HHS COMMITTEE #1
May 4, 2011

M E M O R A N D U M

May 3, 2011

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **FY12 Recommended Operating Budget**: Department of Health and Human Services – Follow-up Items
FY12 CE Budget Adjustment – Kennedy Institute

Attached at © 1 is the HHS Committee's reconciliation list for the Department of Health and Human Services as of May 2, 2011.

The Committee requested additional information on the following issues. Also included in this memo is a recommendation from the Council Grants Manager regarding funding for Hepatitis B education and vaccination and the Executive's budget adjustments.

I. Administration and Support (Minority Health Initiatives)

A. Minority Health Initiatives

1) African American Health Program

HHS Committee request: Provide more detail on what is in the $56,240 proposed reduction and specific amount for oral health prevention program. The Committee expressed an interest in making sure that oral health funding was retained.

DHHS has responded that they have had discussions with BETAH Associates, the contractor providing AAHP services, and they have decided not to take the reduction in oral health. The following table shows how the recommended reduction will be applied.

Item	Original Budget	New Budget	Cut	Impact
Consulting	$70,000	$68,100	($1,900)	Reduces grant writing capacity
Staff development	$7,270	$3,170	($4,100)	Reduces staff development opportunities for 10 staff members, 5 of whom are registered nurses
Printing	$11,000	$5,131	($5,869)	Reduces the amount of development of specific information and brochures, particularly for French and Amharic language materials
Health Promoters	$10,000	0	($10,000)	Eliminates supplemental funding to MOTA (Minority Outreach & Technical Assistance) grant which had enabled the health promoters expanded activities on behalf of AAHP
Communications and media	$20,000	$10,000	($10,000)	Reduces mass media public awareness projects and educational material development
Conferences and meetings	$10,144	$2,000	($8,144)	Reduces conferences and roundtables and refreshments for Executive Committee and standing Coalition evening meeting
Administrative reductions			($474)	Based on changes in the fringe and indirect costs
Reduction of hours from 1FTE to .75 FTE for RN Certified Diabetes Educator	$65,984	$50,231	($15,753)	Reduce the position's availability for supplemental classes and class follow-up by approximately 3 classes/follow-up events.
TOTAL REDUCTION			($56,240)	

Council staff recommends the Committee reconsider whether it wants to place all of the $56,240 on the reconciliation list. The oral health program is not impacted. Council staff notes that the direct service impact is the reduction of the RN Certified Diabetes Educator at a cost of $15,750.

2) Asian American Health Initiative

HHS Committee request: Provide additional detail on what is in the proposed $15,000 reduction.

DHHS has provided the following:

- $7,000 from consulting (consultants to assist with grant proposal writing, technical papers, presentations, workshop);
- $1,000 from travel (staff travel to outreach events and meetings);
- $7,000 from disease condition programs (Hepatitis B and mental health)

Council staff recommends the Committee reconsider placing this $15,000 on the reconciliation list. A critical outcome for the Asian American Health Initiative is to address the need for education, vaccination, and treatment of Hepatitis B. This is better addressed by the following recommendation from the Council Grants Manager.

Funding for Hepatitis B outreach, education, screening, and vaccination
(prepared by Council Grants Manager)

The Council received a grant application from the Viet Nam Medical Assistance Program, a nonprofit organization of Vietnamese origin health care professionals and medical students, for Hepatitis B outreach, education, screening, and vaccination to the Vietnamese community in Montgomery County.

According to information provided by the Asian American Health Initiative, Hepatitis B disproportionately impacts Asian Americans. According to information provided by the organization, 1 in 8 Vietnamese Americans has chronic hepatitis. With over 10,000 Montgomery County residents whose country of origin is Vietnam, this suggests that over 1000 county residents could have the disease and risk transmitting it to others. The disease can be without symptoms until late stages and is transmitted by fluids (e.g. childbirth and sexual contact).

Ordinarily this proposal would be included in the Staff List of most highly recommended grants. However, because of somewhat unique circumstances described below, staff recommends adding funds to the Council's Reconciliation List for this effort with funding to go to the Department of Health and Human Services.

The organization requesting the funds is relatively new (2007), and their County funding request of $50,000 is 2/3 of the organization's program budget for the first year. Their request would fund staff and the cost of screening and vaccinations, plus materials. Physicians and nurses would provide their services pro bono. The organization has worked with the Department's Asian American Health Initiative in a pilot of this effort.

While the proposal meets an important community need, because of fiscal constraints staff would only be able to recommend a lesser amount for this proposal. **In discussions with**

DHHS, staff and the Department believe a more cost-effective approach for the upcoming year is to provide $25,000 to the Department who will work with the organization to provide the proposed services to approximately 200 residents. County funds would be used primarily to pay needed screening and vaccine costs, which can be purchased at government discount rates. This approach would permit more of scarce County funds to go to screening and vaccinations in the upcoming year and less for required staff infrastructure for the organization. In future years, the Council can consider grant funding to the organization directly.

Council Grants Manager Recommendation: Add $25,000 to the Reconciliation List for Hepatitis B Education, Screening, and Vaccination with funds to go to the Department of Health and Human Services.

3) Latino Health Initiative

HHS Committee Request: Provide additional detail on what is in the recommended $11,310 reduction for health promotion and miscellaneous expenses. Provide information on other programs that will serve young people who may be impacted by the proposed $109,540 reduction to the Latino Youth Wellness Program.

The Department has provided the following regarding the health promoter/miscellaneous expense reduction:

LHI health promoters' reduction ($4,410):

Reduce Health Promoters from 27 to 25 ($1070 incentive /promoter)	($2,140)
Educational/Promotional materials =	($2,270)

Average # of individual served/ Health Promoter in FY10 = 5,481
Expected # of individuals served in FY12 (with this reduction) = 5,075

LHI OE reduction ($6,900) will come out of the following:

Printing	$600
Education, Tuition & Training	$920
Other Supplies/Equipment	$2,000
Rental Leases	$2,000
Other Supplies and Materials	$1,380

Attached at © 2-4 is a summary prepared by OMB of other programs that may serve the same target population as the **Latino Youth Wellness Program.** It shows that within DHHS, these programs overall are being reduced by about $508,000, or 11%.

Council staff recommends the Committee reconsider placing the $11,310 on the reconciliation list given that it is generally for health promotion and general operating expenses. With regards to the Latino Wellness Initiative, it is helpful to see the variety of programs that would help to fill any gap from the proposed reduction. In particular, Council staff is interested in how youth who might not be able to access the Latino

Wellness Initiative might access services provided through the Regional Youth Services programs, whether there is sufficient Spanish speaking staff in Regional Youth Services, and whether there is capacity in the program to serve any youth who might have to be turned away from the Latino Wellness Initiative if there is a lack of capacity because of the reduced funding. If the Committee wants to continue to include the Latino Wellness Initiative on the reconciliation list, Council staff suggests it be listed in two increments of $54,770 each.

B. Office of Community Affairs – Casey Foundation Grant Replacement

HHS Committee request: Provide additional information on the health equity work being completed under the effort funded by the Casey Foundation Grant.

The budget recommends using $42,590 to replace grant funds and continue the work of the Program Manager in the Teaming for Excellence effort. The total amount of grant funds being used in FY11 is $205,000 but this portion is expiring in FY12. Council staff had raised a question about what will happen when the full grant ends.

Attached at © 5-14 is information on the work being completed under this effort which is working to implement an integrated services model and to reduce disparities in terms of services provided and outcomes for clients. The position in question is critical to data collection and analysis and is also assisting the Department with the technology modernization effort which has just been recommended by the Executive as a $300,000 adjustment to the Technology Modernization CIP project. Other Casey Foundation grant funds are being used for consultant services which will not be continued when the grant ends.

Council staff recommends approval of the continuation of this position as recommended by the Executive. Council staff suggests that the HHS Committee schedule a briefing on the Equity and Social Justice project next fall when data from the consultant's work will be available and initial work on how to approach testing the integrated service model on transition-aged youth will be in place.

II. Aging and Disabilities

A. "DD Supplement"

HHS Committee request: Provide information on the State's rate of reimbursement, how the County supplement is distributed, how the receiving agencies are using the funds, and the rate of pay for direct service workers in those agencies.

The Executive's recommended budget proposes reducing by $388,250 the county's supplement to providers of direct care service to the developmentally disabled. At its April 11th session, the Committee agreed to place restoration of these funds on the reconciliation list in two increments; the first increment of $155,300 would reduce the cut from 5% to 3%, and if the

second increment of $232,950 is also funded, the entire cut would be restored. The Committee was interested in more information on how the funds are use and, while the DD supplement is not a supplement to pay, the pay to direct service workers receive in agencies receiving the supplement.

Attached at © 15-23, and as a separate handout on large paper, is information gather by DHHS and Inter ACC through a survey. The average starting hourly rate for non-supervisory direct services position in residential and community supported living arrangements is $10.41 and the average hourly rate is $12.04. The average starting hourly rate for non-supervisory direct services position in day and supported employment programs is $12.28 and the average hourly rate is $14.11. (© 20) The letter from Mr. Wiens (© 18-19) notes that the largest cost to these agencies is the wages and benefit to their direct service employees.

Council staff recommends the Committee continue its current recommendation.

