Examples of these days include:

- World AIDS Day
- National Black HIV AIDS Awareness Day
- National HIV Testing Day
- National Women and Girls HIV/AIDS Awareness Day

A few examples of the sites where HIV testing and counseling services were provided include:

- The Montgomery County Dennis Avenue Clinic
- Takoma Park Campus of Montgomery College
- Bethel World Outreach Church
- Avery House for Women
- U.S. Health and Human Services Parklawn Building
- The People's Community Wellness Center

WOMEN'S EMPOWERMENT PROGRAM

AAHP engaged Lorece Edwards, PhD, to organize a program to engage at-risk heterosexual women in an interactive prevention effort to reduce the risk of HIV. The program is designed to provide information and education about HIV/AIDS and skill building in negotiating. This contract called for development of an intervention and education program for 220 African American heterosexual females, encouragement of participants to establish their own support groups, and evaluation of the effectiveness of the program through the use of pre and post surveys. Dr. Edwards achieved the goals of the contract by reaching 247 women for FY08, 12% more than the contract requirement.

LET'S TALK MAN TO MAN PROGRAM

Let's Talk Man to Man was run by Christopher King, a Doctor of Public Health candidate. Mr. King's responsibilities included organizing and conducting a training and HIV prevention education program for 125 African American heterosexual males, encouraging and empowering the trained males to reach out to an additional 125 African American males for a total of 250. It was also the responsibility of this contractor to evaluate the effectiveness of the outreach training program through the use of before and after questionnaires. The contractor succeeded in providing HIV/STD education and outreach to 205 men.

MONTGOMERY COUNTY DETENTION CENTER – WIGO SERIES

The WIGO (When I Get Out) series is an eight-week comprehensive HIV/STD educational series developed by Dr. Bola Idowu of the HIV/AIDS Unit of AAHP. The HIV/STD prevention/awareness class was developed for inmates who were soon to be released from prison. Twenty inmates participated in the WIGO program in 2009.

HIV/AIDS PROGRAM ACCOMPLISHMENTS

- The AAHP provided HIV testing for 218 community residents.
- There was one preliminary HIV positive client who was provided counseling and repeat testing.
- The AAHP provided HIV education to more than 670 Montgomery County residents.
- The WIGO program was developed by Dr. Bola Idowu, HIV Services Coordinator.

PROGRAMS: **CARDIOVASCULAR HEALTH**

Heart disease and stroke remain the leading causes of death for Blacks in the United States. Overall, minority and low-income populations have a disproportionate burden of death and disability from cardiovascular disease (CVD). African Americans have the highest rate of high blood pressure of all groups, and they tend to develop it at a younger age (National Center for Health Statistics, 1997).

Studies have shown that socioeconomic status, reflected in income and education, underlie a substantial portion, but not all, of the higher rate of heart disease in minority populations (National Heart, Lung, and Blood Institute, 1995). The strategy of AAHP in combating CVD is to educate our clients. Studies show that modifying risk factors offers the greatest potential for reducing death and disability from heart disease. The education provided by AAHP staff addresses management of high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity.

During FY09, 512 individuals were screened for pre-hypertension and hypertension at the many events attended by AAHP staff. Blood pressures were taken during AAHP Diabetes Classes, Diabetes Dining Clubs, the SMILE program, smoking cessation events, clinics, and fitness and nutrition classes.

THE HEALTH FREEDOM WALK

Another offering of the cardiovascular portion of AAHP was the Health Freedom Walk. The 5th Annual Montgomery County Health Freedom Walk: A Path to Wellness, held in partnership with the Community Health Monitoring and Awareness Program (C.H.A.M.P.) of Baltimore City, was held on June 13 at the Rural Legacy Trail at Woodlawn Manor in Sandy Spring. This year's walk saw an 11.3% increase in participants over last year, with 148 people taking part. A large contingency of volunteers helped make the event successful and memorable.

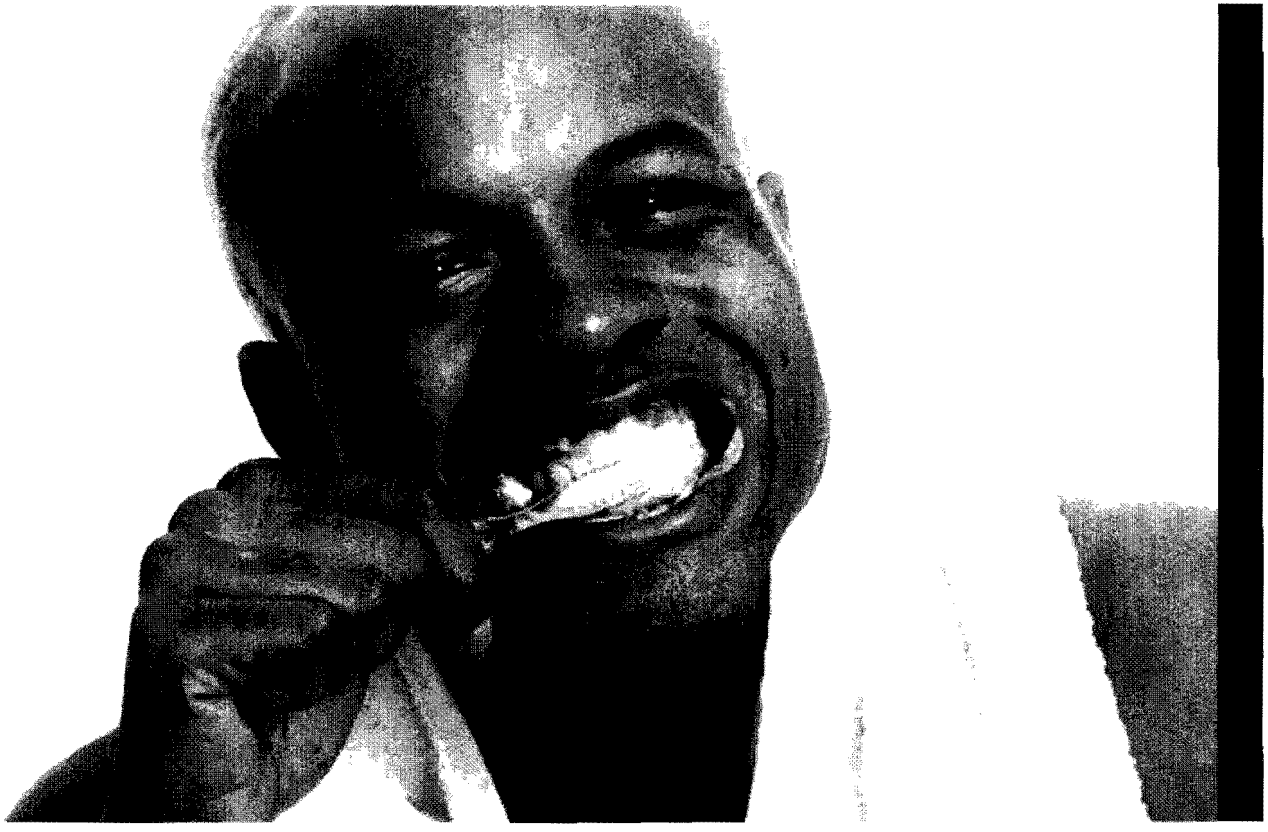
TOBACCO CESSATION

The Tobacco Prevention and Cessation Program is funded through the Maryland Cigarette Restitution Fund. Project Manager Meagan McHugh awarded AAHP an unsolicited grant for smoking cessation efforts. From these funds, $5,000 were used to co-sponsor the presentation "Follow the Signs—How Big Tobacco Targets the African-American Community" at the Rockville Public Library on February 11. In addition, information about the danger of smoking is a part of the childbirth education curriculum.

CARDIOVASCULAR PROGRAM ACCOMPLISHMENTS

- 512 blood pressure meaurements were taken at Montgomery County community events.
- There were 148 attendees at the Annual Health Freedom Walk—an 11.3% increase over FY08.
- The AAHP served 120 County residents at the Annual Heart Health Symposium co-sponsored with Holy Cross Hospital.

PROGRAMS: **ORAL HEALTH**



An individual's oral health is connected to many other health conditions beyond the mouth. Sometimes the first sign of disease or illness shows up in the mouth. In other cases, infections in the mouth, such as gum disease, can cause problems in other areas of the body.

Some of the diseases and conditions that may be linked to poor oral health are:

- Cardiovascular disease .
- Premature birth.
- Difficulty managing blood sugar in people with diabetes.
- Osteoporosis. The first stages of bone loss may appear in your teeth.

Some of the oral health disparities that exist include the following:

- Overall. Non-Hispanic Blacks, Hispanics, and American Indians and Alaska Natives generally have the poorest oral health among racial and ethnic groups in the United States.
- Children and Tooth Decay. The greatest racial and ethnic disparity among children age 2–4 and 6–8 is seen in Mexican American and non-Hispanic Black children.
- Adults and Untreated Tooth Decay. Non-Hispanic Blacks and Mexican Americans age 35–44 experience untreated tooth decay nearly twice as much as non-Hispanic Whites.
- Tooth Decay and Education. Adults age 35–44 with less than a high school education experience untreated tooth decay and destructive gum disease at rates nearly three times those of adults with at least some college education.
- Adults and Oral Cancer. The five-year survival rate for oral pharyngeal (throat) cancers is significantly lower among Black men in comparison with Whites (36% versus 61%).

DID YOU KNOW.....? ORAL HEALTH CAMPAIGN

AAHP's "Did you know.....?" oral health campaign wove oral health education into all the areas of AAHP outreach. The program focused on oral health messages that applied to all age groups. AAHP distributed kits with a toothbrush, floss, and toothpaste with an attached magnet, which had information about how oral health affects pregnancy, diabetes, etc. The kit also listed oral health resources throughout the County.

ORAL HEALTH UNIT ACCOMPLISHMENTS

- 1,125 oral health kits were distributed in 2009, a 12.5% increase in County residents reached over 2008.

PROGRAMS: **CANCER**

African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined, as well as most major cancers. The year 2008 was the fourth year of AAHP's partnership with Maryland's Minority Outreach and Technical Assistance (MOTA) grant through the Maryland Cigarette Restitution Fund Program. Holy Cross Hospital serves as the lead agency and collaborates with the African American Health

Program, the Latino Cancer Program, the Asian-American Health Initiative, and the Native American Coalition to raise awareness about breast, colorectal, and lung cancer through the use of the Health Promoters Model.

AFRICAN AMERICAN COMMUNITY-BASED HEALTH PROMOTERS PROGRAM

The African American Health Promoters Program is an innovative approach to amplifying the AAHP community outreach efforts. It uses a network of grassroots individuals (Health Promoters) who are trained to identify African Americans and individuals of African descent who live in Montgomery County and have risk factors for various health disorders. The goal of the Health Promoter program is to "Promote the improvement of the health care status of African-Americans and individuals of African descent who live in Montgomery County by participating in and facilitating health education, disease prevention, and health promotion activities, as well as provide links to screening, treatment, and care as needed. The AAHP had 32 Health Promoters for FY09.

The health disorders that are addressed include diabetes, HIV, high blood pressure, infant mortality, and cancer. Those at risk are referred to free or low-cost health care services available in Montgomery County. Health Promoters also help to inform the community about the need for early detection and screenings for breast, cervical, lung, prostate, oral, and colorectal cancer. This program is funded by a MOTA grant through Holy Cross Hospital.

Although deaths caused by breast cancer have decreased among White women, African American women continue to have higher rates of mortality from breast and cervical cancer. According to a study conducted by the National Cancer Institute, African American women are more likely to die from breast cancer than Caucasian women, although Caucasian women contract the disease at a much higher rate. The AAHP referred 67 women for free mammograms to Holy Cross Hospital and the Montgomery County Cancer Crusade program.

Men in African American populations have more cancers of the lung, prostate, colon, and rectum than do White men. Overall, African Americans have more malignant tumors and are less likely to survive cancer than the general population. During the past year, more than 3,000 individuals were made aware of the need for early detection and available screening resources for breast, colorectal, prostate, and lung cancer.

The free trainings for each Health Promoter included an orientation, Health Insurance Portability and Privacy Act (HIPAA) guidelines, cancer 101, blood pressure measurement, smoking cessation coaches training, CPR, and various health-related classes. These trainings were provided by AAHP and Holy Cross Hospital as part of MOTA.

Health Promoters met monthly to plan and strategize about how to reach the community and what information needed to be communicated.

SNAPSHOT OF CANCER UNIT ACCOMPLISHMENTS

- During the FY09 reporting period, AAHP participated in 61 community outreach events.
- Cancer and tobacco cessation information was provided to 3,937 men and women.
- A total of 132 Montgomery County residents were referred for breast, colorectal, and cervical cancer screening to the local health department, Montgomery Cares clinics, and Holy Cross Hospital.

MARKETING AND PUBLIC RELATIONS

AAHP has embraced new media as a way of furthering our reach into the community. During FY09, the AAHP launched a Facebook page and a MySpace page. In addition, the AAHP website, www.OneHealthyLife.Org, was re-designed to be more informative and user friendly.

AAHP PUBLICATIONS

"One Healthy Life" newsletter—AAHP distributed more than 1,000 copies of the quarterly newsletter electronically, by direct mail, and at community outreach events.

1. Service Brochure
   5,000 copies were distributed at community outreach activities, presentations, and meetings

2. Annual Report FY08
   500 hard copies were distributed, and approximately 200 copies were distributed electronically

3. SMILE Infant Mortality Program Brochures
   1,000 copies were distributed

4. 2009 Calendar
   1,000 copies were distributed

5. AAHP Newsletter
   500 hard copies were distributed County wide, and approximately 200 copies were distributed electronically

MINI-GRANT AWARDS

In an effort to expand our efforts in the community, AAHP awarded mini-grants to the organizations listed below. This program enabled AAHP to reach over 700 additional Montgomery County residents.

AFRICAN AMERICAN HEALTH PROGRAM FY09 MINI-GRANT AWARDEES

ORGANIZATION	NUMBER OF PARTICIPANTS	PROJECT DESCRIPTION	TARGET AREA
Mental Health Association of Montgomery County (MHA) Mothers Offering Maternal Support Program (MOMS)	59	Educational meetings on vital health-related topics geared specifically toward prenatal women and new moms.	Infant Mortality
Mt. Jezreel Community Development Corporation	25	The Healthy Temple Ministries conducted a 14-week lifestyle program. Each session consisted of one hour of nutritional information and one hour of exercise.	Obesity/Physical Activity
Emmanuel Brinklow Seventh Day Adventist Church	25	Plus Fifteen—An approach to high blood pressure control.	Cardiovascular
Catholic Community Services Montgomery County Family Center	202	"Eating Healthy With Patti Labelle": Healthy eating and cooking classes that met weekly for six weeks.	Nutrition
Housing Opportunities Community Partners, Inc.	20	Bicycle Program: A nine-week health and fitness series for children with bicycle riding as the basis of the program.	Obesity
African American Mental Health	366	Twenty-one mental health workshops conducted throughout the County.	Mental Health
Mount Calvary Baptist Church	50 HIV/STD screenings completed	HIV/AIDS Awareness Sunday was held on Sunday, December 7, 2008. The day included an early morning service with a sermon on a Christian response to HIV, an HIV/AIDS Prayer Breakfast providing vital information about the prevention of HIV/AIDS for the Church and the community, and a youth orientation session in the afternoon.	HIV/AIDS
The Fit Solution	90	"Celebrating the Health Lifestyle," a fitness and nutrition workshop series.	Obesity and Physical Activity

AFRICAN AMERICAN HEALTH PROGRAM FY09 MINI-GRANT AWARDEES (CONTINUED)

ORGANIZATION	NUMBER OF PARTICIPANTS	PROJECT DESCRIPTION	TARGET AREA
Sharp Street United Methodist Church	16	The Get Fit Classes consisted of bi-weekly exercise sessions that lasted 1½ hours each. In addition, a mental health workshop was conducted that addressed overeating.	Obesity
LoJa Health Specialists, Inc.	13	Teen peer educators were trained to teach HIV/AIDS awareness and prevention.	HIV/AIDS
International Minority Affairs Cooperative	35	Two workshops on obesity education and prevention. These sessions were to focus on children and their families from HOC Housing.	Obesity
National Council of Negro Women Montgomery County	75	"Planting the Seeds of Health": Community gardens planted with five partner churches to combat obesity and help to ward off diabetes.	Obesity

FUNDING

GRANTS RECEIVED

- **Holy Cross Hospital**
  Minority Outreach and Technical Assistance Program (MOTA): $18,783 for cancer outreach and prevention
- **Holy Cross Hospital**
  Mammogram Assistance Program Services: $7,762

PRIVATE DONATIONS

- A Montgomery County community member, who wishes to remain anonymous, awarded $1,000 to the SMILE program.

- Alpha Kappa Alpha Sorority, Inc. of Montgomery County

The African American Health Program is funded by the Montgomery County Department of Health and Human Services and administered by BETAH Associates, Inc.

African American Health Program

14015 New Hampshire Avenue
Silver Spring, MD 20904
240-777-1833
www.onehealthylife.org

The African American Health Program is funded by the Montgomery County Department of Health and Human Services and administered by BETAH Associates, Inc.

MARYLAND

Maryland Vital Statistics

Infant Mortality in Maryland, 2009

July 2010

FAST FACTS

- Maryland's infant mortality rate was 7.2 per 1,000 live births in 2009, 9.7% lower than the 2008 rate of 8.0.
- Although the mortality rate for white infants declined significantly between 2008 and 2009, the rate increased for black infants.
- Overall infant mortality rates decreased significantly in 2009 in Frederick and Anne Arundel Counties.
- The leading causes of infant death were low birth weight, congenital abnormalities and SIDS.
- The infant mortality rate has fallen more rapidly over the past 10 years among white infants than among black infants.
- Garrett and Prince George's Counties are the only jurisdictions in the State where infant mortality rates declined significantly over the past decade.

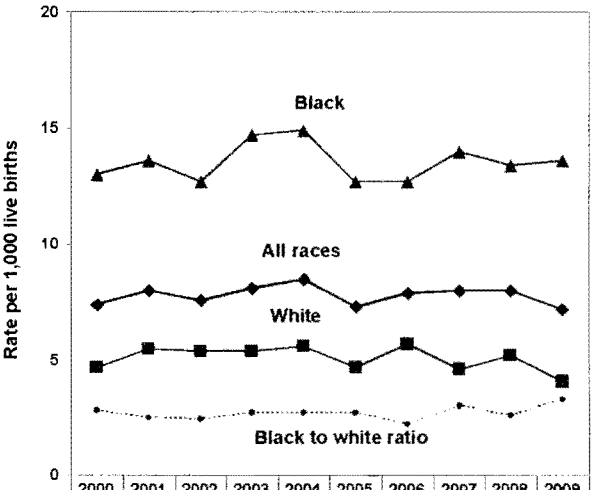
Trends

The infant mortality rate in Maryland fell to 7.2 per 1,000 live births in 2009, the lowest rate ever recorded in Maryland and 9.7% lower than the 2008 rate of 8.0 per 1,000 live births. A total of 541 infants died in 2009 compared with 617 in the year before. There were 177 deaths among infants born to white women, 343 deaths among infants born to black women, 19 deaths among infants born to Asian women, and 29 deaths among infants born to women of Hispanic origin, who may be any race.

The decline in the overall infant mortality rate was due to a 20.6% decline in the white infant mortality rate, which fell from 5.2 per 1,000 live births in 2008 to 4.1 per 1,000 live births in 2009. Although the 2009 white infant mortality fell to its lowest recorded rate in 2009, the black infant mortality rate increased from 13.4 in 2008 to 13.6 in 2009. The infant mortality rate was 3.2 per 1,000 live births among Asians and 3.1 per 1,000 live births among Hispanics.

Despite the large decline in infant deaths in 2009, infant mortality rates have fallen only slightly in Maryland over the past decade. The rate fell from an average of 7.9 per 1,000 live births in the years 2000-2004 to an average of 7.7 in the years 2005-2009, a 3.1% decline. While the average rate for whites fell from 5.3 to 4.9 during this time period, an 8.2% decline, the average rate for blacks declined by only 4.8%, from 14.0 to 13.3. Only the decline among white infants was statistically significant. The black to white infant mortality ratio has been rising in recent years, and reached a high of 3.3 in 2009.

Figure A. Infant Mortality Rates by Race and Black to White Ratio, Maryland, 2000-2009.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
All races	7.4	8	7.6	8.1	8.5	7.3	7.9	8	8	7.2
White	4.7	5.5	5.4	5.4	5.6	4.7	5.7	4.6	5.2	4.1
Black	13	13.6	12.7	14.7	14.9	12.7	12.7	14	13.4	13.6
Ratio	2.8	2.5	2.4	2.7	2.7	2.7	2.2	3	2.6	3.3

Age at Time of Death

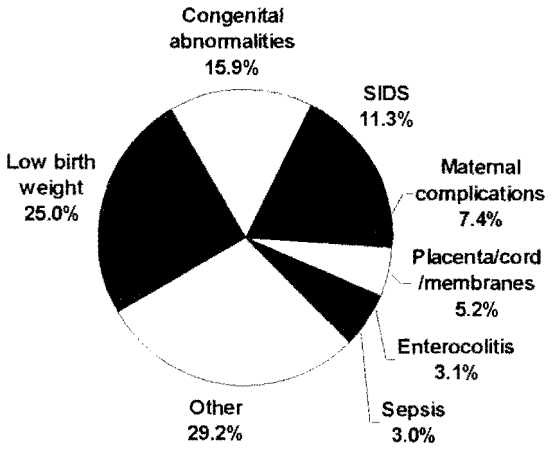
The neonatal mortality rate (deaths to infants under 28 days of age per 1,000 live births) fell from 5.8 in 2008 to 5.1 in 2009, a 12.0% decline. This was the result of a 21.8% decline in the white neonatal mortality rate, which fell from 3.6 in 2008 to 2.8 in 2009. In contrast, the black neonatal mortality rate fell only slightly, from 9.9 in 2008 to 9.8 in 2009. Between 2000-2004 and 2005-2009 the average white neonatal mortality rate fell by 9.8%, from 3.9 to 3.5, while the average black neonatal mortality rate fell from 10.1 to 9.6, a 4.5%

decline. Although the overall postneonatal mortality rate (deaths from 28 days through 11 months of age per 1,000 live births) remained unchanged between 2008 and 2009 at 2.1 per 1000 live births, the white postneonatal mortality rate fell from 1.5 to 1.2, a 17.5% decline, while the black rate increased from 3.5 to 3.8, a 6.9% increase. The overall postneonatal mortality rate changed minimally over the past decade, declining from a rate of 2.2 in the period 2000-2004 to a rate of 2.1 in the period 2005-2009. The average rate of decline during these two time periods was approximately 4% for both white and black infants.

Causes of death

The three leading causes of infant death in 2009 were disorders relating to short gestation and unspecified low birth weight (low birth weight), congenital abnormalities, and sudden infant death syndrome (SIDS) (Figure B). In rank order, congenital abnormalities, low birth weight and SIDS were the three leading causes of death among white infants, while low birth weight, SIDS and congenital abnormalities were the three leading causes of death among black infants. Death rates fell between 2008 and 2009 for all leading causes of death.

Figure B. Leading Causes of Infant Death, Maryland, 2009.



Cause-specific mortality rates continue to be higher for black infants than white infants for all leading causes of death. Compared with white infants, black infants were seven times more likely to die in 2009 as a result of bacterial sepsis, five times more likely to die as a result of low birth weight and complications of the placenta, cord and membranes, and four times more likely to die as a result of SIDS, maternal complications of pregnancy, and complications of the placenta, cord and membranes.

An 8.6% drop in the percentage of white infants weighing less than 1500 grams,—including a 28% drop in the percentage weighting under 500 grams—appeared in large part to be responsible for the drop in the overall infant mortality rate. In contrast, the percentage of black infants weighing less than 1500 grams fell by less than 1%, and the percentage of black infants weighing under 500 grams increased by 16%.

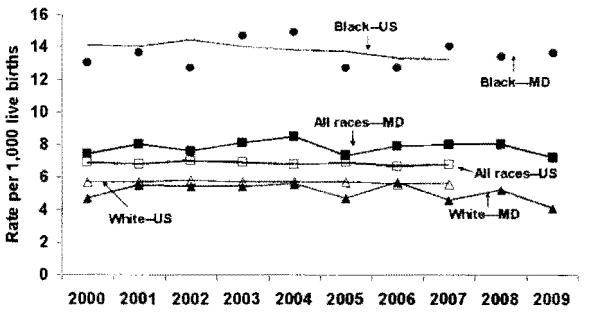
A 10% drop in the percentage of births resulting from multiple gestation pregnancies is likely to have contributed to the reduction in very low birth weight infants since the majority of these infants are born prematurely. Declines in the percentage of births to two other high risk groups—teens under 18 years of age, and women over the age of 20 who completed fewer than 12 years of education—are also likely to have contributed to the improvement in pregnancy outcomes.

Comparison of rates in Maryland and the United States

Maryland's infant mortality rate for all races combined has historically been higher than the national rate, mainly because the Maryland population is comprised of a higher proportion of black residents, a group with generally higher infant mortality rates than whites. Consequently, the overall infant mortality rate is higher in Maryland than in the United States even though race-specific rates have often been lower in Maryland than in the U.S. (Figure C).

In 2007, the most recent year for which national data are available, the U.S. infant mortality rates for all races, whites and blacks were 6.8, 5.6 and 13.2, respectively, compared with rates in Maryland of 8.0, 4.6 and 14.0.

Figure C. Infant Mortality Rate by Race, Maryland and U.S, 2000-2009.



Regional and county differences

The number of infant deaths and infant mortality rates by race, region and political subdivision are shown in Table 1. There were several statistically significant changes between 2008 and 2009. In the Northwest area, the overall infant mortality rate fell from 7.6 to 4.4 per 1,000 live births, a 42.2% drop. Within this region, the infant mortality rate declined significantly in Frederick County.

The Northwest and Baltimore Metro areas, as well as Anne Arundel County, showed statistically significant declines in their white infant mortality rates between 2008 and 2009. The black infant mortality rate declined significantly in Prince George's County.

Maryland's average infant mortality rate declined by a modest 3.1% between the periods 2000-2004 and 2005-2009, with statistically significant declines occurring only in Garrett and Prince George's Counties (Table 2). Although the increases were not statistically significant, rates have risen in numerous jurisdictions of the State between these two time periods, with increases of 20% or more seen in Frederick, Calvert, Queen Anne's and Dorchester Counties.

