


HHS COMMITTEE #1  
April 17, 2012

## MEMORANDUM

April 13, 2012

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY13 Operating Budget: Department of Health and Human Services Overview**  
**Administration and Support** (includes Minority Health Initiatives, does not include Head Start)  
**Public Health Services** (includes Council Grants reviewed by the Montgomery Cares Advisory Board, does not include School Health Services)

***Those expected for this worksession:***

Uma Ahluwalia, Director, Department of Health and Human Services  
Brian Wilbon, DHHS Chief Operating Officer  
Dr. Ulder Tillman, County Health Officer and Chief of Public Health Services  
Patricia Stromberg, DHHS Management and Budget  
Beryl Feinberg, Office of Management and Budget  
Pofen Salem, Office of Management and Budget

Excerpts from the County Executive's FY12 Recommended Budget are attached at © 1-7 (overview information), © 8-9 (Administration and Support), and © 10-15 (Public Health Services).

### 1. DEPARTMENT OVERVIEW

#### EXPENDITURES

For FY13, the County Executive is recommending an appropriation of \$247,568,526 for the Department of Health and Human Services. This is an increase of \$5,494,246, or 2.3% from the FY12

original approved budget. General Fund expenditures increase by \$5,249,519, or 3.1%. Grant Fund expenditures increase by \$244,727, or 0.3%. Positions are relatively unchanged with a net change of only 3 full-time positions and a decrease of 5 part-time positions.

The following table shows the five year trends for the Department. Since FY09, the overall expenditures for DHHS have declined 6.0% with declines in both the level of General Funds and Grant Funds.

DHHS	FY09 Actual	FY10 Actual	FY11 Actual	FY12 Budget	FY13 CE REC	Change FY12-13	Change FY09-13
<b>Expenditures:</b>							
General Fund	190,089	181,834	170,023	171,749	176,998	3.1%	-6.9%
Grant Fund	73,215	74,908	70,841	70,325	70,570	0.3%	-3.6%
<b>Total Expenditures</b>	<b>263,304</b>	<b>256,742</b>	<b>240,864</b>	<b>242,074</b>	<b>247,568</b>	<b>2.3%</b>	<b>-6.0%</b>
<b>Positions:</b>							
General Fund FT	845	811	784	753	757	0.5%	-10.4%
Grant Fund FT	569	561	564	559	558	-0.2%	-1.9%
<b>Subtotal FT</b>	<b>1414</b>	<b>1372</b>	<b>1348</b>	<b>1312</b>	<b>1315</b>	<b>0.2%</b>	<b>-7.0%</b>
General Fund PT	299	303	302	292	288	-1.4%	-3.7%
Grant Fund PT	49	47	45	45	44	-2.2%	-10.2%
<b>Subtotal PT</b>	<b>348</b>	<b>350</b>	<b>347</b>	<b>337</b>	<b>332</b>	<b>-1.5%</b>	<b>-4.6%</b>
<b>Total Positions</b>	<b>1762</b>	<b>1722</b>	<b>1695</b>	<b>1649</b>	<b>1647</b>	<b>-0.1%</b>	<b>-6.5%</b>

## REVENUES

For FY13, General Fund revenues that are attributed to DHHS are projected to be \$17,472,371, a decrease of -7.5% from FY12 budget and an increase from the amount estimated to be received in FY12. These projected revenues offset 9.8% of General Fund expenditures. The following table shows the changes in General Fund Revenues.

SELECTED GENERAL FUND REVENUES:	FY12 Budget	FY13 Recommend	\$ Change	Change FY12-13
Core Health Services Funding	3,601,470	3,601,470	0	0.0%
Federal Financial Participation	8,734,310	8,163,248	(571,062)	-6.5%
Medicaid/Medicare Reimbursements	1,223,960	1,059,000	(164,960)	-13.5%
Nursing Home Reimbursement	570,300	0	(570,300)	-100.0%
Other Intergovernmental Aide	571,640	575,720	4,080	0.7%
Health and Human Services Fees	1,463,080	1,375,868	(87,212)	-6.0%
Health Inspections: Restaurants	1,580,340	1,580,540	200	0.0%
Health Inspections: Living Facilities	268,800	233,200	(35,600)	-13.2%
Health Inspections: Swimming Pools	519,585	535,165	15,580	3.0%



The Grant Fund revenues presented in the operating budget book reflect actual amounts received in FY12 and known changes for FY13. Any changes from this General Assembly session are not reflected in the Recommended Budget book. The Recommended Budget estimates \$70,570,027 in grants and state revenues for FY13, an increase of \$244,727 from FY12. This year, the budget book puts these grants into 7 categories (© 4). The table below shows the changes to some of the larger grant/intergovernmental resources from FY12 to FY13. These grants may be referred to in specific items that are reviewed by the Committee.

	<b>FY12</b>	<b>FY13</b>	<b>\$</b>	<b>Change</b>
<b>SELECTED GRANT REVENUES:</b>	<b>Budget</b>	<b>Recommend</b>	<b>Change</b>	<b>FY12-13</b>
Community Mental Health Grant (CMHG)				
Service Access	106,434	317,520	211,086	198.3%
Emergency Preparedness Base 10	627,688	576,840	(50,848)	-8.1%
Emergency Preparedness City Readiness	188,722	116,916	(71,806)	-38.0%
Emergency Shelters HB1415	269,900	211,380	(58,520)	-21.7%
Family Planning	546,790	459,476	(87,314)	-16.0%
Head Start Extended Yr Summer	5,530	3,703	(1,827)	-33.0%
Health Ed and Risk Reduction	333,180	529,079	195,899	58.8%
NSIP Nutrition	234,786	168,292	(66,494)	-28.3%
HHS Title 111B OAA	693,351	447,487	(245,864)	-35.5%
HHS Title 111C OAA	1,138,120	1,638,303	500,183	43.9%
NACCHO Advanced Practices	450,000	0	(450,000)	-100.0%
PWC/MD Kids Count Eligibility	1,353,650	1,709,711	356,061	26.3%
Refugee Resettlement	305,360	360,832	55,472	18.2%
Rental - Emergency Assistance	102,230	52,525	(49,705)	-48.6%
Senior Care/Gateway	620,620	980,374	359,754	58.0%
Substance Abuse Prevention and Treatment	288,680	365,318	76,638	26.5%
TB Control	331,930	253,262	(78,668)	-23.7%
Victims of Crime	327,520	269,902	(57,618)	-17.6%
<b>STATE REIMBURSEMENT:</b>				
HB669 Child Welfare	11,526,645	11,921,683	395,038	3.4%
HB669 Adult Services	4,414,262	4,578,613	164,351	3.7%
HB669 Family Investment	13,665,971	13,443,488	(222,483)	-1.6%
HB669 Local Administration	1,300,986	1,624,656	323,670	24.9%
HB669 Flex	742,915	664,632	(78,283)	-10.5%
<b>HB669 Subtotal</b>	<b>31,650,779</b>	<b>32,233,072</b>	<b>582,293</b>	<b>1.8%</b>

### DEPARTMENT WIDE INCREASES

The FY13 budget includes a net increase of \$5.2 million from department wide cost changes, such as compensation adjustments and changes to charges for things like motorpool and printing and mailing. The following table summarizes these changes for the whole department. These costs are generally included in the "Miscellaneous Adjustments" included for each service area. Compensation changes are reviewed by the GO Committee.

<b>Department wide adjustments</b>	<b>Dollars</b>
Lump Sum Wage Adjustment	1,902,927
Retirement Adjustment	1,749,266
Group Insurance Adjustment	1,655,759
Longevity Adjustment	164,487
Risk Management Adjustment	81,230
Motorpool Rate Adjustment	- 75,830
Printing and Mail Adjustment	(21,960)
Eliminate Occupational Medical Services Chargeback from OHR	(61,370)
Adjust Telephone Charges	(87,950)
Increase Lapse (decrease to budget)	(250,000)
<b>NET CHANGE</b>	<b>5,208,219</b>

The total lapse for DHHS in FY13 is about \$5.8 million. Lapse is accrued in the General Fund. The \$5.8 million is equal to 5 ½ % of the \$104.662 million in General Fund Personnel Costs recommended for FY13. The average FTE in DHHS is about \$94,300. This would mean that on average, 61.7 FTEs would need to be vacant over the course of the year to achieve this lapse. In FY11, the Personnel Cost original approved budget for the DHHS General Fund was \$104.544 million which included \$5.566 million in lapse. Actual FY11 expenditures were \$100.873 million. This represents an additional savings (or lapse) of \$3.671 million. In FY11 there was a savings plan which included about \$450,000 from increased lapse and delayed hiring; however, the actual savings in personnel cost exceeded both the budgeted and savings plan lapse. **Council staff recommends approval of the increase to lapse. Compensation and chargebacks are reviewed centrally as a part of other budgets and worksessions.**

### **UPDATE on DEPARTMENT INITIATIVES**

DHHS Director Ahluwalia will provide the Committee with opening overview comments on department-wide initiatives. The following summarizes the clusters of initiatives that Director Ahluwalia will address. Three summary slides are also attached at ©16-18. A memo that discusses the Financial Reporting and Management Institute (FIRM) training that is a part of the effort to improve contract monitoring is attached at © 19-21.

#### **A cluster of initiatives aimed at improving the MCDHHS business processes and efficiencies:**

- SERVICE INTEGRATION - Integrated approach to delivering services ranging from information and assistance to high intensity team based case management
- TECHNOLOGY MODERNIZATION – leverage technology to improve access and service delivery
- INTEGRATING ELIGIBILITY – single point of entry and reuse of data
- EQUITY –ensure that all minority populations receive equitable service delivery
- IMPROVED CUSTOMER SERVICE – with increased need and diminished resources combined with an increasing diversity of population – it is imperative to improve our customer service capacities and expectations

- CONTRACT MONITORING REFORM –Improve contracting and monitoring efforts with non profits

**A second cluster of efforts around healthcare reform:**

- ELIGIBILITY REDESIGN
- INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE WITH DENTAL AND SPECIALITY CARE
- EXPANSION OF SCHOOL BASED HEALTH CENTERS AS COMMUNITY HEALTH CENTERS
- INCREASE IN MEDICAID SERVICE CAPACITY
- APPLICATION OF AN ELECTRONIC HEALTH RECORD
- HEALTHY MONTGOMERY AND THE USE OF EFFECTIVE PLANNING AND HEALTHCARE AND SOCIAL SERVICES DELIVERY

**A third cluster of efforts centered around partnerships:**

- PUBLIC-PRIVATE PARTNERSHIPS – NON PROFIT STRENGTHENING AND CAPACITY BUILDING
- STRENGTHEN PARTNERSHIPS WITH FEDERAL AND STATE PARTNERS
- STRENGTHEN PARTNERSHIPS WITH OTHER COUNTY AGENCIES
- STRENGTHEN PARTNERSHIPS WITH EDUCATIONAL LEADERS – MC COMMUNITY COLLEGE, MCPS, USG, JHU, UMD, UMBC, CATHOLIC U.

**A fourth cluster of work centers around program specific activities:**

- Positive Youth Development Initiative
- Linkages to Learning and School Based Health
- Seniors Initiative
- Universal Pre-K
- Housing First
- Grant Writing Efforts
- Behavioral Health Integration
- Employment and Self Sufficiency Efforts
- Neighborhood Opportunity Network
- Waiver Implementation
- Kennedy Cluster Initiative
- Delivery of Programs and Services

**2% INCREASE to CONTRACTS**

The Council received testimony from several organizations including Nonprofit Montgomery, the Safety Net Coalition, the Mental Health Advisory Committee, InterFaith Works, and Montgomery County InterACC/DD (Jubilee Association), requesting the Council add a 2% inflationary increase to non-profit service provider contracts. Comments said that this would help contracted providers maintain existing services, reduce staff turnover (especially of front-line staff), that since July 2009 the

cumulative rate of inflation was over 4%, and that currently there is no mechanism in place to increase a contract to reflect rising costs until the contract is renewed every four to six years.

**If the Committee is interested in responding to this request, Council staff is asking for guidance on how to work with DHHS to make an appropriate estimate. In FY11, there were both specific reductions to the contracts of certain non-profit providers as well as an across the board reduction. The total value of the contracts that were subject to the across the board reduction was about \$25 million. In addition, there was an across the board reduction to the County DD Supplement and the County supplement to residential treatment providers. The total cost for restoring 1% to all three of these categories was \$336,130.**

**DHHS has about \$80 million in total contracts and about \$63 million in contracts to non-profit services providers. There is also this subset of contracts and County supplements that were impacts by the across the board reductions. Adding a 2% inflationary adjustments to contracts could range between \$500,000 and \$1,600,000 depending on which contracts and County supplements are selected.**

Council staff asks that the Committee discuss this issue at this worksession and provide direction on what information would be helpful to allow Committee members to target the correct contracts. Council staff and DHHS will work to develop estimates that the Committee can consider at a follow-up session.

## **2. ADMINISTRATION and SUPPORT SERVICES (© 8-9)**

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

<b>Administration and Support Services Expenditures in \$000's</b>	<b>FY10 Budget</b>	<b>FY 11 Budget</b>	<b>FY12 Budget</b>	<b>FY13 Rec</b>	<b>Change FY12-FY13</b>
Office of the Director	3,321	2,630	2,227	2,316	4.0%
Office of the Chief Operating Officer	18,560	16,110	15,524	16,174	4.2%
Office of Disparities Reduction	3,815	NA	NA	NA	NA
Office of Community Affairs	3,458	6,740	6,795	6,741	-0.8%
<b>TOTAL</b>	<b>29,154</b>	<b>25,480</b>	<b>24,546</b>	<b>25,231</b>	<b>2.8%</b>

There are few changes in this service area other than department-wide increases. The reduction to the Community Head Start Grant will be reviewed by the joint HHS and ED Committee on April 26<sup>th</sup>.

## **A. Office of the Director**

The County Executive is recommending a total of \$2,315,930 and 18.2 FTEs for the Office of the Director.

### ***Reduce Grant Funds from the Casey Foundation -\$200,000***

Last year, the Committee discussed the multi-year grant funding the Department has received from the Casey Foundation to implement Teaming for Excellence (or Integrated Practice Model). The Department has selected transition-age youth as the focus for this effort. For FY12, the Council approved the Executive's recommendation to approve \$42,590 in General Funds to keep a position that has been providing data analysis for this effort. The Committee was told that in FY11, the Casey Foundation would be providing about \$200,000 but that FY11 would be the last year for grant funding. Director Ahluwalia said that these funds have used for contractual assistance and will not have to be replaced. **Council staff recommends approval.**

### ***Miscellaneous Adjustments \$288,640 and +2.3 FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

## **B. Office of the Chief Operating Officer**

The County Executive is recommending a total of \$16,174,407 and 86.25 FTEs for the Office of the Chief Operating Officer.

### ***Miscellaneous Adjustments \$691,799 and +5.25FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

### **C. Office of Community Affairs**

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

The County Executive is recommending a total of \$6,740,867 and 22.3FTEs for Office of Community Affairs.

#### ***Miscellaneous Adjustments***

***\$34,991 and +1.1FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

#### **Other issues**

##### ***1. Workers Center Contract Update***

Last year, the Council approved the Executive's recommendation to move the contracts for the Shady grove and Wheaton Workers Centers to DHHS which already managed the managed the contract for services at the Silver Spring workers center. As a part of the discussion, DHHS stated that its intent was to competitively bid the contracts for all three centers during FY12 so that new contracts and funding amounts would be included in the FY13 budget. DHHS now plans to undertake this procurement during FY13 for FY14. For FY13, there will continue to be non-competitive contracts for the Wheaton and Shady Grove Centers.