B. Executive Budget Adjustment – Kennedy Institute

On April 25, 2001 the County Executive forwarded to the Council his recommendation that $238,140 be approved in the FY12 Operating Budget to provide "adequate funding for continuation of services to medically fragile developmentally disabled individuals. The Kennedy Institute program serves developmentally disabled individuals with severe to profound developmental disabilities and severe behavioral issues." The Executive is recommending redirecting $47,000 from DD Supplement funding and adding $238,140, chiefly funded from the set-aside, to provide FY12 funding of $285,140, which is a 12% reduction from the FY11 approved amount.

The Committee discussed this program at its April 11th session and was told that the Department did not mean to recommend a reduction that would cause the program to close and that the Executive would be recommending additional funds. **Council staff recommends that the HHS Committee concur with the Executive and place $238,140 on the reconciliation list to provide additional funding for this program. Council staff also wants the Committee to understand that the Executive is also saying that $47,000 from the total amount he has recommended for the DD Supplement will be redirected to this program. Council staff may disagree with this part of the Executive's recommendation. If this program is eligible to receive a DD Supplement, it should be added to the overall list of programs and receive whatever share of the total appropriation under same distribution as all other programs. If this program is not eligible for the DD Supplement, Council staff recommends that the Committee place $47,000 on the reconciliation list as a separate item so that the overall DD Supplement is not reduced further.**

III. Behavioral Health and Crisis Services

A. Commission for Women Services

HHS Committee request: How do the mental health and counseling services currently provided by the Commission for Women relate to the array of services provided in the county? Will other county programs be able to absorb the number of clients served by the Commission for Women if those services are eliminated?

The Department has provided a response attached at © 24-25. The response will be included in the packet for the May 5 joint GO and HHS Committee session.

B. Alcohol and Drug Abuse Block Grant

Since the Committee met on the budget for BHCS, the Department has been informed that the State will be reducing the County's block grant funding for FY12. DHHS will brief the Committee on the amount of the reduction and its impacts.

IV. Public Health Services

A. Montgomery Cares

HHS Committee Request: Information on liability coverage through the Federal Tort Claims Act and County risk management, the current co-pay schedule for Montgomery Cares clients at the Montgomery Cares clinics, and the wait time for appointments for new and existing patients at the Montgomery Cares clinics.

At the April 7th session, the Committee reviewed the second quarter report on patients and primary care visits projected to be used in FY11. It is expected that just under 74,000 visits will occur on FY11. The Committee also reviewed the Executive's recommendations for FY12 which are based on 70,000 primary care visits and the enactment of a $25 annual registration fee. This fee would be collected by the clinics and the revenue from the fee would replace a portion of county funds for primary care visits. The budget reduces county funds for primary visits by 16% which is equivalent to a $25 per patient annual fee or a $10 co-pay per visit. The Committee agreed that the program should be funded at 75,000 primary care visits and placed $310,000 on the reconciliation list to fund 5,000 visits at the current reimbursement rate of $62. The Committee did not make a recommendation regarding the reconciliation list for the 70,000 primary care visits.

DHHS has told Council staff that the County Attorney's Office is continuing to review the issues around the Federal Tort Claims Act and how coverage would be handled through County risk management. Two of the Montgomery Cares Clinics, Mercy and the Pan Asian Clinic only seek donations are all volunteer clinics.

Attached at © 26 is a table showing the co-pays charged at the Montgomery Cares clinics. They vary considerably. Attached at © 27 is a table showing the wait time for new and existing patients. It shows that the longest wait for new patients is at Mary's Center (30 days) followed by Mercy Clinic (28 days). Note that the Spanish Catholic Center is current moving and is not scheduling new patients. Proyecto Salud and the Kaseman Clinic can see new patients in one day. For existing patients the longest waits are Mercy Clinic (28 days) and potentially Mobile Med (2 to 90 days depending on urgency).

Council staff understands the Department's point of view that a membership fee will help to bring a sense of ownership to the program and that a $25 fee is not significant enough to impact a patient's ability to participate in Montgomery Cares, especially as many are already paying co-pays. However, Council staff does not believe that this proposal is ready to be implemented on July 1, particularly given the outstanding issue regarding liability coverage.

Council staff also thinks it is unrealistic to hold Montgomery Cares completely harmless in this budget, given the range of program reductions and contract eliminations to health and human services to low-income and vulnerable populations.

Council staff recommends the Committee place two items on the reconciliation list.

$490,000 to restore funding for 70,000 primary care visits at $59 per visit (5% from $62)
$295,000 to fund an additional 5,000 primary care visits at $59 per visit.
$785,000

If the Committee wants a full funding option on the reconciliation list two additional items should be added:

$210,000 to restore 70,000 primary care visits to full $62 reimbursement
$ 15,000 to fund additional 5,000 primary care visits at $62 reimbursement
$225,000

Council staff is not making a recommendation for increased funding for the community pharmacy that would normally be made when there is an increase in primary care visits. This is because Council staff believes the priority it funding for the actual visits. The reduced amount of funding approved for FY11 is working relatively well and the number of patients using MedBank has increase substantially.

Council staff also recommends that the HHS Committee schedule an update on Montgomery Cares for November. At that session the Committee should review FY11 end-of-year data, how DHHS is allocating primary care visits to the clinics in FY12, impacts from the funding level of pharmacy, how the Department and clinics can work to bring more consistency to the co-pays and charges a patient will encounter at a Montgomery Cares clinic, and information regarding risk management.

B. Inspection and License Fees

The April 7th packet noted that the Executive's budget assumes about $250,000 will be realized from increased fees from DHHS inspections and licenses. Attached at © 28-29 is a summary of the current and currently proposed fees. The Executive Regulation has not yet been advertised. All the fees are set through Method 3 which does not require any Council action. The regulation becomes effective when the Council received them from the Executive.

The most substantive changes are a reduction to the fee for a facility selling mostly prepackaged food and increases in the fees for plan reviews of food service facilities and inspections of swimming pools.

V. Special Needs Housing/Community Grant NDA

Executive Budget Adjustment – The Executive has recommended funding of $48,460 to the Montgomery County Coalition for the Homeless for a full-time case manager for the Homes Builders Care Assessment Center. **This adjustment is made to the Community Grants NDA and will be handled as a part of the Community/Council Grants process.**

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HHS COMMITTEE CHANGES

	Description	RECONCILIATION LIST		
		Personnel Costs	Operating	Capital Outlay
	CE's March 15th Request			
	Restore funds to African American Health Program		56,240	
	Restore funds to Asian American Health Initiative		15,000	
	Restore funds to the Latino Health Initiative		11,310	
	Restore funds for Latino Youth Wellness Program		109,540	
	Restore funding for Montgomery Cares (maximum $700,000)		TBD	
	Fund 5000 additional primary care visits		310,000	
	Restore funds for dentist services		23,200	
	Restore Client Specialist in TB Program		28,570	
	Reduce DD Supplement cut to 3%		155,300	
	Restore DD Supplement (add to above)		232,950	
	Restore 50% of cut to In Home Aides		50,000	
	Restore 50% of cut to In Home Aides		50,000	
	Restore funding to Working Parents Assistance Child Care Subsidies		50,000	
	Eliminate vacant part-time Program Manager I position in Early Childhood Services	(33,120)		
	Restore funding for Ruth Rales Reading program -- Passion for Learning contract		22,820	
	Restore funding for Ruth Rales Reading program -- George B. Thomas Learning Academy contract		37,740	
	Restore funding for Wheaton and Shady Grove Workers Centers		24,000	
	Restore mental health services to children and their foster families		21,210	
	Restore contract to provide attachment and bonding support to reunite children with their birth families		57,630	
	Reduce Residential Treatment Provider subsidy to 3%		17,830	
	Restore Residential Treatment Provider subsidy (add to above - $44,570 total)		26,740	
	Provide transition funding for Lawrence Court halfway house		70,000	
	Replace 95% of loss of State funds to CLARC		37,050	
	Restore 2 Therapists - VASAP	238,280		
	Restore Client Assistant in VASAP	36,220		
	Conservation Corp funding from DED		200,000	
	Total Committee Changes	**241,380**	**1,607,130**	**0**

Latino Youth Wellness Program (FY11 Scope): Reaches youth ages 11-15 with academic and behavioral problems, recently arrived immigrants, ESOL students, and youth with high-risk factors for negative outcomes in mental health, reproductive health, substance abuse, nutrition, physical activity, and parent child relationship. Participants receive family-based intensive case management and group health education and wellness interventions aimed at supporting positive behaviors that prevent diseases, adolescent pregnancy, substance abuse and violence and promote wellness. The program also connects families to critical safety net services and offers opportunities for leadership development.