TABLE 1. INFANT DEATHS AND INFANT MORTALITY RATES BY RACE, REGION AND POLITICAL SUBDIVISION, MARYLAND, 2008 AND 2009.

Region and political subdivision	ALL RACES				WHITE				BLACK			
	Number of infant deaths		*Infant mortality rate**		*Number of infant deaths*		*Infant mortality rate**		*Number of infant deaths*		*Infant mortality rate**	
	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009	2008	2009
Maryland	**617**	**541**	**8.0**	**7.2**	**235**	**177**	**5.2**	**4.1** ***	**351**	**343**	**13.4**	**13.6**
Northwest Area	**44**	**25**	**7.6**	**4.4** ***	**32**	**17**	**6.5**	**3.5** ***	**9**	**7**	**15.8**	**14.5**
Garrett	3	0	10.8	0.0	3	0	10.9	0.0	0	0	0.0	-
Allegany	6	1	8.4	1.4	5	1	7.3	1.4	1	0	52.6	0.0
Washington	10	13	5.5	7.4	8	8	5.0	5.2	2	5	10.6	30.9
Frederick	25	11	8.4	3.8 ***	16	8	6.6	3.4	6	2	16.6	6.7
Baltimore Metro Area	**290**	**275**	**8.2**	**8.0**	**111**	**76**	**5.4**	**3.9** ***	**168**	**191**	**13.4**	**15.8**
Baltimore City	120	128	12.1	13.5	21	10	7.3	3.5	96	118	14.3	18.5
Baltimore County	73	73	7.2	7.4	30	21	4.9	3.6	39	48	12.1	15.3
Anne Arundel	62	35	8.7	4.9 ***	39	22	7.1	4.1 ***	22	12	17.3	9.0
Carroll	6	7	3.4	4.5	5	6	3.0	4.0	1	1	18.2	21.7
Howard	13	23	3.8	6.9	7	12	3.4	6.2	5	9	6.9	12.9
Harford	16	9	5.4	3.2	9	5	3.8	2.3	5	3	9.7	6.0
National Capital Area	**213**	**180**	**8.1**	**7.0**	**56**	**53**	**4.3**	**4.5**	**143**	**115**	**13.4**	**11.0**
Montgomery	76	74	5.6	5.5	38	33	4.3	3.9	27	30	9.5	10.7
Prince George's	137	106	10.9	8.7	18	20	4.3	6.0	116	85	14.9	11.1 ***
Southern Area	**37**	**24**	**8.6**	**5.7**	**22**	**13**	**7.5**	**4.5**	**12**	**11**	**9.8**	**9.3**
Calvert	7	4	7.3	4.3	7	3	9.0	3.9	0	1	0.0	7.5
Charles	15	12	7.8	6.6	4	5	4.1	5.4	8	7	9.5	8.7
Saint Mary's	15	8	10.3	5.4	11	5	9.5	4.3	4	3	17.8	12.7
Eastern Shore Area	**33**	**37**	**6.0**	**7.3**	**14**	**18**	**3.3**	**4.5**	**19**	**19**	**16.7**	**19.0**
Cecil	4	4	3.1	3.4	4	4	3.4	3.7	0	0	0.0	0.0
Kent	1	2	4.6	10.6	0	1	0.0	7.1	1	1	21.7	23.8
Queen Anne's	2	3	3.8	6.0	0	1	0.0	2.2	2	2	40.8	54.1
Caroline	6	3	12.0	6.7	4	3	9.5	8.1	2	0	27.0	0.0
Talbot	1	1	2.6	2.8	1	1	3.1	3.5	0	0	0.0	0.0
Dorchester	8	9	17.7	21.9	3	3	11.2	11.9	5	6	28.2	40.8
Wicomico	8	12	5.9	9.1	2	4	2.2	4.7	6	8	13.9	18.9
Somerset	2	3	7.2	12.1	0	1	0.0	6.4	2	2	18.7	23.3
Worcester	1	0	2.1	0.0	0	0	0.0	0.0	1	0	8.8	0.0

*Per 1,000 live births

**Percent change is based on the exact rates and not the rounded rates presented here

***Rates for 2008 and 2009 differ significantly ($p<.05$)

TABLE 2. NUMBER OF INFANT DEATHS, AVERAGE INFANT MORTALITY RATE BY FIVE YEAR INTERVAL AND PERCENT CHANGE IN RATES BETWEEN INTERVALS BY REGION AND POLITICAL SUBDIVISION, MARYLAND, 2000-2004 AND 2005-2009.

Region and political subdivision	Number of infant deaths 2000-2004	Number of infant deaths 2005-2009	Average infant mortality rate* 2000-2004	Average infant mortality rate* 2005-2009	Percent change**
Maryland	**2935**	**2940**	**7.9**	**7.7**	**-3.1**
Northwest Area	**160**	**165**	**5.7**	**5.6**	**-0.3**
Garrett	17	4	10.5	2.7	-74.8 ***
Allegany	32	22	9.1	6.3	-30.5
Washington	44	57	5.3	6.2	16.8
Frederick	67	82	4.5	5.4	20.6
Baltimore Metro Area	**1359**	**1404**	**8.1**	**8.1**	**-0.1**
Baltimore City	551	585	12.0	12.1	1.3
Baltimore County	347	378	7.5	7.6	0.9
Anne Arundel	235	235	6.9	6.7	-3.1
Carroll	39	36	4.1	4.0	-1.2
Howard	117	91	6.6	5.4	-18.6
Harford	70	79	4.8	5.3	11.5
National Capital Area	**1073**	**1025**	**8.4**	**7.8**	**-6.6**
Montgomery	380	412	5.7	6.0	5.4
Prince George's	693	613	11.2	9.8	-12.9 ***
Southern Area	**147**	**164**	**7.1**	**7.6**	**6.1**
Calvert	24	30	4.8	6.2	29.6
Charles	70	82	7.8	8.6	10.1
St. Mary's	53	52	8.0	7.1	-10.8
Eastern Shore Area	**196**	**182**	**8.1**	**6.9**	**-14.3**
Cecil	40	28	6.8	4.4	-35.0
Kent	9	7	10.2	7.3	-28.0
Queen Anne's	11	14	4.4	5.3	21.7
Caroline	16	17	7.7	7.3	-5.3
Talbot	10	7	5.6	3.8	-31.5
Dorchester	17	33	10.1	16.5	63.1
Wicomico	57	52	9.8	7.9	-19.1
Somerset	20	12	15.4	9.1	-40.7
Worcester	16	12	6.7	5.0	-25.3

*Per 1000 live births.

**Percent change is based on the exact rates and not the rounded rates presented here.

***Rates for 2000-2004 and 2005-2009 differ significantly (p<.05).

For more information or to obtain Maryland vital statistics data please contact the:

Vital Statistics Administration
Maryland Department of Health and Mental Hygiene
4201 Patterson Ave.
Baltimore, MD 21215

Phone: 410-764-3514

or visit:

www.vsa.state.md.us

Maryland Department of Health and Mental Hygiene
Vital Statistics Administration

Martin J. O'Malley, Governor, Anthony G. Brown, Lt. Governor, John M. Colmers, Secretary
Isabelle Horon, Dr.P.H., Director, Vital Statistics Administration

Powered by The Healthy Communities Network

The Community Health Improvement Process for Montgomery County, Maryland

Home > Community Snapshot

Search

Advanced Search

Home

News

Community Snapshot

Demographic Profile

2020 Tracker

Topic Centers

Promising Practices

Report Assistant

Community Events

Local Resources

Report Center

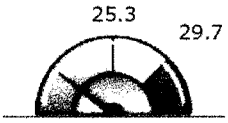
Contribute Content

Translate

Select Language

Compare by: Region | Time Period | HP 2020 Target

Age-Adjusted Death Rate due to Breast Cancer



Red > 29.7
Green <= 25.3
In-between = Yellow
Unit: deaths/100,000 females
View the Legend

Value:	20.2 deaths/100,000 females
Measurement Period:	2003-2007
Location:	County : Montgomery
Categories:	Health / Cancer Health / An Overview of Mortality Data Health / Women's Health

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

Why this is important: Breast cancer is the most common type of cancer among women in the U.S. other than skin cancer. Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). In the United States in 2009, it is estimated that there will be 192,370 new cases and 40,170 deaths from breast cancer.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

Technical Note: The distribution is based on data from 24 Maryland counties and county equivalents. The value represents the average annualized rate.

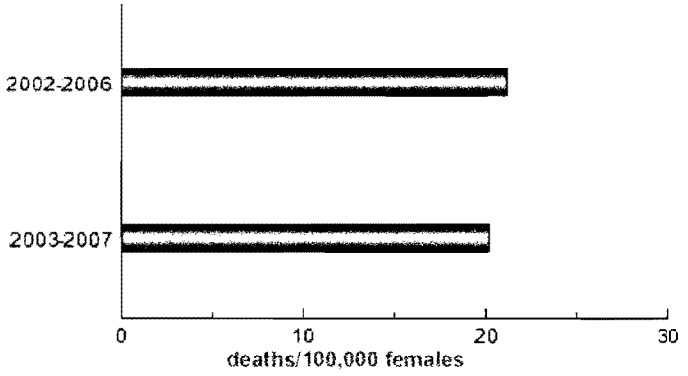
Source: National Cancer Institute

URL of Source: http://www.cancer.gov

URL of Data: http://statecancerprofiles.cancer.gov/deathrates/deathrat...

Maintained By: Healthy Communities Institute

Time Series Data



Age-Adjusted Death Rate due to Breast Cancer by Race/Ethnicity

RELATED CONTENT

INFOMONTGOMERY RESOURCES

- Women's Health Resources
- Cancer Resources

NEWS

- Breast cancer may not change lifespan for older women
- Being too fat raises risk of deadly breast cancer: study
- Breast-cancer study questions lymph node removal
- Earlier Hormone Therapy Elevates Breast Cancer Risk, Study Says
- Mixed Report on Women's Health Research
- Breast cancer rates fell with hormone therapy drop

More

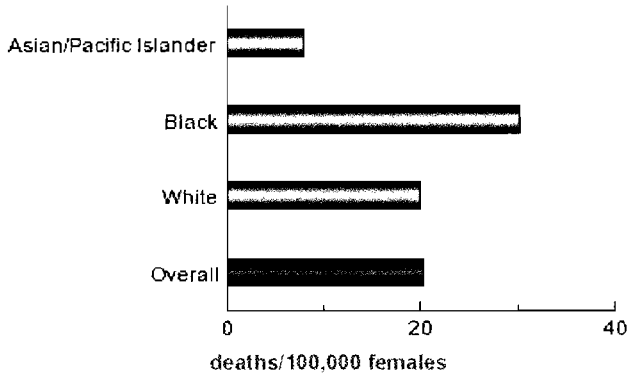
INDICATORS

- Breast Cancer Incidence Rate
- Mammogram History
- Lung and Bronchus Cancer Incidence Rate
- Cervical Cancer Incidence Rate
- Age-Adjusted Death Rate due to Lung Cancer
- Pap Test History

More

PROMISING PRACTICES

- Prevention Care Management
- North Carolina Breast Cancer Screening Program
- Breast Cancer Fund
- Cancer Screening Office Systems (Cancer SOS)
- Dana-Farber Mammography Van



Race groups include people of both Hispanic and non-Hispanic ethnicities.

Zoom to: County : Montgomery · Go

How are these indicators calculated? Return to Community Snapshot Home

About Us | Contact Us | Editorial Policy

· Forsyth County Cancer Screening (FoCaS) Project
More

LOCAL REPORTS

· Maryland Chartbook of Minority Health and Minority Health Disparities Data: With Sections on Gender-Specific Health and Jurisdiction-Specific Health
· Report on the Status of Women in Montgomery County

2009 Annual Report excerpt

Message from the Leadership

The Asian American Health Initiative is proud to release its Fiscal Year 2009 Annual Report. In the five years since its inception, AAHI has worked tirelessly to eliminate health disparities that exist between Asian Americans and their non-Asian counterparts in Montgomery County. This report documents those efforts in the context of wider Asian American health disparities and barriers to healthcare. By weaving together various programmatic achievements, AAHI hopes to shed light upon culturally- and linguistically-competent mechanisms to meet these challenges among a diverse constituency.

The Asian American population is one of the fastest growing in Montgomery County and designing programs to improve community outreach and education among such a diverse cohort is a top priority. Bilingual lay community health workers, through AAHI's successful Health Promoters Program, have had marked success in reaching even the most isolated Asian communities, while AAHI patient navigators help County residents with limited English-language skills find their way through the healthcare system by facilitating access, identifying resources, and providing medical interpretation services.

FY09 was a challenging year for social service and public health agencies dependent on government funding. AAHI faced programmatic reductions across the board as a result of countywide budget cuts but dealt with adversity astutely. We were able to make progress on key objectives, while expanding efforts with partners and collaborators, both locally and nationally.

Last year, AAHI released Asian American Health Priorities: Strengths, Needs, and Opportunities for Action, an in-depth look at the unique health needs of 13 Asian American groups residing in Montgomery County. Since its dissemination, AAHI has been pleased to work with the wider Asian American health movement by engaging local and national experts in the public discourse on Asian American health needs. In May of last year, AAHI brought together many of these leaders for the 2009 Asian American Health Conference. The Conference served as a pivotal event in AAHI's evolution toward becoming a leading advocate for Asian American health.

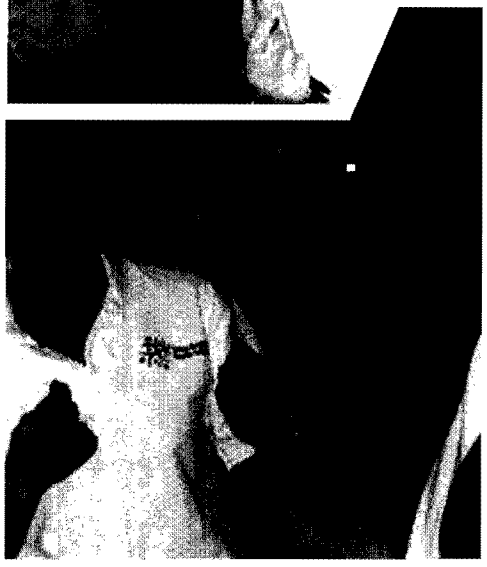
We would like to extend our special thanks to the members of the AAHI Steering Committee, community partners, and dedicated staff and volunteers for a successful year. In FY10, we will continue to build off of our past achievements in response to the health needs of Asian Americans in Montgomery County.

Julie Bawa, MPH
Program Manager, AAHI

Harry Kwon, PhD, MPH, CHES
Chair, AAHI Steering Committee

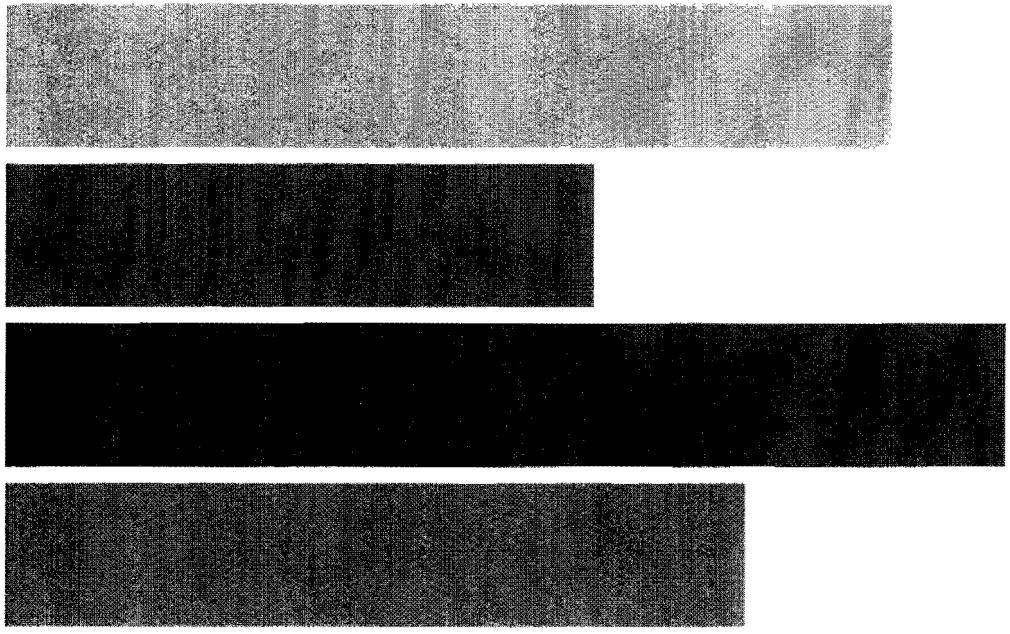
137

ABOUT AAHI



A part of the Montgomery County Department of Health and Human Services, the Asian American Health Initiative was established in fiscal year 2005 with the support of the County Executive and County Council in direct response to the growing health needs of Asian Americans residing in the County.

Since its inception, AAHI has strived to create linguistically and culturally appropriate health programs that directly address the health care needs of Asian Americans in the County. In addition, AAHI has partnered with numerous community- and faith-based organizations to reach out to isolated communities.



Our Mission

To identify the health care needs of Asian American communities, to develop culturally competent health care services, and to implement health education programs that are accessible and available for all Asian Americans in Montgomery County.

Goals

- To conduct an in-depth data collection, analysis, and reporting of health status for the different ethnic groups in the Asian American community.
- To expand and improve the existing health services available to Asian Americans
- To ensure the availability of quality health care directed to the specific needs of the different ethnic groups in the community
- To provide outreach programs to inform and educate the different ethnic groups about the accessibility and the availability of health care services
- To remove barriers preventing all ethnic groups in the Asian American community from receiving a fair share of health services

ASIAN AMERICAN DEMOGRAPHIC PROFILE

Asian Americans comprise approximately 4-5% of the general U.S. population, representing over 50 different ethnicities and speaking more than 100 languages. They are substantially diverse in terms of socioeconomic status, English proficiency, health needs, and cultural identity. Asian subgroups have distinct patterns of migration into the United States, subscribe to numerous religions and faiths, and assume a diverse array of educational levels and occupational roles.

As a whole, Asian Americans have often been deemed a "model minority" yet have suffered through significant instances of historical and institutional discrimination. Culturally, there exist myriad beliefs relating to health and wellness, causes of disease and illness, and traditional remedies for preventive and curative purposes. Although most government data collection agencies have collected demographic (including health indicator) data in an aggregated Asian/Pacific Islander category, AAHI purposely chooses to focus on Asian Americans in order to respect the complexity of the diversity encompassing both Asian and Pacific Islander populations.

Did you know?

Key National Demographics

2008 Estimated Population

15.2 million (5%) U.S. residents identify as Asian alone or Asian in combination with one or more other races

Asian American Population Growth (1990–2000)

63.24% (with some subgroups reporting growth of over 100% in the same period (Asian Indians, Bangladeshis, Pakistanis)

Projected Asian American population in 2050

40.6 million (9.2% of total)

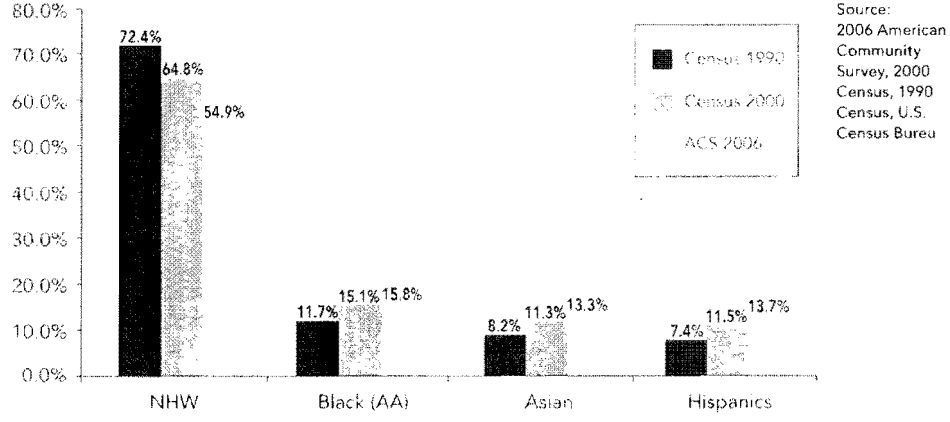
Projected Asian population increase between 2008 and 2050

153%

Breakdown of Asian Subgroups in Montgomery County

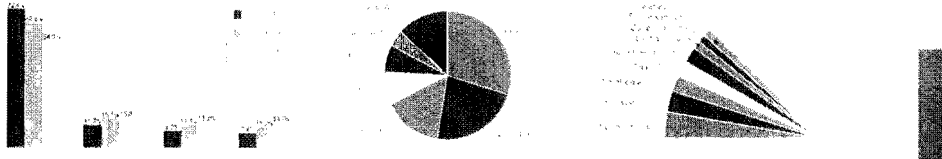
Asian Americans are one of the fastest growing and most diverse ethnic groups in Montgomery County, representing about 13.3% of the total County population. Moreover, a significant number of Asian Americans suffer from limited income, lack of health insurance, and limited English comprehension skills. These characteristics, in combination with a variety of other factors—such as knowledge and beliefs regarding causes of disease, modes of treatment, and value of prevention—often hinder Asian Americans from seeking out or obtaining quality health care.

Population Trends in Montgomery County



Source: 2006 American Community Survey, 2000 Census, 1990 Census, U.S. Census Bureau

Click on a graph to see the larger version above.



Did you know?

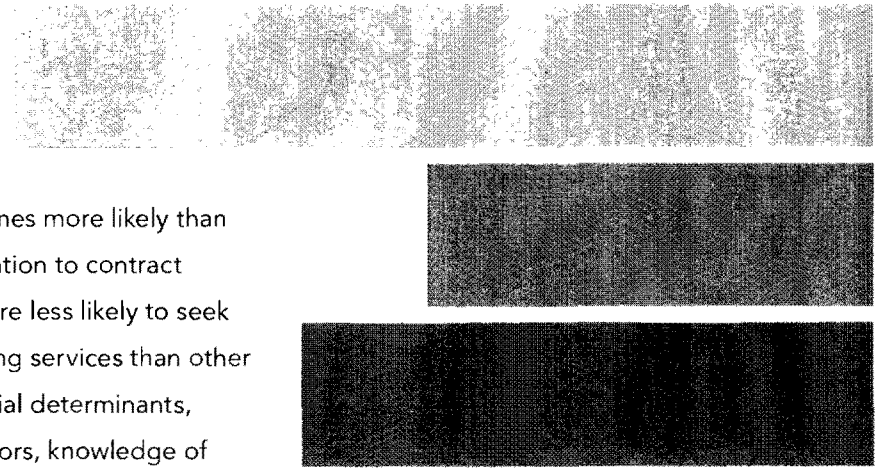
Asian Americans in Montgomery County

- 124,605 (13.3%) residents are Asian American
- 60% population growth from 1990 to 2000, the largest increase among any ethnic group
- 45% of Maryland's Asian American population resides in Montgomery County
- 5th largest jurisdiction on the East Coast in terms of Asian American/ Pacific Islander population
- 15.4% of Montgomery County Public School students are Asian American
- 5.8 % of Asian Americans live below the poverty line, compared to 3.1% of non-Hispanic whites
- 73.7% were born outside the United States
- 83.8% speak a language other than English at home
- 36.9% speak English "less than very well"

ASIAN AMERICAN HEALTH DISPARITIES

"This country was built by immigrants. Its growth and progress will depend on immigrants. Understanding each other will create a unified society. Disparity will result in separation and division. Let's work together toward the goal of eliminating the disparity."

Steering Committee Member



Similar to other communities of color, there exist tremendous disparities in health outcomes and indicators among Asian Americans. Disproportionate burdens of particular note include cancer, hepatitis B, and osteoporosis.

National data indicate Asian Americans are the first segment of the population to suffer cancer as the leading cause of death. They account for roughly half of the chronic hepatitis B cases in the country, are five times more likely than the general population to contract tuberculosis, and are less likely to seek out cancer screening services than other ethnic groups. Social determinants, environmental factors, knowledge of health risks and available resources, as well as insurance status and access to culturally-competent care, all play a hand in determining risk.

Leading Causes of Death among AAPI, CDC 2004

	Males	Females	Total Population
1	Cancer	Cancer	Cancer
2	Heart disease	Heart disease	Heart disease
3	Stroke	Stroke	Stroke
4	Accidents	Diabetes	Accidents
5	Chronic lower respiratory disease	Accidents	Diabetes
6	Diabetes	Influenza and pneumonia	Influenza and pneumonia
7	Influenza and pneumonia	Chronic lower respiratory disease	Chronic lower respiratory disease
8	Suicide	Alzheimer's disease	Suicide
9	Kidney disease	Kidney disease	Kidney disease
10	Homicide	Hypertension	Alzheimer's disease

Table Source: CDC, Health, United States 2006.

Research indicates significant barriers to accessing quality health care. A recent study of the Kaiser Commission on Medicaid and the Uninsured found that Asian Americans are less likely than non-Hispanic whites to receive health insurance from their employers, and of those who do not receive employer-sponsored coverage, only 9% purchase insurance independently. Compounding the problem, Asian Americans are often burdened by limited-English proficiency and a poor understanding of the U.S. health care system. Members of the community may not know the right questions to ask—or even whom to ask—and lack an understanding of how to assess their problems in a new cultural context.

Cancer

- Asian Americans are the only segment of the U.S. population to suffer cancer as the [illegible]
- Asian American [illegible]

Heart Disease

- Among Asians age 18 and older, 5.6 % have heart disease, 3.8 % have congenital heart disease,16.1 % have hypertension and 1.8 % have had a stroke (NHIS 2003, CDC/NCHS).
- Cardiovascular disease is the leading cause of death among South Asians in the United States.

Hepatitis B

- Though Asian Americans represent only 4.5% of the population, they account for more than half of the estimated 1.3-1.5 mln chronic hepatitis B cases in the U.S.
- Chinese, Korean, and Vietnamese American men, respectively, are 6, 8, and 13 times more likely than non-white males to develop hepatitis B.
- The hepatitis B-related death rate among Asian Americans is 7 times greater than the rate among the white population.