##### ***2. Multilingual Patient Navigation/Medical Interpretation Contract***

As a part of the FY11 budget, the Council approved the consolidation of patient navigator and medical interpretation that had previously been provided under separate contracts funded through the Asian American Health Initiative, the Latino Health Initiative, and Montgomery Cares. The Executive proposed this consolidation, expecting that it would result in an overall cost reduction and an alignment of service. The expectation was that the contracting process would allow a new contract to be in place for FY12. While a contracting process was undertaken in FY11, it was vacated and that Department is continuing to use two contractors for this service. FY13 funding is maintained at the FY12 level. The Department expects to undertake a new contracting process in FY13.

##### ***3. Minority Health Initiatives***

The Executive's budget maintains FY12 funding for the three Minority Health Initiatives.

<b>Minority Health Initiatives</b>	<b>FY11 Approved</b>	<b>FY12 Approved</b>	<b>FY13 Recommend</b>
African American Health Program	1,408,171	1,365,877	1,359,992
Asian American Health Initiative	403,067	403,290	407,368
Latino Health Initiative*	1,184,353	1,151,954	1,176,532
Consolidated Patient Navigator	572,060	450,000	450,000
<b>Total</b>	<b>3,567,651</b>	<b>3,371,121</b>	<b>3,393,892</b>

### **Updates from the Annual Reports from the Minority Health Initiatives.**

#### **a) African American Health Program (AAHP)**

The FY11 Annual Report of the African American Health Program is attached at © 22-. A listing of AAHP programs is at © 33. The Report says that the VISION of the AAHP is, "African American and people of African descent in Montgomery County will be as healthy and safe as the rest of the population." Its MISSION is, "To eliminate health disparities and improve the number of years and quality of life for African Americans/Blacks in Montgomery County." The AAHP has 4 GOALS: (1) To raise awareness in the Montgomery County community about key health disparities; (2) To integrate African American health concerns into existing services and programs; (3) To monitor the health status data for African Americans in Montgomery County; and, (4) To implement and evaluate strategies to achieve specific health objectives."

#### **The Annual Report notes the following:**

- The AAHP provided clinical referrals to more than 7,000 Montgomery County residents in FY11, 2,000 more that were made in FY10.
- The 2009 Infant Mortality rate for Blacks was 10.7 per 1,000 births compared to 3.9 per 1,000 births for Whites, and 5.5 per 1,000 births for all races in Montgomery County.
- 7 out of 10 African Americans between the ages of 18 and 64 are obese or overweight and are 15 times more likely to suffer from obesity as Whites.
- African American men are 50% more likely than Whites to develop prostate cancer and are more likely than any other racial group to suffer from colorectal cancer.
- 15% of African Americans will develop adult onset Diabetes compared to 14% of Latinos, 18% of Native Americans, and 8% of Whites. African Americans are almost 50% as likely to develop diabetic blindness as non-Latino Whites. African Americans are more likely to suffer from kidney disease and complications from dialysis and to have lower-limb amputations.
- African Americans experience new HIV infections at 7 times the rate of Whites.

- AAHP had a total of 15 Health Promoters in FY11 who received training through the AAHP. Languages spoken include English, Spanish, Kiswahili, Creole, Amharic, Russian, and French. AAHP participated in 99 events that included Health Promoters providing information to 5,089 residents and teaching about 300 women to perform breast self-exams.
- The “Project Sante Pur Tous” or “Health for All Project” provides health education sessions to French-speaking African laborers at the Silver Spring Workers Center. Health Education sessions are taught by nurses and nursing students from French speaking countries September through March of each year. In FY11, there were 79 participants and 203 encounters.
- In FY11, 716 individuals were screened for hypertension at events that included AAHP Diabetes classes, Diabetes dining clubs, the SMILE program, clinics, and health fairs. Over 50% of AAHP clients were found to be hypertensive and counseled to meet with their health care provider.
- In FY11, Diabetes education classes were held at the following sites across the county: East Silver Spring Community Center, Interdenominational Community Church of God in Gaithersburg, Round Oak Missionary Baptist Church in Silver Spring, Wheaton Woods Baptist Church in Rockville, Upcounty Regional Center in Germantown, the Wheaton Library, and Stewartown Homes in Gaithersburg. These classes included 1,395 hours of instruction. There were three Diabetes Dining Club locations and attendance by 450 people. 1,125 hours of Diabetes instruction was provided at the Dining Clubs. During FY11, 69 individuals received 1:1 counseling, 73 clients received instruction on glucose meter and/or insulin administration, 242 follow-up phone calls were made, and 40 clients were referred to the emergency room, primary care physician, or endocrinologist.
- In FY11, HIV testing was offered at 17 outreach events; 356 Montgomery County residents were tested. AAHP developed the “Testing by the Hundreds HIV Campaign” with a goal of testing 1,000 people by National HIV Testing Day on June 27, 2012. The Women of the Heart HIV Support Group met one evening per month during the fiscal year. The AAHP continued to provide the “When I Get Out” program on preventive health and safer lifestyles at the Montgomery County Correctional Center.
- AAHP provided education classes to pregnant women and their partners through the SMILE program. Nurse case management was provided to 157 women. Of this, case management was provided for 57 deliveries, of which 55 were term deliveries of health birth weight. The SMILE program provides assistance with breastfeeding. It also provides STD education.
- AAHP’s “Did you Know...” oral health program distributed 2,255 oral health information kits to County residents.



## **b) Asian American Health Initiative (AAHI)**

The FY11 Annual Report for the Asian American Health Initiative is attached at © 57-94. Its MISSION is “To identify the health care needs of Asian American communities, develop culturally competent health care services, and implement health programs that are accessible and available to all Asian Americans in Montgomery County.” Highlights from the report include:

- Asian Americans comprise 13.9% of the County’s total population and grew 37.3% from 2000 to 2010. They trace their roots to more than 16 countries and speak more than 2 dozen languages.
- In FY11, the Patient Navigator program had 5,471 total client encounters and received 4,066 calls. It linked 88% of clients to county services. 84% of the callers had no health insurance. The program provided 1,099 on-site medical interpreting sessions and 306 medical interpreting sessions by phone.
- The enhanced [www.AAHIInfo.org](http://www.AAHIInfo.org) went live during FY11. The new site has multilingual feature with pages in Chinese, Hindi, Korean, and Vietnamese. Each language page is culturally tailored to the needs of individual communities.
- AAHI had 31 Health Promoters in FY11 including 14 new Health Promoters. The Promoters spoke 17 languages and dialects and represented 16 communities. There are 14 health Promoters with 3 or more years of experience in the program.
- During FY11, AAHI attended 77 outreach events reaching 14 communities. There were 4,801 educational encounters and 7,870 pieces of literature were distributed. There were 342 health service referrals and 1,688 health screenings performed.
- Hepatitis B disproportionately impacts Asian Americans. The report notes that while Asian Americans represent under 5% of the country’s population they account for more than half of chronic Hepatitis B cases. The Hepatitis B death rate is 7 times greater for Asian Americans than for the White population.
- In FY11, AAHI teamed with the Hepatitis B Initiative of Greater Washington, the Organization of Chinese Americans, and other public and private organizations to carry out a free screening, vaccination, and treatment consultation program in October 2010.
- AAHI also provided in-depth assistance to the Viet Nam Medical Assistance Program’s Screening, Management, Awareness, and Solutions for Hepatitis B (SMASH-B) project. Evaluations of Hepatitis B efforts are available on the AAHI INFO website.
- The Hepatitis B project has 114 participants. 80% of the participants that were referred for vaccinations completed the 3-shot series. 64% of those identified as infected accessed treatment. All participants said they would urge family and friends to be screened and/or vaccinated.

- In FY11, AAHI started the Independent Outreach Project to connect with hard to reach populations. 36 small businesses and communities were reached. There were 202 educational encounters, 440 pieces of literature were distributed and there were 86 health service referrals.

### **c) Latino Health Initiative (LHI)**

The Latino Health Initiative's FY11 Annual Report is attached at © 95-121. The LHI is charged with development of a plan of action that would be responsive to the health needs of Latinos in the county. The LHI is committed to improving the quality of life of Latinos living in Montgomery County by: (1) Enhancing coordination among existing health programs and services targeting Latinos; (2) Providing technical assistance to programs and services to effectively serve Latinos; (3) Developing and supporting models of programs and services to effectively serve Latinos; and (4) Advocating for policies and practices that will effectively reach the county's Latino population. The work of the LHI includes:

- During FY11, the LHI reached over 15,000 individuals. Volunteers provided 5,567 hours of volunteer services.
- The Latino Data Workgroup offers technical assistance, advice, and advocacy to enhance the collection of data on health related issues for Latinos. The report notes that the Workgroup collaborated with the Montgomery County Commission on Health; monitored, promoted, and updated the LHI web portal; worked jointly with the Healthy Montgomery initiative to develop community conversations with Latinos in Montgomery County.
- The Latino Youth Wellness Program created wellness plans for each of 206 families served. The program provided 107 hours of fitness training that included tournaments, hikes, and outings to sports facilities.
- The Latino Youth Wellness Program recruited 103 new Latino students who participated in group activities for four months. The average age was 13.8 years. Only 48% lived with both parents, 46.5% are immigrants, 33% did not have health insurance when the program started, at least 55% received FARMS (some did not know), 29% lived with their family in a single room or shelter. Measures and results are attached at © 103.
- In FY11, the Asthma Management Program reached 29 individuals who completed intensive education and support on asthma management. Participants reported a 50% drop in emergency room visits and hospitalizations and a 20% decrease in the number of school days missed. More results are attached at © 106.
- The smoking cessation program provides intervention to Latino smokers who need help in ending their dependence on tobacco. In FY11, 76 smokers participated in the program and 91.6% completed the program. 75% of the FY10 participants reported that they were smoke free after 3-months.

- The System Navigator and Medical Interpreter Program received 3,008 calls and information specialists made 4,794 referrals. There were 2,650 medical interpreter appointments.
- The LHI spearhead the Suburban Maryland Welcome Back Center and provided services to 350 foreign-trained health professionals. It takes about 22 months to complete the program and pass the RN Licensure Exam and in FY11, 81 nurses participated in the program and 9 nurses began working in their professions in Maryland.

### 3. PUBLIC HEALTH SERVICES (© 10-15)

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

This service area's programs protect and promote the health and safety of Montgomery County residents. The following table provides an overview of the budget trends for this service section. Overall there is a 3.7% increase with the largest increase in the school health program.

<b>Public Health Services Expenditures in \$000's</b>	<b>FY10 Budget</b>	<b>FY 11 Budget</b>	<b>FY12 Budget</b>	<b>FY13 Rec</b>	<b>Change FY12-FY13</b>
Health Care For the Uninsured	11,875	13306	12,686	12,083	-4.8%
Communicable Disease and Epidemiology	1,440	1747	1,773	1,909	7.7%
Community Health Services	12,949	11846	11,637	12,307	5.8%
Dental Services	1,977	1919	1,963	2,045	4.2%
Environmental Health and Regulatory Svcs	3,104	2862	2,914	3,085	5.9%
Health Care and Residential Facilities	1,351	1499	1,498	1,562	4.3%
Health Promotion and Prevention	1,265	187	-	-	
Cancer and Tobacco Prevention	1,289	980	1,142	1,150	0.7%
STD/HIV Prevention and Treatment	6,257	6726	7,005	7,219	3.1%
School Health Services	21,255	20922	19,958	22,094	10.7%
Tuberculosis Services	2,146	1838	1,797	1,813	0.9%
Women's Health Services	4,236	2817	2,738	2,794	2.0%
Public Health Emergency Preparedness	2,050	2052	1,918	1,390	-27.5%
Service Area Administration	1,293	1429	1,406	1,505	7.0%
<b>TOTAL</b>	<b>72,487</b>	<b>70,130</b>	<b>68,435</b>	<b>70,956</b>	<b>3.7%</b>

#### A. Health Care for the Uninsured

The Executive's is recommending a total of \$12,082,715 and 6 FTEs in this program area. The changes on focused on two sub-programs, maternity services and Montgomery Cares.

**1. Maternity Partnership – Reduction based on decreased enrollment**

***-\$314,000)***

**2. Project Deliver – Eliminated in FY12**

***-\$628,630 and 6.6 FTEs in a group position (not filled with County employees)***

The Council has approved reductions to the Maternity Partnership program in each budget since FY09 due to a reduction in demand for services in this program. Some of this reduction is because of the restoration of Medicaid services; the total decline is not fully explained. The Department has previously said that hospitals are not reporting an increase in women showing up to give birth without pre-natal care. The FY13 proposed budget will continue to provide funding for up to 1,600 women. There is no increase proposed in the co-pay that is made to the hospital for the services.

Project Deliver has been in place to reimburse doctors who deliver babies to uninsured women at the hospitals participating in the effort. The doctors are considered to be county employees when they are providing this service and their liability is covered by the county which is why a group position was created. Last year the Council approved the recommendation to reduce funding for this project because the billing by doctors had declined. It is believed that doctors are no longer using this program because they are now able to bill Medicaid. DHHS ended the program on January 31, 2012. **Council staff recommends approval.**

**3. Add Kaiser Community Benefit Grant**

***\$95,000***

In April, 2011, DHHS received a \$95,000 grant from Kaiser Permanente of the Mid-Atlantic States to support the development of enhanced organizational infrastructure to allow for expanded Medicaid and PAC participation for service providers supported under the County's Montgomery Cares, HIV/AIDS services, and School Based Health Centers programs. This project is building upon a prior grant awarded to Montgomery County DHHS by Kaiser in July 2010 to create Medicaid and PAC participation capability at several of the Montgomery Cares clinics. We are using the grant funds awarded under the current grant to utilize the tools developed under the prior grant, with the following specific objectives: 1) to support further implementation steps toward Medicaid and PAC participation among several of the Montgomery Cares clinics that need additional consulting support, 2) to help create Medicaid and PAC billing capacity in the County's HIV/AIDS program, and 3) to explore the challenges and opportunities for Medicaid participation in the County's School-Based Health programs. Consulting assistance is being provided under a contract with the Primary Care Coalition, which in turn is working in collaboration with SHR Associates, a locally-based consulting firm that specializes in Medicaid billing implementation. The grant ends in December 2012. **Council staff recommends approval.**

**4. Montgomery Cares:**

<i>Add Holy Cross Hospital Aspen Hill Clinic</i>	<i>\$368,750</i>
<i>Decrease funds for Community Pharmacy</i>	<i>-\$117,100</i>
<i>Decrease funds for Community Pharmacy for Homeless Healthcare</i>	<i>-\$ 35,000</i>

The Montgomery Cares program is the County's primary health care program for low income uninsured adults, a majority of who have incomes below the Federal Poverty Level (\$11,170 for a household of 1; \$23,050 for a family of 4). The Montgomery Cares Program is a partnership with community clinics, county hospitals, and volunteer health care professionals who bring tremendous resources to the program. **The February 2012 utilization report is attached at © 121-125. The FY12 Second Quarter utilization report is attached at © 126-135.**

The following table shows the budget trend from FY10 to FY13 (Recommended). A more detailed chart is attached at © 136.