Dept. (Abbreviated)	Program	Program Description (Brief)	FY11 Approved	FY12 Reduction	FY12 Remaining
COR	N/A	N/A	N/A	N/A	N/A
DED	N/A	N/A	N/A	N/A	N/A
HCA	N/A	N/A	N/A	N/A	N/A
HOC	N/A	N/A	N/A	N/A	N/A
HHS	Regional Youth Services (RYS) (Children, Youth, and Family Services)	Serves youth ages 5-18 (of any ethnicity) with behavioral problems that are mild to moderate in scope/intensity (includes recently arrived immigrants, ESOL students, and youth with risk factors for negative outcomes in mental health, reproductive health, substance use, and parent child relationship). Participants receive short-term youth/family counseling, group psycho-education or community-based interventions aimed at supporting positive behaviors that prevent adolescent pregnancy, juvenile delinquency, substance use and violence. RYS providers also provide information and referral services to connect families to safety-net services.	$ 771,895.00	$0	$ 787,571.00
	Identity After School Program (Children, Youth, and Family Services)	Positive Youth Development Program for Multicultural Middle School and High School Youth.	$ 299,038.00	$0	$ 305,466.00
	UpCounty Youth Opportunity Center - Identity Contract (Positive Youth Development)	The UYOC serves as a multi-cultural, community driven gang prevention and positive youth development center assisting clients in acquiring GED's, legal assistance, jobs, mental health services, tattoo removal, reintegration and referral services.	$ 450,000.00	$0	$ 450,000.00

	Latino Youth Wellness - Identity Contract (Office of Community Affairs)	**Based on FY12 Scope**: To provide services and interventions to low-income -families who have high-risk youth between the ages of 11 and 15, such as those with academic and behavioral problems, recently arrived immigrants, ESOL students, and high-risk factors associated with one or more negative outcomes regarding the following areas: mental health, reproductive health, substance abuse, nutrition, physical activity, and parent-child relationship.	$358,833	($109,540)	$249,293
	Screening & Assessment Services for Children and Adolescents (SASCA) Program	Substance abuse and mental health screenings and assessments. Referrals to treatment and education seminars for youth and families.	$723,216	($208,291)	$514,925
	KHI-Step Ahead-Contract (JJS)	Substance abuse education and treatment services for adolescents.	$122,452	$0	$125,088
	Suburban Hospital-Contract (JJS)	Substance abuse education and treatment services for adolescents.	$122,452	$0	$125,088
	Maryland Treatment Centers-Journeys Contract (JJS)	Intensive outpatient substance abuse treatment services and counseling for adolescents; after school program, which provides academic support, recreation, and supervision.	$478,840	$0	$478,840
	YMCA Youth and Family Services Contract (Substance Abuse Prevention)	After school program for low-income and at-risk children in elementary and middle school. Program focus-academic enrichment, life skills, substance abuse prevention, violence and delinquency prevention, and family support.	$33,986	$0	$34,719
	Montgomery County Collaboration Council-Gang Wraparound Contract (JJS)	Care coordination and wraparound services to children and youth with emotional disabilities that need individualized and multi-agency support services.	$190,650	($190,650)	$0
	Montgomery County Collaboration Council Wrap Around Services (Child Mental Health)	Community based wraparound services for youth at-risk for out-of-home placement, school failure and involvement with the juvenile justice system. Care coordination and other services available in Spanish if needed.	$744,000		$760,000

(3)

	Federation of Families Contract (Child Mental Health)	Caregiver support, education and system navigation for parents and caregivers of children and adolescents with mental health challenges. Spanish speaking parent support partners are available and some educational programs are conducted in Spanish.	$241,840	$0	$241,840
TOTAL HHS			**$4,537,202**	**($508,481)**	**$4,072,830**
LIB	N/A	N/A	N/A	N/A	N/A
REC	Sports Academies	After school recreation programs high school students for at-risk youth.	$671,950	$0	$671,950
	Rec Extra	After school recreation programs middle school students for at-risk youth.	$279,910	$0	$279,910
TOTAL REC			**$951,860**	**$0**	**$951,860**
POL	N/A	N/A	N/A	N/A	N/A
RSCs	Latino youth are welcomed to participate in the Youth Advisory Committees that are based at each Regional Services Center. Leadership development is a major focus.		-	-	-
SHF	Safe Start	Counseling for children exposed to domestic violence.	$100,000	$0	$100,000
TOTAL SHF			**$100,000**	**$0**	**$100,000**
TOTAL ALL DEPT.			**$5,589,062**	**($508,481)**	**$5,124,690**

NOTE:
FY11 Approved for assumes the Savings Plan reductions.

Equity refers to fair policies, decisions and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people.

DHHS Equity and Social Justice Work Plan

Towards a systematic approach to promote equity and social justice with customers, staff and community and to reduce disparities and disproportionalities in our vulnerable populations, the Department is developing a department-wide Equity and Social Justice Work Plan to:

- Assess, strategize, and implement a plan that ensures fair policies, decisions and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people;
- Create a culture of inclusion that promotes fairness and opportunity in the use of resources, decision-making and all departmental interactions;
- Adapt and tailor approaches to achieve the best possible outcomes for the communities and customers HHS serves; and
- Recognize and honor differences and the diversity of our community.

The major activities toward the development of the work plan involve translating the vision of Equity into practice and opportunities for action. It is based on the premise that:

- The department-wide value of Equity and Social Justice will strengthen the department's ability to meet customers' needs with demonstrated respect, professionalism, timeliness and fairness.
- The department-wide value of Equity and Social Justice also helps to fulfill the greater community-wide goal of Healthy Montgomery, the community health improvement process, to reduce disparities.
- Achieving equity for all involves paying attention to public and political decision-making because the health and well-being of the community reflect these actions.
- The Equity and Social Justice work looks at how the department functions to address inequities and create positive outcomes for the clients it serves.
- The Equity and Social Justice work also values equity for the department's workforce .
- Because equity requires a holistic, comprehensive approach to services it is intertwined with the objective of fully implementing the service integration practice model.

The major activities for this work include:

1. Articulate common mission/vision/purpose
2. Assess organizational characteristics that impact equity
3. Develop opportunities for action
4. Align with department-wide activities

1. Articulate common mission/vision/purpose
   - Define equity for the department and create a purpose statement [DONE]
   - Identify measurable goals that define success and change
   - Create a logic model that serves as a framework for articulating and aligning activities, goals and measures in preparation of action planning
   - Establish an internal communication plan and "brand" development
   - Engage Senior Leadership and DHHS managerial systems on the benefits of promoting equitable approaches to fulfill HHS' mission in alignment with service integration
   - Build staff understanding of equity, social justice and social determinants of equity and their relationship to disparities in DHHS.

2. Assess organizational characteristics that impact equity
    - Inventory the presence of research-based organizational characteristics that support the ability to perform effective equity-focused work
    - Understand the perceptions, knowledge, attitudes, and experiences related to equity planning by staff [key informant interviews and community conversations completed]
    - Identify client outcomes for the target population (transition-age youth) where inequities may exist
    - Examine the sequence of institutional actions (in terms of key actors, policies, regulations and guiding practices) involved with programs serving the target population (transition-age youth
    - Determine the equity impact of fairness and opportunity of programs serving the target population (transition-age youth)
    - Identify challenge areas, issues or findings for recommendations based on work above

3. Develop opportunities for action
    - Prioritize issues and findings to develop strategies
    - Identify actions, required steps, resources and timeline
    - Align actions with measurable goals to evaluate change

4. Align with department-wide activities
    - Coordinate the discovery, findings, recommendations and implementation with the service integration work plan including alignment of target population for focus
    - Incorporate findings from the quality service review process to gauge the extent to which the department's values and principles are upheld and to better understand the context of the clients being served
    - Work with Healthy Montgomery on equity priorities and any DHHS-led projects that are developed through the health improvement process to strengthen an internal focus on equity
    - Support the mission and strategic plans of the minority health initiatives

ATTACHMENT 1A
TO THE CHILD WELFARE INITIATIVE AGREEMENT BETWEEN
CASEY FAMILY PROGRAMS
AND
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROGRESS AND EXPENDITURE REPORT

REPORTING PERIOD October 1, 2010 through December 31, 2010

PROGRESS

1. Project Progress

- For items 1 and 3 please describe for each project on the attached work plan

(Please see attachment A)

2. **Outcomes**. Report on any outcomes that cannot be measured by the data collecting methods specified in Section 1 (AFCARS/NCANDS or Chapin Hall Data Center).

	FY 08 (n=10)	FY 09 (n=44)	FY 10 Actual (n=43)	FY 11 Estimate (n=11)	FY 12 Projection
Team Formation	50%	82%	84%	82%	83%
Team Functioning	30%	68%	79%	64%	74%

3. Activities and Results

During this review period, the Department of Health and Human Services continued to make srides in the areas of service integration, technology modernization and interoperability, Quality Service Reviews (QSR) and equity.

4. General Assessment

Strategy 1: Practice Approach Redesign

Service Integration

- DHHS identified and selected two consultants to lead and support the service integration work. Both consultants will begin work in January 2011 with Casey Family Programs grant funding, strengthening internal capacity to continue progress on this work.

- A Service Integration Workgroup, composed of key staff from the department's five areas of service, met and developed a work plan with priority areas, deadlines and staff assignments to move the work forward.

Confidentiality

- Continued implementation of Client Rights training provided HHS staff with awareness of client rights related to their information, such as the right to access their information, the right to request an amendment, and the right to request restrictions on how their information is shared.

- Confidentiality staff provided guidance to the QSR process for caseworkers and reviewers to understand how information obtained from the review can be used for direct treatment of the client and become part of the client record.

Strategy 2: Assess and Enhance Inter-operable Information System

The Department continued collaboration with state, federal and private partners to plan for implementation of computer-based applications to fully integrate data. Activity centered on discussions and planning sessions centered on what elements should be in the overall modernization strategy, the timing and potential cost projects.