Diabetes

- An estimated 7.5% of Asian Americans have diabetes, and are more likely to develop type 2 diabetes (compared to non-Hispanic whites) despite having lower body weight.
- [illegible]

Osteoporosis

- Asian women run a high risk of developing osteoporosis. The average intake of calcium—a nutrient essential to bone health—among Asian women is estimated to be half that of Western population groups.

Mental Health

- Asian American adolescent girls reportedly have the highest rates of depressive symptoms compared to girls of other ethnicities.
- Asian Americans are one quarter as likely as non-Hispanic whites and half as likely as African Americans and Hispanic Americans to seek mental health services.

Domestic Violence

- 13% of Asian American, Native Hawaiian, and Pacific Islander women have experienced physical assault in their lifetime.
- According to a 2000-2001 Project AWARE survey conducted in the Washington, D.C. area, 81.1% of Asian women reported experiencing at least one form of intimate partner abuse—emotional, physical, etc.—in the past year, while 32% experienced physical or sexual abuse at least "occasionally" during the past year.

5 YEARS of ACHIEVEMENTS

In response to a diverse demographic profile and the existence of significant health disparities (including their social, cultural, and behavioral antecedents), AAHI was formed in 2005 with a mission of addressing the unique and neglected health needs of the Asian American population in Montgomery County. Based on recommendations from the scientific health literature, gaps in existing services, and knowledge of social and cultural issues specific to Montgomery County's Asian American population, AAHI formulated its programs to target certain disparities, provide specific services unavailable to community members, and liaise with public health and social service agencies to increase awareness and provide access to existing resources. Providing guidance throughout the organization's growth and development, the AAHI Steering Committee comprises a diverse group of professionals and community leaders who provide expertise and technical assistance in the design and development of program activities. Specifically, AAHI engages in programs and activities which target health disparities and risk factors of concern impacting Asian Americans: cancer, osteoporosis, hepatitis B, diabetes, and tobacco use. Cognizant of the barriers posed by language and navigation of an unfamiliar health care system, AAHI has actively bridged the communication gap by implementing the successful Health Promoters and Patient Navigator programs. The sum of these activities have not only raised awareness of health promotion strategies by community members, but also expanded their access to quality health care services by increased knowledge of existing resources.

To address the need for disaggregated data at the local level, health promoters collect data on age, gender, and ethnicity for every individual screened at AAHI outreach events.

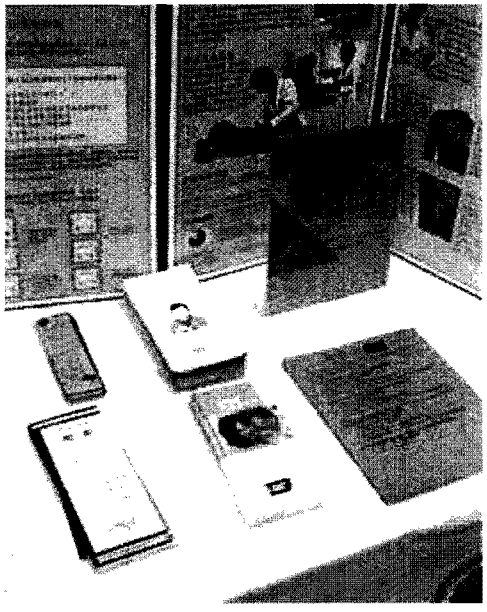
In addition to AAHI's commitment to directly improve the health of its local constituent community, it also participates in broader efforts which contribute to a large-scale movement to eliminate Asian American health disparities. As one of the major issues in health research is the lack of disaggregated data within the Asian American population, AAHI has made concerted efforts to fill these gaps. Not only does AAHI collect program data on an ongoing basis, it has taken a lead role in spearheading community-based research activities which provide nuanced health and demographic information about the Asian American population in Montgomery County. Understanding the implications of local data for regional and national initiatives, AAHI has taken proactive steps to increase the breadth and depth of its partnerships. In addition to coalitions with local health care providers, social service agencies, and community- and faith-based organizations, AAHI has made an impressive array of strong and sustainable collaborations with leading Asian American health organizations at the national level, including advocacy groups, professional health associations, academic institutions, and government entities. By assuming a significant role within the Asian American health movement and larger efforts to eliminate all racial and ethnic health disparities, AAHI has accumulated a remarkable portfolio of programs and partnerships that meet the needs of the local community and contribute to data collection efforts needed to improve Asian American health prospects throughout the United States.

Knowledge is POWER

Health Condition Specific Programs

AAHI has put considerable resources to implement programs that target specific health disparities and their behavioral determinants. Program planning for health among minority communities requires an intricate balance of technical expertise and community participation. As such, AAHI reviewed the scientific literature to ensure that it was addressing evidence-based disparities impacting Asian American communities. However, prior to implementing any specific program, AAHI guaranteed that these defined disparities were indeed issues of concern within the Asian American community in Montgomery County. Optimizing on its relationships with key community leaders representing diverse subgroups, AAHI was able to conclude which programs it should focus on to address genuine local concerns.

Based on these multiple sources of information, AAHI responded by creating five behavioral health and condition-specific programs targeting *cancer, hepatitis B, diabetes, osteoporosis, and tobacco.* Each program incorporates health education measures, while the cancer, osteoporosis, and diabetes programs provide specific screening measures that assist early detection and facilitate disease management in the community.



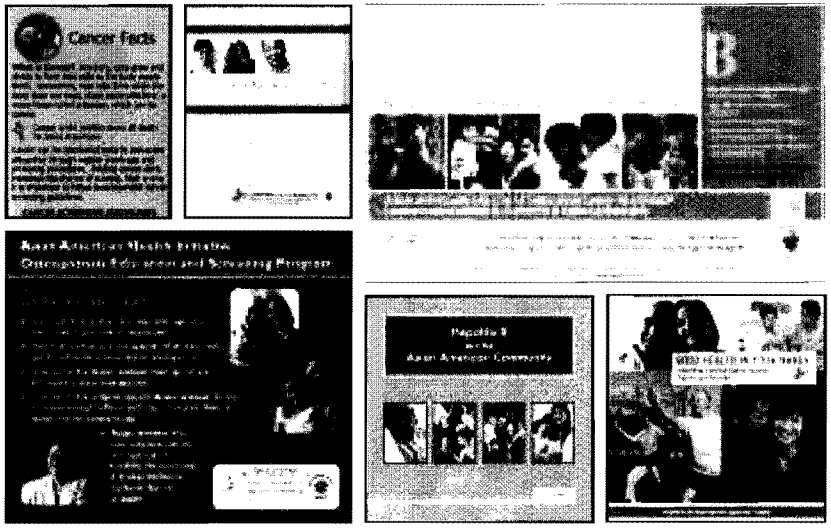
Health Education

In cooperation with various community- and faith-based organizations, County offices, non-profit health care providers, and small-business owners, as well as auxiliary AAHI initiatives, the five condition-specific programs focused efforts to diversify activities and reach out to underserved and underinsured populations. Many of these activities revolve around educational efforts—through facilitation of seminars and dissemination of culturally-appropriate materials—as well the provision of screening and referral services.

In addition to providing one-on-one counseling and individual educational sessions, as one of its core activities, AAHI partners with community- and faith-based organizations to provide health seminars tailored to specific groups of individuals. The seminars are conducted by trusted members of that community, such as doctors and religious leaders, in partnership with low-cost medical providers. Following group seminars, individuals have an opportunity to consult with doctors and health educators to learn more about the specific condition and seek out screening and treatment opportunities, where available.

Literature and Resource Development

To supplement group presentations and one-on-one interventions, AAHI has made continuous efforts to develop and disseminate multilingual, culturally-relevant educational materials in the five years since its founding. The organization's library consists of pamphlets, brochures, booklets, and posters regarding illnesses relevant to the Asian American community: cancer, diabetes, hepatitis B, and osteoporosis.



All resources are available in English, Chinese, Hindi, Korean, and Vietnamese, with some materials available in Tagalog.

Tobacco Cessation Output Measures

53 one-on-one cessation sessions

11 smokers received one-on-one counseling

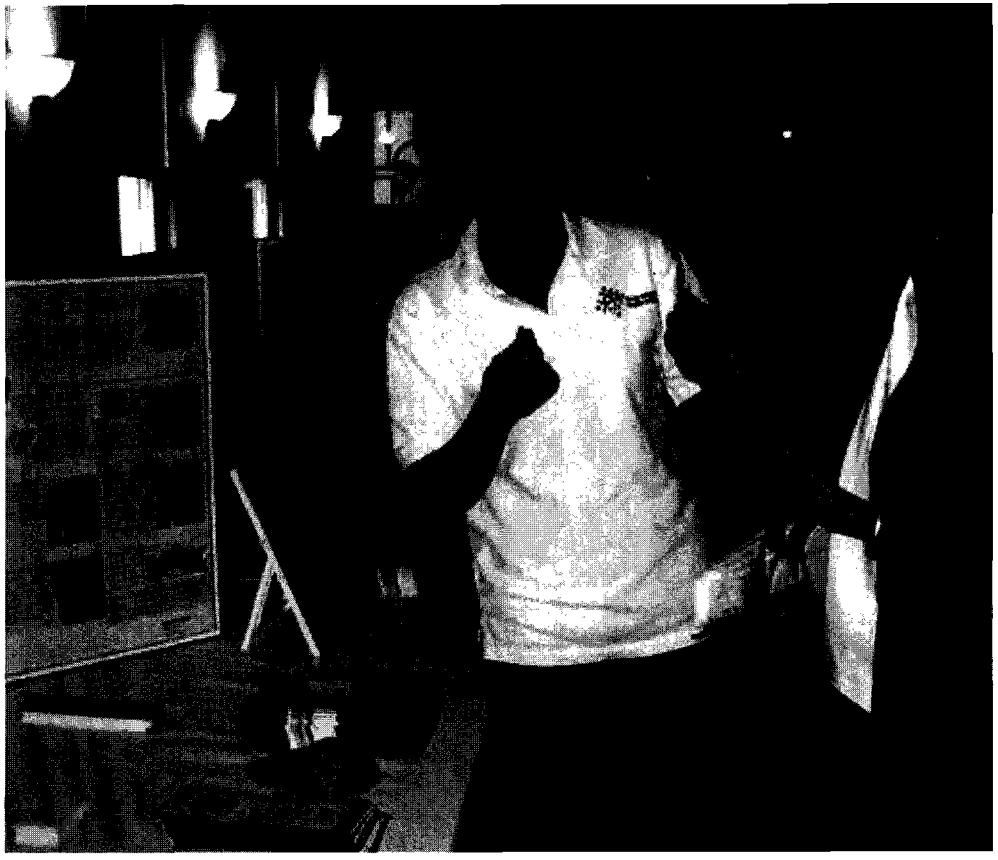
5 sessions per smoker (average)

100% of smokers completed counseling

AAHI health promoters demonstrate a Carbon Monoxide screening for health fair participants.

Tobacco Cessation

Tobacco use among Asian American communities remains an issue of public health concern. In addition to socially-ascribed value of tobacco use among certain segments of the community, notably immigrants and men, the tobacco industry has made strategic efforts to target Asian Americans in marketing and promoting its products. Given this unique combination of cultural factors and cooptation through advertising, tobacco control efforts must take into account the multi-level influences that result in tobacco use. Recognizing the complexity of this issue, AAHI staff were selected to participate in a leadership training facilitated by Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), a nationally-recognized Asian and Pacific Islander tobacco control and prevention organization. As a result of this training, AAHI was able to implement its tobacco cessation program which enabled individualized sessions to address unique issues related to quitting among Asian Americans in Montgomery County. During its short tenure, AAHI has conducted 53 one-on-one sessions, with all participants completing the tobacco cessation program in its entirety. Given the tremendous response from community members in such a short time frame, this program indicates that AAHI is indeed filling a gap in increasing access to culturally-appropriate harm reduction efforts.



AAHI health promoters educate the community about the importance of conducting regular self breast examinations.

Mammogram Assistance

To support its educational objectives, AAHI was able to leverage additional funding through Mammogram Assistance Program Services (MAPS) to expand efforts to combat breast cancer in Montgomery County. In collaboration with Holy Cross Hospital in Silver Spring, AAHI educated Asian American communities on breast cancer awareness, promoting the importance of preventative screenings by dispelling myths and misconceptions about breast cancer. Upon completion of MAPS training events, AAHI health promoters reached out to Asian American women, providing education on how to perform a self breast examination, as well as referrals to free breast cancer screenings in the County.

Screenings Performed

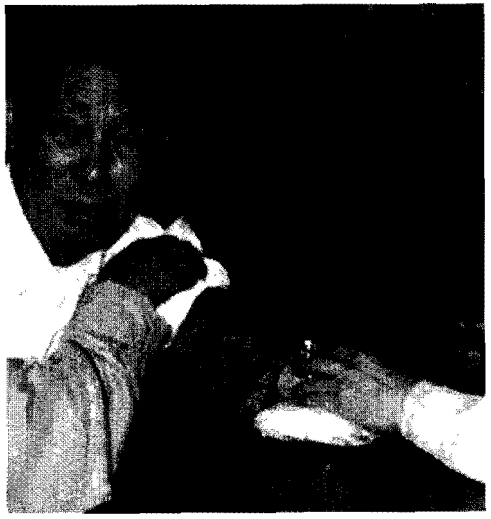
907 bone density screenings

292 diabetes-related screenings

42 breast & cervical cancer screenings

27 colorectal cancer screenings

20 prostate cancer screenings



Screenings & Health Referrals

In addition to providing educational resources, AAHI also offers various screening and referral services throughout the County through its participation in health fairs and small-business outreach. Timely and regular screenings have been shown to have significant impact on early detection and successful treatment for many chronic conditions. Taking these professional guidelines into account, AAHI provides fast and free bone-density screenings using mobile ultrasound as part of its osteoporosis program and preventive screenings for diabetes and respiratory illnesses, as well as referrals to the appropriate health professionals for cancer screenings for high-risk community members.

As a part of its client care coordination efforts, AAHI—with the assistance of volunteer health promoters and patient navigators—maintains an open line of communication with patients, making necessary phone calls to remind clients of appointments and to notify them about necessary documentation in order to qualify for and obtain free screenings.

the POWER of Diversity

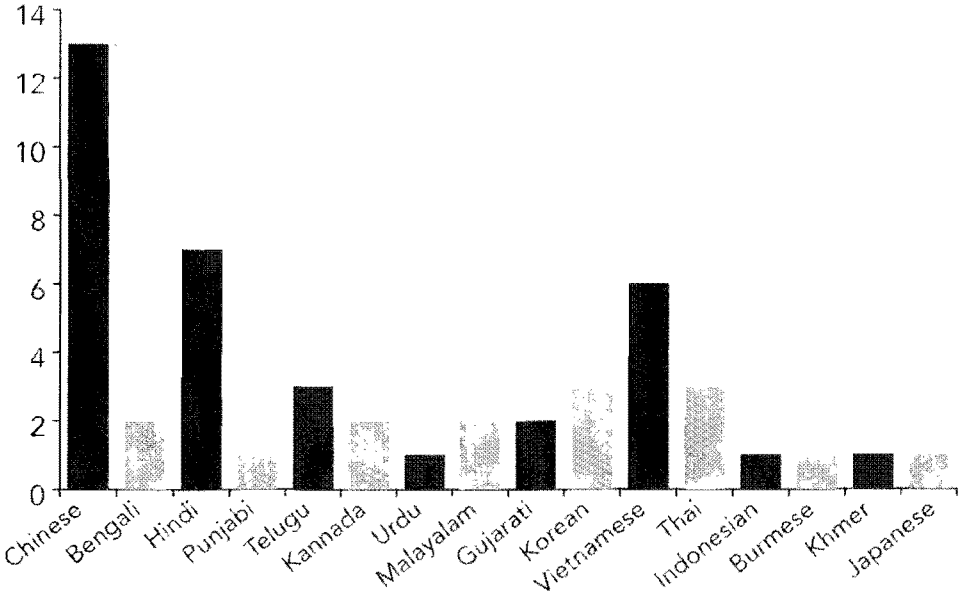
Health Promoter Program

Given the diversity of the Asian American population, it is imperative that individuals who identify with and understand the specific cultures become leaders in their own communities, addressing health disparities and working to improve the general well-being of their peers. These individuals also serve as pivotal "gatekeepers" for health professionals to gain entry into Asian communities and are trusted by fellow community members as valuable sources for information about health issues and available resources. Often referred to as "community health workers", AAHI organized and trained committed community members—health promoters—to address issues of concern impacting Montgomery County's Asian American population and serve as liaisons between services/resources and affected community members.

Health Promoter Profile

Health promoters are active members of the community that they represent and speak the native language of the population they identify with. Not only do they have intimate cultural knowledge of the community, but they are familiar also with mainstream institutions, processes, and resources available throughout the County. Health promoters are bilingual and bicultural, most having immigrated to the United States as adults. Nearly all are employed full time and have demonstrated, through their volunteer service, a passion and commitment to improving the health of their respective communities.

Languages spoken by AAHI health promoters



Not only do health promoters reflect the demographic distribution of Asian Americans in Montgomery County, AAHI also makes concerted efforts to ensure they are able to reach the diversity within various subgroups.

As the graph to the left illustrates, within their efforts targeting South Asian populations, health promoters are able to reach regionally-diverse communities by speaking in seven different languages (Bengali, Hindi, Punjabi, Telegu, Kannada, Gujarati, and Urdu). Similarly, health promoters also are proficient in a number of Chinese dialects, such as Mandarin and Cantonese. These efforts ensure that underrepresented segments of diverse Asian American communities are able to gain from all of the various services provided by AAHI's health promoters.

Overview of Health Promoters, FY09

	2008	2009
Health Promoters	18	39
Languages/Dialects Spoken	8	20
Communities Represented	7	12

Through a grant awarded by the State of Maryland's Minority Outreach and Technical Assistance (MOTA) program, AAHI health promoters—in partnership with Holy Cross Hospital, Community Ministries of Rockville, CASA de Maryland, African American Health Program, and the Maryland Commission on Indian Affairs—took part in the Minority Empowerment Communities Project (MCEP) to build capacity in racial and ethnic communities through empowerment and education that will impact cancer and tobacco healthcare decisions. MOTA training events provided participants with valuable technical skills and culturally-competent means of assisting the public.

Once they are equipped with the skills necessary to serve the community, AAHI health promoters provide assistance in several ways and help to bridge the gap between patient and staff. Trained health promoters perform the following tasks critical to AAHI's success:

- Provide access to isolated communities;
- Serve as a link to community leaders and partners;
- Assist in planning and preparation for outreach events;
- Inform AAHI staff about culturally sensitive issues;
- Promote upcoming events among communities;
- Educate community members at health fairs and seminars;
- Aid in data collection in the community and at outreach events;
- Provide interpretation/translation assistance as needed.

Achievements

To educate the diverse Asian American community, AAHI's health promoters are trained to inform about health topics that deeply affect Asian Americans, working in close collaboration with AAHI's five condition-specific programs: Cancer, Hepatitis B, Osteoporosis, Diabetes, and Tobacco Cessation.

AAHI's health promoters began the year with a day-long orientation, gaining valuable insight into AAHI's programmatic efforts. Participants received comprehensive training on their duties as community liaisons and learned about barriers that preclude Asian Americans from accessing quality care. Throughout the course of the year, health promoters took part in training workshops on health-specific topics, as well as AAHI program meetings to share experiences, provide feedback on outreach events, and learn about recent AAHI program developments.

Health Promoter Contributions FY09

13 trainings were attended (MOTA technical trainings, AAHI programs, privacy issues, and health related)

1,221 training hours

33 outreach events were attended

833 hours were contributed to outreach activities

285 hours were contributed to auxiliary AAHI program activities

Quality Measures

16 health promoters were retained from 2008

89% of health promoters were retained 2008-2009

23 new health promoters for FY09

100% of health promoters were satisfied with the program (based on a mid-year assessment)

100% of health promoters agreed or strongly agreed that program is impactful and benefits the communities served (based on a mid-year assessment)

empowerment at work

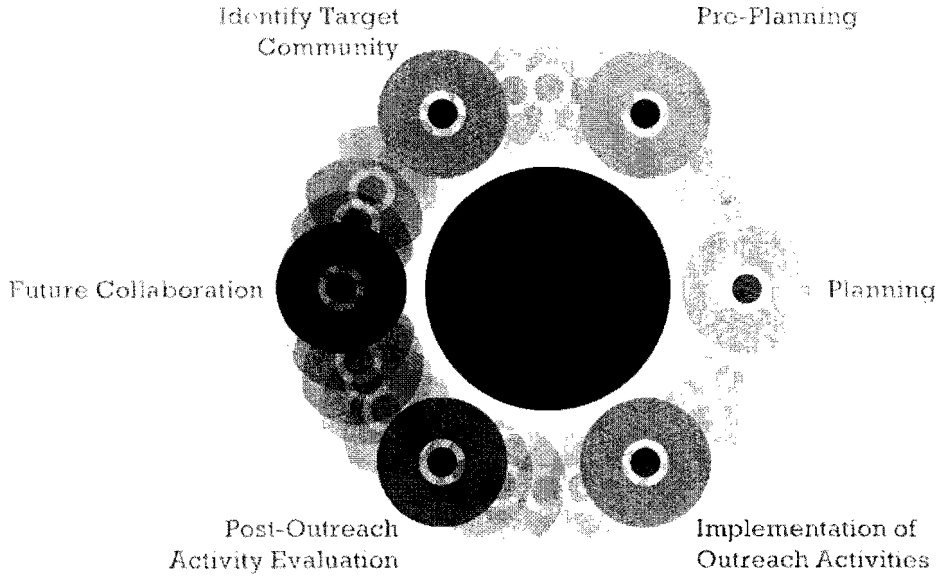
Reaching out to Diverse Communities

In order to ensure that public health services reach their intended audiences, community outreach is a pivotal component of implementing successful programs. Especially among minority populations, a comprehensive outreach strategy assures that residents increase their knowledge regarding specific health concerns impacting their community and are aware of culturally-appropriate programs and other resources available locally. Given its organizational emphasis on health promotion, AAHI has implemented programs designed to improve community outreach and education among such a diverse cohort. These programs facilitate the dissemination of important health information and provision of technical assistance and support to community members by trained, multilingual individuals who share a cultural background with the population they serve.

Outreach Planning Process

Means of outreach take many forms, including in-house developed education seminars, tabling at cultural festivals, health fair participation, and one-on-one consultation to name a few. The planning and preparation of an event is an intricate, phased process, involving community building and organizing strategies. Depth of knowledge and prior collaboration with a community or organization, level of involvement and scope of project, and specific event goals all factor into the time required to plan the event. Through "gatekeepers" (e.g. health promoters or patient navigators) and stakeholders, AAHI is able to gain entry into many communities and establish mutually beneficial relationships of support and trust. Thereafter, AAHI works with community members to understand their specific health needs and to collectively assess the community's needs, capacities, and strengths. This multifaceted community-based process helps set health priorities specific to each respective population, leading to the development of an outreach/ intervention strategy.

Undoubtedly there exist a great many nuances and possible variations in the planning process. AAHI has forged many fruitful, long-standing relationships with Asian American communities throughout the County and continues to reach out to potential community partners where opportunity for lasting collaboration may exist.



Detailed Breakdown of Outreach Events in the Community

37 outreach/small business events

13 communities reached*

89 health referrals
based on consultation and assessment of clinical and behavioral risk factors

1199 screenings
including bone density, blood pressure, osteoporosis, diabetes, and heart disease

3010 educational encounters**
These activities occur at health fairs, seminars, and one-on-one outreach to community members

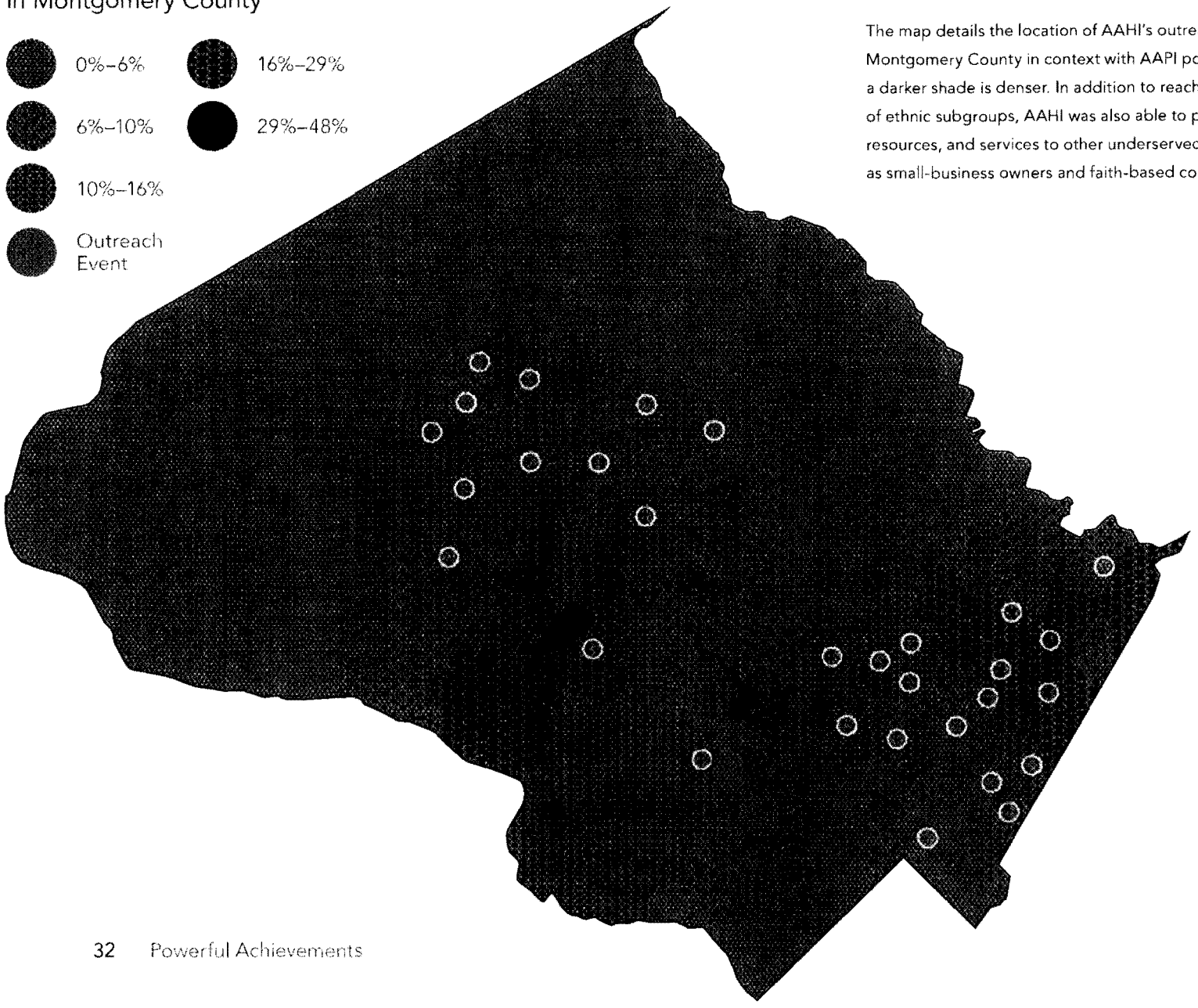
555 self-improvement contracts signed
Voluntary self-contract promising to take efforts to reduce their risk of osteoporosis

*Communities include specific racial/ethnic populations as well as faith-based communities

**"Educational encounters" refer to a specific topical session conducted with one individual. Thus, one individual receiving many educational sessions would be counted multiple times in this chart

Community-focused outreach

The map details the location of AAHI's outreach events throughout Montgomery County in context with AAPI population density, where a darker shade is denser. In addition to reaching a broad spectrum of ethnic subgroups, AAHI was also able to provide information, resources, and services to other underserved Asian subgroups, such as small-business owners and faith-based communities.