<b>MONTGOMERY CARES</b>	<b>FY10 Budget</b>	<b>FY11 Budget</b>	<b>FY12 Budget</b>	<b>FY13 Budget</b>	<b>Change 12-13</b>
Enrollment for Patients not served through Healthcare for the Homeless	23,000	28,000	28,000	29,250	4.5%
Budgeted Number of Primary care Encounters at \$62 per visit	62,100	70,000	70,000	78,125	11.6%
<b>Services Areas:</b>					
Support for Primary Care Visits	3,682,800	4,340,000	4,650,000	4,843,750	4.2%
Community Pharmacy-MedBank	2,136,590	1,785,590	1,785,590	1,703,490	-4.6%
Cultural Competency	75,000	45,000	22,500	22,500	0.0%
Behavioral Health and Oral Health	950,000	930,000	930,000	930,000	0.0%
Specialty Services	660,468	450,468	450,468	480,468	6.7%
Program Development	343,070	260,960	110,840	110,840	0.0%
Information and Technology	350,360	320,360	315,360	315,360	0.0%
PCC-Administration	569,274	529,274	502,774	502,774	0.0%
HHS - Eligibility Determination*	205,137	-	-		
HHS - Administration	484,030	482,296	478,186	478,186	0.0%
Facility	311,700	67,040	67,040	67,040	0.0%
Build-out new Holy Cross Clinic	na	na	na	75,000	
<b>Subtotal</b>	<b>9,768,429</b>	<b>9,210,988</b>	<b>9,312,758</b>	<b>9,529,408</b>	<b>2.3%</b>
<b>Healthcare for the Homeless</b>					
Budgeted Enrollment	1,000	800	500	500	0.0%
Budgeted Primary Care Encounters	2,700	2,400	1,500	1,500	0.0%
Direct Healthcare services (visits)	435,000	435,000	217,500	217,500	0.0%
HHS Administration (includes hospital discharge planning)	303,972	255,158	144,800	144,800	0.0%
<b>Subtotal</b>	<b>738,972</b>	<b>690,158</b>	<b>362,300</b>	<b>362,300</b>	<b>0.0%</b>
<b>TOTAL</b>	<b>10,507,401</b>	<b>9,901,146</b>	<b>9,675,058</b>	<b>9,891,708</b>	<b>2.2%</b>

Overall, the Executive is recommending a 2.2% increase to the program. However, there are reductions to the funding for pharmacy for the general program. The increase comes from the dedication of funds to help build-out and operate a new Holy Cross Hospital Clinic in Aspen Hill.

**a) Holy Cross Hospital Clinic in Aspen Hill**

The County Executive is recommending increased funding that is dedicated to the new Holy Cross Hospital Clinic that will open in Aspen Hill. The recommendation includes:

Primary Care Visits – 3,125 visits for an expected 1,250 patients	\$193,750
Pharmacy Care support for 1,250 patients	\$ 70,000
Specialty Care support for 1,250 patients	\$ 30,000
Facility capital support	\$ 75,000
(\$75,000 is also being provided in FY12)	

**TOTAL FY13**

**\$368,750**

**Council staff recommends approval and agrees that there is need in the Aspen Hill area for this clinic.** While recommending approval, Council staff does note that it is unusual for primary care visits and other operating funds in the program to be dedicated to a specific clinic. Clinics have received capital funds through the program (when there used to be an allocation for this purpose) and have also received them through grants and bond bills. Also, unlike some of the other clinics, a majority of the referrals to the Holy Cross Hospital Clinic are made as follow-up to someone using the Holy Cross Emergency Room or Hospital. Currently, the Holy Cross Hospital Clinic in Silver Spring has seen an increase in patients from Prince George's County which has reduced its capacity to see patients from Montgomery County. The Aspen Hill Clinic will help to correct this capacity problem.

**b) Overall Montgomery Cares Program**

**The Council has received testimony and correspondence from the Montgomery Cares Advisory Board (©137-139), the Primary Care Coalition (© 140-141), the Commission on Health (© 142), and the County's hospitals (© 143), each asking that the Council add \$1.2 million to the Montgomery Cares program in FY13 for primary care.** The requests say that even after Federal Affordable Care Act becomes fully effective in 2014, Montgomery County will have an estimated 50,000 people who will be uninsured and will need services through Montgomery Cares (currently, it is estimated that there are about 110,000 uninsured in Montgomery County.) \$1.2 million would provide an additional 19,354 primary care visits. Assuming 2.6 visits per patient, another 7,443 patients could be added to the program.

**Council staff agrees that there is unmet need in the Montgomery Cares program and that additional funding is needed to meet this demand. Council staff disagrees that \$1.2 million should be dedicated only to primary care visits in FY12 and offers the following comments and alternative suggestions.**

- The February report (©122) shows that overall the clinics had used 63% of the primary care visits budgeted for FY12. This is slightly below the 67% of the year that had been expended. About another 1% was added to visits through a one-time grant from Carefirst but even with these visits, overall the program will still be on target.

- There is evidence that expansion in primary care visits is needed. Two of the larger clinics, Mary's Center and Mercy Health Clinic had used about 75% of their allocation. And two clinics have waits of 90 days or more for new patient appointments. There is also some expansion that will occur in FY13 as the Kaseman Clinic can add days and the Muslim Center plans to expand. The Muslim Center Clinic believes it will exceed its allocation for FY12. Both CCI and Mary's Center will open new facilities in Prince George's County which may increase capacity in Montgomery County. The Holy Cross Aspen Hill Clinic will also add capacity, although the existing two clinics had used on 57% of their primary visit allocation in February.
- Several clinics that do not currently bill for Medicaid are working to accept Medicaid in preparation for the Affordable Care Act changes. This may also allow patients to continue to use the clinics they are accustomed to but not as Montgomery Cares patients.
- The information provided on "Our Potential to Grow" (©138) assumes that some clinics will grow rapidly in FY13 if funding is available. Council staff believe that in some cases, the estimates are overly ambitious. For example, the PanAsian Volunteer Clinic would grow by 63%, the Kaseman Clinic by 133%, and Spanish Catholic Center by 57%.
- While primary care visits are the most critical component of the Montgomery Cares program, there are times when patients can only be appropriately treated if they have access to pharmacy and specialty care.
- The Executive is recommending a \$152,100 reduction to the overall program funding for community pharmacy. As the Committee is aware, the Council approved a steep reduction in pharmacy funding in FY11, challenging the program to make better use of low cost and no cost drug programs. Montgomery Care did significantly increase its use of MedBank and clinics changed policies on the use of private pharmacy programs. However, the FY12 Second Quarter report shows that 55% of the FY12 allocation had been used. Council staff questions whether the pharmacy component can absorb an additional \$152,100 reduction. (The 2<sup>nd</sup> quarter indicates that \$836,663 in county funding has been spent and that the value of drugs received through MedBank was \$1.526 million.). The Executive has added \$70,000 to pharmacy specifically for the new Holy Cross Clinic.
- The funding for specialty care for the overall program is unchanged since FY11. In the 1<sup>st</sup> Quarter of FY12, there were 1,799 requests for specialty care appointments and 992 appointments scheduled. In the 2<sup>nd</sup> Quarter there were 1,721 requests for appointments and 1,020 scheduled (© 130). The Executive has included \$30,000 for specialty care for the patients seen at the new Holy Cross Clinic.
- Council staff requested information from the Primary Care Coalition on unmet specialty care needs. Their response is attached at © 144-149. As can be seen on © 144, there are three primary ways that Montgomery Cares patients are provided with specialty care: (1) the care is provided through the clinic or through the clinic's partnership with a county hospital, (2) the Archdiocesan Health Care Network (AHCN), and (3) Project Access. Much of the actual care

is provided by volunteers but in some cases Montgomery Cares pays Medicaid rates for services.

- As can be seen on © 146, Project Access has recently seen an increase in referrals and AHCN a decrease. Project Access has also been working to expand its network. The decline in referrals to AHCN is likely due to AHCN's change in policy regarding a screen fee and co-pay.
- The table at © 148 shows the estimated unmet need for specialty care and a cost estimate if it is provided through Project Access. The estimated shortfall is \$521,839. The paper notes that urology is an example of a high demand need where there are no volunteer providers. Because of the cost, only about ½ the demand is met.

**Council staff recommends the Committee consider adding the following to the reconciliation list:**

Increase primary care visits by 7,500 (10%) at \$62 per visits	\$465,000
Partially restore Community Pharmacy reduction (The Committee will later consider a grant request regarding administration of the pharmacy program)	\$100,000
Increase Specialty Care Funding	\$250,000
<b>Total</b>	<b>\$815,000</b>

**With regards to the increase in specialty care funding, Council staff recommends that the Department be asked provide the Committee with a plan for FY13 on how the funds would be allocated.** AHCN and Project Access have two different models for providing service. AHCN has told the County that it needs additional funding for administration of its program. Council staff does not object to this idea but believes that the Committee's direction to the Department should be to determine how the money will be allocated while making sure that barriers to care, such as screening fees and co-pays are not prohibitively expensive to the patient.

**In addition to the request for \$1.2 million for primary care, The Primary Care Coalition requested \$300,000 for oral health, \$150,000 for behavioral health, and \$200,000 for partial support of implementation of an electronic medical records system.**

With regards, to oral health care, Council staff agrees with the importance of this service as more and more evidence is mounting that dental disease is related to cardiovascular disease and other significant health problems. Council staff questions whether an addition to resources for oral health should be added specifically to the Montgomery Cares program or the DHHS Dental Services program. There is no recommended change to the DHHS Dental Services Program for FY13.

**Council staff recommends the Committee add \$100,000 to the reconciliation list in two \$50,000 increments for the DHHS Dental Program where it could be allocated to Montgomery Cares and non-Montgomery Cares' patients as needed.**



The Primary Care Coalition recommends an additional \$150,000 for the Behavioral Health Program within Montgomery Cares. Attached at © 150-154 is information provided by the Primary Care Coalition regarding the unmet need in the clinics that are a part of the Behavioral Health Care Program. The paper indicates that about 30% of Montgomery Cares' patients may be in need of behavioral health services and that 15% would likely actually engage with behavioral health services. Council staff notes that the model used by Montgomery Cares has been shown to be successful and promising. An article in the American Journal of Orthopsychiatry looked at the model as a way to provide services to low-income, uninsured immigrants, many of whom have been exposed to trauma. The authors conclude that, "the MCBHP has demonstrated that it is possible to implement a cost-efficient and evidenced-based treatment model." The authors also highlight the adaptability and flexibility of the program (because the clinics are different) and that it kept the key components of collaborative care.

The Primary Care Coalition paper recommends the addition of a care manager at a cost of \$72,000 and a behavioral health team for the new Holy Cross Clinic in Aspen Hill which would cost \$150,000. It also recommends that Montgomery Cares expand the types of behavioral health specialists who can be reimbursed to include licensed professional counselors, licensed graduate social workers, and RNs with advanced training or certification.

**While there is unmet need, Council staff is not recommending additional funding for behavioral health for FY13. In the next section, the Committee will consider a grant request from the Kaseman Clinic for funds for mental health services.**

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

The Council received **ten grant applications totaling \$547,649** from primary health care providers that are to be reviewed as part of the Committee's discussion of the Montgomery Cares program. One of the purposes of the Montgomery Cares program is to develop a coordinated and more systematic delivery of primary health care to uninsured individuals. In order for the Council and the program itself to be able to assess clinic provider needs, system needs, and set funding priorities, clinic provider funding requests should be considered through the Montgomery Cares program.

As in prior years, staff forwarded the applications to the Department of Health and Human Services for review by the Montgomery Cares Advisory Board. The Board's recommendations are contained on © 155-158.

**The Board recommends approval of 8 of the 10 proposals (one, for partial funding) for a total of \$398,611.** Because the Board "found merit in most all of the proposals," the Board prioritized them for funding to assist in decision making. Staff has listed the proposals in the priority order provided by the Advisory Board (© 158).

Also, the Advisory Board states a “primary concern with all the proposals. Almost without exception, the applicants did not provide a sustainability plan for their projects...(with) many of the applicants requesting repeat funding for projects funded through the Council grants process in the past.” The Board asks that clinics be asked to provide a sustainability plan as a condition of Council grant funding. Staff notes that one of the Council grant application questions asks applicants to provide this information, “How does the nonprofit agency plan on sustaining the activity in the future?” However, responses to this question vary in their specificity.

The clinic requests and Advisory Board recommendations are summarized below. Also, the County Executive has recommended funding two of the requests as Community Grants and recommends separate, but related, funding for one of the requests in the Cost Sharing Capital Budget. This funding is noted in the descriptions of the proposals.

**Summary of Staff Recommendations:**

- Concur with Advisory Board’s recommendations and, add requested funding to the Council Reconciliation List, except for the two proposals recommended by the County Executive as Community Grants which will be considered by full Council on ‘grants day’ and do not need to be added to Reconciliation List at this time;
- Separately list certain items of the Mary’s Center grant request on the Reconciliation List as it is a relatively large request (see discussion item #3);
- Add \$50,000 to Cost Sharing CIP project for Muslim Community Center clinic expansion Council grant request and also approve County Executive recommended \$70,000 for this project.

1. **The Muslim Community Center Medical Clinic: \$50,000** to assist with funding an expansion of the Clinic. The Muslim Community Center Medical Clinic has seen a more than 300% increase in patient encounters in the last four years, with over 6000 patient encounters in FY 2011 and anticipates further increases each year. The Clinic has also received an in kind donation from Kaiser Permanente to double its medical provider capacity. The Clinic is proposing to increase the existing work space by one-third.

The Clinic now estimates the total cost of its renovation project to be more than \$370,000, \$270,000 of which is for construction costs. The remainder is for pre-construction costs and furniture, fixtures, and equipment once the construction is complete. The Clinic has received a \$150,000 State bond bill; **has requested \$70,000 from the County Executive (recommended by the County Executive in the Cost Sharing CIP project), and separately, has requested \$50,000 from the County Council.** The organization will provide \$100,000 from the organization’s own funds.

The Montgomery Cares Advisory Board listed this project as #1 in priority order, noting the Clinic has “tried to expand over the past two years or so and it is much needed.” The Board did note some lack of clarity on budget numbers for the project.

**Staff Recommendation: Approve \$50,000 Council grant request and \$70,000 County Executive recommended funding, for a total of \$120,000, with funding provided in Cost Sharing CIP project.**

2. **Primary Care Coalition: \$59,055** to implement technology efficiencies, including software and hardware, in the Pharmacy Assistance Program that obtains free or low-cost medications from pharmaceutical companies. The project will streamline the patient enrollment/application process with the goal of increasing the number of patients served by 33% to 2000/year and an estimated \$750,000 in additional medications while maintaining current staffing levels. The Board highly recommends it and was particularly impressed at the proposed increase in number of patients served while maintaining current staff levels. This proposal is listed #2 in the Advisory Board’s priority.

**Staff Recommendation: Add to Council Reconciliation List for potential funding.**

3. **Mary’s Center for Maternal and Child Care: \$117,476** for a full time Family Support Worker, full time Health Educator, emergency resources, medical and office supplies at the organization’s Silver Spring clinic which currently has 3060 clients. For the last two years the organization has received a \$7500 Community Grant to partially fund a Family Support Worker. The organization notes that the Family Support Worker is overwhelmed with requests for social services and emergency resources and saw almost 500 participants in one month. Also, Mary’s Center works jointly with the nearby County TESS Center as a Neighborhood Opportunity Network location where families are connected to County and other safety net services. The Health Educator, a new position, will serve patients with chronic illness and also help with prenatal self care needs. The two positions are each budgeted at \$38,000 plus fringes. Finally, the organization requests \$8000 in emergency funds for participants (transportation, emergency rent to prevent eviction, etc.), \$16,000 in medically related supplies (Nicotine replacement therapy supplies, glucometers and strips) and \$5900 in office supplies, and equipment and training for the proposed new positions.