Strategy 3: Development of Continuous Quality Assurance

- # Quality Service Reviews (QSR) were conducted during this period using internal DHHS staff as reviewers. The Department continues to institutionalize the use of QSR to make improvements in practice and in our system of care. We have continued to make improvements in the QSR process and further refine the data collection and reporting methodologies.

- The Quality Service Review Advisory Committee presented two recommendations to the Department's Senior Leadership Team for consideration, resulting in development of Performance Improvement Plans. These issues were recurrent themes in QSR debriefing sessions: 1) gaps in or the lack of long term planning for case closure and actions; 2) practices, policies or decisions that may lead to client dependency on departmental services. Chiefs of the department's five Service Areas were asked to explore the issues with their staffs and a survey was developed to query staff about long range planning and dependency in practice.

Strategy 4: Reduce Disproportionality and Disparity

In this quarter, the planner and the Equity Work Group with the guidance of the consultants from Common Health Action worked on the planning and conducting of key informant interviews and community conversations. Two key informant interviews were conducted with individuals representing (community, stakeholders, etc.); and 24 community conversations were held. The purpose of these conversations was to gather qualitative feedback from both internal staff and selective stakeholders on their perception of the Department and its services as well as their understanding of the relevance of Equity in the delivery of health and human services in the county. . We anticipate a summary of the results of the the key informant interviews and community conversations from Common Health Action by March of 2011 The information gathering processes helped the Department realize the importance of developing an Equity framework and applying that to all the department-wide quality improvement strategies.

5. Problems/Obstacles

Strategy 1: Practice Approach Redesign

Service Integration

- Due to the County government hiring freeze, the Department was unable to fill a merit position dedicated to Service Integration coordination and development. With funding from Casey Family programs, two consultants will be hired in January 2011 to provide capacity to move service integration work forward.

Confidentiality

UNRESTRICTED

- Obstacles in previous reports continue. While many questions about authorizations needed to share information are resolved, it is challenging for staff to envision and/or implement service integration without IT tools, and without a service integration practice model in place.
- Reduced resources in the County Department of Technology services have left the County with scant support for computer based training, including four HIPAA related trainings. The plan to transfer the current training application to a newly County government wide enterprise electronic business system also contributed to less funding for the current system and has created a gap.
- While continued reductions in resources both in HHS and in the Office of the County Attorney (OCA) reduced responsiveness to confidentiality work, HHS is in the process of hiring a Confidentiality and Risk management manager who will begin work at HHS in near future. The HITECH Act has significant new requirements and new regulations continue to be issued that provide greater privacy protections. As a consequence, this may create more obstacles in information sharing and require revision of our agreements. The County also needs a process for implementing Business Associate (BA) agreements and Memorandums of Understanding related to sharing information with contractors and third parties. HHS is awaiting feedback from the Office of the County Attorney on a draft BA agreement decision tool that we provided.
- HHS does not have a single client record for each customer and lacks a reliable system to identify where a client has been seen and where records reside. This is a problem for service integration and also makes it difficult to respond to client requests for their information and to produce records in response to legal process

Strategy 2: Assess and Enhance Inter-operable Information System

- The primary challenged faced in this area is the absence of a consistent source of funding to secure needed technologies and systems. Additionally, directing leadership resources to advance the effort has been a challenge.

Strategy 3: Development of Continuous Quality Assurance

- QSR remains on a clearly identified track. Paying attention to the quality of reviews is our continued area of focus.

Strategy 4: Reduce Disproportionality and Disparity

The continual challenge will be the coordination and alignment of the Equity work with the other departmental initiatives. As mentioned before, the planning specialist working on Equity is part of the Service Integration team, has received training as a reviewer for the Quality Service Review work and is working on the Healthy Montgomery Team. Different initiatives are at different phases of their respective work so coordination will have to be achieved through vigilance from all team members. The potential for total alignment does exist.

6. Planned activities for next reporting period

Strategy 1: Practice Approach Redesign

Service Integration

- Activities identified in the Service Integration work plan developed in Q4 will continue and the plan will evolve as emerging needs and tasks are identified. Next steps include identification of one or two target groups, most likely to include youth aging out of foster care, as the focus of

implementation efforts. Among the tasks for next quarter are: work to get senior leadership and staff buy in, an inventory of programs serving the target population(s), a survey of existing practice and additional staff needs for service integration to effectively serve customers, development of a communication strategy, an inventory of case practice in the identified target group(s), and strategy sessions to obtain feedback and collaboration of staff from the affected programs to help design the practice in action.

Confidentiality

- Work will continue with OCA and Procurement to address requirements for HIPAA compliance in contracts and partnering agreements. Next steps include Finalize a revised Business Agreement template and decision tool; establish a process to ensure that BA agreements are in place when required; establish a process to track BA agreements, and develop standard language to include in agreements with contractors and other third parties to advise each party of its responsibilities for privacy compliance and record management.
- Ongoing feedback to QSR advisory committee will continue.
- Feedback to the service integration workgroup will begin.

Strategy 2: Assess and Enhance Inter-operable Information System

-
- Continue efforts to fund technology investments;

Strategy 3: Development of Continuous Quality Assurance

- DHHS will conduct administrative activities related to planning and conducting 12 reviews in April 2011 and follow-up activities related to 11 reviews conducted in December 2010. Staff will monitor quality controls of the QSR process itself and conduct refresher training for all reviewers. Feedback sessions and Grand Rounds will be modified to enhance their effectiveness for identifying and discussing systemic issues and trends as well as issues related to practice.

Strategy 4: Reduce Disproportionality and Disparity

- Plans for peer learning and site visit from King County, WA Equity and Social Justice staff in May of 2011.
- Plans for peer leaning from King County's ex-county executive Ron Sims also as part of peer learning
- Facilitate the development of Strategic Equity Plan with measurable goals
- Facilitate the development of a logic model

EXPENDITURES

Include only CFP Funds in this report. Do not include any third-party funds.

All	$205,000	148,917.68	161,531.68
Total	**$205,000**	**148,917.68**	**161,531.68**

STRATEGY 1 **Practice Approach Redesign**	1. Continue to assess and troubleshoot barriers to the Integrated Practice Model. 2. Complete development of a formal practice model for team-based case management as the necessary first step before training staff and fully implementing a more comprehensive service integration model. Development activities include building the case practice model and revising it based on staff feedback and focus group recommendations. 3. Develop and initiate specialized training for case management staff and community partners that assures practice competencies essential to the delivery of quality services. 4. Develop and implement rollout plan to include staging and a defined organizational structure to support team-based case management. 5. Fully implement computer supported intake, screening and referral process to support Service Integration. 6. Coordinate Service Integration efforts. 7. Monitor implementation efforts and provide support to staff in the move to a formal team-based case practice approach. 8. Document the Integrated Practice Model's success and replication for possible dissemination to other jurisdictions and provide CFP a copy.	1. Trained 200 additional staff since October 1, additional HHS staff on the HIPAA Client Rights to information. Current number of staff who completed the training is now 1311. 2. Provided the Office of the County Attorney (OCA) with additional information regarding contractors, business associate agreements, MOUs. Provided input to OCA on the content of revised business associate agreements and MOUs for compliance with the new HIPAA HITECH Act and regulations issued thereunder. Provided the OCA with a draft Business Agreement decision tool so that different County departments and programs know when a business associate agreement is needed. 3. Continued participation on QSR workgroup and providing feedback on appropriate sharing of information as well as circumstances that would permit the case worker to include factual information learned from the QSR in the client's record. 4. Notified the OCA about new HIPAA requirements under the HITECH.
STRATEGY 2 **Assess and Enhance Inter-operable Information System**	1. Continue to assess existing environment and business process requirements and determine possible solutions. 2. Continue to facilitate the sharing of information between departments, creating a single case record and support improved client outcomes, moving more youth to permanency faster. 3. Track and report on the development of the Inter-operable Information System, highlighting: lessons learned; progress in achieving process milestones; and outcomes associated with the impact on children and families once the system becomes operational and provide CFP reports .	Overall strategy discussions & planning HHS Portal design The portal design effort focused on how to leverage the large investment already made by the Department in sophisticated technology to create a method for integrating other application capabilities such as eligibility in a manner where the system user would flow from tool to tool and data would follow to support other activities. Solution Component reviews As potential solutions for various portions of the strategy where identified time was spent researching the solution, its technology and potential o applicability for it.

		Technical Analysis and alternatives research As potential solutions were identified and ones selected for additional analysis, this portion of the project centered around determining if there were issues or risks with the solution choices and were there other viable alternative. A deliverable of this process was that a couple of initial choices regarding solution approaches where replaced with more effective ones.