Types of Outreach Events

Upcounty

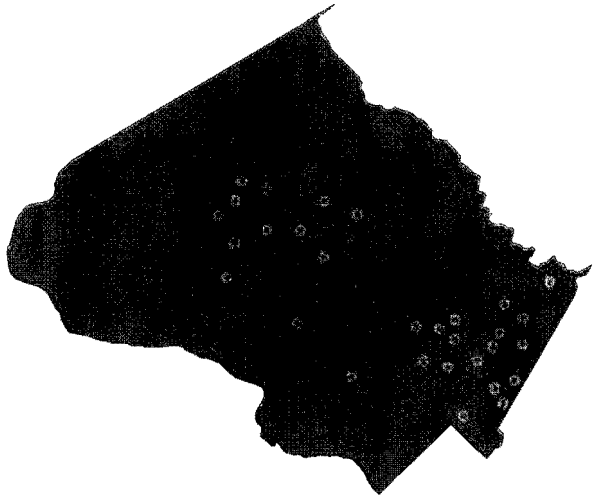
- Annual Chinese Lunar New Year Festival
- Chad Raat Festival (Asian Indian community)
- Chin National Day (Burmese community)
- aEvergreen Chinese Senior Club Health Fair
- Gaithersburg Chinese Alliance Church Health Fair
- Islamic Center of Maryland Health Fair (Bangladeshi & Pakistani communities)
- St. Rose of Lima Church (Filipino community)

East County

- Idara Jaferia Islamic Center (Pakistani community)
- Muslim Community Center (Asian Indian, Bangladeshi & Pakistani communities)

Mid-County

- Chinese Culture and Community Center Health Fair
- Ebenezer Korean Church Health Fair
- American Chinese School Inc. Health Fair
- International Buddhist Center Health Fair (Sri Lankan community)
- Taiwanese Presbyterian Church of Washington Health Fair
- Small business outreach: Good Fortune Restaurant and China Jade Restaurant

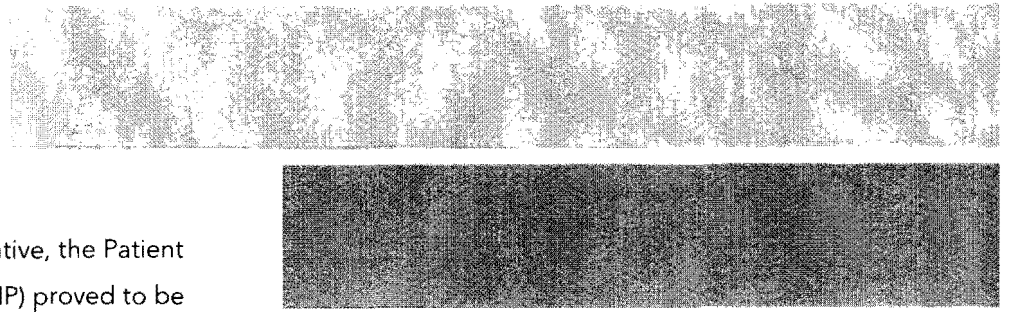


Down County

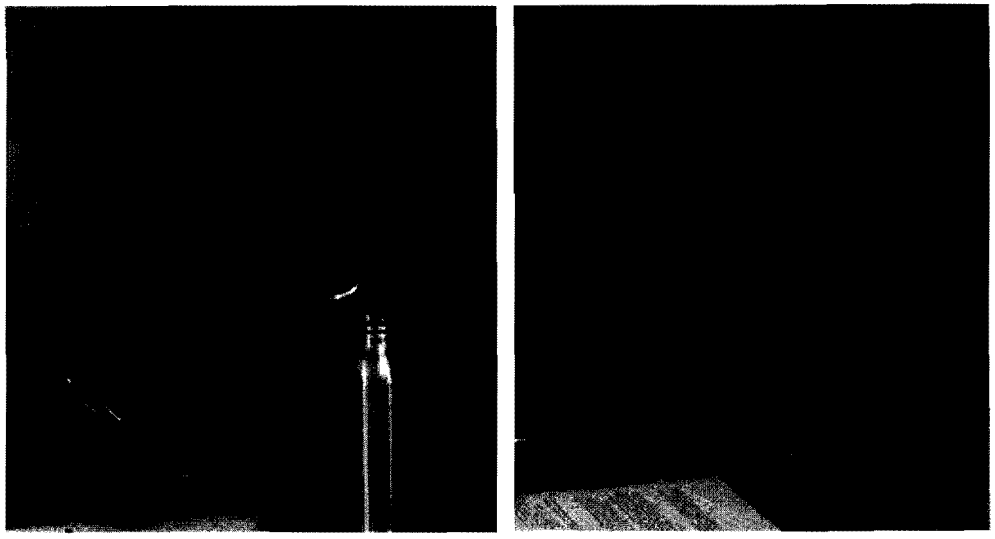
- American Indian Heritage Month Celebration
- Asian Indian Republic Day
- Burmese American Buddha Association Health Fair
- Cambodian New Year Festival
- Korean Global Mission Church
- Guru Nanak Foundation of America Health Fair (Asian Indian community)
- Indian House of Worship Health Fair
- Maryland Vietnamese Mutual Association Long Branch Senior Center Health Fair
- Southern Asian Seventh-day Adventist Church Health Fair
- Vietnamese Tet Festival
- Wat Thai Temple Health Fair
- Small business outreach: U Nail Salon

Bridges to POWER

The Patient Navigator Program



As AAHI's newest initiative, the Patient Navigator Program (PNP) proved to be a valuable community resource in FY09. Launched in March 2008, in partnership with Cross Cultural (CC) Infotech, PNP addresses the growing need for culturally and linguistically appropriate health services for Asian Americans in Montgomery County. The program helps patients navigate through the health care system by providing access and identifying resources for Montgomery County's Asian American residents. This program is especially important for underserved Asian American community members, whose socio-economic status, English proficiency, or ability to pay for health services (uninsured / underinsured) may be a potential barrier to care. Based on successful approaches in other minority communities, AAHI designed the program to cater to the specific needs of Montgomery County's Asian American residents, with a focus on assisting patients to overcome the cultural and linguistic complications that often arise during interactions with the health care system.



AAHI staff and patient navigators review a Request Data System report to gain insight to the community and inform the strategic planning process.

Program Overview

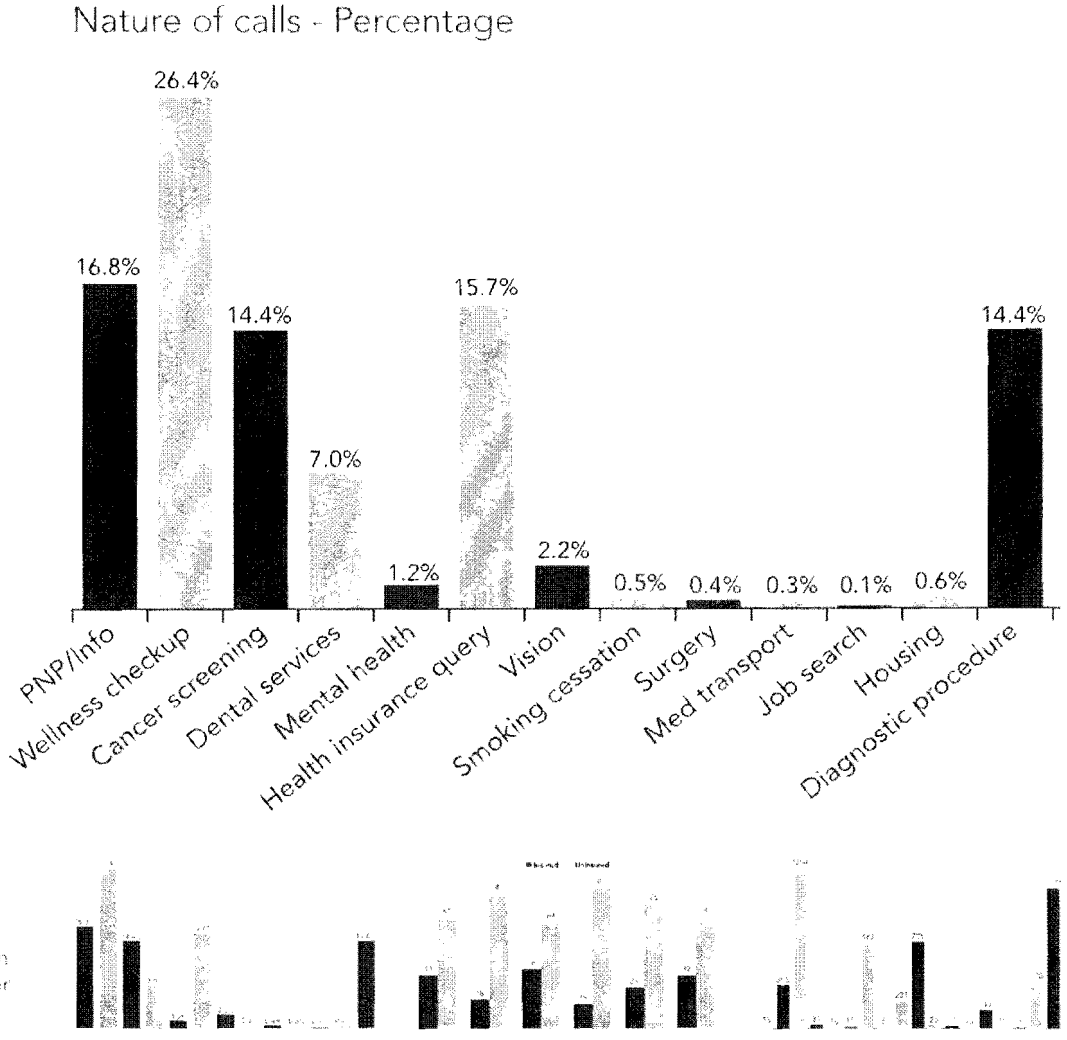
Navigators are available to assist patients with scheduling appointments at County safety net clinics, provide face-to-face medical interpretation, and translate documents as needed. Navigators also work to empower patients by providing them with the information they need to understand their diagnosis and treatment options, communicate with doctors, and ask questions to get the answers they need.

To maintain a high-quality service, navigators attend trainings and informational sessions regarding County services. Additionally, two navigators completed the Teaching of Interpretation course offered by the Monterrey Institute of International Studies, in collaboration with the University of Maryland.

Understanding the Patient's Needs: Request Data System

To complement navigation services, CC Infotech and AAHI developed the Request Data System (RDS), a valuable tool used to capture pertinent real-time data for assessing goals and objectives related to PNP. The data are analyzed using several parameters: nature of call, gender, age, insurance status, ethnicity and preferred language of the patient.

RDS-generated reports are used to assess objectives and evaluate program efficacy. Reported information can assist in formal recommendations to the County regarding needed areas of improvement.



Click on a graph to see the larger version above.

2009 Patient Navigator Program Achievements

5149 calls received

982 patients registered with PNP

1111 appointments scheduled

90% of qualifying patients linked to County services

339 over-the-phone medical interpretations

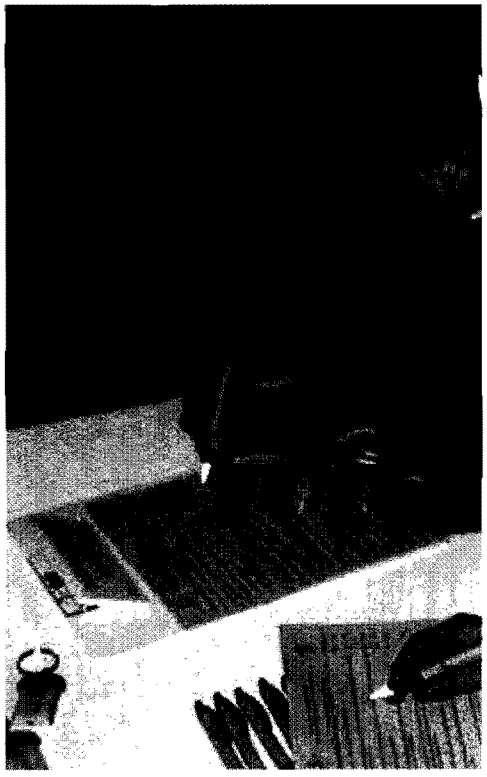
938 in-person medical interpretation appointments

100% patient satisfaction (as reported through patient evaluations)

POWER TOOLS

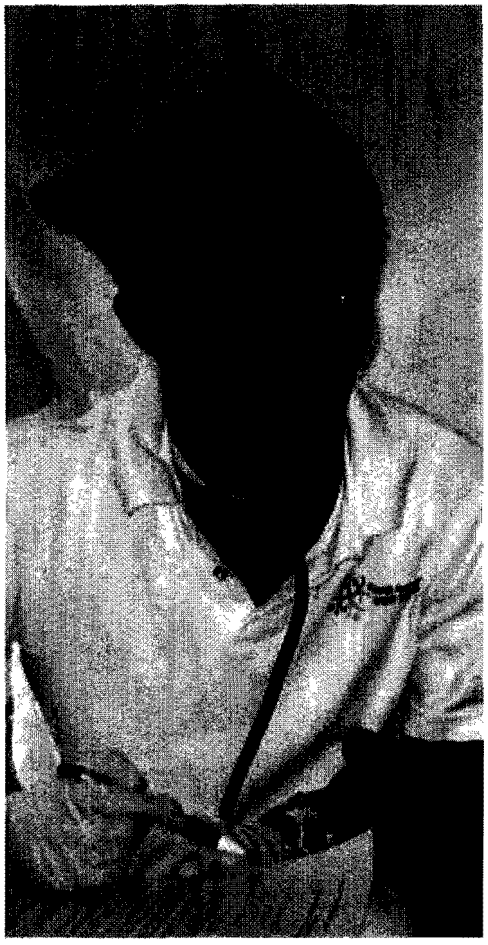
Data Collection & Dissemination

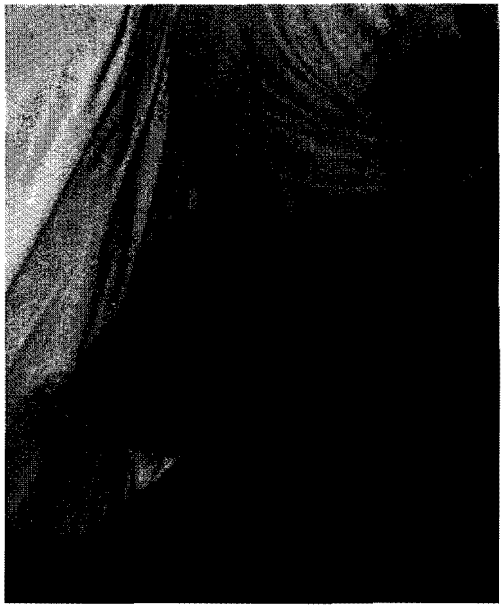
In addition to its direct service activities, AAHI has played an active role in data collection and analysis in filling the gap of health research examining indicators among Asian American subgroups. As such, AAHI has taken on a leadership role in analyzing and assessing the needs of Asian Americans locally. A 2008 needs assessment report and subsequent scholarly articles have resulted in a significant contribution of rigorous health information relevant to the welfare of Asian Americans. Moreover, results of these findings have been disseminated to diverse audiences throughout the state and across the country in a variety of forums. This information has been pivotal in generating comparative data about Asian American health prospects through the United States and facilitating the design of multi-level intervention strategies which target disparities in Montgomery County.



Data Collection

One of the most significant challenges in Asian American health is the lack of subgroup-specific data by large-scale surveillance systems. Without this information, significant disparities facing specific Asian subgroups are attenuated by inclusion with non-affected subgroups to arrive at population estimates. As such, resources may not be allocated appropriately to ensure that the health needs of underrepresented Asian subgroups are addressed. In addition, data collection systems must take into account the variety of social and cultural determinants that influence disproportionate outcomes among different Asian American subgroups. To address this paucity in data, AAHI works to identify the health care needs and monitor the health status of diverse Asian American communities in Montgomery County as one of its primary endeavors. Disaggregated health data on Asian Americans in the County is essential to the accomplishment of that mission. Local health surveillance is normally accomplished through analysis of both local and national data. In the case of Asian Americans in Montgomery County, however, data are insufficient at both levels to glean meaningful information about subgroup disparities.





Program Coordinator Perry Chan leads efforts to collect patient data on osteoporosis, diabetes and heart disease to better understand local trends.

AAHI has already begun to address these gaps through various program efforts that now incorporate data collection as a fundamental aspect of planning and implementation. Through the Patient Navigator Program's Request Data System and data collected at health fairs, outreach events, and community health screenings, AAHI is beginning to piece together the complexities and unique needs of this diverse population.

In 2009, AAHI joined a County taskforce aimed to eliminate racial and ethnic gaps that exist in health status. As a participant of the Community Health Improvement Process (CHIP), AAHI assisted with compiling data on demographic characteristics and health outcomes across several indicators for the racially, ethnically, and linguistically diverse populations of Montgomery County. CHIP brings County Department of Health and Human Services and other public agencies together with hospitals, foundations, and non-profit organizations to identify problems and strategize solutions based on key data.

the POWER of Collaboration

2009 Asian American Health Conference

AAHI convened the 2009 Asian American Health Conference A Time for Change—Transforming Opportunities into Action to disseminate local findings and share best practices among ongoing public health initiatives across the country. In addition to an expert array of conceptual and substantive sessions—presented on by key organizational leaders, policymakers, researchers, practitioners, and advocates—related to Asian American health, the 2009 Asian American Health Conference also facilitated AAHI's strategic planning process in defining its long-term strategic targets and future directions to explore or pursue for the betterment of the health of its constituent Asian American population.

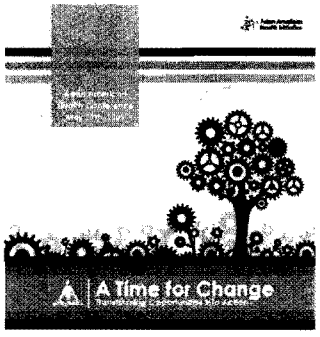
More than 300 public health professionals, including medical care providers, community health advocates, health educators, researchers, policymakers, and community leaders and partners gathered in Gaithersburg, MD on May 20 for the day-long event. The Conference began with recognition of Asian Pacific Islander Heritage Month and acknowledgement of Conference planners, supporters, and advocates. The substantive part of the Conference included context-setting overview sessions followed by a set of breakout sessions elucidating themes generated by the community health needs assessment, and concluded with two critical synthesis sessions, which included an interactive forum with participants and selected speakers.

By and large, attendees found the Conference to be of high quality, contain useful content, and were overall satisfied with the breadth and depth of Conference activities. An informal networking session followed the major Conference events, in which more acknowledgements were presented and attendees were able to share experiences and potential arenas of collaborations.

Analysis of the day's events found that AAHI had made significant progress in four target areas outlined in the 2008 needs assessment report:

- Increasing knowledge and raising awareness of health promotion;
- Expanding access to quality health care services
- Broadening partnerships and collaborations
- Enhancing data collection and reporting

"[The interactive forum] got us to think about how we will take lessons learned from Conference back home to apply to our own settings"



A PDF version of the conference program book is available here.

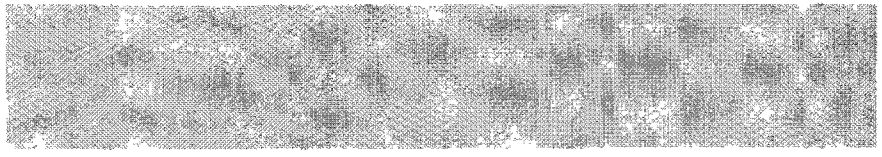
In addition, the Conference generated other suggestions that were not identified by the community health needs assessment. Areas where AAHI may expand or improve its efforts include more policy advocacy activities, dissemination of organizational information to a wider and more diverse audience, more opportunities for professional development, and diversifying its own funding portfolio. All in all, the input, feedback, and recommendations generated by the Conference provided invaluable information which AAHI may be able to incorporate into its organizational activities to meet the specific health needs of the Asian American population in Montgomery County.

the POWER of Unity Other Achievements

AAHI staff, steering committee members, and volunteers have assumed leadership roles and maintain active membership in various local boards and professional groups. Believing collaboration and unity are essential to achieving health equity, AAHI has participated in the following Workgroups in 2009:

AAHI Workgroup Involvement

- Health Equity Initiative
- Hep B-Free DC Network, Co-chair
- Blue Ribbon Panel Member, Adventist Healthcare Center for Health Disparities
- Community Advisory Board Member, Maryland Asian American Cancer Program (Community-based Participatory Research Grant), Johns Hopkins Bloomberg School of Public Health
- Hepatitis B Taskforce
- Montgomery County Cancer Coalition
- Montgomery County Tobacco Free Coalition
- Multicultural Outreach Workgroup, National Institute of Arthritis and Musculoskeletal and Skin Disease, National Institutes of Health
- Regional Conservation Health Disparities Blueprint, Office of Minority Health, US Department of Health and Human Services



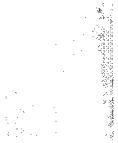
AAHI Participation at the State and National Level

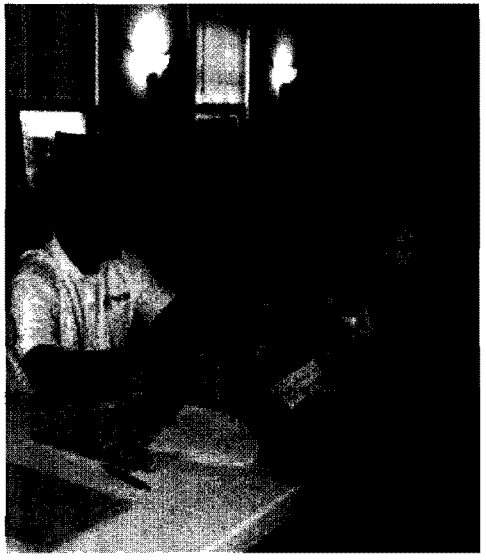
Date	Date & Details	Function	Title
October 25-29, 2008	136th American Public Health Association Meeting and Exposition, San Diego, California	Presenter	"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
			"Reducing the Prevalence of Osteoporosis Among Diverse Asian American Populations through Education and Screening"
			"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
November 12, 2008	15th Maryland State Council on Cancer Control Conference Baltimore, MD	Exhibitor	N/A
December 1, 2008	World AIDS Day Silver Spring, MD	Presenter	N/A
December 4, 2008	Morgan State University Baltimore, MD	Guest Lecturer	N/A
December 16-18, 2008	National Institutes of Health Summit: The Science of Eliminating Health Disparities National Harbor, MD	Presenter	"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
			"Reducing the Prevalence of Osteoporosis Among Diverse Asian American Populations through Education and Screening"
			"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
February 25, 2009	3rd National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health National Harbor, MD	Presenter	"The Health Promoters Program- Improving the Level of Health Education & Outreach to Accommodate the Needs of the Diverse Asian American Community"
			"Identifying Strengths, Needs, and Opportunities for Action among Diverse Asian American Communities.
			"Innovative Approaches in Providing Culturally and Linguistically Appropriate Cancer Education to the Diverse Asian American Community"
June 24, 2009	ABC News Special: Questions for the President: Prescription for America	Panel Audience Participant	Representing Asian Americans in a conversation with President Barack Obama on the Future of the Nation's health care system.

LOOKING Ahead

Planning Ahead for a Successful Future

During its short existence, AAHI has taken an active role in addressing and eliminating Asian American health disparities in Montgomery County, in collaboration with numerous partners and supporters. Through its education, screening, and referral programs, AAHI has targeted disproportionately high rates of specific diseases among Asian Americans, as well as increased awareness and education regarding modifiable behaviors that influence these disparities. Not only has AAHI utilized community-based initiatives which mobilize and empower Asian Americans in the local vicinity, AAHI has also become a large presence outside of its geographic boundaries. The latter consideration is illustrated clearly in AAHI's increased participation in and invitations to professional conferences and national minority health coalitions, as well as recognition of its efforts to improve Asian American health in academic journals, community forums, and other mechanisms of information dissemination. Reciprocally, AAHI has been fortunate enough to have leading organizations and highly-reputable health professionals participate in its two national conferences and local data collection efforts. In summary, AAHI has demonstrated its invaluable role with the community it serves as well as its contributions to the larger public health movement to end racial/ethnic health disparities.





However, as newer paradigms of public health emerge and stakeholders shift priorities related to theory, research, and practice, organizations charged with protecting and promoting the well-being of understudied and underserved populations must adapt to the changes in a timely and strategic manner. AAHI's future directions are no exception.

During its inception, the focus of the field of minority health and health disparities put a primary emphasis on the elimination of singular diseases which were overrepresented among racially and ethnically diverse communities. Among other recommendations, researchers and practitioners alike stress the importance of identifying illnesses for which early screening serves as a huge determinant of prevention and successful treatment.