The Advisory Board gave the project a high score (#3 in priority listing) but reported concern that the proposal is the third year request to support Family Support Worker and Health Practitioner positions with no plan for sustainability. Also, staff questions funding of medical supplies separately from the overall Montgomery Cares program and staff believes the office supplies, equipment and training for new positions are of lower priority.

**Staff Recommendation: As this is the largest Montgomery Cares grant request, staff recommends listing certain of the items separately on the Reconciliation List: the requested staff positions (\$38,000 each, plus fringes), and the emergency funds (\$8000). If the Committee wishes to put the medical supplies and office and equipment items on the Reconciliation List, they can be listed at \$16,000 and \$5900 respectively.**

4. **Community Ministries of Rockville: \$62,660** for mental health services and additional podiatry services at Mansfield Kaseman Health Clinic. Approximately 25% of the Clinic's patients are in need of some type of behavioral health treatment and the requested funding would allow for part time psychologist and psychiatrist services. Additionally, the requested funding would allow the Clinic to add additional hours of Podiatry services, a service in demand at the Clinic due to the large number of patients with diabetes (one of the top three diseases presented by Clinic patients).

The Advisory Board had a concern about sustainability and ability to measure outcomes but the merits of the project outweighed these concerns. This project is #4 (tied) in priority listing.

**Staff Recommendation: Add to Council Reconciliation List for potential funding.**

5. **Mobile Medical Care #1: \$48,420** for partial funding of the Specialty Care and Heart Clinic coordinators. Mobile Medical Care coordinates specialty care referrals for 1500 patients, including patient navigation for their unique Heart and Endocrine Clinics for referrals from the ten other safety net clinics as well as Mobile Med clinics. Outside referrals account for 55% of the Heart Clinic patients and 40% of the Endocrine Clinic patients.

The Advisory Board notes this is a needed service which all the Clinics could use. The Board also noted this is a repeat proposal from previous years, again commenting on the sustainability of the Specialty Care position without County funding. Staff notes that the organization indicates it is laying the groundwork to become a federally qualified health center which provides higher reimbursements for Medicaid patients. This proposal is also #4 (tied) in priority list.

**Staff Recommendation: Add to Council Reconciliation List for potential funding.**

6. **Muslim Community Center Medical Clinic #3: \$50,000** for case management, workshops and seminars, and counseling by the religious leader for the organization's domestic violence program. The County Executive has recommended a Community Grant for \$25,000 for this program.

The Advisory Board felt that while the project is needed, the proposal did not include sufficient information on how the project would be sustained, leveraging of non-County funds, ability to carry out program, and role of religious leader in project. The Board does not recommend funding of the religious leader as part of the project and recommends \$25,000 for the program, as the Executive has recommended. The project is #6 in priority listing.

**Staff Recommendation: The Committee does not need to make a recommendation regarding the \$25,000 recommended for the domestic violence program as the County Executive has recommended this funding as a Community Grant. It will be considered by the full Council along with all of the other County Executive-recommended Community Grants.**

7. **Mercy Health Clinic: \$10,000** for organization's lifestyle, diabetes, and medication management Health Education program.

The Advisory Board noted it is an important service and only minimally funded by Montgomery Cares but also noted no sustainability plan or measurement of outcomes. The project is #7 in priority listing.

**Staff Recommendation: Add to Council Reconciliation List for potential funding.**

8. **Mobile Medical Care #2: \$6000** for computers in exam rooms to record and track patient health information. The organization notes it has received a major grant from Kaiser Permanente to purchase and implement a new Electronic Health Records system but the grant does not include funds for hardware. The new electronic health record system will help the organization adapt to the changing health care environment and to apply for Federally Qualified Health Center status. The County Executive has recommended funding this proposal as a Community Grant.

The Advisory Board expressed some concerns as the County is already providing space for this Clinic in a County facility, “presumably with expectation that applicant would leverage in-kind donation to purchase needed supplies and donations.” However, the Board does support the proposal as it enhances readiness for Affordable Care Act implementation and other changes in health care environment.

**Staff Recommendation: The Committee does not need to make a recommendation regarding this grant as the County Executive has recommended funding it as a Community Grant. It will be considered by the full Council along with all of the other County Executive-recommended Community Grants.**

9. **Care for Your Health: \$94,038** for primary care services at clinic site and a door to door healthcare outreach program. The clinic is not part of the Montgomery Cares program but as it is a primary health care clinic seeking County funds for medical personnel and supplies, staff felt it was appropriate to be reviewed by the Montgomery Cares Advisory Board. The organization is searching for a permanent location in the Colesville/Burtonsville area and currently shares resources with a church in the area. The proposal indicates their current program was to begin in February, 2012.

The Advisory Board does not recommend funding for the clinic as “the proposed project is not aligned with Montgomery Cares nor does it appear to have the capacity or add services that would be coordinated and sustainable.

**Staff Recommendation: Concur with Advisory Board; do not add to Reconciliation List.**

10. **Muslim Community Center Medical Clinic #2: \$50,000** for treating and educating diabetic patients. The Clinic previously received a 3 year State grant for this program; the funding expired in 2011 and the organization is seeking County funds to help sustain the program. The organization indicates it will be able to raise \$100,000 of the overall estimated cost of \$150,000. While the request to the County is for \$50,000, the project budget only shows \$40,000 in requested County funds.

The Advisory Board does not recommend funding this proposal as it had unclear outcomes and a budget narrative that did not match the actual request.

**Staff Recommendation: Concur with Advisory Board; do not add to Reconciliation List.**

### **C. Communicable Disease and Epidemiology**

The Executive is recommending a total of \$1,909,333 and 17.3 FTEs for this program.

***Shift 0.8 FTEs to the Refugee Resettlement Grant  
\$55,472 and 0.8FTEs***

The Refugee Resettlement Program is housed in the Communicable Disease and Epidemiology program. Refugee Resettlement Program works in tandem with the Tuberculosis Control Program (Item J in the memo). There is a shift in the source of funding for a 0.8FTE position from the grant in the Tuberculosis Control Program to the grant in this program. There is no program or staff impact from this change. **Council staff recommends approval.**

***Miscellaneous Adjustments  
\$80,901 and +0.7 FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

### **D. Community Health Services**

The Executive is recommending a total of \$12,307,461 and 128.8 FTEs for this program.

***Lead Poisoning Prevention Grant – Eliminate Funding  
-\$18,000***

The Lead Poisoning Prevention Grant is eliminated for FY13. The grant provided outreach and education regarding childhood lead poisoning prevention to parents of young children and families living in the areas of the county which are at high risk of lead poisoning, to health care providers, and to owners and tenant of resident properties built before 1950. **Council staff recommends approval of this reduction to reflect the elimination of the grant.**

***Increase Maryland Children's Health Program/PWC Grant  
\$196,069 and 3.0FTEs***

Funds will be used to create three new grant-funded positions, a fiscal assistant and two income program specialists to administer this program. The total funding for the program is about \$1.7 million. The Maryland Children's Health Program uses Federal and State funds to provide health care for children up to age 19 and to pregnant women. Please note that the budget book incorrectly placed this grant increase in the Tuberculosis Services program, this will be corrected in the approved budget book. **Council staff recommends approval.**

***Miscellaneous Adjustments  
\$688,131 and +8.6 FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**E. Dental Services**

The Executive is recommending a total of \$2,044,616 and 14.75 FTEs for this program.

***Dental Services***

While the Executive is recommending only miscellaneous changes to this program for FY13, the Committee has previously discussed that there is a 5-month backlog of patients for oral health services and that the African American Health Program has highlighted the links between poor dental care and other diseases, such as cardiovascular disease.

Council staff has already recommended that the Committee consider placing \$100,000 on the reconciliation list to increase dental services (that could be allocated to Montgomery Cares and non-Montgomery Cares clients.

Attached at © 159-163 is the Executive Summary of the Maryland Dental Action Coalitions' Oral Health Plan. The report provides background on the problems with inadequate oral health and goals for improving access to oral health care.

***Miscellaneous Adjustments***  
***\$82,106 and -1.15FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**F. Environmental Health Regulatory Services**

The Executive is recommending a total of \$3,085,020 and 30.0 FTEs for this program.

***Miscellaneous Adjustments***  
***\$171,250 and 1.7FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**G. Health Care and Group Residential Facilities**

The Executive is recommending \$1,562,138 and 12.5 FTEs for this program.

***Miscellaneous Adjustments***  
***\$64,398 and 0.9FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**H. Cancer and Tobacco Prevention**

The Executive is recommending funding of \$1,149,972 and 4.0 FTEs for this program.



***Reduced funding for Oral Cancer Prevention***  
***-\$8,000 and 0.0FTEs***

Grant funding available to provide oral cancer prevention activities is reduced by \$8,000.  
**Council staff recommends approval of this change that reflects expected grant revenues.**

***Miscellaneous Adjustments***  
***\$15,992 and 1.0FTE***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**I. STD/HIV Prevention and Treatment Program**

The Executive is recommending \$7,218,746 and 43.65 FTEs for this program area.

***Miscellaneous Adjustments***  
***\$213,746 and 2.65FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**J. Tuberculosis Services**

The Executive is recommending \$1,812,989 and 17.2 FTEs for this program.

***Shift 0.8FTE from Tuberculosis Control Grant to Refugee Resettlement Grant***  
***-\$52,707 and 0.8 FTEs***

As previously noted, the Refugee Resettlement Program is housed in the Communicable Disease and Epidemiology program. Refugee Resettlement Program works in tandem with the Tuberculosis Control Program. There is a shift in the source of funding for a 0.8FTE positions from the grant in the Tuberculosis Control Program to the grant in this program. There is no program or staff impact from this change. **Council staff recommends approval.**

***Miscellaneous Adjustments***  
***-\$127,753 and -2.0FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**K. Women's Health Services**

The Executive is recommending \$2,793,937 and 19.68 FTEs for this program.

***Reduce Reproductive Health/Family Planning Grant***  
***-\$87,314 and 0.00 FTEs***

The reduction in this grant occurred in FY12. Contractual services are reduced and result in 794 fewer teens/women of children bearing aged being served. **Council staff recommends approval of this change that reflects a reduction in grant funds.**

***Miscellaneous Adjustments***  
***\$143,321 and 1.28FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**L. Public Health Emergency Preparedness and Response**

The Executive is recommending funding of \$1,390,487 and 8.3FTEs for this program.

***Add Johns Hopkins University Preparedness and Emergency Response Learning Center Grant***  
***\$40,000 and 0.0FTEs***

This grant is a collaboration between Johns Hopkins University and the County for development of a national public health emergency preparedness curriculum for local health department employees. **Council staff recommends approval.**

***Eliminate Emergency Preparedness Funding to Hire Medical Doctors  
\$23,552 and 0.0FTEs***

This is a reduction in General Fund appropriation. Funds had previously been included in the budget to hire medical doctors in case of an emergency. The program has not needed to hire doctors and this money was eliminated to meet overall budget targets. **Council staff recommends approval.**

***Reduce Emergency Preparedness and Response Grant  
-\$122,654 and 0.0FTEs***

This is a reduction in a grant of approximately \$600,000 that is available for emergency preparedness training and response. The county will limit travel, conferences, and training to in-state activities only and it will reduce funds available for outreach to the community. **Council staff recommends approval.**

***Eliminate NACCHO Advance Practice Center Grants  
-\$450,000 and -2.0FTEs***

The County expected this grant to end in FY13. Montgomery County was an Advanced Practice Center for the National Association of County and City Health Officers. A summary of the County's activities is attached at © 164.

***Miscellaneous Adjustments  
\$29,053 and 0.1FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

**M. Service Area Administration**

The Executive is recommending \$1,505,054 and 10.5 FTEs for this program.

***Miscellaneous Adjustments  
\$98,644 and -0.2FTEs***

Miscellaneous adjustment account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

# Health and Human Services

## MISSION STATEMENT

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

## BUDGET OVERVIEW

The total recommended FY13 Operating Budget for the Department of Health and Human Services is \$247,568,526, an increase of \$5,494,246 or 2.3 percent from the FY12 Approved Budget of \$242,074,280. Personnel Costs comprise 59.4 percent of the budget for 1315 full-time positions and 332 part-time positions for 1551.10 FTEs. Operating Expenses account for the remaining 40.6 percent of the FY13 budget.

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

## LINKAGE TO COUNTY RESULT AREAS

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

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

## DEPARTMENT PERFORMANCE MEASURES

Performance measures for this department are included below, with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY12 estimates reflect funding based on the FY12 approved budget. The FY13 and FY14 figures are performance targets based on the FY13 recommended budget and funding for comparable service levels in FY14.