STRATEGY 3 **Development of Continuous Quality Assurance**	1. Enhance and spread the use of a Quality Service Review process (QSR). 2. Continue to develop and disseminate management reports summarizing QSR findings with implications for Integrated Practice Model improvement efforts. 3. Continue to utilize QSR findings to inform specialized training for Integrated Practice Model redesign. 4. With assistance from CFP continue to train organizational leadership and supervisors on QSR process to ensure sustainability of quality assurance approaches. 5. Continue efforts to refine program-specific performance measures for beneficial impact in business processes. 6. Continue training Service Area staff on the development of and monitoring for performance measurement. 7. Continue to collect and retrieve data for performance measurement and better management of services in direct support of integrated practice model. 8. Review RFPs and contracts for inclusion of performance measures for the collection of data and better management of services.	Quality Service Review (QSR) 1. At its quarterly meeting, the QSR Advisory Committee (QSRAC)agreed to: • Add a page to the four-page QSR Case Review Profile to collect data on 12 new elements for cases that originate from Child Welfare Services. Conduct follow-up activities dealing with an emergent issue (long-range planning) identified in reviews (see #4 below)Require reviewers to participate in an annual half-day refresher training. Assign a third reviewer to participate in feedback sessions as a facilitator and to also facilitate a subsequent discussion of caseworkers and reviewers from each of the two cases that originate from a particular program. Hold one Grand Rounds per review week instead of two, focusing more heavily on systemic issues 2. Conducted two rounds of QSR reviews (11 cases). Three cases showed unacceptable client status, while no cases revealed unacceptable system performance. The Health Status indicator showed the greatest need for refinement and/or improvement, followed closely by Emotional Status. Team Functioning and Intervention Planning were the practice indicators showing the greatest need for improvement. All cases reviewed showed a measurable degree of beneficial impact from DHHS services, despite problems related to unavailability of needed services in 45% of all cases. 3. Drafted a reviewer self-assessment tool based on an instrument used in another jurisdiction .as a result of a QSRAC Training Subcommittee meeting 4. Finalized and administered an online survey to direct client service workers and their managers about their experience and observation concerning long-range planning to help ensure that case managers (and services) are not just focused on addressing the short-term and immediate needs of clients. This practice can lead to dependency of the client on DHHS rather than facilitating transition to naturally occurring community supports; and inefficient dosages of care. 5. Drafted and discussed a process for assigning the 57 member DHHS QSR reviewer cadre to the 48 case reviews planned for 2011.
STRATEGY 4 **Reduce Disproportionality and Disparity**	1. With CFP's participation continue to engage key stakeholders, community partners, representatives of the racial and ethnic minority communities, and immigrant communities in disparity reduction	The planning specialist continues to align equity planning with other department initiatives, including the following activities:

	strategic planning and organizational improvement efforts. 2. Develop and administer an agency-wide cultural responsiveness and disparity assessment, drawing upon the experiences of CFP's national Disproportionality Breakthrough Series Collaborative and the related use of Concept Mapping, as well as other national disparity-reduction models. 3. Continue to develop and implement specific agency practice improvement strategies, based on the results of an agency-wide cultural responsiveness and disparity assessment process. 4. Evaluate the Project's success and replication and document such for possible dissemination to other jurisdictions and provide information to CFP.	○ Assist with Community Health Improvement Process website: review and posting of articles ○ Neighborhood-level mapping of demographic and community indicators. ○ Planning for qualitative data collection for the Community Health Improvement Process ○ Participate on workgroup for the development of an implementation plan for the integrated practice model The planning specialist worked alongside CommonHealth Action continued to build the foundation for Equity Planning in the department. • Nucleus Group met four times between Oct and December. • Nucleus Group participants participated in the 2010 Health Disparities Conference sponsored by the Center of Health Disparities • Key informant interviews were held with 22 DHHS staff and 8 external partners • Two community conversations were held in November for 34 community members

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

April 29, 2011

TO: Linda McMillan, Senior Legislative Analyst
Montgomery County Council

FROM: John J. Kenney, Ph.D., Chief

SUBJECT: Information Regarding Provider Agencies Use of the Developmental Disability Services Supplement

Attached please find the information regarding the use of the County's "Developmental Disabilities (DD) Supplement" obtained from Montgomery County agencies providing developmental disability services to Montgomery County residents and their families. Specifically, agencies participating in the DD Supplement were asked to provide:

- information on the State hourly rate(s) of reimbursement
- how the County supplement is distributed
- Specifically how receiving agencies are using the funds (e.g. staff salaries, housing costs, general administration, service augmentation, etc.); and
- the rate of pay for different levels of direct service workers for those agencies receiving the funds compared to the State rates.

Twenty-one of the twenty-six participating agencies responded to the survey. These twenty-one agencies represent:

- 80 % of the agencies receiving the supplement
- 98% of the DD Supplement Funding ($7,618,766 of $7,765,130 in FY11 dollars)
- 96% of the clients served with the DD Supplement (2,425 of 2,510 total clients)

The following documents area attached:

- Letter to DD provider agencies requesting the information and the purpose for making the request at this time
- Council Testimony by Tim Wiens, Co-Chair, InterACC/DD, addressing of the use of County supplement to increase staff wages
- Letter from Tim Wiens, Co-Chair, InterACC/DD, explaining the general use of the County supplement by participating agencies

- Codes for the nineteen agencies responding to the survey (the agencies conveyed a preference that the individual identity of each agency not be released in public documents if possible so the agency names have been coded)
- Summary chart of Starting Hourly Wages and Average Hourly Wages for Residential and Community Supported Living Arrangement (CSLA) staff and Supported Employment and Day Program staff and Complete Agency Response Data Chart

Tim Wiens and Karen Lee, Co-Chairs, InterACC/DD, will be in attendance at the May 4th HHS Committee Session and available to respond to questions if desired.

JJK:gh

Attachments

April 19, 2011

Dear Montgomery County Provider of Developmental Disability Services:

At the April 11th HHS Committee work session on the Aging and Disability Services FY12 CE Recommended Operating Budget, the "DD Supplement" was discussed in some detail. Clearly, the HHS Committee would like to find a way to partially or fully restore the proposed 5% reduction (and, in fact, supported two restoration items to be placed on the Council's Reconciliation List—one to restore 50% of the reduction and another to restore the remaining 50%).

However, any decision regarding restoration will be contingent on the Committee acquiring a better explanation regarding precisely how agencies receiving the County's DD Supplement use this funding. Specifically, the Committee requested:

- information on State rate of reimbursement
- how the County supplement is distributed
- Specifically how receiving agencies are using the funds (e.g. staff salaries, housing costs, general administration, service augmentation, etc); and
- the rate of pay for different levels of direct service workers for those agencies receiving the funds compared to the State rates.

Since a number of the testimonies specifically referenced how the County DD Supplement is used to increase the hourly rate of direct care staff (i.e., with InterACC/DD referencing a State hourly rate of $9.13 for direct service employees which is raised to an average of $12.75 with the supplement; and the ARC referencing the same State rate with an increase to $12.00/hour with the supplement), Mr. Leventhal wants to ensure that the County's funding results in participating agencies paying these higher salaries to their direct-service staff serving Montgomery County residents.

I have been consulting with Tim Wiens, Chair, InterACC/DD, regarding a concise data collection survey form that will provide the information requested (see attached Data Collection Form**). I apologize for the demanding time frame but I am asking that you complete and return the completed form to me by 5:00 PM Thursday, April 21st**. On the report that will be given to Council, your agency will be assigned a letter code in order to ensure a level of anonymity in any published reports.

Please contact Madalena Shamoun via email or at 240-777-1173 or me at 240-777-4577 if you have questions or concerns.

Thank you.

Jay
John J. Kenney, Ph.D.
Chief, Aging & Disability Services
Montgomery County Department of Health & Human Services
240-777-4577

(1)

April 28, 2011

The Honorable George L. Leventhal
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

The Developmental Disabilities (DD) Supplement has been around in one form or another for over 30 years. Although it was originally established to offset the higher cost of real estate and wages in Montgomery County, the formula and structure of the DD Supplement has changed over the years. The current formula pays agencies based on an equal percentage of funding that each agency receives from the Maryland Developmental Disabilities Administration (DDA). This way clients with more significant needs and thus higher DDA funding get more of the supplement than clients who are more independent and thus receive less funding from DDA.

The County funding mechanism is very efficient for both the County and the services provider. There is no need to audit the funding since it is a rate-based type of system. All services are licensed at the State level, and at the County level group homes are licensed. Montgomery County Department Health and Human Services (DHHS) also provide Resource Coordination to all clients, and this has a quality assurance component. So clients receive funding based on a formula that accounts for their level of disability regardless of which agency provides the services.

Because the funding is formula based and it is a supplement, agencies are free to use this funding wherever it is most needed. So when agencies testify about why this funding is important and how it is used, they may describe a wide array of reasons why it is important. Testimony from County residents who have developmental disabilities and their family members speak to the question of how these services are valued and needed by the service recipient themselves.

Montgomery County, as the funder, logically asks, why is this funding necessary and how is it being used. How are County residents benefiting from this funding? In the case of the FY12 budget the question is what impact will these cuts have on services and the people who benefit from them.

Whereas some costs may not vary that much across the State of Maryland the cost of labor and real estate does dramatically vary. The largest cost that all of our agencies have is the

wages and benefits of our direct service employees. The quality of our services are directly related to the quality of direct service employees that we are able to employ.

We have done a survey of our agencies that shows the average starting wages, the average wage of all employees and our administrative overhead costs based on our filed federal form 990's. This is a snap shot of our agencies. It is not comprehensive, but we believe it is representative. Given more time, we would be happy to work with both the DHHS and the Montgomery County Council Health and Human Services Committee to develop a more comprehensive survey of our agencies their costs and services.