Following these guidelines, AAHI has been keenly focused on the increasing disparity of hepatitis B among its local Asian American community and expanded its hepatitis B program to ensure that it fills a glaring gap in the lack of screening services for a highly at-risk population. As AAHI continues its programmatic efforts, it needs to pay critical attention to both scientific and community advances in disease prevention to optimize its efforts to addressing emerging disparities at an early stage.

However, the field of public health has also moved from a disparity-specific model to assess "root causes" of disproportionate burdens of illness, to creating the social, environmental, and structural conditions which enable all communities to pursue

optimal health and well-being. Accordingly, government agencies, health organizations, and funders of health initiatives have emphasized addressing the "social determinants of health" and improving social and physical conditions, such as the "built environment", to reduce adverse exposures and enable healthy lifestyles. This paradigm shift largely stems from a social ecological model, in which an interplay of multiple and dynamic factors over time have been demonstrated to contribute to community health outcomes. Given this movement away from targeting specific diseases singularly, AAHI must examine its vast programmatic database and institutional history to determine how it can effectively realign its efforts to meet conceptual and practical shifts in the field of public health. As AAHI meets an important and unaddressed need among Montgomery County's Asian American community, it must make these changes while ensuring that its governing philosophy and commitment to improving population remains intact. While moving forward, AAHI plans to examine the content and recommendations generated from its most recent Asian American Health Conference to evaluate how to shift these priorities in alignment with others who have pursued similar programmatic transitions. Specifically, AAHI will be focusing on more preventive efforts, targeting increasing community

knowledge of behavioral determinants of multiple health conditions as well as expanding its ability to provide greater access to quality health care services.

As lack of data remains a major issue for all organizations working to improve Asian American health, AAHI will continue to collect programmatic and community-based health data, while ensuring this information reaches key audiences, including policy makers and health researchers. Making key improvements on these areas are consistent with the recommendations generated from the 2008 needs assessment report and echoed during both the didactic and interactive sessions presented during the 2009 Asian American Health Conference.

In context of the delicate economic environment, AAHI also plans to broaden its partnerships and collaborations at the county, state, and national level so that crucial resources are utilized efficiently and with the broadest impact possible. For instance, there may exist opportunity for Montgomery County's three ethnic health initiatives to work together on common issues impacting their collective target populations. Additionally, new program objectives and activities may open doors to alternative funding opportunities in the form of program support grants. AAHI will embark on a longer-term strategic planning process that addresses Montgomery County's growing Asian population and allows for incremental yet impactful changes in its program planning efforts in the context of economic uncertainty. A number of recommendations, originating from the scientific literature as well as AAHI's organizational and community partners, have focused on key themes reflecting the shift in minority health priorities. As an organization which collects a wealth of important health data, AAHI will have to focus on ensuring that such information reaches

a broader audience. Dissemination of its public health practice activities may enable partnerships with organizations across the country that focus on Asian American populations. Participating in cross-national partnerships will increase its research capacity as well as expand its exposure to community-based approaches effective in other Asian ethnic enclaves.

Similarly, in order to focus on more "upstream" determinants, AAHI may need to restructure its existing organizational framework incrementally to address more of the "root causes" of the disparities impacting its local Asian American community. As such, AAHI needs to undertake an internal assessment to determine which of its programs may function more effectively as a consolidated unit, what other areas would require programmatic emphasis, and ensure that any realignment is consistent with its mission and responsibilities to both the community and its supporters.

Finally, as the United States moves toward a new era of health reform, AAHI must incorporate more policy advocacy efforts in its future endeavors. Not only will these activities increase AAHI's presence as a leading minority health organization and influence implications for increased resources, it will also serve as a voice for Asian Americans—especially those who are most underserved and disadvantaged—to ensure that their concerns and needs are represented in decision-making environments.

FY09 Annual Report excerpt

About the Latino Health Initiative

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 by the County Executive and the Montgomery County Council, with the support of Latino leaders. Charged with the development and implementation of a plan of action that would be responsive to the health needs of Latinos in the county, the LHI created the Blueprint for Latino Health in Montgomery County, Maryland, 2002-2006. The Blueprint, which was updated during FY08, identifies seven major health priorities and policy recommendations and provides strategic direction for addressing Latino health issues in the county.

The human resources of LHI are comprised of staff members from the Department of Health and Human Services and the Latino Health Steering Committee, a group of volunteer professionals affiliated with national, state, and local organizations. Through its unique partnerships, the LHI makes substantial improvements in individual lives and local systems. The LHI is committed to improving the quality of life of Latinos living in Montgomery County by:

- Enhancing coordination among existing health programs and services targeting Latinos;
- Providing technical assistance to programs and services serving Latinos;
- Developing and supporting models of programs and services to effectively serve Latinos; and
- Advocating for policies and practices that will effectively reach the county's Latino populations.

The programs and activities of the LHI have the support of a large number of public and private organizations that have signed on as committed partners. In addition, the LHI is recognized as a moving force in the development of programs that address basic screening and prevention needs of Latino families, including the promotion of physical, mental and social wellness.

Latino Health Steering Committee of Montgomery County

The Latino Health Steering Committee (LHSC) provides expert guidance and technical assistance in the conceptualization, design, development and evaluation of Latino health activities and projects within the Department of Health and Human Services. As an independent group of 22 volunteer professionals and community leaders, it has contributed its time and efforts to advocate for policies and practices that aim to improve the health status of Latinos in Montgomery County.

Latino Health Steering Committee Accomplishments

Steering Committee members

- Volunteered 1,496 hours to support the LHI's work.
- Assisted the County's Department of Health and Human Services to secure $1,784,384 for FY10 to support activities and programs whose common aim is to improve Latino health.
- Educated the County Council's HHS Committee on the status of Latino Health in Montgomery County, including the dire situation of Latino youth.
- Engaged organizations working on Latino youth issues to establish the Latino Youth Task Force, which was able to obtain the commitment of County Executive Leggett to provide the necessary support to develop and implement a plan of action to address Latino youth issues.
- Worked with the leadership of the two other Minority Health program initiatives to secure funding to support activities and programs to improve minority health.
- Provided ongoing support to HHS Department-wide initiatives such as the Community Improvement Process (CHIP) and the Equity and Social Justice Initiative.
- Provided written testimony to support Senate Bill 205 to address the nursing shortage by providing alternate ways for individuals to meet Maryland's high standards for licensure.
- Advocated and provided expert testimony at county and state forums on behalf of the Latino community regarding important issues, such as the importance of increasing the number of smoking cessation programs and enhancing race/ethnicity data collection for Latinos.
- Advocated at the State level on behalf of the Latino community to secure funding for the Latino Asthma Management Program.
- Increased Steering Committee membership from 18 to 22 members.
- Chaired the Latino Data Workgroup and Community Engagement Workgroup

Community Planning Activities

The Latino Health Initiative and the Latino Health Steering Committee engaged in community planning activities through various workgroups to move forward the Latino health agenda illustrated in the Blueprint for Latino Health.

Latino Data Workgroup

The Latino Data Workgroup (LDW) was formed in 2002 under the auspices of the Montgomery County Latino Health Steering Committee. This seven-member body provides technical assistance, advice, and advocacy to enhance data collection analysis and reporting on Latino health-related issues. Such efforts aim to contribute to rational prioritizing, planning, monitoring, and evaluation of interventions. The LDW also invites new leadership from non-profit organizations to broaden their scope of work and to reach other entities who are interested in advancing the collection, analysis and dissemination of data.

Latino Data Workgroup Accomplishments

- Offered approximately 90 hours of in-kind technical support and assistance to the Latino Health Steering Committee and the Latino Health Initiative.
- Provided technical guidance to three researchers on studies pertaining to adolescent pregnancy and access to care issues.
- Assisted in capacity building activities during the State Workshop on Latino Health conducted by the LHI.
- Presented the Blueprint for Latino Health in Montgomery County 2008-2012 at the 2008 Annual American Public Health Association meeting and at the 2009 Annual Maryland Office of Minority Health and Health Disparities Leadership Summit.
- Offered support in the dissemination of the Blueprint for Latino Health 2008-2012 at the local, state and national levels. Members of the Latino Health Steering Committee, including members of the Latino Data Workgroup met with County Council members of the Health and Human Services Committee to discuss the Blueprint. Other presentations include the Down-County and Up-County Latino Networks
- Offered support in the conceptualization and design of the Web data portal to be included in the newly reconfigured LHI Website.
- Forged a partnership with the Governor's Commission on Hispanic Affairs to address data collection, analysis and reporting issues at the State level.
- Established an official linkage with the Brookings Institution Montgomery County Hospital Care Equity Initiative, which aims to improve the quality of health care for racial/ethnic minorities and other underserved populations by enhancing standard race/ethnicity data collection and reporting methods at four local hospitals.

Members of the Latino Data Workgroup

Community Engagement Workgroup

The Community Engagement Workgroup (CEW) was established to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health. The CEW seeks to:

- Educate the community on national and local political processes, human and rights and responsibilities, effective advocacy methods and advocacy tools.
- Develop strategies to assist the community in identifying health-related issues and engaging them in collective and collaborative problem-solving.
- Develop action plans to enhance the community's participation and ownership of concerns affecting their health and to build the community's capacity for making changes relevant to improving the health of the community.

Latino Community Engagement Workgroup Accomplishments

- Established the newly formed Latino Community Engagement Workgroup in October, 2008, with 23 members – 10 members from the Latino Health Steering Committee and 13 Latino Health Initiative program participants.
- Developed a community engagement training curriculum specially tailored for community members and conducted an eight hour-long training for 16 workgroup members.
- Three workgroup members presented testimony at the January 29, 2009 County Executive's Community Budget Forum at the Eastern Regional Center in support of the Foreign-Trained Health Professionals Program.
- CEW members provided pivotal support to the Steering Committee during advocacy efforts aimed at protecting the funding allocation for FY10 to the Minority Health Initiatives/Programs.

Community Engagement Workgroup members during a town hall meeting with County Executive Leggett

Community Programs and Activities

Featured Activity: Smoking Cessation Program

Every year in the U.S. over 392,000 people die from tobacco-caused disease, making it the leading cause of preventable death. An additional 50,000 people die from exposure to secondhand smoke. Tragically, each day approximately 1,100 kids become regular, daily smokers and between one third and one half will eventually die as a result of their addiction. Tobacco use continues to be the most preventable cause of death in the United States. Smoking is responsible for 87% of the lung cancer deaths in the United States. Overall, lung cancer is the leading cause of deaths due to cancer among Hispanics.

Many smokers are aware of the health consequences of tobacco use, yet they continue smoking. And when they attempt to quit, they realize how difficult is to kick the habit. There is currently a scarcity of programs aimed at helping smokers within the Spanish-speaking community.

Program Description

The goal of the Smoking Cessation Program is to provide interventions to Latino smokers who want to end their physical and emotional dependence on tobacco, but need help doing so. The program is based on a curriculum developed by LHI with special sensitivity to cultural dynamics within the Latino community. The program consists of six weekly two-hour sessions in which participants learn about the detrimental effects of tobacco use, techniques on how to avoid triggers, alternative means of coping with stress, and relapse prevention, among other topics. In addition, the program provides support to participants by the cessation counselor and smoking cessation coaches who have been trained to help smokers during this process. In addition, the program offers individual counseling and support and nicotine replacement therapy for those who qualify. To support smokers' participation in cessation sessions, childcare is provided free of charge.

Program Accomplishments

- In FY09, four smoking cessation sessions of 6 weeks in duration were conducted for a total of 32 smokers.
- Two health promoters were trained as Cessation Coaches.
- Simultaneous Spanish/English interpreters are now available at the Montgomery County Tobacco Coalition Meetings to facilitate community participation. This gain was the result of strong advocacy efforts conducted by program staff.
- A total of 64 promoters were educated on how to reach out to smokers and the Latino community.
- In March of 2009, fourteen health professionals from across Maryland attended the workshop to learn about the Smoking Cessation model, presented at the State Workshop on Latino Health.
- An abstract, *A Multi-pronged Strategy for Recruitment and Retention: Success and Challenges in a Latino Smoking Cessation Program,* was accepted for presentation at the National Association of Hispanic Nurses 34th Annual Conference.
- A group session for smokers was specially developed and conducted at CASA of Maryland with a group of smokers who are regular clients of that agency.
- A strong relationship was established with community entities, including Community Ministries of Rockville, Holy Cross Clinic, Lung Cancer Prevention Program, Tobacco Cessation Center, and Proyecto Salud.

Table 1. Smoking Cessation Program Measures

Output Measures	**Results**
Number of Cessation Groups	4
Number of smokers who received counseling and/or education	151
Number of smokers participating in group sessions	32
Outcome Measures	**Results**
Percentage change in knowledge about the use and hazards of tobacco use based on pre and post test	31.7%
Percentage of smoke-free participants at the end of the cessation sessions	83.%
Percentage of smoke-free participants after 3 months of completing cessation sessions (N=34)	76.5%
Percentage of smoke-free participants after 6 months of completing cessation sessions (N=30)	70 %
Percentage of smoke free participants after 12 months of completing cessation sessions (N=19)*	33%
Quality of Service Measure	**Results**
Percentage of smokers completing the cessation sessions	75%
Percentage of participants satisfied with the program	100%

*Only smokers from FY 08 were considered for 12 month quit rates. FY09 participant data is forthcoming.

Participants and staff at a smoking cessation closing session

Program Challenges

- This year the Smoking Cessation Program was once again financially affected by an 11% reduction in State funding to the Montgomery County Cigarette Restitution Program. The reduction had a direct effect in the amount of services offered to the Latino community. However, the program was able to continue partial operations with the limited resources.
- The economic crisis was one of the major reasons that affected smokers' participation in the program. Two reasons played a major role: lack of income increased stress levels in individuals and hence their willingness to quit smoking; and some unemployed participants did not continue with the cessation activities once they obtained a job, due to schedule changes.
- The Smoking Cessation Program is a comprehensive and complex program that requires a minimum level of resources. Due to the budget cuts, it was extremely challenging to implement the program while maintaining the quality standards to which LHI is accustomed.

Lessons Learned

- Many of the smokers who were recruited and referred to the program were not ready to quit smoking. Intense educational and counseling efforts are required to move smokers from one stage of behavior change to another. Combining individual and group sessions was essential to achieve this goal.

"Ama Tu Vida" Health Festival and Soccer Tournament

In commemoration of Hispanic Heritage Month (September 15th – October 15th), the fourth annual *Ama Tu Vida* (Love Your Life) Health Festival and Soccer Tournament was held on September 20, 2008 at the Athletic Complex of the Wheaton Regional Park. The Festival was organized by the Latino Health Initiative (LHI) with the support of the Office of the County Executive, the Office of Community Partnerships, the Maryland-National Park and Planning Commission, AMERIGROUP Community care, United Health Care MCO, Suburban Hospital and Radio America.

Over 22 county departments and offices and over 30 nonprofit and private agencies partnered with the LHI to provide health care services to participants. Two proclamations in celebration of Hispanic Heritage Month were presented by Montgomery County Executive Isiah Leggett and a representative from the Governor's Commission on Hispanic Affairs. For the second consecutive year, the festival included a soccer tournament. Approximately 20 adult teams of seven players each participated in 40-minute long soccer games throughout the day.

The festival celebrated Latino culture and tradition and was part of the on-going *Ama Tu Vida* campaign of the Latino Health Initiative of the Department of Health and Human Services to inform, educate and empower the Latino community to adopt healthier lifestyle behaviors. Musical and traditional Latino dance performances complemented the activities for participating children and adults.

Ama Tu Vida Health Festival Accomplishments

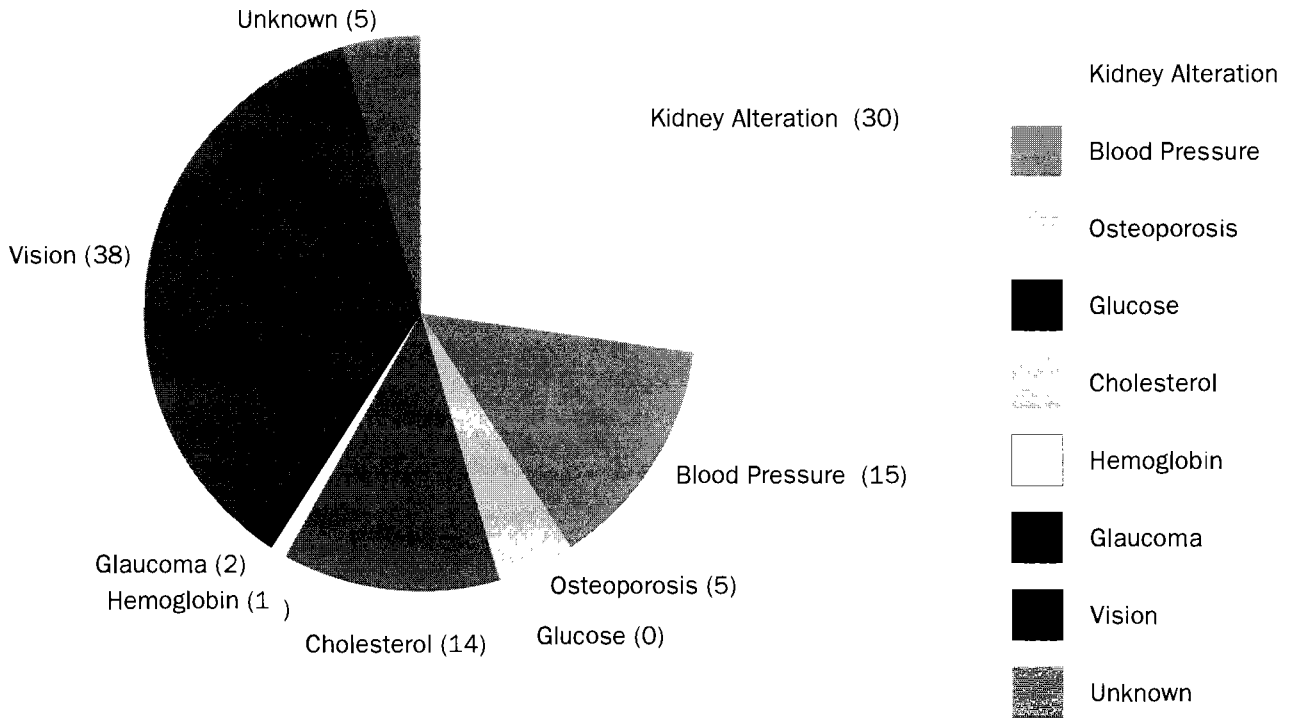
- Between 3,000 and 3,500 participants visited the numerous multicolored tents to learn about health care services, programs and ways to stay healthy. In addition, approximately 140 adults participated in the soccer tournament.
- A total of 269 volunteers contributed over 2,000 volunteer hours.
- Thirty-nine exhibitors provided information on how to stay healthy and how to access services available in Montgomery County.
- Over 2,100 medical screenings were provided free of charge by 13 participating health care providers, who identified 120 individuals with abnormal results.
- Festival participants were provided with the results of their screenings and those without medical insurance were given assistance in scheduling follow-up appointments at community clinics. In partnership with Montgomery Cares, community clinics scheduled follow-up appointments for 105 uninsured Montgomery County residents with abnormal medical screening results.
- In collaboration with the Primary Care Coalition, LHI tracked a sample of 37 individuals with follow-up appointments. Findings showed that 24 individuals (65%) attended their appointments and obtained appropriate treatment.

Table 2. Number and Type of Medical Screenings Performed

Screening Test	Number
Dermo scan	37
Carbon Monoxide	29
Blood Pressure	502
Osteoporosis	60
Body Fat	50
Glucose	332
Cholesterol	182
HIV	93
Glaucoma	129
Pregnancy	1
Hearing	129
Ocular exam	129
Vision	129
Hepatitis B	42
Syphilis	42
Protein in Urine	127
Urine analysis	127
Total	**2140**

For the second time, the festival included a Soccer Tournament.

Figure 1. Nature of Abnormal Results



Challenges

- For the first time, the soccer tournament and the Festival took place at the same location in the Athletic Complex of the Park. As a result, additional time and effort were necessary to coordinate both activities.
- The increase in community participation required the close coordination of efforts between the Montgomery County and the Park Police Departments to avoid traffic problems.

Lessons Learned

- This festival provides essential services to individuals who otherwise would go without care. Bringing together public and private sector entities creates a synergy in which a very powerful event also maximizes resources.
- To achieve solid outcomes, in terms of access to care, outreach activities must be complemented with follow up services (e.g. follow up appointments for participants receiving free screenings.)

Asthma Management Program

Asthma is a serious and diversely manifest disease. It is also a significant cause of school absences due to illness, medical appointments, and hospitalization. The Center for Disease Control estimated that 12.8 million school days are missed annually due to asthma. Currently in Maryland, 13.1% of children have a history of asthma; and of those, 9.2% of children currently manifest asthmatic symptoms.

Although asthma affects people at all socioeconomics levels, poor and minority children are affected disproportionately. These children face more severe consequences on their overall health and quality of life. Latinos living in Montgomery County face several barriers such as language (67% of Latinos speak little or no English); low socioeconomic status (the Latino average per capita income is $20,165); and poverty (the Latino poverty rate is double the rate for the County, and over 50% of students enrolled in the County Public School system receive Free and Reduced Price Meals).

Program Description

The overall goal of the Asthma Management Program is to reduce hospital emergency room visits and hospitalization of Latino children living in Montgomery County. This is accomplished by educating and empowering parents and caregivers of children with asthma on managing the condition. The Program has three components:

1) educational sessions for parents and caregivers utilizing a curriculum developed specifically for the program, based on national guidelines;

2) supportive interventions provided to participants by volunteer foreign- trained nurses, who act as counselor/educators (Consedus) to establish an open communication with program participants. These nurses identify and address family concerns about asthma, and encourage participants to keep their children asthma under control; and

3) follow-up sessions conducted between six and nine months after the participants complete the educational sessions.

Asthma Program activities are conducted by LHI staff under the guidance of a Community Advisory Committee (CAC) composed of experts on asthma and current and former program participants.

The Asthma Program has strong partnerships with the DHHS School Health Services, Linkages to Learning Program and MCPS Department of Family and Community Partnerships. These entities are key players promoting the program and supporting participant recruitment.

Program Accomplishments

- Held 80 hours of asthma educational sessions at five elementary schools across the county: Highland, New Hampshire Estates, Rolling Terrace, Fox Chapel, and Clopper Mill.
- Implemented five asthma follow-up sessions for participants who completed the program in FY08.

- Held the second Latino Forum for parents and caregivers of children with asthma, in collaboration with School Health Services, the Administrative Care Coordination Unit of the Montgomery County Department of Health Human Services, and CASA of Maryland.
- Trained 13 volunteer asthma coaches (Consedus) on basic asthma, management protocols, adult and popular education techniques, supportive interventions, and client confidentiality
- Consedus contributed more than 400 volunteer hours (representing 50 full day equivalents) of social support and counseling to parents participating in the program.
- Incorporated six new members to the CAC: two Latino health experts, three parents of children with asthma and an asthma counselor/educator (*Consedu*)

Table 3. Asthma Management Program Measures

Output Measures		**Results**	
Number of asthma outreach and community activities implemented		11	
Number of participant in outreach and community activities		324	
Number of educational sessions conducted		40	
Number of follow-up sessions conducted		5	
Number of participants (parents/caregivers) attending the follow-up sessions		35	
Outcome Measures	**Pre test**	**Results Post Test**	**% Change**
Percent Increase in asthma management knowledge of parents/ caregivers as evidenced by pre and post test	68.9%	87.8%	27.5%
Percent of participants who developed an asthma management plan	23.5%	100.%	325.5%
Percent of participants that reported the use of an asthma management plan	21.6%	96.1%	345%
Percent of parents who felt fairly and very sure on their ability to manage their children's asthma (self-efficacy)	42.2%	93.7%	122%
Percent decrease of reported emergency department visits due to asthma	21.6%	7.8%	63.9%
Percent decrease of reported hospitalization due to asthma	3.9%	2%	48.7%
Percent decrease of reported school days missed due to asthma.	25.5%	17.6%	31%
Percent decrease of reported restricted activity due to asthma.	21.6%	15.7%	27.3%
Quality of Service Measure		**Results**	
Percent of participants completing the educational interventions		77.4%	

Program Challenges

- Some children were diagnosed by their health care providers with *bronchospasm* or *punto de asma*. Since these terms are extremely ambiguous, parents were confused, and had issues managing their children's asthma in an appropriate manner.
- We advised parents to build a relationship with the school nurses but in several cases communication was not possible because language was a barrier.
- Lack of comprehensive medical care and navigation within the Managed Care Organizations' system are recurrent obstacles faced by many parents and caregivers.
- Environmental conditions, such as the use of chemicals to clean up school facilities, and poor housing conditions, interfered with our efforts to control asthma among the children with the disease.

Lessons Learned

- The schools that did not have a partnership agreement with the Linkages to Learning Program required more creativity to implement the program and to expand recruitment efforts. Good communication with the principals, staff members and school community coordinators was extremely important to insure their support in the successful implementation of the asthma sessions.
- Recruitment is a complex activity requiring the collection of health and personal information from children and their parents. It also requires committed partners who motivate parents to avoid attrition.
- Parents learned how to monitor and record their child's asthma symptoms, but they were inconsistent in adopting a routine and promptly skipped the daily record. Using an asthma diary helped to educate parents to record asthma symptoms, peak flow meter results, use of medicines, and exposure to triggers.

Emergency Preparedness Project

Project Description

During FY09 the LHI again partnered with the Advanced Practice Center (APC) for Public Health Emergency Preparedness of the Montgomery County Department of Health and Human Services, in a remarkably effective promoter-led community intervention on emergency preparedness. A new detailed module addressing preparation for a pandemic flu was added to the Spanish-language training curriculum entitled, Emergency Preparedness in the Latino Community: A Training Manual for Promoters.

Six health promoters from the LHI's Vias de la Salud Health Promoter Program received specific training on this module, including tips on how to correctly hand-wash and stay-at-home care for a person with the flu. The training also reviewed the three steps for emergency preparedness: initiate a family conversation, develop a family emergency plan, and prepare an emergency supply kit. Promoters formed two teams to plan and conduct three community interventions at three collaborating community agencies that serve Latinos. The interventions consisted of two weekly educational sessions addressing basic emergency preparedness and the specifics of pandemic flu preparedness. In a notable coincidence, the first interventions were held just weeks after the new influenza A virus (H1N1, or swine flu) was first detected.