Measure	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
<b>Multi-Program Measures</b>					
Percentage of client cases with multiple services for which effective team functioning is documented	79	70	71	73	75
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services	95.2	94	94	94	94
Weighted percent of DHHS customers satisfied with the services they received from DHHS staff	93.7	95.4	94.5	94.5	95.0
Percentage of client cases reviewed that demonstrate beneficial impact from services received <sup>1</sup>	98	98	95	96	97
Percentage of client cases needing assistance with multiple services for which effective team formation is documented	84	81	82	83	84
Percentage of current "health and human services" contracts derived from Requests for Proposals that contain performance measures related to beneficial impact and customer satisfaction <sup>2</sup>	90	93	95	96	97

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

<sup>2</sup> Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

## ACCOMPLISHMENTS AND INITIATIVES

- ❖ **Pilot a six month, phased in Escorted Transportation Project to expand the Jewish Council for the Aging "Smooth Ride Program", to expand and coordinate new and existing escorted transportation services, and to provide 550 one-way escorted trips.**
- ❖ **Restore the Home Care Chore Services Program targeted to low income frail elderly and people with disabilities to purchase service for approximately 21 clients with two hours of Chore Services per week for a year.**
- ❖ **Add Heavy Chore Services to serve approximately 25 senior clients with hoarding behaviors to prevent evictions, condemnation, or to correct health and safety conditions.**
- ❖ **Enhance Senior Mental Health Services in the Senior Outreach Team contract for an additional part-time therapist to serve additional 85 home-bound seniors and coordinate medication with medical providers.**
- ❖ **Add a new Holy Cross Hospital Montgomery Cares Clinic in Aspen Hill to increase access to health care for over 29,000 uninsured patients countywide through the Montgomery Cares Program.**
- ❖ **Enhance Drug Prevention and Intervention Services to high-risk and gang involved youth at the Upcounty Youth Opportunity Center and Crossroads Youth Opportunity Center.**
- ❖ **Open two new school-based health centers at Rolling Terrace Elementary School and Highland Elementary School.**
- ❖ **Enhance the Street Outreach Network staff to provide targeted street outreach and engagement services with gang involved and high-risk youth in the community and at schools in East County .**
- ❖ **Enhance funds for winter overflow shelters.**
- ❖ **Sustain County support for the Upcounty Youth Opportunity Center with local funding to provide safety net services to high-risk and gang involved youth.**
- ❖ **Public Health Services coordinated the launch of the Healthy Montgomery website, showcasing local health and well-being data and a community-wide health improvement collaborative process as the driving force in setting health priorities for the County.**
- ❖ **The Montgomery Cares program received a 2011 Achievement Award from the National Association of Counties, recognizing innovative county government programs. The program provided primary care services to 26,877 low income, uninsured adults.**
- ❖ **In FY11, the Asian American Health Initiative provided educational encounters to 2,328 clients, 1,316 basic health screenings, and 223 referrals for additional health services. It promoted health and the prevention of diseases that impact Asian Americans including cancer, hepatitis B, diabetes, osteoporosis, and tobacco control; and it initiated health education in the small business program.**
- ❖ **The African American Health Program provided services and referrals to more than 7,000 Montgomery County residents in FY11, an increase of 2,000 residents or a 40 percent increase from FY10.**
- ❖ **Aging and Disability staff play a lead role in organizing and coordinating the activities of the Senior Sub-Cabinet (HHS Director, Uma S. Ahluwalia is co-chair of the group). The ongoing work of the Senior Sub-Cabinet reflects the commitment by the County to implement the recommendations established during County Executive Leggett's Senior Summit.**
- ❖ **Money Follows the Person and the Older Adult Waiver are Federal, State, and Local initiatives that attempt to "re-balance" the funding of services to disabled adults away from institutional settings and towards community based care. The program continues to expand, with 405 clients active at the end of FY11 in comparison to 372 active at the end of FY10, a 9 percent growth increase from FY10.**
- ❖ **Behavioral Health and Crisis Services continued to convene the Veterans Collaborative, focusing on strengthening the coordination of efforts between Montgomery County, the State of Maryland, and the Federal Government. Since September 2008, the collaborative has grown to more than 15 partnering agencies.**
- ❖ **The Access program connected over 1,300 individuals to public mental health services and over 1,000 others to public substance abuse services in FY11.**

- ❖ **The Outpatient Addictions Services Adult Drug Court Treatment Program provided services to over 100 offenders.**
- ❖ **In FY11, Linkages to Learning continued to provide safety net and early intervention services to students in schools with high rates of Free and Reduced Meals. Through this unique partnership among Health and Human Services, Montgomery County Public Schools, and four nonprofit agencies, 1,037 students received mental health services and 1,006 families received family case management services to address socio-economic needs.**
- ❖ **The Neighborhood Opportunity Network Centers served more than 5,000 customers in FY11 in the Gaithersburg, Long Branch, and Wheaton communities. Additionally, 1,084 families utilized extended hours on Tuesday evenings until 7pm.**
- ❖ **Income Supports served more than 72,000 cases and consistently maintained a 96 percent compliance rate in providing timely benefits in five court monitored programs in FY11.**
- ❖ **In Child Welfare Services, there were 51 adoptions in FY11, a 50 percent increase from the prior year. There was also a 28 percent increase in kinship placements, with more than 125 children a month being cared for by relative caregivers. This ensured that children remained within their families instead of being placed with foster families.**
- ❖ **In FY11, Special Needs Housing developed improved workflow and productivity standards for the Office of Home Energy Programs to enable programs to respond to increased requests for assistance.**
- ❖ **In FY11, Special Needs Housing revised the application process for the Rental Assistance program to better manage requests for assistance and improve the timeliness of processing applications.**
- ❖ **Productivity Improvements**
  - **Aging and Disability continues to refine its methodology for prescribing home care hours. By expanding the utilization of occupational therapists and incorporating the practices of other Maryland jurisdictions, the In Home Aide Program has reduced prescribed home care hours by 15 percent to 17 percent from an average of between 8.6 to 11.2 hours per week/per client in FY10 to between 7.3 and 9.3 hours per week/per client in FY12.**
  - **In FY11, Special Needs Housing implemented standard operation procedures to assure that families move rapidly through the family shelter system in order to improve outcomes for families and meet budget guidelines.**
  - **In FY11, Income Supports and Child Care Subsidy staff continued to respond to and serve families who need help meeting their basic financial needs. The number of applications for services increased 5 percent and caseloads increased by 24 percent in the three regional Income Support offices. Since FY07, the offices have seen a 73 percent increase in applications and caseloads. Child Care Subsidy program enrollment remained consistent for FY10 and FY11 in spite of a State imposed Purchase Of Care wait list effective February 28, 2011.**
  - **Licensing and Regulatory Services staff implemented the new menu labeling law while also increasing the rate of completed mandated food service inspections by 6 percent over the previous year by streamlining work processes, the program achieved the 80 percent target without hiring additional personnel or increasing overtime costs.**
  - **The Tuberculosis Program, in partnership with Maryland Department of Health & Mental Hygiene, began using a new blood test which provides increased sensitivity and accuracy, resulting in a decreased number of people needing x-rays and treatment for latent TB infection.**
  - **In FY11, HHS invested in building training capacity by sending an internal staff person to be trained and licensed to conduct the Community Interpreter Training for a large number of bilingual staff. Beginning in FY12, this course is being conducted by internal staff, eliminating the need to hire a consultant.**
  - **The Elder Vulnerable Adult Abuse Task Force (EVAATF) participated in numerous, interdisciplinary case consultations held at least monthly at the Family Justice Center. This public-private partnership began several years ago and includes representatives from the Montgomery County Department of Health and Human Services, Montgomery County Police, Office of the State's Attorney, and the Office of the County Attorney, and works in collaboration with the Montgomery County Family Justice Center. In September 2011, this collaboration resulted in the successful criminal prosecution of one caregiver and the closure of an Adult Living Facility for caregiver neglect.**

## PROGRAM CONTACTS

Contact Brian Wilbon of the Department of Health and Human Services at 240.777.1211 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this department's operating budget.

## BUDGET SUMMARY

	Actual FY11	Budget FY12	Estimated FY12	Recommended FY13	% Chg Bud/Rec
<b>COUNTY GENERAL FUND</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	74,611,823	75,277,450	75,305,621	76,520,349	1.7%
Employee Benefits	26,261,624	24,675,850	25,996,697	28,142,387	14.0%
<b>County General Fund Personnel Costs</b>	<b>100,873,447</b>	<b>99,953,300</b>	<b>101,302,318</b>	<b>104,662,736</b>	<b>4.7%</b>
Operating Expenses	69,149,455	71,795,680	71,401,300	72,335,763	0.8%
Capital Outlay	0	0	0	0	—
<b>County General Fund Expenditures</b>	<b>170,022,902</b>	<b>171,748,980</b>	<b>172,703,618</b>	<b>176,998,499</b>	<b>3.1%</b>
<b>PERSONNEL</b>					
Full-Time	784	753	753	757	0.5%
Part-Time	302	292	292	288	-1.4%
FTEs	1,042.80	1,043.80	1,043.80	1,109.59	6.3%
<b>REVENUES</b>					
Core Health Services Funding	2,795,987	3,601,470	3,601,470	3,601,470	—
Federal Financial Participation Reimbursements	7,922,133	8,734,310	7,180,619	8,163,248	-6.5%
Health and Human Services Fees	1,156,434	1,463,080	1,378,406	1,375,868	-6.0%
Health Inspection: Restaurants	1,439,921	1,580,340	1,580,540	1,580,540	0.0%
Health Inspections: Living Facilities	275,510	268,800	272,200	233,200	-13.2%
Health Inspections: Swimming Pools	468,695	519,585	535,165	535,165	3.0%
Marriage Licenses	267,723	260,000	260,000	260,000	—
Medicaid/Medicare Reimbursement	1,200,327	1,223,960	1,059,000	1,059,000	-13.5%
Miscellaneous Revenues	1,482	0	0	0	—
Nursing Home Reimbursement	533,292	570,300	0	0	—
Other Intergovernmental	422,395	571,640	1,041,500	575,720	0.7%
Other Licenses/Permits	69,540	87,635	88,160	88,160	0.6%
<b>County General Fund Revenues</b>	<b>16,553,439</b>	<b>18,881,120</b>	<b>16,997,060</b>	<b>17,472,371</b>	<b>-7.5%</b>
<b>GRANT FUND MCG</b>					
<b>EXPENDITURES</b>					
Salaries and Wages	30,736,150	30,287,900	31,146,927	31,152,928	2.9%
Employee Benefits	10,321,718	8,599,000	10,828,335	11,143,745	29.6%
<b>Grant Fund MCG Personnel Costs</b>	<b>41,057,868</b>	<b>38,886,900</b>	<b>41,975,262</b>	<b>42,296,673</b>	<b>8.8%</b>
Operating Expenses	29,783,192	31,438,400	29,487,071	28,273,354	-10.1%
Capital Outlay	0	0	0	0	—
<b>Grant Fund MCG Expenditures</b>	<b>70,841,060</b>	<b>70,325,300</b>	<b>71,462,333</b>	<b>70,570,027</b>	<b>0.3%</b>
<b>PERSONNEL</b>					
Full-Time	564	559	559	558	-0.2%
Part-Time	45	45	45	44	-2.2%
FTEs	443.00	441.90	441.90	441.51	-0.1%
<b>REVENUES</b>					
Federal Grants	16,314,533	19,074,700	14,086,159	10,923,610	-42.7%
HB669 Social Services State Reimbursement	31,139,920	31,650,680	32,233,072	32,233,072	1.8%
Medicaid/Medicare Reimbursement	2,973,144	0	0	0	—
Miscellaneous Revenues	1,098,658	0	0	0	—
State Grants	14,418,707	19,441,920	24,233,502	26,953,745	38.6%
Other Charges/Fees	125,599	0	0	0	—
Other Intergovernmental	6,696,822	158,000	909,600	459,600	190.9%
<b>Grant Fund MCG Revenues</b>	<b>72,767,383</b>	<b>70,325,300</b>	<b>71,462,333</b>	<b>70,570,027</b>	<b>0.3%</b>
<b>DEPARTMENT TOTALS</b>					
Total Expenditures	240,863,962	242,074,280	244,165,951	247,568,526	2.3%
Total Full-Time Positions	1,348	1,312	1,312	1,315	0.2%
Total Part-Time Positions	347	337	337	332	-1.5%
Total FTEs	1,485.80	1,485.70	1,485.70	1,551.10	4.4%
Total Revenues	89,320,822	89,206,420	88,459,393	88,042,398	-1.3%

# FY13 RECOMMENDED CHANGES

	Expenditures	FTEs
<b>COUNTY GENERAL FUND</b>		
<b>FY12 ORIGINAL APPROPRIATION</b>	<b>171,748,980</b>	<b>1043.80</b>
<b><u>Changes (with service impacts)</u></b>		
Add: School Based Health Centers - Rolling Terrace Elementary School and Highland Elementary School [School Health Services]	600,760	2.80
Enhance: Winter Overflow Shelters [Shelter Services]	442,000	0.00
Add: Montgomery Cares - Holy Cross Hospital Aspen Hill Clinic [Health Care for the Uninsured]	368,750	0.00
Add: School Health Services Staff for Down-County Consortium McKenney Hills Elementary School [School Health Services]	105,130	1.56
Add: Street Outreach Network staff in East County [Positive Youth Development]	91,210	1.00
Add: Escorted Transportation Pilot Project contract [Senior Community Services]	55,000	0.00
Add: Chore Services [Home Care Services]	50,000	0.00
Enhance: Drug Prevention and Intervention Services at the UpCounty and Crossroads Opportunity Centers [Positive Youth Development]	50,000	0.00
Enhance: Senior Mental Health contractual services [Mental Health Services: Seniors & Persons with Disabilities]	50,000	0.00
Enhance: Home Delivered Meals [Senior Nutrition Program]	35,000	0.00
Add: Heavy Chore Services [Home Care Services]	20,000	0.00
Eliminate: Emergency Preparedness funding available to hire medical doctors [Public Health Emergency Preparedness & Response]	-23,552	0.00
Reduce: Montgomery County Public Schools Alternative Education Contract [Child and Adolescent School and Community Based Services]	-50,000	0.00
Eliminate: Sharp Street Suspension Program Contracts at remaining two sites [Child and Adolescent School and Community Based Services]	-76,000	0.00
Reduce: Abolish three Vacant Part-time positions in Income Supports [Income Supports]	-96,291	-1.46
Reduce: Older Adults Waiver Program staff for increased case management with partial year funding [Home and Community Based Waiver Services for Older Adults]	-117,582	-1.50
Reduce: Motel Services Contract [Shelter Services]	-157,635	0.00
Eliminate: Conservation Corps and replace with the Student/Teen Employment Program (STEP) in Recreation [Behavioral Health Planning and Management]	-200,000	0.00
Eliminate: Project Deliver [Health Care for the Uninsured]	-628,630	-6.60
<b><u>Other Adjustments (with no service impacts)</u></b>		
Increase Cost: Lump Sum Wage Adjustment	1,902,927	0.00
Increase Cost: Retirement Adjustment	1,749,266	0.00
Increase Cost: Group Insurance Adjustment	1,655,759	0.00
Replace: State Home Energy Programs/ Emergency Assistance to Families with Children with local funding [Housing Stabilization Services]	271,000	0.00
Replace: Grant funding for the Upcounty Youth Opportunity Center [Positive Youth Development]	260,000	0.00
Increase Cost: Longevity Adjustment	164,487	0.00
Replace: SAMSHA Adult Drug Court Grant [Specialty Behavioral Health Services]	135,440	0.90
Replace: Kennedy Cluster/Neighborhood Opportunity Network Grant [Child and Adolescent School and Community Based Services]	126,720	1.80
Increase Cost: Risk Management Adjustment	81,230	0.00
Increase Cost: Motor Pool Rate Adjustment	75,830	0.00
Increase Cost: SuperNOFA Award Match Requirement [Shelter Services]	56,000	0.00
Shift: Military/Veterans Outreach Initiative to HHS base budget [24-Hour Crisis Center]	35,340	0.00
Replace: Justice Assistance Grant Program [Positive Youth Development]	23,880	0.50
Increase Cost: Victims Compensation Fund Match [Trauma Services]	14,900	0.00
Technical Adj: Conversion of WYs to FTEs in the New Hyperion Budgeting System; FTEs are No Longer Measured for Overtime and Lapse	0	69.93
Decrease Cost: Elimination of One-Time Items Approved in FY12	-11,800	0.00
Decrease Cost: Printing and Mail Adjustment	-21,960	0.00
Decrease Cost: Reduce Senior Nutrition Congregate Meal Program, offset by grant increases [Senior Nutrition Program]	-28,075	0.00
Shift: Help Desk - Desk Side Support to the Desktop Computer Modernization NDA	-34,310	0.00
Decrease Cost: Montgomery Cares Community Pharmacy - Medications for Health Care for the Homeless [Health Care for the Uninsured]	-35,000	0.00
Decrease Cost: Miscellaneous Operating Expenses in the Office of the Chief Operating Officer [Office of the Chief Operating Officer]	-41,072	0.00
Decrease Cost: Eliminate Administrative Fee for Outpatient Mental Health Services Contracts [Behavioral Health Planning and Management]	-59,140	0.00
Shift: Remove Occupational Medical Services Chargeback from the Office of Human Resources	-61,370	-0.14
Decrease Cost: Telephone charges to reflect historical spending	-87,950	0.00
Decrease Cost: Montgomery Cares Community Pharmacy [Health Care for the Uninsured]	-117,100	0.00