Sincerely,

Tim Wiens, Co-Chair
Inter ACC/DD

INTERACC/DD AGENCIES – DEVELOPMENTAL DISABILITIES SUPPLEMENT SURVEY DATA SUMMARY

Total Agencies Submitting Surveys: 21

	Averages
Starting hourly hire rate of non-supervisory direct support positions. (Residential and Community Supported Living Arrangement-CSLA)	$10.41
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	$12.28
Average hourly rate of each program. (Residential and CSLA)	$12.04
Average hourly rate of each program. (Day and Supported Employment)	$14.11

Codes for Development Disabilities Supplement Survey

A) CHI, Inc.-Center for the Handicapped, Inc.
B) Compass
C) Jewish Foundation for Group Homes
D) Community Support Services
E) Rock Creek
F) Arc of Montgomery County
G) SEEC-Seeking Equality, Empowerment and Community for People with DD
H) Jubilee
I) CSAAC-Community Services for Autistic Adults and Children (CSAAC)
J) Head Injury Rehab and Referral
K) Caroline Center
L) Chimes, Inc.
M) Rehab Opportunities Inc. (ROI)
N) Calmra, Inc.
O) St. Coletta of Greater Washington
P) Work Opportunities Unlimited
Q) Jewish Social Service Agency
R) Target Community and Educational Services
S) Lt. Joseph P. Kenney Institute of Catholic Charities
T) Full Citizenship of Maryland, Inc.
U) TLC- The Treatment and Learning Centers

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895
Voice 301-949-8628, Fax 301-949-4628
Co-Chairs; Tim Wiens (twiens@Jubileemd.org) & Karen Lee (klee@seeconline.org)

Testimony before the Montgomery County Council
In Consideration of the FY12 Operating Budget

- Inter ACC/DD requests that there be no cuts to the DD Supplement/Match in FY12, a 5% cut is included in the County Executive's budget which totals **$388,250**
- We request that funding be included in the FY12 budget to cover the cost of expansion that we expect to occur in FY12.
    - There is money for transitioning youth in the State Budget in FY12
        - We estimate that about 90 new individuals will receive DDA fund services in FY12 at an annualized cost of about $1,530,000
    - There is money for emergencies in the FY12 State Budget
        - We estimate 9 new residential and vocational placements at an annualized cost of $794,250
    - We understand that Community Options, which was originally cut in the County Executive's budget, has been mostly restored. We support the restoration of this cut. Part of restoring this funding was taking $48,000 out of the Supplement Budget.
    - The Budget chart for FY's 04 -11, which I have included as part of my testimony, shows a continued shrinkage of our supplement percentage because of the lack of money to cover the expansion of our services. We have gone from over 10% to under 8% match of State funds in this 8 year period. This is a decrease of over 20%.
    - Funding the expansion of services for FY12 at the FY11 rate of 7.93% would mean adding $184,313, plus adding back in the $48,000 taken for Community Options would mean that we need an additional **$233,313** just to stay at the 5% cut.
- The DD Supplement/Match which is designed to pay a living wage for our direct service employees. All DDA funded agencies are paid for services based on a rate system, so that we all get the same revenue per client, regardless of agency size.
    - Our direct service employees start at an average wage of $10.25 an hour and the average wage for all existing employees is about $12.75 an hour. The State of Maryland gives us $9.13 in the rate they pay us. The Supplement helps us pay this higher rate which is $3.62 an hours above the State rate.

Abilities Network/EFCR, The Arc of Montgomery County, CALMRA, CHI Centers, Community Support Services, Inc.,Compass Inc., Full Citizenship, CSAAC, Head Injury Rehab and Referral, Jewish Foundation for Group Homes, J.P. Kennedy Institute, Jubilee Assn., MedSource, R.O.I, SEEC, TransCen, The Rock Creek Foundation, Treatment and Learning Centers and other providers and government agencies serving individuals with developmental disabilities.

Montgomery County InterACC/DD

(Jubilee Assn) 10408 Montgomery Ave. Kensington, Md. 20895
Voice 301-949-8628, Fax 301-949-4628
Co-Chairs; Tim Wiens (twiens@Jubileemd.org) & Karen Lee (klee@seeconline.org)

- We have no ability to reduce our services. We can not increase class size and we can not decrease the number of people we serve. We have regulatory requirements to provide day, employment or residential services. We are the last stop; there is nothing after us or beyond us.
    - Our agencies have almost all frozen employee salaries.
    - We have to pass onto to our employees increases in health care
    - We are increasing our employees work load.
    - We continue to cut administrative positions and supports.

- Additional cuts will affect the quality of our services.
    - The values that our services are built on, values of honoring choice and control over services is threatened, because agencies have to make financial decisions that sometime undermine those values.
    - In the past two years, we have seen agencies struggle and fail for both programmatic and financial reasons and I expect we will see more of that.

Tim Wiens, Executive Director
Jubilee Association of Maryland and
Co-Chair Inter ACC/DD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

MEMORANDUM

May 3, 2011

TO: The Honorable George Leventhal
Chair, Health and Human Services Committee

FROM: Raymond L. Crowel, Psy.D., Chief

SUBJECT: The Commission for Women's Counseling Services

In response to your request for my thoughts on the counseling services provided by the Commission for Women (CFW), this memo answers two questions:

1. **What, if anything, distinguishes CFW counseling services from those offered by Behavioral Health and Crisis Services (BHCS)?**

Currently, CFW's counseling program serves approximately 900 women per year with four Therapist II positions (2.2 work years) and one part-time Program Specialist I position. Services include:

- **Personal counseling** for a variety of behavioral and mental health problems, including depression, anxiety, loss and grief, among others.
- **Couples or marital counseling** focused on communication skills, anger management, separation and divorce adjustment.
- **Career counseling**

BHCS, through its County run, contracted, and private provider programs, provides personal (individual, group, and family) counseling to more than 10,000 persons per year, but provides little couples or marital counseling *per se* and no career counseling.

In terms of personal counseling, the primary difference lies in who can access the services and who pays. CFW counseling services are open to Montgomery County residents, regardless of income. In FY10, for example, 38% of CFW's clients reported incomes under $30,000; 15% between $30,000 and $50,000; 11% between $50,000 and $70,000; and, 37% reported incomes above $70,000. CFW charges $50 per counseling session — with a sliding scale discount based on income for County residents.

While BHCS provides similar counseling services, it is targeted to serve persons with incomes near or below the poverty level. Moreover, to contain costs, the State Medicaid-funded portion of the system limits services to persons with incomes below the poverty level and who:

- Have a **serious and persistent mental illness**, defined by the State of Maryland to be schizophrenia, depression, bipolar disorder, or borderline personality disorder; or
- Have been **court committed** to the Department of Health and Mental Hygiene (DHMH); or
- Have been **hospitalized in a State mental health facility** for the past six months.

Based on the income data provided by CFW, few of the Counseling Center clients are likely to meet both Medicaid's income and severity of illness criteria. CFW does not collect data on Medicaid or insurance because they do not accept insurance payments; therefore, no hard data is available on this. BHCS does provide services to residents who are not Medicaid eligible, but only to the extent that we can do so with County dollars. And as County funding has declined (by more than 15% from FY08 to FY12), so has our ability to serve many un- or under-insured County residents in need of behavioral health services.

2. Who could absorb CFW's caseload?

There is no simple answer to that question:

- CFW's clients with health insurance — or the ability to pay out-of-pocket — could certainly find **private sector alternatives** to all of CFW's counseling services. The budget briefing from April 25, accurately identifies a number of private, nonprofit providers able to meet the needs of the 37% of CFW clients with annual incomes above $70,000.
- Clients with incomes below $70,000, but above the threshold for Medicaid eligibility, **would likely fall through a gap in service capacity.** Neither BHCS nor private providers could easily provide services to them **without additional County funding or clients paying out of pocket. Given the current census for some programs, they might be put on a waiting list.**
- Those who meet Medicaid's income criteria, but not the State's severity of illness criteria, could be covered through existing County-funded programs if they have diagnosable mental health conditions (e.g., depression, anxiety, trauma, victimization, etc.) to the extent that there is space available. **Given the current census for some programs, they might also be put on a waiting list.**

Here is the bottom line: CFW clients with adequate insurance or the ability to pay can find providers in the County — both for mental health and career counseling. Without additional funding, it is likely that the CFW clients above the poverty level, but below $70,000 without insurance, would likely be placed on a waiting list and will not receive immediate services.

RLC:sj

c: Uma S. Ahluwalia

Montgomery Cares Patient Fees & Suggested Donations
By Clinic Organization

April 19, 2011

	New Patient Office Visit	Established Patient Office Visit	Blood Draw	Laboratory Tests	Vaccinations & Injections	Medication Dispensing	Other On-Site Services
CCACC-Pan Asian Clinic	$25 donation	$25 donation	No fee or donation requested	No fee or donation requested	No fee or donation requested	No fee or donation requested	
CMR-Kaseman Clinic	$30-$95	$30-$95	Included in office visit	$40-80	$20 flu shots only	$0	
Holy Cross Hospital Health Centers	$30, $70 or $100	$30, $70 or $100	Included in office visit	Included in office visit	Cost of Vaccine	Included in office visit	
Community Clinic, Inc.	$15-$25 up to 200% of FPL***	$15-$25 up to 200% of FPL***	No response	No response	No Response	No response	
Mary's Center	$20.00 copay Sliding Scale	$20.00 copay Sliding Scale	$20; sliding scale 20%, 40%, 60%, 80%	$20; sliding scale 20%, 40%, 60%, 80%	$20; sliding scale 20%, 40%, 60%, 80%	$20; sliding scale 20%, 40%, 60%, 80%	
MCC Medical Clinic	$15-35*; $25 donation	$15-35*; $25 donation	No on site testing	N/A – patients referred to Quest- 80% discount	No fee or donation requested	No fee or donation requested	$100 ultrasound, electrocardiogram; $20 retinal eye exam
Mercy Health Clinic	$25 donation	$25 donation	No fee or donation requested	No fee or donation requested	No fee or donation requested	No fee or donation requested	
Mobile Medical Care	$40	$40	$0	$0	$0	$0	
Proyecto Salud	$20-60**	$20-60**	N/A	$35-45 initial lab work	$5-10 contribution	$5 contribution	
Spanish Catholic Center	$95****	$10-45	$10-15	$5-50 for most tests based on cost. + $10-15 admin fee.	$10-45 HPV: $140	$0	Office Surgery: $80 Hospital: $150-300 Acupuncture: $20-40
The People's Community Wellness Center	$10	$10	N/A	N/A	$10	N/A	

*Copayment is based on Montgomery Cares Eligibility. $15 Eligible; $35 non-eligible.