Project Accomplishments

- The expanded training curriculum on emergency preparedness, that includes pandemic flu preparedness, will be posted on the APC's web site and made available to county health departments throughout the country.
- Vías de la Salud health promoters conducted one intervention for a group of thirteen promoters from Community Ministries of Rockville, a partnering program for many years. The group of promoters gave very positive feedback and committed to sharing the information they learned with the community.
- A report based on a pilot program implemented by a group of six health promoters in partnership with the APC called "Emergency Preparedness Education for the Latino Community conducted by Health Promoters: a Mini-Pilot Study" was included in the National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Community.

Table 4. Emergency Preparedness Program Measures

Program Measures	Program Results
Number of individuals receiving education	46
Percentage of participants completing the program	97%

Findings from a qualitative evaluation, using observations of the interventions, promoters' records of the interventions, and a discussion with the promoters following the completion of all interventions, included the following:

- In general, participants were pleased with and interested in the information they learned and discussed. They showed much appreciation for the incentives they received, including the educational materials.
- Some participants reported that they had "done their homework": talked with their families, prepared a plan, and collected essential items.

Project Challenges

- There is no foreseen continuity of this program for the next years, since funds were not allocated for FY10 activities.
- The budget was very limited and the program was highly demanding. Many individuals did not receive the much needed education due to insufficient funding.

Lessons Learned

- Participants were aware of the pandemic flu through the Spanish media, which confirms that the radio and TV are effective means of reaching out to the Latino community.
- Promoters believe that explaining the three steps in emergency preparedness offers concrete action items for participants and helps to alleviate anxiety.
- Participants' comments and questions on emergency preparedness in general addressed the difficulty of obtaining extra prescription medications for an emergency; the shelf life of bottled water; and learning about a school's emergency preparedness plan, among others.

Foreign-Trained Health Professionals Program

The Federal Health Resource and Services Administration and the Baltimore Center for Health Workforce Development at the University of Maryland state that by 2012 the State of Maryland will have a shortage of 17,000 nurses. Workforce diversity is also a challenge. Current evidence establishes that greater workforce diversity leads to improved public health, primarily through greater access to care for underserved populations and better interactions between patients and health professionals. Despite the fact that many immigrants in Maryland are highly educated and experienced health professionals, many are currently under-employed and are not utilizing their full intellectual and professional potential.

Program Description

The Foreign-Trained Health Professionals (FTHP) Program is an evidence-based model that provides services to facilitate the Maryland licensure process for health professionals trained outside the United States. It is an innovative model that builds on the existing assets of immigrants and provides them with an economic opportunity while enhancing health outcomes for all.

The program has four primary components:

(1) guidance and support including individualized case management and financial assistance;

(2) academic training including English as a Second Language instruction;

(3) on-the job practical exposure to the U.S. healthcare system and mentoring at Maryland hospitals and other healthcare facilities; and

(4) leadership development.

Administered by the LHI, the program represents the efforts of various institutions including County Government, the academic sector, and the private sector. Each partner, according to its expertise, is responsible for a specific program component.

FY09 was a year of higher inclusion and expansion for the FTHP Program, since it opened its doors to non-Latino professionals. The FTHP Program worked in close collaboration with the County Executive's African Continent Advisory Group and the Department of Health and Human Services' Asian Health Initiative and African American Health Program to assist with the recruitment of non-Latino foreign-trained health professionals.

Program Accomplishments

- Received the 2008 Workforce Leadership Award from the Montgomery County Department of Economic Development.
- Partnered with and received $175,000 from the Maryland Department of Labor, Licensing and Regulation to initiate a formal program expansion across Maryland—starting with Prince George's and Frederick Counties—and to open the program to multiethnic, foreign-trained health professionals.
- Selected a highly qualified cohort of 35 foreign-trained nurses from Latin America, Asia, Africa and Europe. Participants came from different geographic locations including Montgomery County (60%), Prince George's County (22%), Frederick County (3%), Howard County (3%), Baltimore (3%)) and Virginia (9%).

- Recruited Shady Grove Adventist Hospital as a new program partner for the on-the-job practical exposure component.
- Developed the *Guide for the Practical Exposure Component* in partnership with the Maryland Hospital Association, Holy Cross, Washington Adventist, and Shady Grove Adventist hospitals to standardize the mentoring and the practical exposure to US healthcare system experiences.
- Placed six program participants to work as Nurses-in-Training at Washington Adventist and Holy Cross Hospitals.
- Developed training curricula and materials for foreign-trained nursing professionals to provide guidance on how to apply for the Credentials Evaluation Service with the Commission on Graduate Foreign Nursing Schools.
- Completed a preliminary report on the assessment of the process, steps and costs associated with the Maryland licensure of foreign trained individuals for 11 health professions.
- Partnered with Prince George's County Economic Development Corporation to identify new partners to facilitate the program expansion into Prince George's County.
- Provided technical assistance to the Boston Welcome Back Center at Bunker Hill Community College on the development of the practical exposure to the US healthcare system program component.
- Conducted a workshop with simultaneous sessions in English and Spanish, with interpretation into French, for 59 foreign-trained health professionals not enrolled in the program to provide information on the steps to obtain the Registered Nurse license in Maryland.
- Responded to inquiries about our program from Northern Virginia Community College, Dallas County Community College District (Brookheaven College), and North Shore Community College in Massachusetts.
- Contributed to the development of the recommendations on Workforce issues on the report of the Governor's New American's Council.

Table 5. Foreign-Trained Health Professionals Program Measures

Output Measures	Results (Number of nurses)	Results (Hours)
Number of participants	35	
Number of hours of individual case management provided to participants		127
Number of hours of group guidance and support		57
Outcome Measures	**Number**	**Percentage**
Participants completing credential evaluation	18	51%
Participants passing English oral proficiency exam	9	26%
Participants passing Nursing Board Exam	1	3%
Participants working as Nurses-in-Training in Maryland	10	29%
Participants working as RNs in Maryland	1	3%
Percentage average increase in wages from time participants entered program until hired as registered nurses	-	92%
Quality of Service Measures	**Number**	**Percentage**
Percentage of participants retained	35	100%
Percentage of participants satisfied	35	100%

Program Challenges

- Processing financial assistance requests was a major challenge for the staff due to the high number of requests received and the time that was dedicated to this effort.

Lessons Learned

- The nursing licensure process is complex, lengthy and costly requiring multi-institutional collaboration to provide an adequate amount of guidance and support to participants. Establishing close working relationships with partner organizations and maintaining regular communication is critical to provide a coordinated approach to assist program participants.
- The diversification of program participants required that program staff enhance their skills on cultural competency to adequately serve all individuals.

Latino Youth Wellness Program

The well-being of Latino youth has been identified as a high-priority by the Steering Committee of Montgomery County. Evidence indicates that many Latino youth and their families in our area are confronted with complex and multiple challenges due to family reunification issues, varying degrees of English proficiency, differing levels of Spanish literacy, poverty, and experiences with civil wars, natural disasters, and extreme economic hardships in their home countries and the U.S. These factors combine to place Latinos at risk for many public health conditions including adolescent pregnancy, substance abuse, violence, low academic achievement, and poor mental health, among others.

Program Description

Since 2003 the Latino Health Initiative has funded the Latino Youth Wellness Program (LYW) under contract with Identity, Inc. The program serves low income at risk Latino youth residing in Wheaton and living in Montgomery County. The LYW program provides a unique opportunity for participating youth and their families to engage in a holistic approach to wellness that addresses mental, physical, social, and emotional issues with cultural and linguistic competency. The overall goal of the program is to improve the general health and wellness of Latino youth residing in the Wheaton and Gaithersburg areas of Montgomery County. The program uses a combination of training, one-on-one counseling, and referrals to increase the protective factors and decrease the risk factors associated with negative health outcomes. An individualized health and wellness plan for each participant assists youth, families and staff to reach program goals. Emphasis is placed on health issues such as physical fitness, reproductive health, substance abuse, mental health, violence, and gang involvement. The program promotes awareness of health issues and seeks to increase participants' responsibility for their own health and overall well-being. Leadership training and health career services are also offered as part of the LYW program. The Leadership training component provides youth and families with tools and opportunities to advocate on behalf of their community. Health career services include field trips to local colleges and universities, such as Montgomery College, and a "Careers in the Health Field" annual forum.

Program Accomplishments

- Supported 196 families living in Wheaton and Gaithersburg through 800 hours of one-on-one individual and family level interventions which included needs assessment, counseling sessions, and case management. In total 222 referrals were made to medical services, mental health services, food and home services, legal services, and child protective services.
- Completed 107 individualized Health and wellness Plans. Program staff administered and analyzed a general health and wellness survey with participants. Based on the surveys, the staff, youth and families developed and implemented individualized health and wellness plans in order to address the three most important health needs of the family. Program staff periodically followed up with families to check the status of the plans.
- The Program partnered with the Montgomery County Department of Recreation to form a soccer league in collaboration with local organizations and after school programs to offer youth healthy activities and to reach out to Latino students who may be disconnected from their school and community. The soccer season lasted seven weeks with weekly practices and ended with a championship. A total of 24 students participated.
- Five Latino Youth Wellness Program staff members participated in the Latino Health Initiative's training for the Community Engagement Workgroup. Elements of this training were incorporated into the Latino Youth Wellness Program youth advocacy training curriculum.

Youth brainstorming ideas for the DREAM Act Action Day.

- Twenty-seven participants of the program visited the University of Maryland, College Park to learn more about the possibilities of going to college. The Office of Admissions, the Office of Multicultural Involvement & Community Advocacy (MICA) and the Latino Student Union (LSU) hosted the group during the visit.
- Twenty-five youths attended a health career forum that took place at Albert Einstein High School. Admission counselors from University of Maryland at College Park, University of Maryland at Baltimore City, Montgomery College and Shady Grove University explained the benefits of studying these careers and talked about the admission requirements to medical careers including: nursing, medical assistant, dentist, pharmacy, respiratory therapy, and laboratory management. Youth were students attending Wheaton High School, Albert Einstein High School and Northwood High School.
- Leadership training program participants attended and provided testimony at two Montgomery County Public Schools Board of Education community forums at Watkins Mill High School and at Albert Einstein High School. A total of 8 participants provided testimony on the need for continued support of services for the Latino community, particularly during the current economic crisis.
- A total of 26 youths participated in all 5 County Budget Forums organized by the County Executive in January 2009 to speak about the effects of the economic crisis in the Latino community and the need to continue funding programs to support Latino youth.
- Twenty three youth representing five different schools joined six Latino Youth Wellness Program staff members to march on the White House for May Day Immigrant Rights rally. Participants had the opportunity to discuss the importance of getting involved and being a community leader.
- One staff member and two youth participated in the Youth Promise Act Advocacy day on Capitol Hill in support of the Youth Promise Act that would make federal funds available for gang-prevention and intervention initiatives.

- A total of 22 youth from across all Latino Youth Wellness Program sites joined CASA of Maryland staff members at the Crossroads Youth Opportunities Center for a tutorial on the DREAM Act. Nineteen youth participated in the national DREAM Act graduation ceremony on the National Mall.
- One staff member and two youth participated in the *Epicentro* radio program to discuss the relevance of the DREAM Act and the importance of supporting a Comprehensive Immigration Reform.

Table 6. Latino Youth Wellness Program Measures

Output Measures	**Results**
Number of families served	196
Number of wellness plans completed	107
Number of group training hours with parents	28
Number of youth receiving advocacy training	51
Number of counseling sessions conducted	1,646
Number of referrals	222
Number of community advisory board group meetings	4
Number of health and career workshops	3
Number of retreats	3
Number of fitness trainings	86
Outcome Measures for Participants	**Results (Percent Improvement)**
Percentage of changes in knowledge related to health and wellness	
• Safe Sex Knowledge	7.9%
Percentage of changes in attitudes related to health and wellness	
• Self-Esteem Scale	3.7%
• Depression Scale	13.9%
• Future Expectations	6.5%
• Conflict Resolution Scale	4.1%
• High Risk Substance Abuse Attitudes	1.1%
• Exercise Attitude	2.6%
Percentage of changes in behavior related to health and wellness	
• High Risk Substance (N=30)	3.1%
• Safe Sex Behavior Scale - 4 items (N=28)	12.2%
Quality of Service Measures	**Results**
Percentage of youth satisfied with the program	98%

Program Challenges

- The current economic crisis has affected the parents and guardians' job security and household incomes. Many youth are not able to join the program or must drop out of the program to support their families financially, either through work or care for their siblings.
- The application for financial support at the Service Eligibility Units is confusing to some families so they choose not to apply. Questions about previous financial support from the government and residency are misunderstood by clients as potentially threatening to their federal applications for residency.

Lessons Learned

- In FY09, Latino Youth Wellness Program staff worked extensively with the Latino Liaison in the County Executive's Office of Community Partnerships and other County staff to increase Latino family access and enrollment to County services. Program staff concluded that the successful navigation and completion of referrals to services depends on a combination of intensive work with families and the building of relationships with County staff.
- The Program recommends that the County increases its public information campaigns and provides culturally and linguistically competent staff to work with Latinos to ensure there is not misinformation and confusion about the application process to County services.
- The Latino Youth Wellness Program increased the youth advocacy training component during FY09. In addition to the community benefits, youth highly benefited from the increased advocacy activities. Youths became more aware, confident and hopeful as a result of their participation in training and events.

Identity staff and youth on their way to the DREAM Act graduation ceremony

System Navigator and Medical Interpreter Program

According to the Blueprint for Latino Health 2008-2012, the lack of access to health services and the lack of culturally and linguistically competent services are two problems that badly affect Latinos in Montgomery County. The report states that more than half of Latinos in the County are uninsured and that individuals delay seeking care as a result of the high cost of healthcare. Some individuals are unfamiliar with the US health care system and do not know where to go for care, and others forgo free or reduced-price care under the mistaken impression that they are not eligible as the result of confusing eligibility requirements. In addition, the anti-immigrant environment has created distrust within the Latino community so people are reluctant to use health services because they worry this will lead to their deportation.

The ability to communicate across language barriers and understand socio-cultural variations in health beliefs, values, and behaviors is critical to the delivery of health care.

Program Description

The System Navigator and Interpreter Program was started in 2003 with funding provided by the Latino Health Initiative and is operated by CASA of Maryland, Inc. The program objectives are to:

1) increase access to quality health care for Latino Montgomery County residents that are low-income, uninsured or underinsured by providing assistance to clients to increase their knowledge and understanding of existing health care services; and

2) assist Latinos to access health care services by overcoming language barriers between medical providers and non-English speaking residents.

The Program has two components:

- The Bilingual Information Line is used to inform callers of existing health and human services in Montgomery County and to assist clients in successfully accessing services. It is based on a web-based database of health and human services/resources available to the target population. The Bilingual Line is operated from 8 a.m. to 8 p.m. Monday through Friday. Furthermore, Program Information Specialists attend clients in person when a situation warrants direct contact and will assist in referring for appropriate case management and other pertinent assistance provided by CASA's other programs and departments.
- The Medical Interpreter Services is exclusively dedicated to medical interpretations for patients seen through the safety net clinics or special programs of the County such as the Women's Cancer Control Program or the Cancer Crusade of Montgomery County. All interpreters are qualified to facilitate communication among non-Spanish medical providers and Spanish dominant limited English proficient clients in clinics and at specialty visits. The interpreters also document any culturally incompetent care they may encounter during their work (including but not limited to disrespectful treatment of clients, lack of translation of forms).

Program Accomplishments

- Received 3,594 calls from community members providing them with information, referrals and system navigation assistance via the bilingual health information hotline (6,968 referrals were made to Health and Human Services).
- Completed 3,455 medical interpretations provided, on a per request basis, to Mercy Health Clinic, Project Access, Mobile Medical Care, Spanish Catholic Center, Holy Cross Hospital Health Center, the Cancer Crusade Program and other DHHS agencies in the Montgomery County.
- Trained one new individual to become a medical interpreter. Certification is obtained after a 40-hour training that uses a nationally-recognized training curriculum designed by Bridging the Gap, offered through the Cross Cultural Health Care Program.

Table 7. System Navigator and Interpreter Services Program Measures

Output Measures	**Results**
Number of Bilingual Information Line call assessments	3,594
Number of referrals by information specialist	6,968
Number of medical interpreter appointments	3,455
Outcome Measures	**Results**
Percentage clients accessing services	88%
Quality of Service Measures	**Results**
Percentage satisfaction with Information Line*	84%
Percentage satisfaction with Interpreter Services**	97%

* Percentage of clients endorsing the most positive answer for customer satisfaction questionnaire about the Bilingual Information Line using the following response options: very helpful, helpful, adequate, not very helpful, or not helpful at all

** Percentage of clients endorsing the most positive answer for customer satisfaction questionnaire about the Interpreter program using the response options: excellent, good, adequate, poor or bad.

Challenges

- The Program currently provides interpreters to over seven different safety net clinics and programs in the County. During FY08, the Interpreter Program provided over 4,000 interpretation sessions. However, the Program is currently receiving a high number of requests from both community clinics and clients that is beyond the funding capacity of the program. This trend is expected to continue as new safety net clinics open in the County.

Lessons learned and recommendations

- It is essential that appropriate resources be allocated to the Program in order to reduce language barriers during the patient-provider encounter.

Vías de la Salud Health Promoters Program

As the *Blueprint for Latino Health in Montgomery County, 2008 – 2012* states, in Montgomery County, health promotion efforts are insufficient to effectively address the needs of the rapidly growing Latino community. Research shows that culturally and linguistically competent health promotion programs contribute to increase access to care and prevent or reduce health problems in a very cost-effective way. Approaches such as in-person outreach and community education activities are effective techniques for enrollment in state child health insurance programs. Other techniques such as creating social networks have been proven to be effective for achieving positive behavioral change and getting people to be more active. However, the scarcity of culturally and linguistically competent programs targeting the Latino population constitutes a principal barrier to improving their health.

Program Description

Vías de la Salud is a comprehensive community program that promotes healthy behaviors and facilitates access to services for the low-income Latino Community in Montgomery County. Critical to the promoters' success is that they are true grassroots community members. They are all natives of Central and South America; they speak "a little" English; and most work full-time in child care, food services, housekeeping, and construction. The promoters and their families use the same services they promote. Not only do they understand the socio-cultural beliefs and values of their fellow community members, they also use their dedication, enthusiasm, and persistence to overcome barriers to healthy practices and to gain the trust of the Latino community.

The mission of the *Vías de la Salud* Health Promoters Program is to improve the health and well being of the low-income Latino Community of Montgomery County through the training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health care, and advocate for health policies that impact and benefit the community. The main goals of the Program are to:

- Increase the health and well-being of low-income community in Montgomery County by
  a) increasing the number of people with access to and that use health services;
  b) increasing the number of people who practice healthy behaviors; and
  c) contributing to the increase in the level of satisfaction among Latinos who receive health services.

- Train and empower health promoters by
  a) increasing promoters' capacities in health system navigation;
  b) Increasing promoters' advocacy knowledge and skills to influence health policies and the health system;
  c) increasing promoters' leadership capacities; and
  d) creating, implementing, and evaluating a plan to professionally advance the health promoters.

The volunteer promoters organize and provide Spanish-language group and individual information and education in health fairs, homes, community agencies, schools and churches. They provide information on chronic disease prevention, help families apply for the Maryland Child Health Insurance Program, and refer families and individuals to other health programs. They also carry out *Caminatas* (walking sessions), to promote increased physical activity and healthy eating among families.

Accomplishments

- The professional advancement model as described in the *"Vías"* five year strategic plan was successfully implemented. The model distinguishes three levels of health promoters — *Novel* (beginner), *Amiga* (experienced) and *Guía* (coordinator) - corresponding to years of experience within the program. As a result, 17 health promoters were recruited as *Novel* and 22 who were already in the program were placed as *Amigas*.
- A coaching system was designed, implemented and evaluated to promote better integration participants. First, role definitions, principles, functions and an evaluation tool were developed. Then, both groups were paired and trained so *Amiga* promoters coached *Novel* promoters. The evaluation results showed that 90% of the promoters had great clarity about their new functions and guiding principles. Also, despite their time constraints to comply with this added function promoters expressed a 60% satisfaction rate on how the coaching system worked.
- A recognition event was held in December 2008 to honor thirty-seven health promoters for their years of service. Health and Human Services Director Uma Ahluwalia was present to recognize the work of the promoters. During the event, 21 promoters were recognized for their many years of volunteer services with the *Vías de la Salud* Program, including three promoters who have served in the program for more than ten years. In addition, 17 newly admitted promoters were welcomed into the program.
- Two promoters conducted a 6.5 hour-long training on Tobacco Use Prevention to a group of ten peer health promoters from the Baltimore Medical System at Baltimore City. This activity was the result of a collaborative effort initiated after staff from the Baltimore Medical System attended a *Vías de la Salud* session held during the LHI's State Workshop on Latino Health.
- The program's five years strategic plan was meticulously revised in response to budget constraints. Nine recommendations to adjust the original plan were made and were subsequently presented to and validated by the promoters during the program's annual retreat.
- Provided training to health promoters on topics such as Maryland Children's Health Insurance Program, DHHS information line, LHI's Information Line, Montgomery Cares, US government, healthy eating, tobacco, oral health, CPR, monthly report use, and coaching system.
- The program ended FY09 with an impressive 97% retention rate fueled by the multiple opportunities provided by the program to serve the community and the possibilities for the promoters to continue their personal, professional and social growth. Additionally, the promoters are well recognized and praised by program partners, DHHS, and the community they serve.
- One health promoter successfully completed the one-year Impact Silver Spring Leadership Program. Funds to support her training were provided by the Mid-County Regional Service Center.

Table 8. Vias de la Salud Program Measures

Output Measures	Results
Number of families referred to MCHP, Care for Kids and other County Programs	568
Number of individuals participating in Community Walks "Caminatas" (6 educational and physical activity sessions per Caminata)	138 adults and children participated in 9 "Caminatas"
Number of individuals reached through educational interventions	2,367 individuals reached in 82 educational interventions.
Number of individuals reached at health fairs	2,380 individuals reached in 37 health fairs.
Number of individuals reached at the Great American Smoke-out	342 individuals reached at nine different sites.
Number of volunteer hours provided by the promoters during the "Ama Tu Vida" Health Festival and Soccer Tournament.	250 volunteer hours by 25 health promoters.
Number of volunteer hours provided during community and program activities.	3,985 volunteer hours by 37 health promoters.
Number of training hours for health promoters	57 hours on the following topics: MCHP, DHHS information line, LHI's Information Line, Montgomery Cares, US government, healthy eating, tobacco, oral health, CPR, monthly report use, coaching system.
Outcome Measures	**Results (% Change)**
Percentage change in knowledge of Health Promoters	32% increase in oral health 39% increase in US government 54% increase in healthy eating
Percentage change in healthy behaviors of Health Promoters	12% increase in healthy behaviors
Percentage change in promoters' self-efficacy conduct community advocacy activities.	22% increase
Percentage change in knowledge and behavior regarding healthy eating and physical activity of Caminatas' participants	9% knowledge increase 63% behavior increase
Quality of Service Measures	**Results**
Percentage of Health Promoters satisfied with the program	90%
Percentage of health promoters retained in the program	97%

Program Challenges

- All the health promoters and their families have been seriously affected by the ongoing economic crisis. As a result, the promoters were forced to reduce the time they dedicate to the program to give priority to their jobs. Consequently, numerous invitations by partners to conduct community interventions were turned down.
- The program expansion to Upcounty envisioned in the strategic plan required resources that were not available in FY09. Hence, the program's work plan had to be revised and amended to accommodate priorities.

Lessons Learned and Recommendations

- Constant monitoring of the strategic plan is necessary to make adjustments when necessary since our program is continuously affected by external factors. Flexibility is crucial: for example, the economic crisis forced readjustments in the overall strategic plan and new goals had to be established to meet the changing socioeconomic environment.
- It is fundamental to have a professional advancement plan aimed at improving the knowledge and skills of the participating health promoters. Such plan generates a high motivation level, bolsters high retention rates, and the end result is a higher quality of service to the community.