	Expenditures	FTEs
Decrease Cost: Miscellaneous Operating Expenses to reflect historical spending	-207,970	0.00
Decrease Cost: Unencumbered contractual funding to reflect historical spending	-239,320	0.00
Decrease Cost: Lapse Savings	-250,000	0.00
Decrease Cost: Older Adults Waiver and Money Follows the Person Program [Home and Community Based Waiver Services for Older Adults]	-312,353	-3.00
Decrease Cost: Maternity Partnership Program due to decreasing enrollment [Health Care for the Uninsured]	-314,000	0.00
<b>FY13 RECOMMENDED:</b>	<b>176,998,499</b>	<b>1109.59</b>

## GRANT FUND MCG

<b>FY12 ORIGINAL APPROPRIATION</b>	<b>70,325,300</b>	<b>441.90</b>
<b>Changes (with service impacts)</b>		
Increase: Increase to the Senior Care/ Gateway Grant [Assessment and Continuing Case Management Services]	359,754	2.00
Add: Kaiser Community Benefit Grant [Health Care for the Uninsured]	95,000	0.00
Add: Johns Hopkins University - Preparedness & Emergency Response Learning Center Grant [Public Health Emergency Preparedness & Response]	40,000	0.00
Add: Meade Obesity Prevention Grant [School Health Services]	20,000	0.00
Eliminate: Maryland Department of Environment Lead Prevention Grant [Community Health Services]	-18,000	0.00
Eliminate: Opening Up Wide Grant [School Health Services]	-44,820	0.00
Reduce: Victims of Crime Act (VOCA) Grant [Trauma Services]	-57,618	0.00
Reduce: Emergency Shelter-HB1415 [Shelter Services]	-58,520	0.00
Reduce: ARRA-JAG Recovery Grant [Positive Youth Development]	-60,010	-0.50
Reduce: Family Intervention Grant [Positive Youth Development]	-64,300	-1.00
Reduce: Reproductive Health/Family Planning Grant [Women's Health Services]	-87,314	0.00
Reduce: Community Action - Headstart Grant [Office of Community Affairs]	-89,944	0.00
Reduce: Emergency Preparedness & Response Grant [Public Health Emergency Preparedness & Response]	-122,654	0.00
Eliminate: SAMHSA Adult Drug Court Grant [Specialty Behavioral Health Services]	-300,000	-1.40
Eliminate: NACCHO Advance Practice Center Grant [Public Health Emergency Preparedness & Response]	-450,000	-2.00
<b>Other Adjustments (with no service impacts)</b>		
Increase Cost: HB669 Grant	582,392	-1.00
Technical Adj: Personnel Costs and Operating Expense adjustment based on benefit changes	433,289	-0.49
Increase Cost: Maryland Children's Health Program (MCHP) Grant, formerly known as the PWC Grant. [Tuberculosis Services]	196,069	3.00
Increase Cost: Substance Abuse Prevention Grant [Outpatient Behavioral Health Services - Child]	76,638	0.00
Increase Cost: Tuberculosis Control Grant, Shift .8 WY to the Refugee Health Resettlement Grant [Communicable Disease and Epidemiology]	55,472	0.80
Technical Adj: Federal Funding Portion from ADAA Treatment Block Grant to New ADAA Federal Grant [Behavioral Health Planning and Management]	0	1.00
Decrease Cost: Oral Cancer Prevention [Cancer and Tobacco Prevention]	-8,000	0.00
Decrease Cost: Tuberculosis Control Grant, Shift .8 WY to the Refugee Health Resettlement Grant [Tuberculosis Services]	-52,707	-0.80
Decrease Cost: Mgmt Svcs - Casey Grant [Office of the Director]	-200,000	0.00
<b>FY13 RECOMMENDED:</b>	<b>70,570,027</b>	<b>441.51</b>

## FUNCTION SUMMARY

Program Name	FY12 Approved		FY13 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Aging and Disability Services	36,608,190	158.70	36,626,434	160.05
Behavioral Health and Crisis Services	37,214,130	194.50	37,802,820	207.70
Children, Youth, and Family Services	57,965,780	417.80	58,695,308	429.54
Public Health Services	68,434,120	540.30	70,956,658	565.16
Special Needs Housing	17,305,270	56.30	18,256,101	61.90
Administration and Support	24,546,790	118.10	25,231,204	126.75
<b>Total</b>	<b>242,074,280</b>	<b>1485.70</b>	<b>247,568,525</b>	<b>1551.10</b>

## CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY12		FY13	
		Total\$	FTEs	Total\$	FTEs
COUNTY GENERAL FUND					
Sheriff	Grant Fund MCG	34,870	0.50	34,870	0.50

## FUTURE FISCAL IMPACTS

Title	CE REC.		(\$000's)			
	FY13	FY14	FY15	FY16	FY17	FY18
This table is intended to present significant future fiscal impacts of the department's programs.						
<b>COUNTY GENERAL FUND</b>						
<b>Expenditures</b>						
<b>FY13 Recommended</b>	176,998	176,998	176,998	176,998	176,998	176,998
No inflation or compensation change is included in outyear projections.						
<b>Annualization of Positions Recommended in FY13</b>	0	8	8	8	8	8
New positions in the FY13 budget are generally lapsed due to the time it takes a position to be created and filled. Therefore, the amounts above reflect annualization of these positions in the outyears.						
<b>Elimination of One-Time Lump Sum Wage Adjustment</b>	0	-1,903	-1,903	-1,903	-1,903	-1,903
This represents the elimination of the one-time lump sum wage increases paid in FY13.						
<b>401 Hungerford Drive Garage</b>	0	-1	-1	-1	10	10
These figures represent the impacts on the Operating Budget of projects included in the FY13-18 Recommended Capital Improvements Program.						
<b>Dennis Avenue Health Center</b>	0	0	0	208	417	417
These figures represent the impacts on the Operating Budget of projects included in the FY13-18 Recommended Capital Improvements Program.						
<b>High School Wellness Center</b>	0	1,594	1,611	1,611	2,408	2,417
These figures represent the impacts on the Operating Budget of projects included in the FY13-18 Recommended Capital Improvements Program.						
<b>Longevity Adjustment</b>	0	28	28	28	28	28
This represents the annualization of longevity wage increments paid during FY13.						
<b>School Based Health &amp; Linkages to Learning Centers</b>	0	668	750	750	750	750
These figures represent the impacts on the Operating Budget of projects included in the FY13-18 Recommended Capital Improvements Program.						
<b>Subtotal Expenditures</b>	176,998	177,393	177,492	177,700	178,717	178,726

## ANNUALIZATION OF PERSONNEL COSTS AND FTEs

	FY13 Recommended		FY14 Annualized	
	Expenditures	FTEs	Expenditures	FTEs
Add: School Based Health Centers - Rolling Terrace Elementary School and Highland Elementary School [School Health Services]	260,760	2.80	268,820	2.80
<b>Total</b>	<b>260,760</b>	<b>2.80</b>	<b>268,820</b>	<b>2.80</b>

# Administration and Support

## FUNCTION

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

## PROGRAM CONTACTS

Contact Brian Wilbon of the HHS - Administration and Support at 240.777.1211 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### Office of the Director

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,227,290</b>	<b>15.90</b>
Decrease Cost: Mgmt Svcs - Casey Grant	-200,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	288,640	2.30
<b>FY13 CE Recommended</b>	<b>2,315,930</b>	<b>18.20</b>

### Office of the Chief Operating Officer

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>15,523,680</b>	<b>81.00</b>
Decrease Cost: Miscellaneous Operating Expenses in the Office of the Chief Operating Officer	-41,072	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	691,799	5.25
<b>FY13 CE Recommended</b>	<b>16,174,407</b>	<b>86.25</b>

### Office of Community Affairs

This office supports expanding access to and improving the quality of services, increasing individuals/families' independence, promoting equity and reducing disparities. The office accomplish the mission through education, outreach, system navigation assistance, effective referrals, language services, cultural competency training, and policy advocacy. The office includes the Community Action Agency, Head Start, TESS Center, the African American Health Program, Latino Health Initiative, and the Asian American Health Initiative.

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of African Americans who demonstrate an increase in knowledge after taking diabetes education classes	83	100	90	90	90

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>6,795,820</b>	<b>21.20</b>
Reduce: Community Action - Headstart Grant	-89,944	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	34,991	1.10
<b>FY13 CE Recommended</b>	<b>6,740,867</b>	<b>22.30</b>

## PROGRAM SUMMARY

<b>Program Name</b>	<b>FY12 Approved</b>		<b>FY13 Recommended</b>	
	<b>Expenditures</b>	<b>FTEs</b>	<b>Expenditures</b>	<b>FTEs</b>
Office of the Director	2,227,290	15.90	2,315,73	18.20
Office of the Chief Operating Officer	15,523,680	81.00	16,174,407	86.25
Office of Community Affairs	6,795,820	21.20	6,740,867	22.30
<b>Total</b>	<b>24,546,790</b>	<b>118.10</b>	<b>25,231,204</b>	<b>126.75</b>

# Public Health Services

## FUNCTION

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

## PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this service area's operating budget.

## PROGRAM DESCRIPTIONS

### *Health Care for the Uninsured*

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

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	93	95	94	94	94
Percentage of uninsured County adults that have a primary care visit at one of the participating Montgomery Cares clinics <sup>1</sup>	25.7	24.2	TBD	TBD	TBD
Percentage of uninsured County children that have a primary care visit at one of the participating Montgomery Cares clinics	41.4	27.9	TBD	TBD	TBD

<sup>1</sup> The Department is not projecting results for FY12-14 for the second and third measures above at this time due to the multiple variables related to health care reform.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>12,685,830</b>	<b>11.30</b>
Add: Montgomery Cares - Holy Cross Hospital Aspen Hill Clinic	368,750	0.00
Add: Kaiser Community Benefit Grant	95,000	0.00
Decrease Cost: Montgomery Cares Community Pharmacy - Medications for Health Care for the Homeless	-35,000	0.00
Decrease Cost: Montgomery Cares Community Pharmacy	-117,100	0.00
Decrease Cost: Maternity Partnership Program due to decreasing enrollment	-314,000	0.00
Eliminate: Project Deliver	-628,630	-6.60
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	27,865	1.30
<b>FY13 CE Recommended</b>	<b>12,082,715</b>	<b>6.00</b>

### *Communicable Disease and Epidemiology*

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

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease	100	100	100	100	100

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,772,960</b>	<b>15.80</b>
Increase Cost: Tuberculosis Control Grant, Shift .8 WY to the Refugee Health Resettlement Grant	55,472	0.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	80,901	0.70
<b>FY13 CE Recommended</b>	<b>1,909,333</b>	<b>17.30</b>

## Community Health Services

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse	85	88	85	85	85

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>11,637,330</b>	<b>120.20</b>
Eliminate: Maryland Department of Environment Lead Prevention Grant	-18,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	688,131	8.60
<b>FY13 CE Recommended</b>	<b>12,307,461</b>	<b>128.80</b>

## Dental Services

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of children who complete their dental treatment plan	95	94	85	85	85

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,962,510</b>	<b>15.90</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	82,106	-1.15
<b>FY13 CE Recommended</b>	<b>2,044,616</b>	<b>14.75</b>

## Environmental Health Regulatory Services

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

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of swimming pools found to be in compliance upon regular inspection	89	92	90	90	90

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,913,770</b>	<b>28.30</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	171,250	1.70
<b>FY13 CE Recommended</b>	<b>3,085,020</b>	<b>30.00</b>

### **Health Care and Group Residential Facilities**

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of nursing homes with actual harm deficiencies	12	6	10	10	10

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,497,740</b>	<b>11.60</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	64,398	0.90
<b>FY13 CE Recommended</b>	<b>1,562,138</b>	<b>12.50</b>

### **Cancer and Tobacco Prevention**

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,141,980</b>	<b>3.00</b>
Decrease Cost: Oral Cancer Prevention	-8,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	15,992	1.00
<b>FY13 CE Recommended</b>	<b>1,149,972</b>	<b>4.00</b>

### **STD/HIV Prevention and Treatment Program**

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
New cases of Chlamydia per 100,000 population among County residents (15-24) <sup>1</sup>	990.6	1025.1	NA	NA	NA

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>7,005,000</b>	<b>41.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	213,746	2.65
<b>FY13 CE Recommended</b>	<b>7,218,746</b>	<b>43.65</b>

## School Health Services

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

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of students who return to class after and are ready to learn following health room intervention	87	87	86	86	86

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>19,957,640</b>	<b>236.90</b>
Add: School Based Health Centers - Rolling Terrace Elementary School and Highland Elementary School	600,760	2.80
Add: School Health Services Staff for Down-County Consortium McKenney Hills Elementary School	105,130	1.56
Add: Meade Obesity Prevention Grant	20,000	0.00
Eliminate: Opening Up Wide Grant	-44,820	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	1,455,480	11.22
<b>FY13 CE Recommended</b>	<b>22,094,190</b>	<b>252.48</b>

## Tuberculosis Services

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of clients with active infectious tuberculosis who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen <sup>1</sup>	92	95	95	95	95

<sup>1</sup> Data are for the calendar year in which the fiscal year began.



<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,797,380</b>	<b>17.00</b>
Increase Cost: Maryland Children's Health Program (MCHP) Grant, formerly known as the PWC Grant.	196,069	3.00
Decrease Cost: Tuberculosis Control Grant, Shift .8 WY to the Refugee Health Resettlement Grant	-52,707	-0.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-127,753	-2.00
<b>FY13 CE Recommended</b>	<b>1,812,989</b>	<b>17.20</b>

### Women's Health Services

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,737,930</b>	<b>18.40</b>
Reduce: Reproductive Health/Family Planning Grant	-87,314	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	143,321	1.28
<b>FY13 CE Recommended</b>	<b>2,793,937</b>	<b>19.68</b>

### Public Health Emergency Preparedness & Response

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

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of PHS Programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,917,640</b>	<b>10.20</b>
Add: Johns Hopkins University - Preparedness & Emergency Response Learning Center Grant	40,000	0.00
Eliminate: Emergency Preparedness funding available to hire medical doctors	-23,552	0.00
Reduce: Emergency Preparedness & Response Grant	-122,654	0.00
Eliminate: NACCHO Advance Practice Center Grant	-450,000	-2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	29,053	0.10
<b>FY13 CE Recommended</b>	<b>1,390,487</b>	<b>8.30</b>

### Service Area Administration

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>1,406,410</b>	<b>10.70</b>

	<b>Expenditures</b>	<b>FTEs</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	98,644	-0.20
<b>FY13 CE Recommended</b>	<b>1,505,054</b>	<b>10.50</b>

## PROGRAM SUMMARY

Program Name	FY12 Approved		FY13 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Health Care for the Uninsured	12,685,830	11.30	12,082,715	6.00
Communicable Disease and Epidemiology	1,772,960	15.80	1,909,333	17.30
Community Health Services	11,637,330	120.20	12,307,461	128.80
Dental Services	1,962,510	15.90	2,044,616	14.75
Environmental Health Regulatory Services	2,913,770	28.30	3,085,020	30.00
Health Care and Group Residential Facilities	1,497,740	11.60	1,562,138	12.50
Cancer and Tobacco Prevention	1,141,980	3.00	1,149,972	4.00
STD/HIV Prevention and Treatment Program	7,005,000	41.00	7,218,746	43.65
School Health Services	19,957,640	236.90	22,094,190	252.48
Tuberculosis Services	1,797,380	17.00	1,812,989	17.20
Women's Health Services	2,737,930	18.40	2,793,937	19.68
Public Health Emergency Preparedness & Response	1,917,640	10.20	1,390,487	8.30
Service Area Administration	1,406,410	10.70	1,505,054	10.50
<b>Total</b>	<b>68,434,120</b>	<b>540.30</b>	<b>70,956,658</b>	<b>565.16</b>