** Visits range from $20-60 based on ability to pay.

*** Above 200% of FPL, patient is charged full fee based upon prevailing charges in the area.

****Includes $20 for initial lab work.

Montgomery Cares Clinic Appointment Wait Times
March 2011

Clinic	Average Wait New Patient Appointment	Average Wait Established Patient Appointment	Accepting New Patients?	Comments
CCACC-PAVHC	8 days	5 days	Yes	
Community Clinic, Inc.	7 days	7 days	Yes	Wait time may be longer up to three weeks at SS location
CMR - Kaseman Clinic	1 day	1 day	Yes	
Holy Cross Hospital Health Center - Silver Spring	14 days	7 days	Yes	Wait time is dependent on the urgency of the visit. Same day appointments may be made.
Holy Cross Hospital Health Center - Gaithersburg	14 days	1 day	Yes	
Mary's Center	30 days	12 days	Yes	
Mercy Health Clinic	28 days	28 days	Yes	This information is per 3rd Quarter Narrative Repot
Mobile Med	1-7 days*	2 - 90 days**	Yes	*Most are seen within one week at a walk-in clinic **depends on urgency
Muslim Community Center Clinic	3 days	3 days	Yes	
Proyecto Salud - Wheaton	1 day	1 day	Yes	
Proyecto Salud - Olney	2 days	2 days	Yes	
Spanish Catholic Center	60 days +	1-5 days	No	Not currently accepting new patients due to planned relocation.
The People's Community Wellness Center	2 days	1-2 days	Yes	

FOOD SERVICE FACILITIES	current	draft/proposed	change
Type A - Low Priority Food Service (mostly pre-packaged)	365	200	-165
Type B - Moderate Priority (Sell open food that is cooked and served immediately. Maryland requires two inspections per year.)	405	375	-30
Type C - High Priority (Potentially hazardous food that may be prepared a day or more in advance. Maryland requires 3 inspections per year.)	440	525	85
Type D Facilities:			0
Non-profit charitable organization	100	100	0
Non-profit operating for 14 days or less with potentially hazardous food	30	30	0
Non profit operating 14 days or less with non-hazardous food	15	15	0
Type E (facilities other than non-profits also licensed as hospitals, care homes, private schools)	115	130	15
Type F (mobile facilities, events, seasonal sanck bars operating more than 14 days but less than 90 days)	175	175	0
Type F (itinerants operating for profit for 14 days or less - non hazardous food)	40	40	0
Type F (itinerants operating for profit for 14 days or less - potentially hazardous food)	65	70	5
Type F (addition itinerant non hazardous food at same event)	35	35	0
Farmer Class I prepackaged non-hazardous products	25	25	0
Farmer Class 1 roadside stand non-hazardous products	25	25	0
Farmer Class1 combined itinerants and roadside stand non-hazardous	45	45	0
Farmer Class 1 through IV potentially hazardous food	50	50	0
Reinspection for new and remodels eating and drinking establishments (during normal work hours)	100	100	0
Reinspection for new and remodels eating and drinking establishments (after normal work hours)	150	150	0
Plan Review Type A Facility	140	240	100
Plan Review Type B Facility	165	330	165
Plan Review Type C Facility	300	600	300
Plan Review - Equipment Replacement	70	160	90
Plan Review - Mobile Itinerant	55	55	0
Duplicant license or certification	10	10	0
Food Service Manager Certification	45	50	5
Reinspection for reinstatement of a suspended license (during normal work hours)	100	100	0
Reinspection for reinstatement of a suspended license (after normal work hours)	150	150	0
Filing annual renewal after license expires	100	100	0
Filing for itinerant license less than 2 days prior to a special event	30	30	0

SWIMMING POOLS	current	draft/proposed	Change
Swimming Pool Operating Permit (each pool)	650	650	0
Swimming Pool Operating Permit(pool with more than 100,000 gallons)	na	760	760
Swimming Pool Operating Permit (wading pools)	na	75	75
Swimming Pool Plan Review	230	480	250
Swimming Pool Equipment Replacement Review	115	260	145
Pool Operators Test	30	40	10
Pool Operators License - One Year	30	40	10
Pool Operators License - Two Years	60	70	10
Pool Operators License - Three Years	90	90	0
Reinspection during normal work hours	100	100	0
Reinspection after normal work hours	150	150	0
Pool Management Company Registration (each location)	50	55	5
Duplicate Permit License or Registration	10	10	0
BINGO	**current**	**draft/proposed**	**Change**
Annual	345	380	35
Ten-Day	175	190	15
One-Day	45	50	5
Raffle	70	80	10
Duplicate License	10	10	0
VIDEO GAMES	**current**	**draft/proposed**	**Change**
Video Game License - per machine	115	125	10
Video Game Registration - per facility	115	125	10
Duplicate Video Game License	10	10	0
Duplicate Video Game Registration	10	10	0
Filing for annual renewal after registration expires	25	25	0
TANNING FACILITIES	**current**	**draft/proposed**	**Change**
Tanning Facility License	240	265	25
Duplicate License	10	10	0
Filing for annual renewal after registration expires	25	25	0

INTERACC/DD AGENCIES – DEVELOPMENTAL DISABILITIES SUPPLEMENT SURVEY RESPONSES

	A	B	C	D
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	9.00	9.86	10.00 / hr	11.29
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	9.62	9.86	N/A	11.29
Average hourly rate of each program. (Residential and CSLA)	10.56	10.71	15.00 / hr	15.50
Average hourly rate of each program. (Day and Supported Employment)	11.98	14.13	NA	15.89
What percentage of your staff live in Montgomery County?	32%	42%	80%	75%
How many total Montgomery County residents does your agency support (all programs)?	600	116	166	200
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	11%	5.8%	14.7%	9%
What is your annual agency budget?	17m	11.5m	10,478,330	16m
What has your agency stopped doing in the last three years as a result of diminishing revenue?	closed 3 ALU's	Reduced # admin positions; reduced transportation services; reduced what we pay for vs. what individuals are required to now pay for	Over the last 3 years, JFGH has: • Deferred non-emergency home repairs and vehicle body repairs • As part of its strategic plan implementation, residential direct care staff hours were restructured to contain costs and improve efficiencies • Evaluated and reduced program costs where possible • Reduced administrative staff Increased consumer participation in costs for activities	Moved people when housemates were away to consolidate staff; frozen wages; reduced staff benefits; adult services operate in the negative with state revenue alone; increased children's services which operate in the positive; controlled growth of adult services
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.			To maintain a high quality of care, the agency believes it is important for direct care staff to live close to the residents they support. The Montgomery County Supplement has been used to fund direct care staff salaries in addition to the funding from the State of Maryland	
			Developmental Disability Administration so that Montgomery County residents are supported by staff that live in Montgomery County. None of the supplement is used to support administrative overhead or programs outside of Montgomery County. The total annual budget in #8 includes all of the agency's programs (Virginia as well).	

(1) The answer to #1 is based on a 71-hour workweek with 31 hours of routine overtime pay; these positions work 26 weeks/year vs. 51. The agency operates licensed services on the Eastern Shore of Maryland as well as Montgomery and Prince George's Counties

(2) The answer to #5 is based on Western Shore employees verses a percentage of agency's total employee county

(3) The answer to #7 is based on the agency's total budget as is the response to #8.