Montgomery Cares Report
FY11 Second Quarter

February 2, 2011

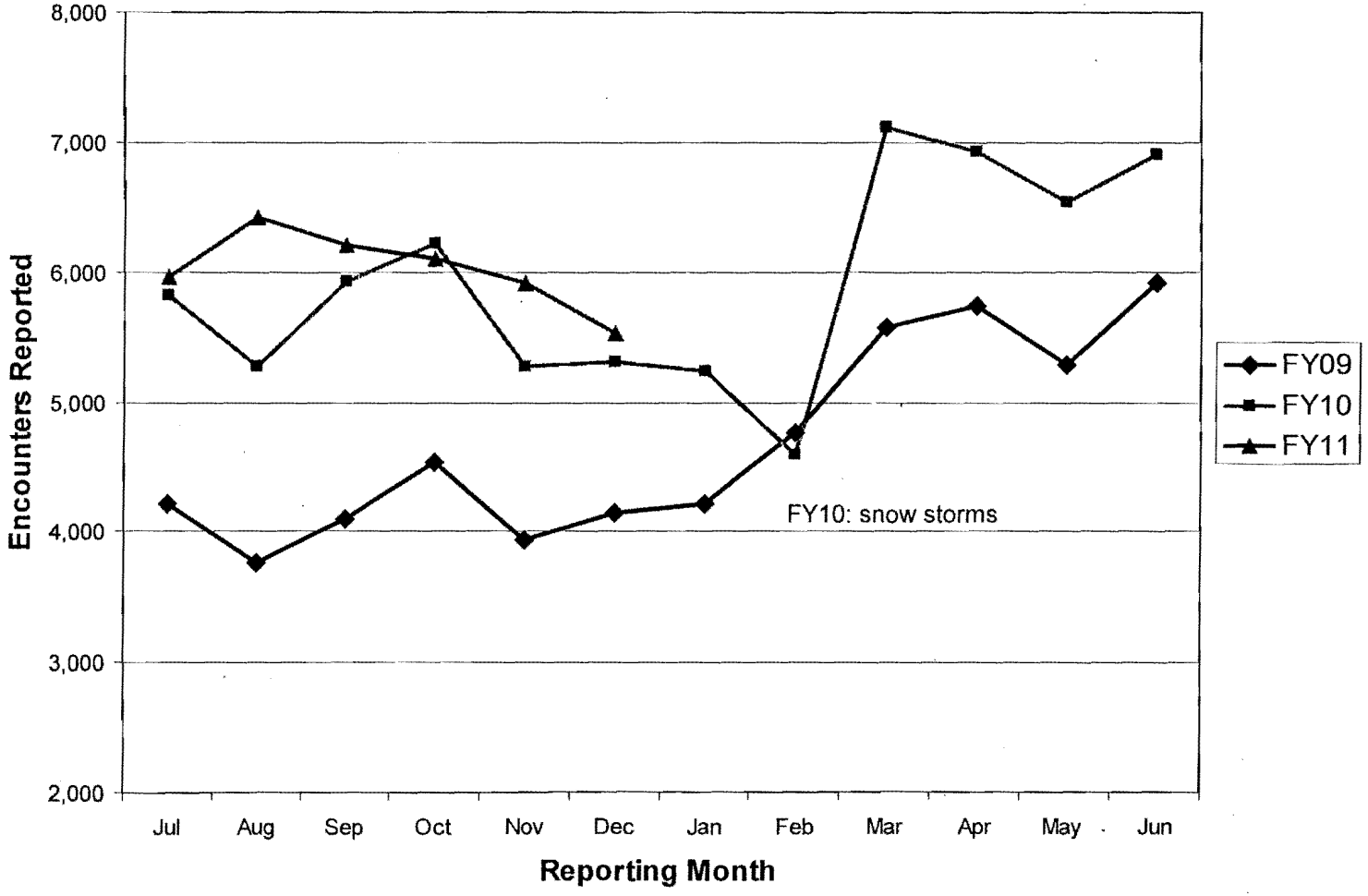
Sharon Zalewski, Director, Center for Health Care Access

YTD Patients and Encounters – December 2010

Year to Date	Based on Clinic Projections						Budget Allocations	
Clinic	FY11 Target Patients	Unduplicated Patients	% Target Met	FY11 Target Encounters*	Encounters Approved	% Target Met	FY11 Budgeted Encounters	% of Budget Target
CCACC-PAVHC	450	261	58%	850	403	47%	742	54%
Community Clinic, Inc.	4,350	2,330	54%	13,609	4,970	37%	7,412	67%
CMR - Kaseman Clinic	2,939	998	34%	4,139	1,924	46%	4,068	47%
Holy Cross Hospital Health Center - Silver Spring	2,100	1,425	68%		3,408			
Holy Cross Hospital Health Center - Gaithersburg	2,533	1,708	67%		3,236			
Holy Cross Hospital Health Center - Wheaton	160			638				
Holy Cross Hospital Health Centers				14,040	6,644	47%	13,290	50%
Mary's Center	887	347	39%	2,495	505	20%	1,185	43%
Mercy Health Clinic	2,330	1,561	67%	7,000	3,210	46%	6,871	47%
Mobile Med	5,696	3,616	63%	13,745	6,193	45%	13,745	45%
Muslim Community Center Clinic	2,096	1,247	59%	7,138	2,889	40%	5,308	54%
Proyecto Salud - Wheaton & Olney	4,791	3,206	67%	12,700	6,803	54%	12,075	56%
Spanish Catholic Center	1,325	750	57%	3,000	1,542	51%	3,159	49%
The People's Community Wellness Center	1,122	503	45%	2,300	875	38%	2,145	41%
General Medical Clinic Sub-totals	**30,779**	**17,952**	**58%**	**81,654**	**35,958**	**44%**	**70,000**	**51%**
CCI - Homeless	550	116	21%	1,650	198	12%		
CMR - Kaseman Clinic - Homeless	300	71	24%	900	184	20%		
Homeless Medical Clinic Sub-totals	**850**	**187**	**22%**	**2,550**	**382**	**15%**		
Medical Clinic Totals	**31,629**	**18,139**	**57%**	**84,204**	**36,340**	**43%**	**70,000**	**51%**

*Updated targets were set by clinics in November 2010; these are not the DHHS Budget targets.

FY09,FY10, FY11 Encounters by Month



Montgomery Cares Utilization

Unduplicated Patients

- 58% of the targeted number of unduplicated patients has been met;
- 22% of the homeless target has been met;
- 3 clinics have met less that 50% of their patient targets.

Encounters

- 51% of the budgeted target has been met; 43% of clinics' target has been met.
- All clinics have reached 40% or more of the budgeted encounters;
- 5 clinics exceeded 50% of the budget target; with CCI has reaching 67% of budget target.

Montgomery Cares Services

Capacity

- There have been no significant changes in capacity this quarter.
- Holy Cross is planning to open a site in Aspen Hill.
- Spanish Catholic Center is planning to close its Langley Park site and relocate to the McCarrick Center in Wheaton in April.
- Mobile Medical Care, Inc. is sharing the East County Service Center in with TPCWC in January.

Appointment Wait Times

- 5 clinics are scheduling new patients within 1 week; 2 clinics are scheduling within two weeks.
- Mary's Center, Mercy, Mobile Med and SCC have 30 to 90 day time frames for scheduling new patients. SCC has limited the number of new patients it will accept due to the planned relocation.
- All have reasonable appointment availability for returning patients. Many have same day access for sick patients requiring more urgent care.

[redacted]

FY11 Medication Budget: **$1,550,410**

First Quarter Spending: $ 289,736 Percent of Budget: 18.7%

Second Quarter Spending: $ 493,193 Percent of Budget: 31.8%

First Half Year Expenditure: **$ 782,929**

Each clinic was assigned a budget for 6 months based on past utilization patterns and projected number of patients.

1st Quarter – clinics were very conservative with ordering, had spent only about 19%

Clinics finding balance between offering POS meds and prescriptions to $4 program

2nd Quarter – After 4 ordering cycles, funds were re-allocated during the 5th cycle based on:

- Observed shelf inventory
- Ordering patterns
- Patient count Q1 % target

Second Half Year Allocation: **$ 767,481**

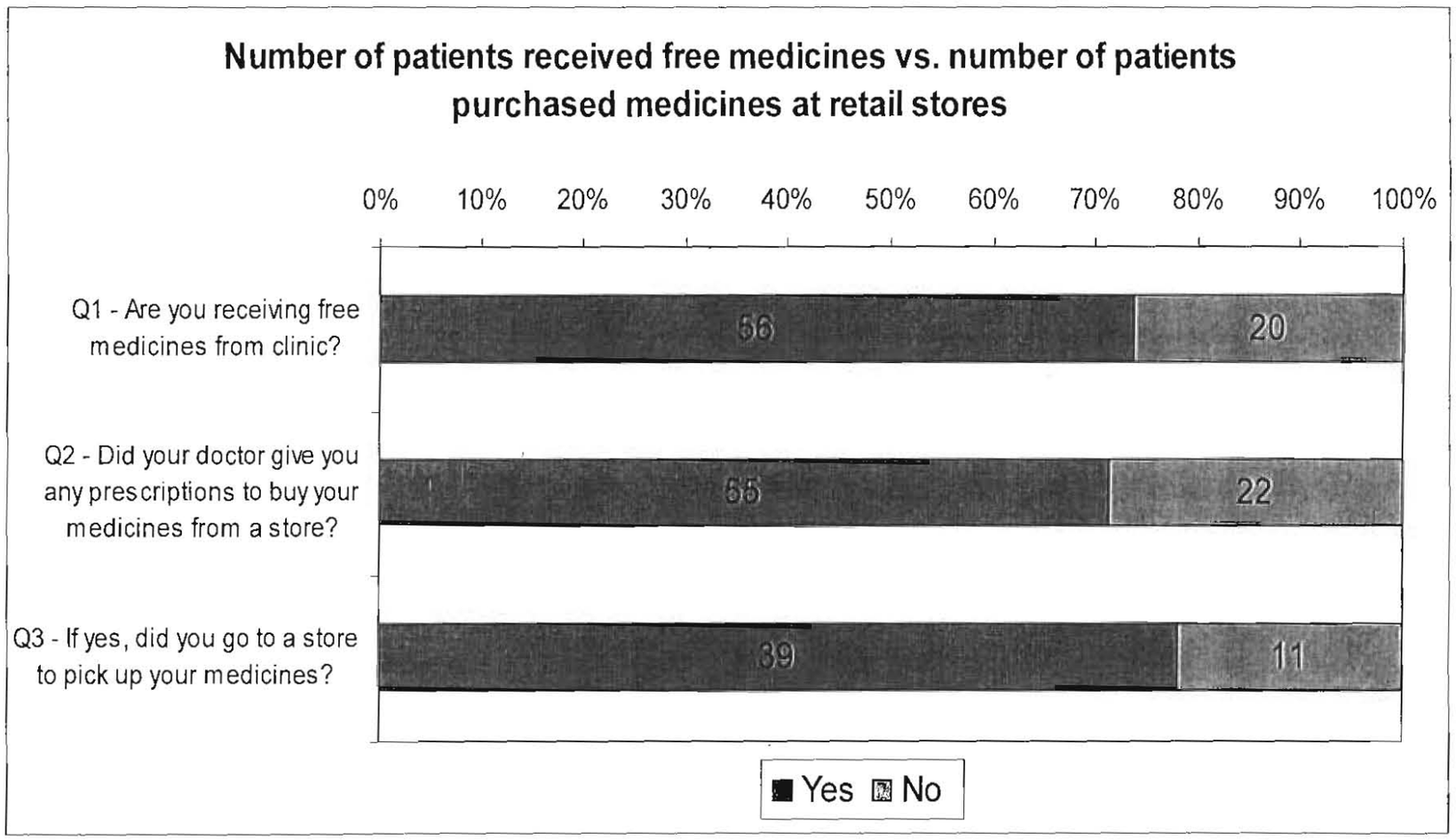
In the next half year of FY11, clinics will receive the same budget allocation as the first half year, excluding vaccines budget which were purchased during the first half of the year.

[redacted]

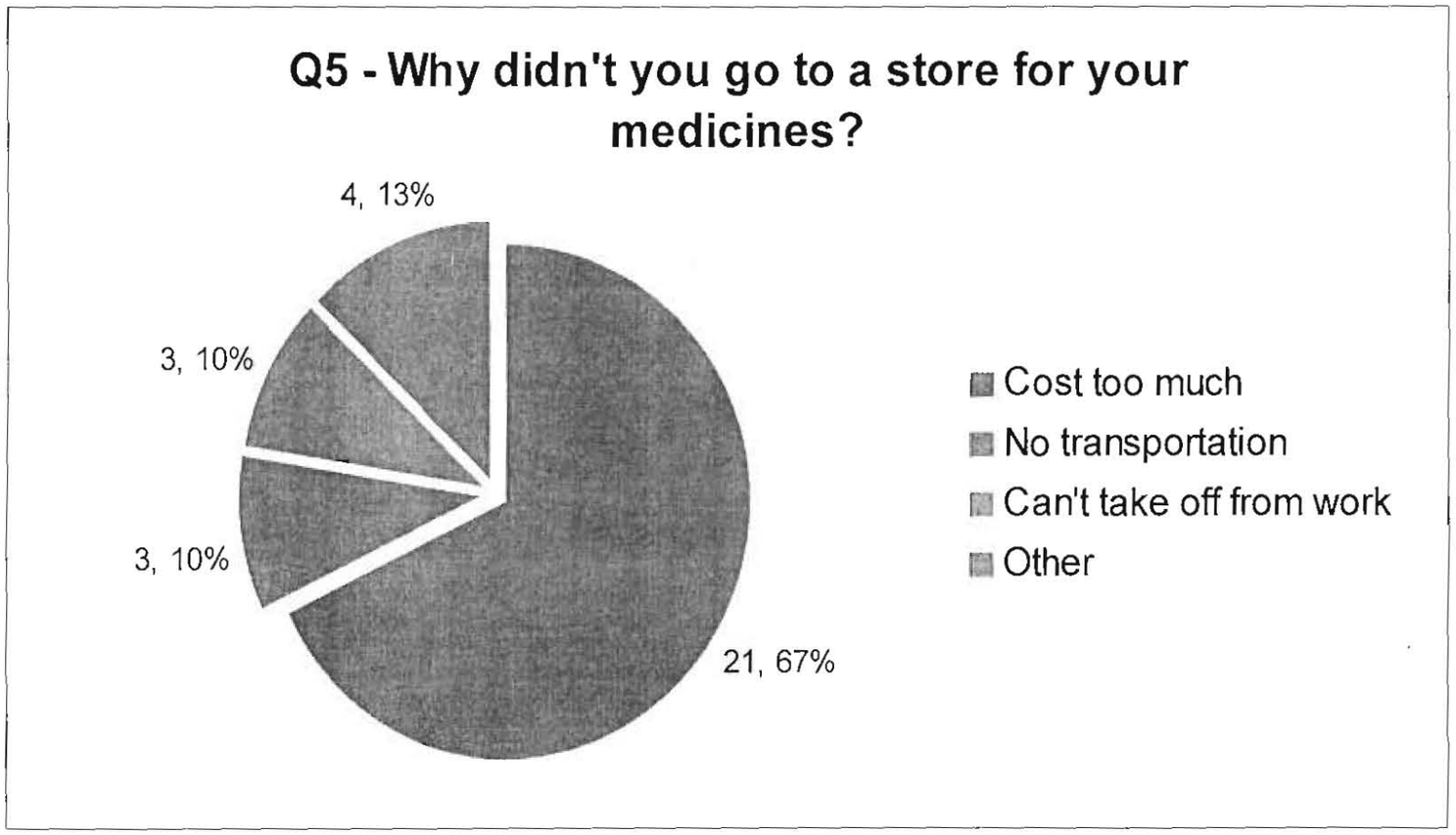
300 surveys were sent to patients from 11 clinics to assess the impact of changes in pharmacy policy. There were 77 respondents (26 percent). Although the survey results were inconclusive regarding the level of compliance with filling prescriptions, the following information was obtained:

- 71% of patients acknowledged receiving prescriptions to purchase medication;
- Of those receiving prescriptions, 50% indicated that they filled prescriptions, although some patients reported only filling prescriptions for the least expensive meds;
- 14% indicated that they did not fill prescriptions; 67% of those indicated the reason for not filling prescriptions was cost.
- 35% did not indicate whether or not they filled their prescriptions nor did they respond as to why they did not fill the prescriptions;

Patient's Pharmacy Experience (cont.)



Patient's Pharmacy Experience (cont.)

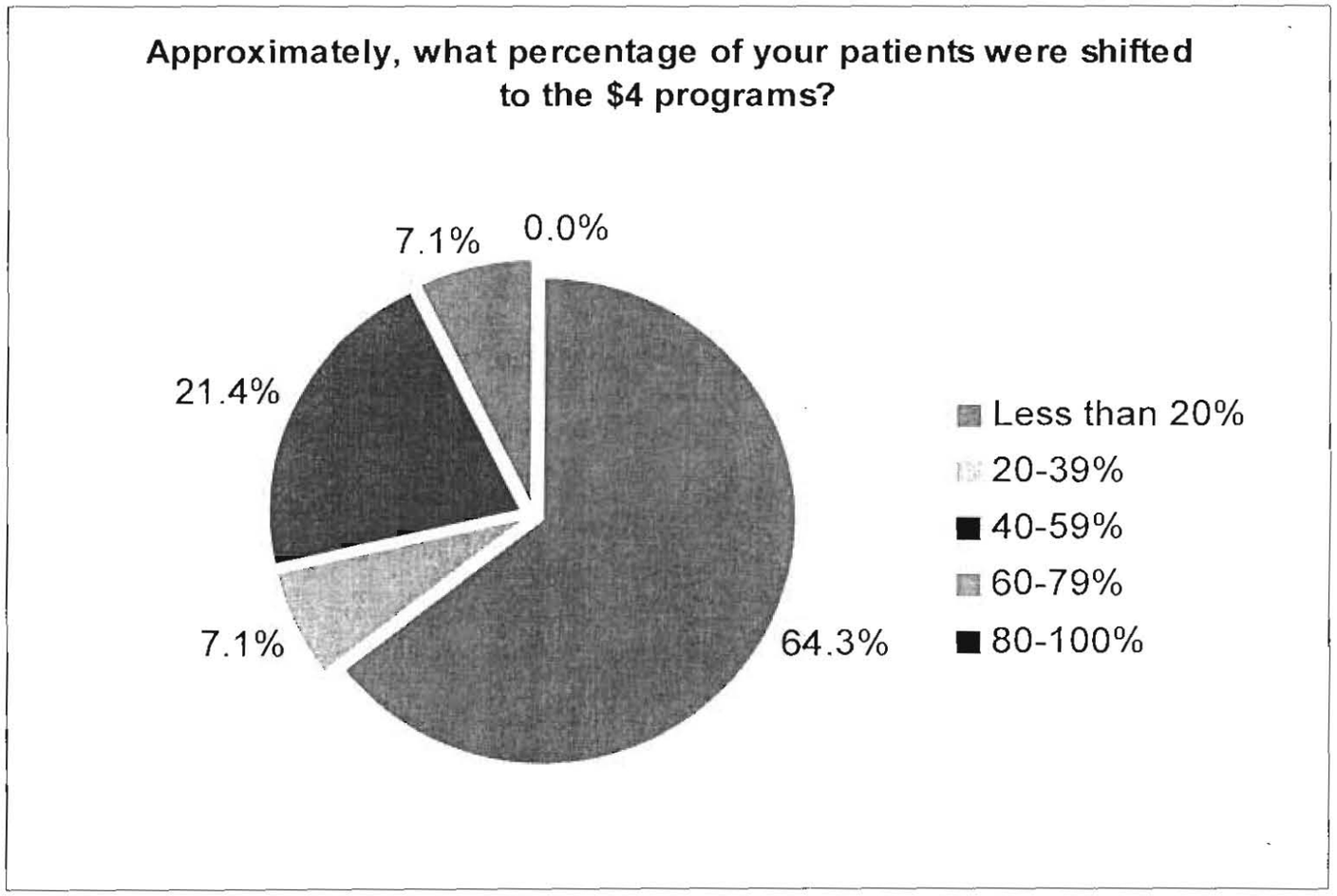


Impact of Budget Reduction Strategy
MC Clinic's Experience

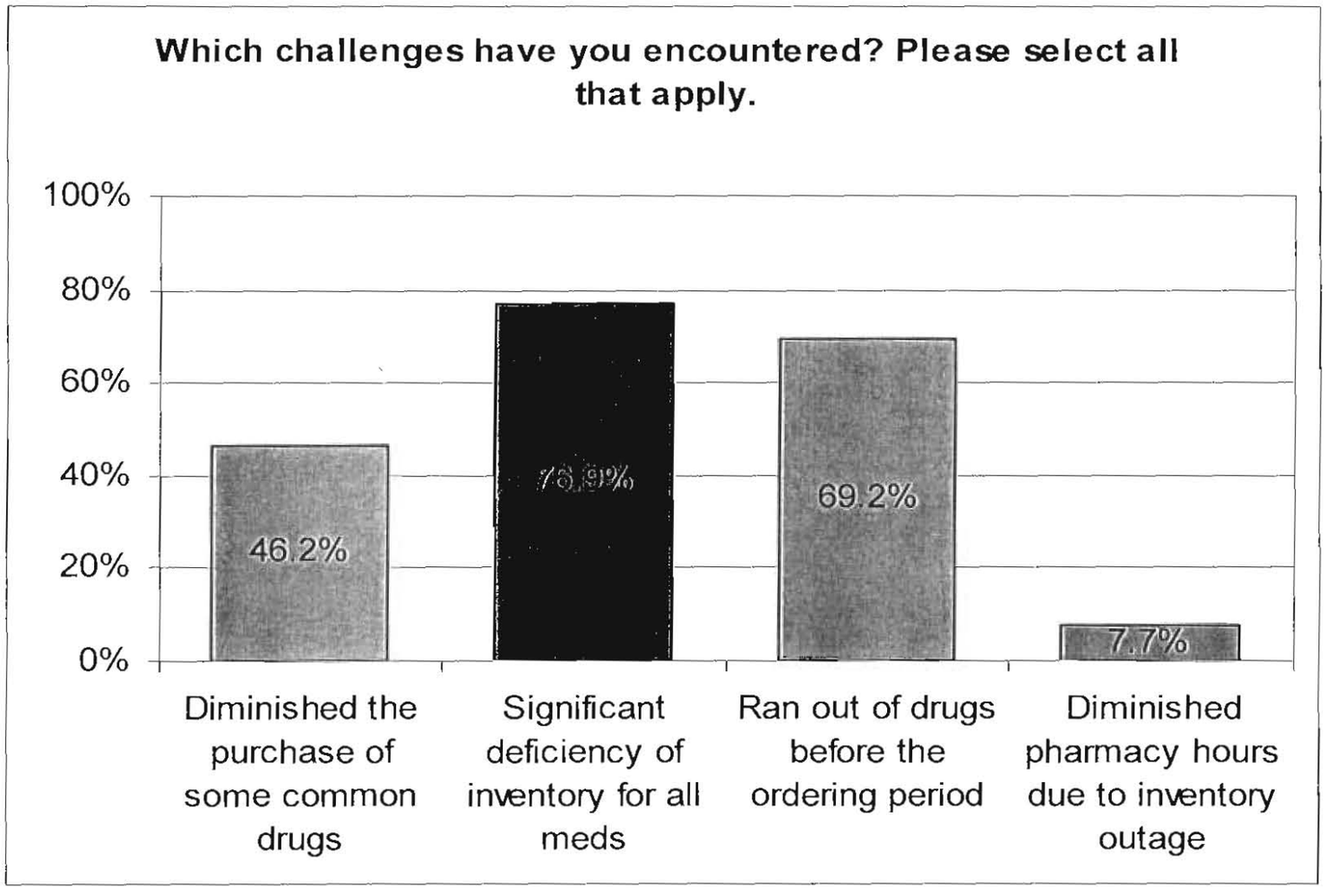
48 surveys were sent to Executive Directors, Medical Directors, Clinic Managers and Ordering People at 11 clinics at 16 sites. There were 15 responses from providers, RN's and MAs and other clinic staff.

- 100% of clinics indicated following FY 11 budget strategies;
- 65% indicated that less than 20% of patients were shifted totally to $4 programs;
- 77% experienced inventory deficiencies during the first half of FY11;
- 46% reduced purchasing of common drugs;
- 85% of providers responses to shifting patients to $4 retail programs ranged from not acceptable to neutral;
- 71% are accepting of a hybrid POS/$4 retail strategy to reduce costs;
- Medbank utilization has increased 50% between December 2009 and December 2010.

Impact of MC Budget Reduction to Patients



Budget Reduction and Cost Saving Strategies



P&T Recommendations 01/25/11 Meeting

1. Continue to have discussion with patients regarding budgetary reductions and the need to shift the burden for meds away from the point of service pharmacy;
2. Reinforce the strategies with providers, particularly the volunteer providers at clinic sites;
3. Prepare patient educational materials (posters, brochures, one pager flyers) regarding $4 retail programs and other low cost medicine and diabetic supply resources for distribution at clinic sites;
4. Evaluate the clinic quality measures in Q4 for variance and assumptions regarding patient compliance with meds.

Montgomery Cares Specialty Care: Second Quarter FY11

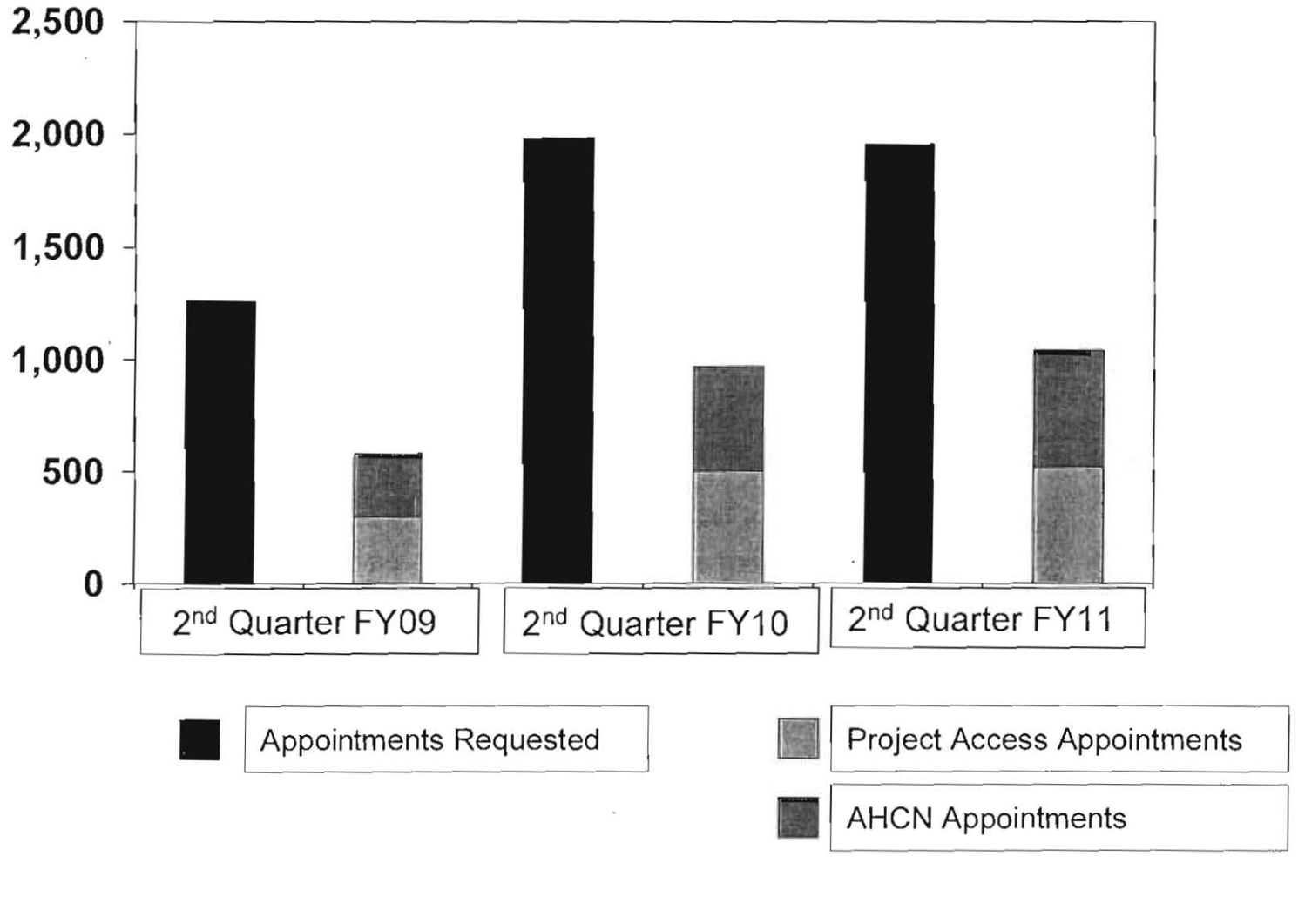
Appointment Source	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Cumulative Total
AHCN	661	520			1,181
Project Access	366	521			887
MM Heart Clinic	123	113			236
MC Clinics On-Site	1,215	1,348			2,563
TOTAL	2,365	2,502			4,867

There has been a 46% increase in the number of on-site specialty care visits provided this year compared to last year.