Department of Health and Human Services

# Strategic Initiatives Fiscal Year 2013



Uma S. Ahluwalia, Director | April 17, 2012

# Department Activities

## Department-wide Activities

- ⊙ Service Integration
- ⊙ Eligibility Redesign
- ⊙ Technology Modernization
- ⊙ Equity
- ⊙ Healthy Montgomery
- ⊙ Contract and Monitoring Reform — Stronger Nonprofit Partnerships
- ⊙ Healthcare Reform
- ⊙ Minority Health Initiatives Redesign
- ⊙ Customer Service Improvements
- ⊙ Economic Empowerment
- ⊙ Strengthened Partnership with Educational Institutions
- ⊙ Boards and Commissions and Community Engagement Efforts

## Program Specific Initiatives

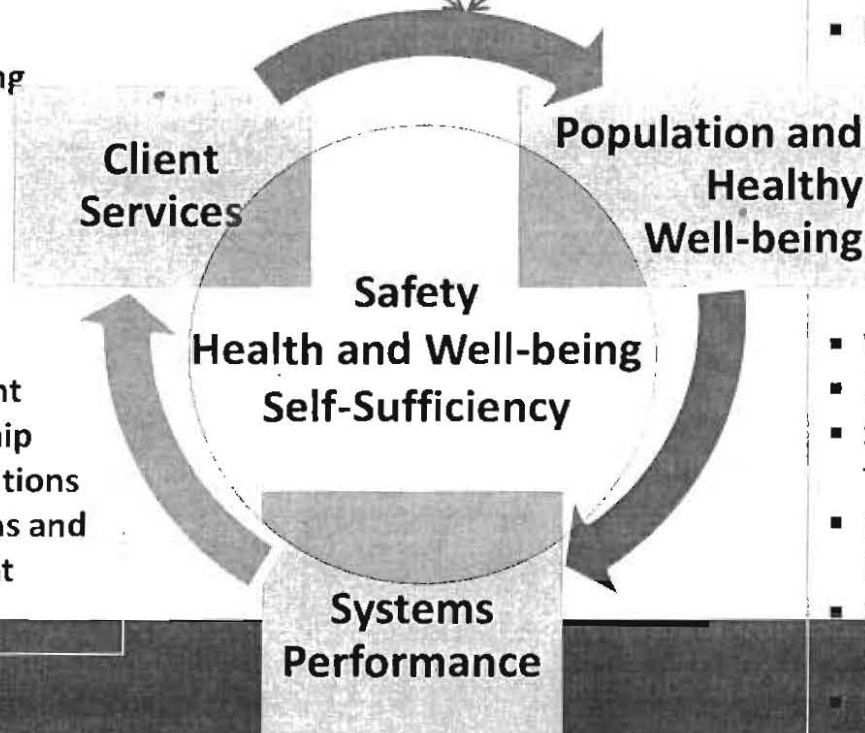
- ⊙ Positive Youth Development Initiatives
- ⊙ Seniors' Initiative
- ⊙ Housing First
- ⊙ Behavioral Health Integration
- ⊙ Neighborhood Opportunity Network
- ⊙ Kennedy Cluster
- ⊙ Linkages to Learning and School Based Health Initiatives
- ⊙ Waiver Implementations
- ⊙ Universal Pre-K
- ⊙ Strengthen Safety Net Through Employment Efforts
- ⊙ Improved Grant Writing Efforts
- ⊙ Delivery of Programs and Services
- ⊙ Program Specific Partnerships

### Department-wide Initiatives

- Service Integration
- Eligibility Redesign
- Technology Modernization
- Equity
- Healthy Montgomery
- Contract and Monitoring Reform
- Health Care Reform
- Minority Health Initiatives Redesign
- Customer Service Improvements
- Economic Empowerment
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### Program Specific Initiatives

- Positive Youth Development Initiatives
- Seniors' Initiative
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- Behavioral Health Integration
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- Linkages to Learning and School Based Health Initiatives
- Waiver Implementations
- Universal Pre-K
- Strengthen Safety Net Through Employment Efforts
- Improved Grant Writing Efforts
- Delivery of Programs and Services
- Program Specific Partnerships



Montgomery County Department of Health and Human Services

# Activities

# MEMORANDUM

April 6, 2012

TO: County Council

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

SUBJECT: DHHS Contract Monitoring and FIRM

Per the County Council's request, the following memo provides background information on DHHS' progress in reforming its contract monitoring process and DHHS' participation in the Financial Reporting and Management Institute (FIRM).

## CONTRACT MONITORING

DHHS continues to strengthen its contract monitoring function. Over the last two fiscal years, DHHS has focused on strengthening financial controls and providing much need training to contract monitors. The following trainings were conducted in FY 2011 and FY 2012 to date:

Training Class Name	Training Class Date
2013 Renewals, CAP, and Price Analysis	March 6, 2012
	March 8, 2012
Contracting and Invoice Processing	November 22, 2011
	December 5, 2011
FY11 Year End Training	
FY11 Closing Calendar	June 1-3, 2011
FY11 Year End Grant Closing Job Aid	
FY11 Vendor Letter	
2012 Contract Renewals	March 2011
RFS Training	January 2011
2011 Solicitations	September 30, 2010
FY11 RFP Timeline	

DHHS has also taken the following steps:

- Updated the Contract Monitoring Handbook;
- Developed a central repository that contains Contracting Monitoring policies, procedures, examples, templates, checklists, and training documents.
- Enhanced the partnership with the non-profit community through:
  - Providing training on the contracting and procurement process to vendors participating in the Financial Reporting and Management Institute (FIRM); and
  - In partnership with Nonprofit Montgomery, DHHS has established the Nonprofit Advisory Committee. The purpose of the committee is to have an ongoing dialogue with and gain input from DHHS' community-based partners on policy related to procurement and fiscal management.

### **FINANCIAL REPORTING AND MANAGEMENT INSTITUTE (FIRM)**

FIRM is a public/private initiative to enhance the ability of local nonprofits to serve the community by strengthening their financial leadership and management. This opportunity is being offered at no-cost to Executive Directors with support from The Nonprofit Advancement Fund of the Community Foundation of Montgomery County and Montgomery County government.

#### FIRM Institute includes:

- One 2-day intensive workshop for Executive Directors, Accounting / Finance Staff with participation by a Board Officer (for first half-day) focused on:
  - Promoting Staff and Board fiscal leadership -- how to work together to insure effective oversight and a healthy partnership.
  - Instituting a financial planning process that includes Staff and Board.
  - Developing and using budgets that reflect the strategic plan and mission.
  - Learning how to use financial statements and reports as strategic management tools.
  - Creating a specific work plan to implement better financial administration procedures.
  - Improving compliance with County contracts and foundation grants.
  - Finding and hiring financial and accounting expertise.
  - Training from the County Department of Health and Human Services Finance team on how to do business with the County.
- Three 2-hour follow-up seminars to provide hands-on assistance with implementing a financial leadership and management work plan.
- Access and guidance to identify consultants, vetted for their expertise in nonprofit financial management.

Please see the attached FIRM training agenda for more information on the content of the training.

#### Faculty

In addition to consultants and representatives from local nonprofits, staff from the DHHS Office of the Chief Operating Officer provides specific training on the procurement process and contract compliance issues.

During FY 2012, two-day FIRM workshops were held Nov. and Dec. 2011, and February and March 2012, training close to 150 leaders from 51 organizations. Of these 51 agencies, over 80% are County contractors. Each of the four cohorts continue to meet for 3 facilitated monthly sessions each, focused on a discrete financial management topic, e.g.: ROI, The Dashboard, Forecasting and Reserves.

In FY 2013, FIRM plans to offer two full workshop series plus 3 to 4 new FIRM alumni sessions to insure that new financial leadership skills take hold. Examples of alumni sessions: selecting and training Board Treasurers, fixed price vs. cost reimbursement contracts; calculating overhead; how funders read financials; how to be an educated consumer of financial services. The Nonprofit Roundtable and Community Foundation are also working with other jurisdictions in the region to identify interest in replicating this program. DHHS will continue to provide training on the contracting and procurement process through FIRM in FY 2013.



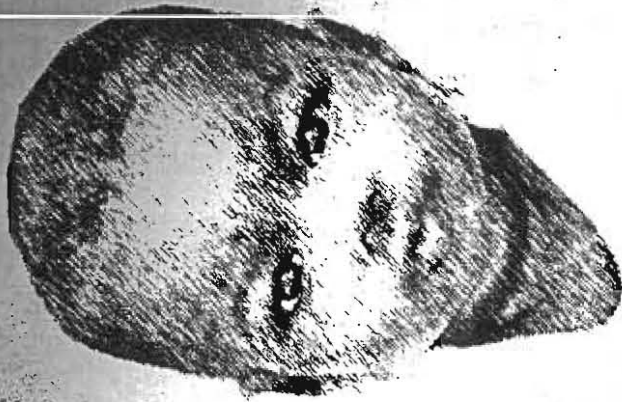
A A H - P  
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ANNUAL  
REPORT

# BLUEPRINT

BUILDING  
FOUNDATIONS

For  
HEALTHY  
OUTCOMES

 African American  
Health Program



# CONTENTS

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# ABOUT US

## HISTORY OF THE AFRICAN AMERICAN HEALTH PROGRAM

The African American Health Program ("AAHP") was created in 1999 as the African American Health Initiative by the Department of Health and Human Services (HHS) to address the health care disparities that disproportionately affect African Americans in Montgomery County.

AAHP is guided by an Executive Committee comprising community leaders. Its first program projects were administered by the Academy for Educational Development. In 2002, HHS awarded the contract to administer the program to The People's Community Baptist Church in Silver Spring, Maryland, which also operates a community clinic called The People's Community Wellness Center. That same year, the African American Health Initiative changed its name to the African American Health Program.

In April of 2008, AAHP partnered with BETAH Associates, Inc. ("BETAH") through an HHS program contract. BETAH is a small, minority- and woman-owned professional services firm in Silver Spring, Maryland, with more than 20 years' experience in

marketing communications and outreach, conference and event management, information technology, and project management services. BETAH's mission is to improve the quality of life, health, safety, and education of vulnerable and hard-to-reach populations through innovative public communication campaigns, high-quality materials development, specialized technical assistance and training, and strategic alliance development.

Today, AAHP continues to provide the Montgomery County community with essential public health services, as AAHP staff inform, educate, and empower African Americans and people of African descent to address the critical health care issues that affect their lives, their families, and their communities. Beyond directing clients to existing clinics, AAHP places community outreach, health promotion, and wellness at the forefront of its activities. •



# OUR VISION

## FOR THE COMMUNITY BLUEPRINT AFRICAN AMERICAN HEALTH PROGRAM

### VISION

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

### MISSION

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

### GOALS

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

### STRATEGY

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





# LETTER

FROM THE CHAIR OF THE EXECUTIVE COMMITTEE

## To a Future Advocate

Prescience is not nearly as difficult to achieve as you may suppose. A public cry for health reform can be predicted about every other decade. Why should this be true? What can we do in 2012 to build a healthcare system that is good enough to keep?

Those serious about the challenges of providing effective healthcare, for most if not all of our citizens, recognize that "cost" and "care" are essential components, if that ambition is to be fulfilled. Even those who see through a narrow lens will agree that when others are under-insured or uninsured, their resultant lack of such care may have a negative effect on what would be a healthier population. The lack or inadequacy of early identification and treatment of most infectious diseases may cause virulent outbreaks of those diseases among the most vulnerable and spread throughout the greater population.

So in 2014 at the crest of this decade's health reform initiative, are we very likely to be unsettled about what we may expect to take place? For example, will the discrepancy continue in the cost of treatment between pills and intravenous injection for a growing number of cancer patients, as determined by insurance companies?

We must work harder to consolidate and strengthen public and community prevention services.

The key to realizing better results is to take stock of our existing successful programs and support the talent, time, and treasury that will ensure that they will continue to thrive.

At no time in the foreseeable future will there be a need for fewer advocates. We must work to achieve a level of well being for all of our constituents, so as to make "reform" a cry of the past; and heralds the existence of a population that is the healthiest in America.

*Arva F. Jackson*  
Arva Jackson



# LETTER

FROM THE PROJECT DIRECTOR

We at the African American Health Program are extremely excited about the Affordable Care Act and how it will affect our country as well as our individual clients.

In March of 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010. These two acts constitute the health reform law that is destined to change the lives of all Americans, African Americans in particular, who experience many health maladies (obesity, cancer, diabetes, and AIDS) and health care disparities in prevention and quality, affordable treatment.

The African American Health Program provided clinical referrals and direct care to more than 7,000 Montgomery County residents in the last fiscal year. This represents an increase of 2,000 residents, or a 40 percent increase from the last fiscal year. Astoundingly, 48 percent of adults in the African-American community suffer from chronic diseases, compared with 39 percent of the general population.

## INFANT MORTALITY

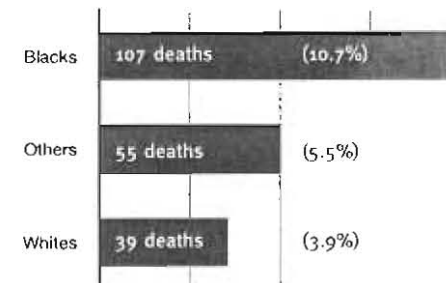
The 2009 infant mortality rate for Blacks was 10.7 per 1,000 births, compared with 3.9 for Whites and 5.5 for all races in Montgomery County.

## OBESITY

Obesity is debilitating and often a catalyst to chronic disease. Seven out of 10 African Americans between the ages of 18 to 64 are obese or overweight; and African Americans are 15 percent as likely to suffer from obesity as Whites.



THE 2009 INFANT MORTALITY RATES  
PER 1,000 BIRTHS



## CANCER

African Americans are more likely to develop and ultimately die from cancer than any other racial or ethnic group. African-American men are 50 percent more likely than Whites to develop prostate cancer, and are more likely than any other racial group to suffer from colorectal cancer.

## DIABETES

Fifteen percent of African Americans, 14 percent of Latinos, and 18 percent of American Indians develop adult-onset diabetes in comparison to the white population which develops the disease at a rate of only 8 percent.

## HIV/AIDS

For African Americans, HIV represents one of the most extreme health disparities for chronic diseases. African Americans experience new HIV infections at seven times the rate of Whites.

The new health care reform law will help address health disparities in a number of ways, including:

- + Making affordable health insurance available to the uninsured
- + Providing preventive screening and services in Medicare and new private health plans at no cost
- + Expanding programs to increase racial and ethnic diversity among health care professionals
- + Significantly increasing funding for community health clinics, which currently serve an estimated one in four low-income minority residents
- + Requiring the reporting of federal health care data by sex, race, ethnicity, and primary language
- + Permanently reauthorizing the Indian Health Care Improvement Act

Change is upon us, and we at the African American Health Program will continue our efforts to improve the number of years and quality of life for African Americans and people of African descent in Montgomery County.