	E	F	G	H
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	10.00	10.68	10.28	11.00
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	12.74	14.16	10.52	N/A
Average hourly rate of each program. (Residential and CSLA)	11.31	13.48	13.92	12.30
Average hourly rate of each program. (Day and Supported Employment)	15.48	14.00	14.21	N/A
What percentage of your staff live in Montgomery County?	52%	30%	56%	62%
How many total Montgomery County residents does your agency support (all programs)?	210	508	135	116
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	12.4%	9%	8%	14%
What is your annual agency budget?	6.8m	22.2m	7.1m	6m
What has your agency stopped doing in the last three years as a result of diminishing revenue?	having admin only jobs; consolidating homes; 1FTE RIF; fewer long distance outings; consolidating supply and occasional food purchases	Reduced retirement match from 6% to 3%; salaries frozen for 3 years (FY08 -09-10); health insurance rates pass through 50% of the increase to staff; FY12 eliminated life insurance; salaries frozen in FY12; redueing: # of annual and sick days, eliminated tuition reimbursement, holiday gifts, tenure awards, and health insurance levels of eoverage; eliminated several administrative and program positions: COO position that was budgeted and never filled was eliminated; Volunteer Services Manager, Director of Community and Public Affairs; (2) P/T Family Support positions; (6) "Team Leader Positions" in residential; (1) Assistant Direetor in residential; (2) coordinators in residential; (1) Assistant Director in vocational/Day; (1) Recycling Specialist in vocational/day; (1) coordinator in vocational/day; (3) direet line positions in vocational/day; stopped supporting individuals who require 1:1 in vocational/day due to the under funding; Children's services: CAPP (Collaborative Autism Preschool Program) was "absorbed" into the MCPS operations; laid off 35 staff; MPAC (Montgomery Primary Achievement Center) is also being absorbed by MCPS; laid off 18 staff due to lower enrollment; self-insured with unemployment so paid out-of-pocket to staff who collected unemployment;	Cut positions: behavior support, quality assurance, person centered planning specialist; people we support are in larger groups; Unable to hire skilled job developers as a result our employment rate for the people we support is lower than ever in history	Reduced hours of service to individual clients; grown without adding administrative infrastructure
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.		To pay staff above the reimbursed state rate of $9.13 hour and benefits (primarily health, retirement, annual and sick leave).		

	I	J	K	L
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	10.23	11.00	11.04 + 3.75 fringe 14.79 total [1]	11.00
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	10.43	12.00	9.80 + 3.33 fringe $13.13 total	N/A
Average hourly rate of each program. (Residential and CSLA)	11.01	12.30	12.27 + 4.17 fringe 16.44 total	11.64
Average hourly rate of each program. (Day and Supported Employment)	11.01	15.00	11.49 + 3.91 fringe $15.40 total	N/A
What percentage of your staff live in Montgomery County?	73%	80%	17% [2]	31%
How many total Montgomery County residents does your agency support (all programs)?	313	100	39 Unduplicated [3]	12
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	8.8%	11%	11%	14%
What is your annual agency budget?	22m	3,900,000 M	FY11 $6,977,068.78 [3]	41,561,177
What has your agency stopped doing in the last three years as a result of diminishing revenue?	Reduced transportation; eliminated admin positions- .5 FTE admin for entire 614 person agency; modified staff health coverage benefits; increased coordinator and supported employment caseloads; eliminated all outside training for staff; no employment ads in Gazette newspaper-online ads only	Reduced the agency percentage of health insurance paid. Frozen salaries, decreased or eliminated bonuses, reduced the educational requirements for positions resulting in lower skilled staff, decreased preventive maintenance on vehicles.	Has decreased the employer match portion of the 401K Employee Savings Trust benefit from 3% to 1.5%. Vacation accruals have been decreased and a health care plan option with employee contributions to the premium has been added to the benefits package. We have minimized travel to decrease fuel and maintenance expenses, eliminated one vehicle, and eliminated supervisor's position through attrition with the responsibilities re-distributed throughout management.	
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.		The supplement is used as an ineentive to hire appropriate staff and to keep staff that are performing well for the agency. It also assists with the higher rent payments that are the result of operating within Montgomery County.	Uses the MC Supplement to meet home improvement needs where residents live, replace and repair household items such as furniture and appliances. Program participants realize the support of the supplement through activity supplies and adaptive equipment. The supplement is used to support various operating expenses, including salaries.	

	M	N	O	P
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	N/A	8.90	N/A	
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	$15.38	8.25	12.75	$14
Average hourly rate of each program. (Residential and CSLA)	N/A	8.35	N/A	
Average hourly rate of each program. (Day and Supported Employment)	6.78 – Day 6.72 – SEP	8.53	15.04	15.38-SE Only
What percentage of your staff live in Montgomery County?	33%	26%	8% of total agency staff	78%
How many total Montgomery County residents does your agency support (all programs)?	87	73	23 Clients; 22 Employees	25
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	14.2%	367,957	7%	14%
What is your annual agency budget?	3.M	4,284,582	20,549,253	722,124
What has your agency stopped doing in the last three years as a result of diminishing revenue?	Nothing.	Decreased or stopped merit increases	There have been no salary increases for our staff during this period. We are very concerned about how much longer we can sustain this and maintain well trained, devoted employees to provide quality supports to individuals from Montgomery County with Developmental Disabilities. High employee turnover is known to have a negative impact on the individuals we serve. We have also had to reduce our purchases of program supplies and equipment, defer purchases when possible, and in general we have worked very hard to keep all expenses as low as possible. We have changed vendors to try to achieve savings for mandatory needs.	We have reduced the reimbursement rates for cell phones and put more emphasis on job development via phone in order to reduce transportation costs. We are hiring a much higher percentage of part time employees rather than full time. We have put a significant effort into accessing DORS funding for job development and intensive job training supports rather than relying on the DDA daily rate. Despite the increase in gas prices we have not increased our mileage reimbursement rate at the same rate. We changed phone carriers and have gone to a paperless filing system to cut costs. Despite tripling in the amount of employees we have not added any additional office space.
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.	Used to supplement transportation expenses.	These monies are used as a supplement to payroll and overall upkeep of residential homes in Montgomery County	Supplemental funding is integral in the ability of our agency to provide meaningful day/supported employment services to 23 Montgomery County residents at a site convenient for them to access. We are able to operate from a prime location in the county, conveniently situated among many potential employers for individuals with Developmental Disabilities, and have been able to employ trained, caring staff to support these individuals with this funding enhancing wages. State funding for this service is inadequate to provide a living wage, and the formula is flawed causing lower levels of funding than stated in the DDA rate regulations.	It is used to offset higher pay rate costs than in other counties. Due to the cost of living in Montgomery and the terrible traffic, new employees start at a higher rate, but more importantly we use the supplement to give raises to those quality employees who we would like to retain.

	Q	R	S	T
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	N/A pass-through)	11.75	Res. $11.15 CSLA $11.15	9.32
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	18.00	12.00	Day: $10.50 SE $13.95	9.36
Average hourly rate of each program. (Residential and CSLA)	N/A (pass-through	12.27	Res. $11.43 CSLA $11.90	10.53
Average hourly rate of each program. (Day and Supported Employment)	28.00	12.31	Day $ 11.09 SE $16.88	11.03
What percentage of your staff live in Montgomery County?	75.00%	50%	Est. 40%	64
How many total Montgomery County residents does your agency support (all programs)?	77.00%	126	116	45
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	12.00%	19%	12.37%	17.55
What is your annual agency budget?	16,343,000	5.9 M	Agency wide: 16 mil MC programs roughly 3.3 mil	5,050,000
What has your agency stopped doing in the last three years as a result of diminishing revenue?	The agency has experienced a 20% increase in demand for its services agency-wide. The largest increases have been in the areas of employment and career services, and child and family mental health services. We have stopped charging even a nominal fee for several of our career services, such as our two-intensive job readiness boot camp, knowing that any fee is a deterrent to individuals who are unemployed. Over the past three years, the agency has frozen cost of living increases and merit raises for all staff, and has been extremely conservative in hiring new direct service and clinical staff even though the increased demand for services warrants that we do so.	With diminishing revenue, we have frozen pay rates for the last three years, and the increased employee's portion of health care benefits.	We have restructured services/programs in an effort to provide services more effectively and efficiently. We have not closed any programs or stopped services.	We have reduced to agency percentage of contribution to major medical insurance.
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.	The agency uses the supplement to augment the hourly salaries of supported employment staff. To help ensure the quality and reliability of service provision, the agency requires that all direct service staff have at least a B.A. Degree. To retain qualified personnel, the agency offers a living wage to its direct service staff, which reduces staff turnover, providing stability and continuity for our clients.	The Montgomery County Developmental Supplement money will help cover wages, liability insurance and the increasingly cost of fuel.	It supplements staff salaries to reduce turnover of direct support staff. The supplement has allowed Kennedy to have additional staff in Community Options to support those who are medically fragile and to help support some of the therapeutic services that many of the program participants need. The Supplement has been invaluable to all of the Montgomery County services and insuring high quality services and the health and safety of Montgomery County residents.	The supplement is used entirely towards the pay of our direct care staff.

	U
Starting hourly hire rate of non-supervisory direct support positions. (Residential and CSLA)	N/A
Starting hourly hire rate of non-supervisory direct support positions. (Day and Supported Employment)	20.43
Average hourly rate of each program. (Residential and CSLA)	N/A
Average hourly rate of each program. (Day and Supported Employment)	22.55
What percentage of your staff live in Montgomery County?	75%
How many total Montgomery County residents does your agency support (all programs)?	DDA -115 All Outcomes - 407 All - 2,650
What is your agency's G&A or overhead percentage (as on your 990-tax form)?	12%
What is your annual agency budget?	$12 million
What has your agency stopped doing in the last three years as a result of diminishing revenue?	• Increased caseloads for staff • Decreased additional supports we were providing such as helping with social and extracurricular activities in the community that helped social integration • Decreased staff professional education • Eliminated staff salary increases
Please state specifically how the Montgomery County Developmental Disability Supplement is used by your agency.	The majority of the supplement is used for salaries and benefits so that the Outcomes program can recruit and retain quality staff. In addition, a small portion is used to help with the high cost of our leased space in Montgomery County.