Specialty care visits accounted for 9% of reimbursable encounters provided by clinics this quarter.

The number of specialty referrals received by the networks (1,957) and appointments provided (1,041) remained almost the same between 2nd quarter 2010 and 2011.

Specialty Care Referrals to AHCN and Project Access
2nd Quarter: FY09, FY10 and FY11



Specialty Care Activities

- A training on patient navigation for patients with complex cases was held in November for clinic managers and referral coordinators. A total of 6 clinics participated. A second training will be held in March.
- A resource database was developed and is being made available to clinic staff to help them link patients to community resources more effectively.
- Referral guidelines for common specialty conditions are being developed along with patient education materials.
- A consultant, funded by the Maryland Community Health Resources Commission, is evaluating Project Access. The baseline and interim reports will be finalized this quarter along with a dashboard of indicators to monitor the program on an on-going basis.
- PCC is collaborating with Holy Cross Hospital to develop a series of continuing education sessions on medical conditions that pose challenges for clinic primary care providers. These sessions will be videotaped and made available to clinic providers as requested.
- The MCAB Specialty Work Group met with hospital CEO's on January 24th where concrete areas of collaboration were identified and plans established for a follow-up meeting.

Behavioral Health Program: Second Quarter FY11

BHP Program Site	Patient Target	Cumulative Patients Served	Progress Meeting Goals
Holy Cross-SS and Gaithersburg	550	341	62%
Mercy Health Clinic	400	239	60%
Proyecto Salud	420	265	63%
Total	1,307	845	65%

Oral Health Pilot: Second Quarter FY11

Spanish Catholic Center - Wheaton

- 721 Patients Served YTD
- 1,846 Encounters YTD
- Average Number of Visits 2.5

DHHS Adult Dental Services – Metropolitan Court

- 561 Patients Served YTD
- 836 Encounters YTD
- Average Number of Visits 1.5

There continues to be a 5 month backlog of patients for oral health services.

Montgomery Cares Behavioral Health Program

The Montgomery Cares Behavioral Health Program goal is to establish an evidence-based collaborative care model that provides behavioral health care to Montgomery Cares patients in the primary care setting.

- Identify patients with behavioral health needs.
- Evaluate patients to determine diagnoses and appropriate levels of care.
- Collaborate with primary care providers to offer appropriate treatment including medication, support, social service intervention and short-term therapy.
- Refer patients to primary psychiatric or substance abuse services as needed and assist with follow-through.

Collaborative Care Teams At Each Site

Consulting Psychiatrist

Care Manager (licensed bilingual)

Family Support Worker (bilingual)

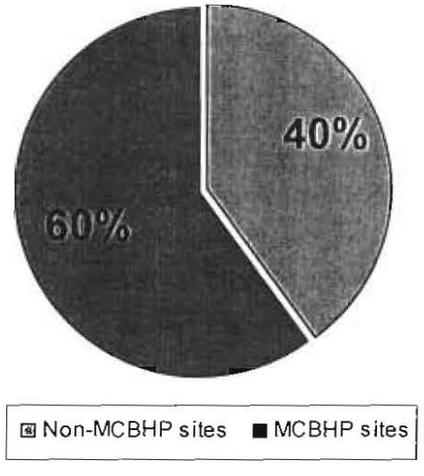
MCBHP Current Scope of Service

The MCBHP currently operates at four sites at three partner clinics:

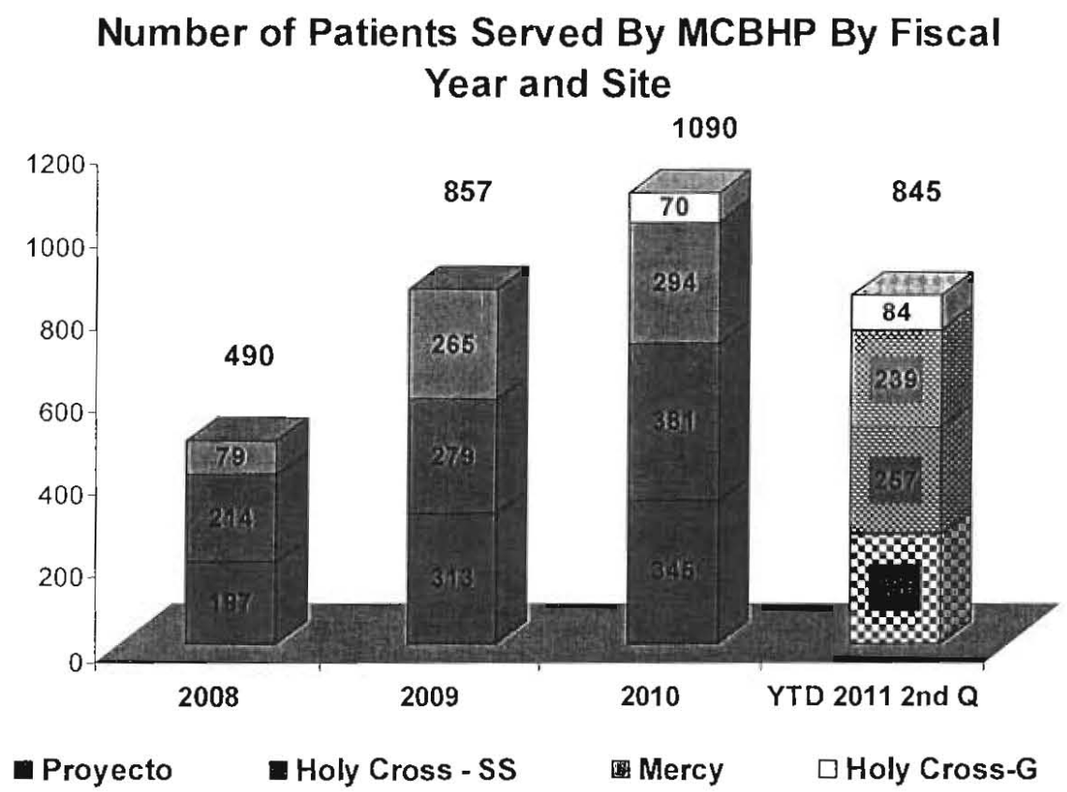
- Mercy Clinic
- Proyecto Salud Clinic
- Holy Cross Clinic-Silver Spring
- Holy Cross Clinic- Gaithersburg

In FY 2010 these clinics provided primary care services to 40% of the total Montgomery Cares patients.

Percent Of Total MC Patients At MCBHP Sites

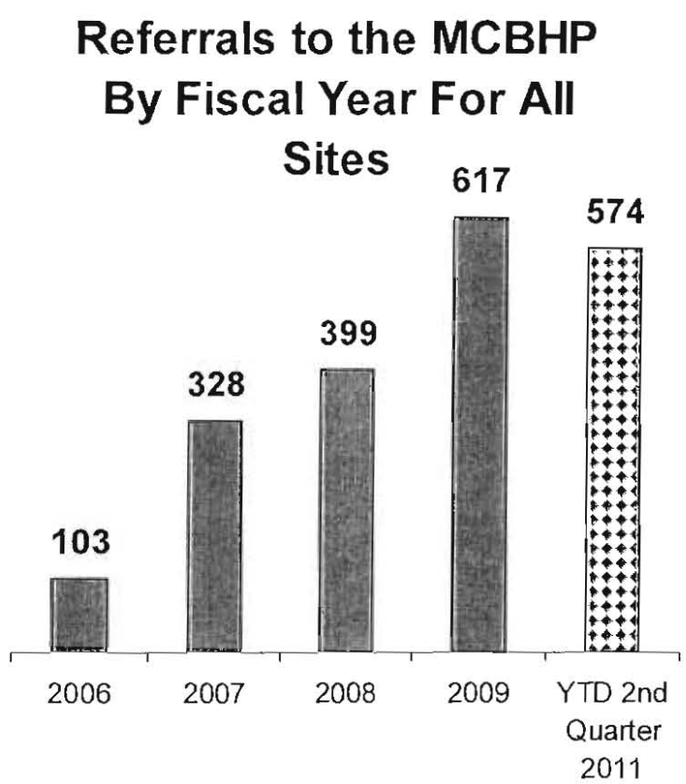


Increasing Number of Patients Served by MCBHP



The MCBHP has increased the number of patients served each year in operation.

Increasing Number of Referrals to MCBHP



Increasing referrals indicate provider buy-in and a high level of need for on-site services.

MCBHP Provides Comprehensive Diagnostic Services and Tracks Patient Progress Overtime

Services Provided By MCBHP FY 2010

	Holy Cross	Proyecto Salud	Mercy	TOTAL
Initial Screen	**341**	**106**	**166**	**613**
Psychosocial Evaluation	**215**	**203**	**136**	**554**
Medication Management/Education	**487**	**537**	**315**	**1339**
Reassessment	**303**	**563**	**329**	**1195**
Crisis Management	**41**	**12**	**6**	**59**
Therapy	**14**	**17**	**44**	**75**

Montgomery Cares Advisory Board (MCAB)

Position Statement

Fiscal Year 2012

Overview

The Montgomery Cares Program (MCares) provides access to high-quality, cost-effective, primary health care services for over 26,000 uninsured, low-income, adult residents of our County. The network of eleven safety-net clinics that serve these patients has grown in strength and capability each year since the program's inception in 2006. The MCares clinics are providing proven, measurable, quality care; for example, diabetes and hypertension indicators are approaching or exceeding national target benchmarks.

As with many County programs, the MCares Program is undergoing hardship related to the budgetary climate. Although the program has experienced nearly 25% patient growth each year since 2006, the FY2011 budget required that the safety-net clinics limit access to primary care for needy County residents for the first time in the program's history. Due to good budget management, the clinics have been able to control patient numbers, but this is resulting in more unmet need in our County. The concern grows for FY2012.

A recent reallocation of program funds has allowed DHHS to increase the budgeted FY2011 patient visits from 70,000 to 72,613; however, the MCares clinics estimate that they will provide between 74,000 and 75,000 patient visits before the end of FY2011, because they will not refuse services to eligible individuals.

COUNTY EXECUTIVE'S RECOMMENDED FY2012 BUDGET

On March 15th, Mr. Leggett forwarded his proposed FY2012 budget to the County Council. He is proposing a 12% decrease ($1,256,088) in funding for MCares in FY2012, which well exceeds DHHS's overall 5.3% reduction. In addition, the FY2012 budget proposes to implement an annual patient user fee as a means of raising revenue to support services to MCares patients.

The impact of the County Executives budget proposal is to:

- **a.** Create a significant gap in payment for services
- **b.** Deny care to 3,700-3,800 people
- **c.** Impose a barrier to care that will cause people to delay treatment, resulting in more acute illness, increased emergency room use, and higher costs.

MCAB Top Priority: Adequate Funding for Primary Care Services

1. At a minimum, the MCares program should be funded in FY2012 at the same level as the actual number of FY2011 visits, i.e. 74,000 – 75,000 visits, and not at 70,000 visits. MCAB recommends that direct patient services are the top priority and that at least $4.6M be appropriated to continue to pay for 75,000 primary care visits. Specialty care services, which are funded at 10% of the primary care budget, should also be adequately supported.

2. The MCAB recommends AGAINST implementing the proposed $25 Annual Patient Fee. This fee is a mistake for the following reasons:
   a. It will be a significant barrier to receiving care, especially for the 71% of MCares patients with income 116% or below the Federal Poverty Level
   b. Two participating clinics will lose access to the indemnification program through the Federal Tort Claims Act if they are required to impose a fee collection policy.
   c. It will be difficult to administer the fee collection program, and it will impose unfunded costs on the clinics.

3. The MCAB recommends that County funding continues to support critical related services including oral health, behavioral health, pharmacy care, in addition to specialty health services. Current funding does not come close to meeting the need and these program budgets are stretched very thin. Further cuts will have a detrimental impact on the on-going sustainability of these essential programs. That said, the Advisory Board is committed to seeking additional support for these services, e.g., the Board is working directly with our local hospital executives to expand access to Specialty Care services.

4. The MCAB recommends that we continue to align efforts to prepare for the implementation of Health Care Reform. The MCAB is committed to taking the lead in exploring the opportunities and challenges posed by the Affordable Care Act and ensuring that the MCares clinics are prepared to participate in and benefit from the changes, but this can only occur if our Safety-Net system remains strong.

MCAB Request:

The MCares Advisory Board advocates for no less than level funding in FY12.

The MCares program cannot sustain further cuts and continue to:

   a. Provide adequate primary care to the target population;
   b. Enable patients to get the care they need without having to go to our local emergency rooms;
   c. Provide essential related health services; and
   d. Prepare for the implementation of Health Care Reform

Even with level funding, there will likely be a reduction in available funds for direct patient care because DHHS will not be able to redirect possible surplus program funds since there will be little or no such funds in FY2012.

Isiah Leggett
County Executive

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Uma S. Ahluwalia
Director

March 24, 2011

The Honorable Valerie Ervin
President, Montgomery County Council
100 Maryland Avenue, 6th Floor
Rockville, Maryland 20850

Dear Ms. Ervin;

Thank you for providing the Montgomery Cares Advisory Board (MCAB) with the opportunity to review the health care safety-net related grant proposals for the FY12 Council Grants. We appreciate your respect for our Board and its advisory function.

The MCAB underwent the same formal review process for the proposals as we have in years past. Two board members reviewed and scored each application and made recommendations to the full Board. At the March 23, 2011, MCAB Meeting, the full Board discussed each application and reached funding consensus. You will find the recommendations for each proposal in the attached document.

We are impressed with the scope of all of the proposals, and found each to have merit in providing services to the uninsured in the County. Additionally, we recognize the budget challenges for our Montgomery Cares clinics and support any and all efforts they undertake to increase their revenue during these difficult times.

Thank you again for this opportunity and we hope our recommendations are helpful. I can be reached at (301) 962-6173 or cpalacios@proyectosalud.org to discuss further, or contact our staff member, Becky Smith at 240-777-1278 or rebecca.smith@montgomerycountymd.gov for more information.

Sincerely,

Cesar Palacios
Chair, Montgomery Cares Advisory Board

CP/rs

Attachments:

- MCAB Review and Recommendation, FY12 County Grants

cc: Peggy Fitzgerald-Bare, Montgomery County Council
Linda McMillan, Montgomery County Council
Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, Chief of Public Health Services, Department of Health and Human Services
Jean Hochron, Sr. Administrator, Montgomery Cares Program, Department of Health and Human Services

FY11 County Council Grants
Montgomery Cares Advisory Board
Review and Recommendations

1. **Organization:** Mobile Medical Care, Inc
   Amount Requested $50,000

MCAB Recommendation: MCAB is supportive of the proposal, with the understanding that in better financial times MCAB would not support a County grant to pay the salary of a nurse practitioner, as the County already reimburses for provider services during the for the Primary Care Visit. MCAB, however, is strongly supportive of the Patient Navigator position that will enhance patient referrals from hospital emergency rooms to primary care setting.

2. **Organization:** Montgomery General Hospital in collaboration with Proyecto Salud Clinic
   Amount Requested: $36,000

MCAB Recommendation: MCAB is strongly supportive of funding this proposal. The Board was particularly pleased that the proposed project included a collaboration between a safety-net clinic and one of our regional hospitals. In addition, one reviewer noted, that not only does the project address the health disparities that women of color experience in the achievement of good breast health, but it is also consistent with one of the objectives of the National Affordable Health Care Act.

3. **Organization:** Muslim Community Center, Medical Clinic
   Amount Requested: $62,000

MCAB Recommendation: MCAB is supportive of the proposal with conditions. Prior to funding, the Board recommends that Council seek clarification that the proposed expansion of the waiting room is essential to expanding direct patient service capacity of the clinic. This was not clear in the proposal. In tight budget times the Board believes that priority should be given for direct services, not on making optional facility improvement. MCAB recommends approval with the condition that additional information is requested, as noted above.

4. **Organization:** Primary Care Coalition
   Amount Requested: $65,000

MCAB Recommendation: MCAB is highly supportive of this project. Both reviewers commented that it was an excellent proposal and recommended it for full funding. The reviewers also reported that the project would lead to improved care for our Montgomery Cares Patients.

ED-PC Connect Overview

3.23.2011

primary care coalition
of Montgomery County, Maryland

8757 Georgia Ave, 10th Floor
Silver Spring, MD 20910

www.primarycarecoalition.org

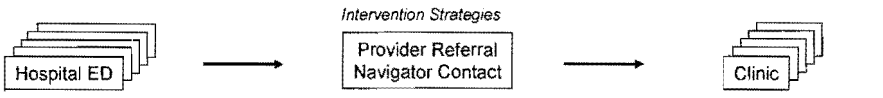
ED-PC Connect Project Background

- In 2007, PCC partnered with HSCRC as part of the Triple Aim to examine the emergency department utilization patterns of low-income uninsured and Medicaid insured patients in Montgomery County.
- This analysis revealed that one-third of all visits to MC EDs were made by low-income uninsured /Medicaid insured patients. These patients incurred $5.7 million in avoidable ED charges in FY 2008 alone.
- PCC began the **ED-MC Connect** pilot project linking a single hospital and clinic (Montgomery General/Proyecto Salud) in 2007, also as part of the Triple Aim.
- PCC began the Emergency Department – Primary Care Connect **(ED-PC Connect)** Project in March of 2009, after being awarded an Emergency Room Diversion Grant from the Maryland DHMH.
- The goal of ED-PC Connect is to reduce avoidable ED utilization in Montgomery County by referring low-income uninsured and Medicaid insured patients from hospital emergency rooms to safety net clinics in order to link them to a medical home.

ED-PC Connect Project Overview

Aim:
To reduce avoidable ED utilization by linking patients to a medical home / safety net primary care clinic

Intervention:
Develop and implement a coordinated and integrated referral and HIE system connecting 5 hospital EDs to 4 Montgomery Cares clinics in order to link low-income uninsured patients, and Medicaid-FFS insured Montgomery County residents, with an appropriate medical home.



Target population (Low-income, uninsured patients with ED visits)

Patients given referrals by ED Provider "project patients" Patients contacted by a navigator

Patients with completed initial clinic visits

primary care coalition

ED-PC Connect Project Overview

Project Goal: Reduce ED utilization in Montgomery County by referring low-income uninsured and Medicaid FFS patients from hospital emergency departments to safety-net clinics.

- ***ED-PC Connect Steering Committee*** to facilitate collaboration and information sharing among all participating organizations.
- ***Coordinated Referral System*** through a system wide approach with all five county hospitals and four Montgomery Cares clinics to link ED-discharged patients to primary care.
- ***Patient Experience*** to inform the "test of change" projects to improve the referral system.
- ***HIE/MeDHIX*** to provide ED providers in Montgomery County hospitals with access to data on previous ED and clinic use by Montgomery Cares patients.

primary care coalition

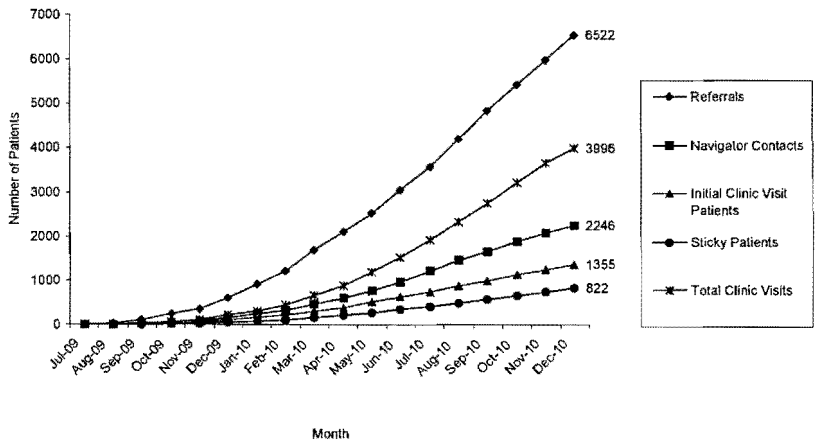
ED-PC Connect Hospital-Clinic Partnerships

Hospital	Clinic
Montgomery General Hospital, MedStar Health	Proyecto Salud, Working Efforts
HOLY CROSS HOSPITAL, Experts in Medicine, Specialists in Caring	
Washington Adventist Hospital	Mary's Center
Shady Grove Adventist Hospital	MobileMed
SUBURBAN HOSPITAL	Proyecto Salud, Working Efforts; HOLY CROSS HOSPITAL; MobileMed

primary care coalition

ED-PC Connect Project Progress

Figure 1: Cumulative Referrals, Navigator Contacts, Initial Clinic Visit Patients, Sticky Patients, and Total Clinic Visits: All Partnerships, July 2009 - December 2010



From July 2009-December 2010, **6,522** patients received referrals through the ED-PC Connect Project.

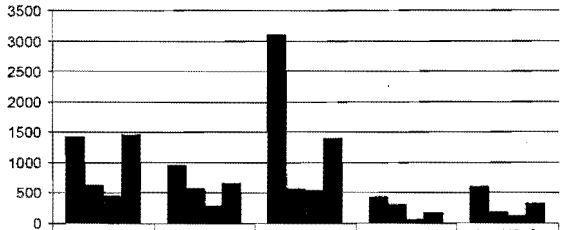
35% of all referred patients were contacted by a navigator, and **21%** of all referred patients made at least one visit to a Montgomery Cares clinic. **61%** of patients who made an initial clinic visit chose to return for one or more additional visits.

primary care coalition

DRAFT

Integrated Referral Process in Place Across Partnerships

Figure 2: Cumulative Referrals, Navigator Contacts, Initial Clinic Visit Patients, and Total Clinic Encounters by Partnership



	HCH/HCC	MGH/PS	SGAH/MM	SUB	WAH/MC
Referrals	1430	950	3108	435	599
Navigator Contacts	627	566	573	301	179
Initial Clinic Visit Patients	449	291	536	58	120
Total Clinic Visits	1457	664	1390	162	323

Partnership

Partner hospitals differ significantly in their size, ED volume, and proportion of low-income uninsured patients served. HCH and SGAH see the highest number of low-income uninsured patients in their ED.

The HCH/HCC, MGH/PS, and SGAH/MM partnerships were the first to establish a reliable referral process. Their cumulative referral, navigator contact, initial clinic visit, and total encounter numbers reflect this early success. The other two partnerships were able to establish reliable referral processes by July 2010.

primary care coalition

DRAFT

Summary: ED-PC Connect Preliminary Results

- **87%** of patients **who received referrals** through ED-PC Connect had never previously been to a Montgomery Cares clinic. **69%** of patients **who made initial clinic visits** had never previously been to a Montgomery Cares clinic.
- **74%** of all patients who made clinic visits were able to get a clinic appointment within 30 days of their ED visit.
- Patients who received both an ED provider referral and a contact from a patient navigator were **more than twice as likely** to make clinic visits as patients who received only one of these interventions.

primary care coalition

DRAFT

Prior ED Utilization of ED-PC Connect Patients

Number of ED visits	Patients		Total Prior ED Visits	
	Number	Percent	Number	Percent
No prior visits	4,243	69%	4,243	37%
1 prior visit	983	16%	1,966	17%
2 prior visits	355	6%	1,065	9%
≥3 prior visits	572	9%	4,257	37%
TOTAL	**6,566**	**100%**	**11,531**	**100%**

- **69%** of the 6,155 patients referred into the ED-PC Connect project had no ED visits in the year prior to their referral. **31%** of patients had one or more ED visits in this time period.
- **9%** of patients referred had 3 or more ED visits in the year prior to their referral. These patients made **37%** of all visits made by ED-PC Connect patients.
- Second year evaluation of the project is currently underway and will include a more detailed analysis of patients' ED utilization patterns before and after the ED-PC Connect intervention, as well as disease burden and demographics of these "frequent fliers" to help develop interventions specifically targeting high-volume utilizers of the ED.

primary care coalition

DRAFT

Lessons Learned

- Learning collaborative approach allows partners to explore processes and identify solutions within their system
- Systems change at the hospital level takes time
- Buy-in from hospital and clinic leadership is critical.
  - Long-standing relationships and partnerships do not imply reliable systems
- Identification of low-income uninsured patients is challenging and currently is largely provider-driven
- Ongoing meetings and communications between hospital/clinic partnerships are critical to establishing and maintaining improved systems
- Contacting patients soon after their ED discharge increases the likelihood that they will be reached by phone and linked to a medical home
- Navigators are more effective in linking patients to clinics when they have access to clinic appointment scheduling at the time of their contact with patients
- Patients are most likely to make a clinic visit following their ED discharge if they receive both an ED provider referral and a contact from a patient navigator.

primary care coalition

Project Sustainability

PCC and hospital/clinic partners have identified several areas that are critical to sustainability of the ED-PC Connect project. Year 3 of the ED-PC Connect Project will include:

- Refining and Expanding the Referral Process
  - Appropriate primary care referrals
  - Frequent ED users, specialty care, behavioral health
  - Expanding to additional Montgomery Cares clinics
- Patient navigation
- Streamlining data collection
- Year 3 Project Evaluation
- Explore Hospital 2 Home – Reducing hospital readmissions using the ED-PC Connect model

primary care coalition

Contact Information

For more information on ED-PC Connect, please contact:

Maria Triantis, Project Director,
maria_triantis@primarycarecoalition.org

Raquel Samson, Project Manager,
raquel_samson@primarycarecoalition.org
301.628.3408

Aditi Vasan, Project Coordinator,
aditi_vasan@primarycarecoalition.org
301.628.3454

primary care coalition