Your partner in health,

Darlene L. Coles, RN, MBA

*Program Director*

# STAFF

AFRICAN AMERICAN HEALTH PROMOTER

## BETAH ASSOCIATES, INC.



Darlene Lyric Coles, RN, BS, MBA  
Program Director



Xerxeser Kayode, BS  
Program Assistant

## Health Education/Cardiovascular/Cancer Partnerships



Msache Mwaluko, BS  
Community Outreach  
Coordinator



Denise Dixon, BS, MSM  
Community Outreach  
Specialist



Robin Worsley, RN, CDE  
Certified Diabetes Nurse  
Educator



Diane Herron  
Community Outreach  
Specialist

## HIV/AIDS



Bola Idowu, DrPH, CHES  
HIV Services Coordinator

## Infant Mortality



Nia Williams, RN, MPH, CLE  
Nurse Case Manager



Saundra Jackson, RN, BS, CLE  
Nurse Case Manager



Melanie Hunter, RN, CLE  
Nurse Case Manager



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Linda Goldsholl, RD, MS  
Diabetes Program Manager



# OUR COMMUNITY

THE MONTGOMERY COUNTY DEMOGRAPHIC PROFILE

## POPULATION

Total population in  
Montgomery County

**971,777**

Percentage of African  
American/African  
descent

**17.2%**

## SALARY RANGE

Total median household  
income in Montgomery County

**\$93,774**

Median household income of African Americans

**\$59,678**

Percentage of African Americans  
living in poverty

**12%**

## EDUCATION

Percentage of  
African Americans:

With less than a high  
school diploma

**8%**

With a high school diploma

**19%**

With some type of  
college/associate's degree

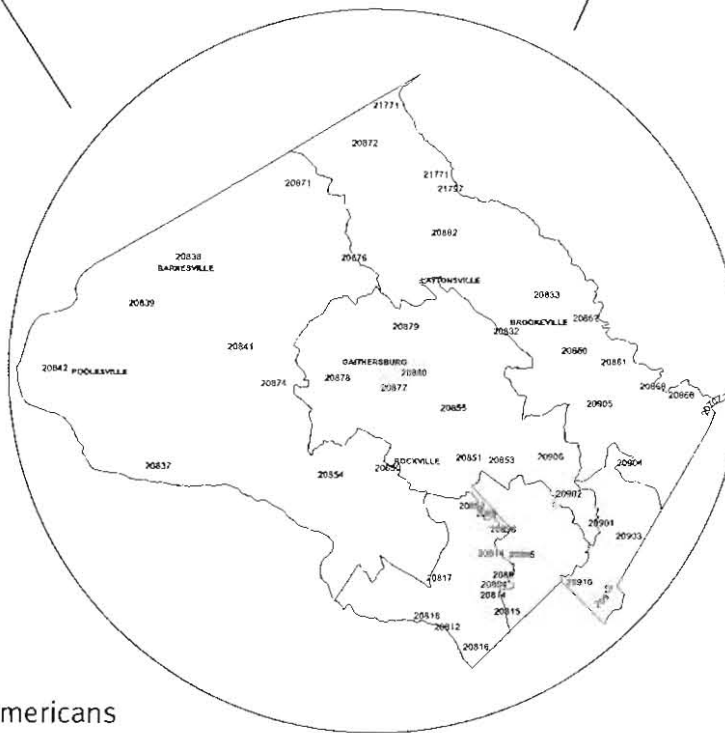
**31%**

With a bachelor's degree

**23%**

With a graduate degree

**19%**



# OUR PROGRAM

HIGHLIGHTS FOR FISCAL YEAR 2011

- + More than 7,000 Montgomery County residents received AAHP services and referrals, an increase of 2,000 residents (40 percent) from the previous fiscal year.
- + In total, AAHP either took part in or conducted 99 community outreach activities.
- + AAHP was re-awarded the Minority Outreach and Technical Assistance (MOTA) grant through Holy Cross Hospital for the 2011 fiscal year. This grant now allows Health Promoters to educate County residents about chronic disease prevention for a variety of health maladies, as opposed to only cancer education and tobacco cessation in previous years.
- + AAHP's Diabetes Self-Management Classes program was accredited by the American Association of Diabetes Educators, effective April 25, 2010, for a period of four years. Classes began in July 2003 and were held for a minimum of nine 12-hour sessions per year, serving approximately 750 County residents.

County staff and contractors for the diabetes program include:

- Linda Goldsholl, RD, MS, Diabetes Coordinator
- Robin Worsley, RN, BSN, CDE
- Diane Herron, Community Outreach Worker
- Claudia Morrison, RD, CDE
- Natalie Webb, RD
- Adeola Akindana, RN, MS, CDE
- Gayle Owens of Catering 2 You, Inc.

The ceremony to celebrate this achievement was held September 30, 2010, with Uma Ahluwalia, Director of the Department of Health and Human Services, in attendance.



# OUR PROGRAM

HIGHLIGHTS FOR FISCAL YEAR 2011 CONTINUED

- + The AAHP Program Director, Darlene Coles, was asked to participate as a member of the American Kidney Fund Advisory Council.
- + The theme of the 2010 annual report was "Continuing our Connection to the Community." More than 500 electronic copies and 50 hard copies were distributed.
- + AAHP was named a President's Challenge Advocate to Promote the Presidential Active Lifestyle Award. The goal of this partnership is to encourage children and families to be physically active and maintain a healthy lifestyle. The President's Challenge is a program of the President's Council on Fitness, Sports, and Nutrition (PCFSN) and is administered by the Amateur Athletic Union/Indiana University for the PCFSN.
- + WIGO (When I Get Out) won the 2011 National Association of Counties award for Montgomery County in June 2011.
- + Approximately 2,225 oral health kits were distributed to County residents.



- + AAHP was featured in articles in *Montgomery Magazine* and *The Montgomery County Sentinel*. Both articles were written about the Health Freedom: A Path to Wellness Walk.

- + The Seventh Annual Health Freedom: A Path to Wellness Walk at the Woodlawn Cultural Park in Sandy Spring was held June 11, 2011, with 213 people in attendance. This year's attendance represents an 18.5 percent increase from the previous year.



# WHAT WE DO

AFRICAN AMERICAN HEALTH PROGRAM - PROGRAM CHART

## INFANT MORTALITY

S.M.I.L.E.  
(Start More Infants  
Living Equally healthy)  
Nurse Case  
Management

STI/Health  
Education for  
Teens

Breast Pump Loan  
Program

Childbirth and  
Lactation  
Education Classes

## DIABETES

Diabetes  
Dining Club

Diabetes  
Education Classes

Diabetes  
Nurse Case  
Management

## CARDIOVASCULAR

Health Freedom  
Walk

Heart Health  
Screen and  
Education Event

Blood Pressure  
Screenings

## HIV/AIDS

Women's  
Empowerment  
Program

W.I.G.O.  
(When I Get Out)

Wise Men's Project

OraQuick Testing  
at TPCWC and  
Health Fairs

Women of Heart  
HIV Seropositive  
Support Group

HIV/AIDS  
Education Classes

## CANCER

Oral Cancer  
Screening  
Referrals

MOTA Health  
Promoter  
Program

Project Santé  
Pour Tous  
"Health for All"

## ORAL HEALTH

"Did You Know...?"  
Oral Health  
Campaign



# BUILDING FOUNDATION

## PROGRAMS AND ACCOMPLISHMENTS AFRICAN AMERICAN HEALTH PROGRAM

### The Health Promoters Program

The Health Promoters Program is made up of community members from diverse backgrounds trained to identify African Americans and people of African descent who live in Montgomery County and have risk factors for various health disorders.

The program is used to further AAHP's community outreach efforts, with the goal of improving the health care status of African Americans and people of African descent in Montgomery County through comprehensive health education, disease prevention, health promotion activities, and links to screening, treatment, and care as needed.

There are free trainings for each Health Promoter, conducted by Msache Mwaluko, AAHP Health Educator, or an appropriate AAHP

staff member. The training includes an orientation, overview of HIPAA guidelines, cancer 101, blood pressure measurement, CPR, and other health-related courses.

The program is in its seventh year of partnership with Maryland's Minority Outreach and Technical Assistance (MOTA) grant through State Cigarette Restitution funds. Holy Cross Hospital serves as the lead agency for this grant and collaborates with AAHP, the Catholic Ministries of Rockville, Inc., the Asian-American Health Initiative, and the Maryland Commission on Indian Affairs.

AAHP had a total of 15 Health Promoters for the 2011 fiscal year who are fluent in English, Spanish, Kiswahili, Creole, Amharic, Russian, and French. •

**RESULTS**  
OUR WORK in the community

# CANCER

OUR WORK IN THE COMMUNITY



African Americans have the highest mortality and shortest survival rates of any other racial and ethnic group in the U.S. for most cancers. The causes of these inequalities are complex and are thought to be the result of socio-economic disparities more so than biologic differences associated with race and ethnicity. These factors are known as the *social determinants of health* and include inequities in work/employment, wealth, income, education, housing, and an overall standard of living. Other barriers also include high-quality cancer prevention, early detection, and treatment services.

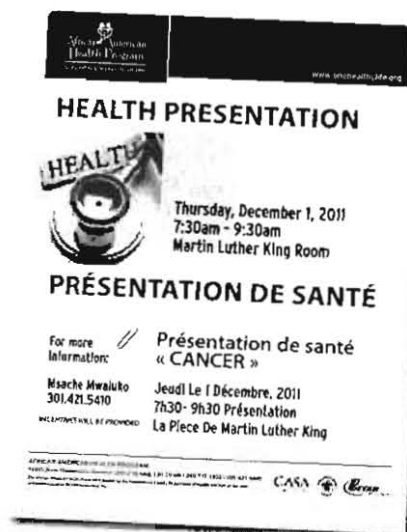
Even though the overall racial disparity in cancer death rates is decreasing, in 2007, the mortality rate for all cancers combined continued to be 32 percent higher in African-American men and 16 percent higher in African-American women than in their White male and female counterparts.

Through the Susan G. Komen Grant, the MOTA grant, and the DHHS Office of Health Promotion grant, AAHP participated in 99 events. Health Promoters provided and/or distributed information on access to health care, cancer (breast, cervical, colorectal, and prostate), tobacco cessation, cardiovascular health, diabetes, HIV/AIDS, and nutrition to approximately 5,089 residents of Montgomery County. Health Promoters distributed brochures on breast cancer and at community outreach events taught approximately 300 women to perform breast self-exams. Health Promoters also gave residents information on access to Montgomery Cares clinics and advised clients (when necessary) to request referrals for mammogram screening services from their health care providers.



## Project Santé Pour Tous "Health for All Project"

Established in 2008, Project Santé Pour Tous "Health for All Project" is a culturally competent health education program designed by Msache Mwaluko to provide health education, screening, and access to health care services to French-speaking African-immigrant laborers at the CASA de Maryland labor center in Silver Spring, Maryland. An estimated 97 percent of these laborers are from French-speaking countries in Africa (Cameroon, Benin, and Togo) and the Caribbean (Haiti). On average, program members have at least a high school diploma or a college degree and were professionals in their native countries. However, they have little to no understanding of the U.S. health care system. As such, the objective of this program is to provide program members with information about health issues that affect people of African descent in the U.S., and help them navigate the health care system



as they try to integrate into a new culture under often difficult circumstances.

Health education sessions are taught by nurses and nursing students from other French-speaking countries September through March of each year. For the 2011 fiscal year, AAHP staff provided education and outreach to approximately 79 participants involving 203 educational encounters. •

### CANCER ACCOMPLISHMENTS IN THE COMMUNITY

- + AAHP participated in 99 community outreach events
- + AAHP provided information on cancer and tobacco cessation to more than 5,000 County residents of African descent
- + 80 Black County residents received colorectal cancer referrals
- + AAHP distributed education and outreach materials to approximately 79 French-speaking Black immigrant laborers through the Project Santé Pour Tous "Health for All Project"
- + Three Black women were referred to Montgomery Cares clinics and were encouraged to request mammogram referrals from their health care providers

# CARDIOVASCULAR HEALTH

African-American adults are more likely to be diagnosed with coronary heart disease and are more likely to die as a result of heart disease than their White counterparts. Although African-American adults are 40 percent more likely to have high blood pressure, they are 10 percent less likely than their non-Latino White counterparts to have their blood pressure under control. Risk factors for heart disease include hypertension, obesity, high cholesterol, and smoking.

- + In 2007, African-American men were 30 percent more likely to die from heart disease, compared with their non-Latino White counterparts
- + African Americans are 1.5 times as likely as non-Latino Whites to have high blood pressure

AAHP's continued strategy for combating cardiovascular disease in our community is to educate clients on disease prevention and treatment. Specifically, AAHP educates clients on managing high blood pressure, high cholesterol, smoking cessation, excessive body weight, and physical inactivity. Studies show that modifying risk factors offers the greatest potential for reducing death and disability from heart disease.



OUR WORK IN THE COMMUNITY

During the previous fiscal year, 716 individuals were screened for hypertension at events attended by AAHP staff including AAHP Diabetes Classes, Diabetes Dining Clubs, the SMILE Program, clinics, and health education fairs throughout the County.

Over 50 percent of AAHP clients were found to be hypertensive or pre-hypertensive and were counseled to meet with their health care provider.



## The Health Freedom Walk

The Seventh Annual Montgomery County Health Freedom Walk: A Path to Wellness, held in partnership with the Community Health Awareness and Monitoring Program (CHAMP) of Baltimore City, was chaired by Msache Mwaluko and co-chaired by Xerxeser Kayode with 213 participants. This year's attendance represented an 18.5 percent increase from the previous year (16 Circle of Friends groups were formed this year, up five groups from the previous year) and had a total of 149 Circle of Friends members who participated.

During fiscal year 2011, 29 percent of the Circle of Friends participants reported walking 3-5 times per week during the six-week training period for the walk and 61 percent reported walking 3-5 times per week after the six-week training period. This represents a 110-percent increase in physical activity for the participating walkers. In addition, self-reported average weight loss was 3.5 pounds after the six-week training period.

AAHP is an Advocate of the President's Challenge Program to promote the Presidential Active Lifestyle Award (PALA). The day of the walk, 70 people signed up to participate in the PALA program through AAHP.



# Heart Month Screening and Education Day

The Fourth Annual American Heart Month Screening and Education Day was held on February 12. In collaboration with Holy Cross Hospital, AAHP conducted a Heart Healthy Health Fair at the hospital. Screenings included oral health, blood pressure, body mass index, glucose, and cholesterol. AAHP staff and Health Promoters were also on hand to provide general health education. Approximately 200 community members attended. \*

**CELEBRATE HEART HEALTH MONTH**  
Join Us in the Fight Against Heart Disease

The African American Health Program and the Holy Cross Hospital Community Health Department invites you to:

**THE 4TH ANNUAL HEART HEALTH SCREENING & EDUCATION EVENT**

**Saturday, February 12, 2011**  
Saturday, February 19 (snow date)  
10:00 am - 2:00 pm

TO REGISTER CALL: 301-754-8800  
OR REGISTER ONLINE:  
[www.heartmonthevent.com](http://www.heartmonthevent.com)

**Holy Cross Hospital**  
Professional & Community Education Center  
(Main Building)  
1500 Forest Glen Rd., Silver Spring, MD 20910  
Free parking is available in the Outpatient Garage  
(Located off Damascus Drive)

**ALL SCREENINGS ARE FREE**

- Body Fat Analysis
- Blood Pressure Screening
- Glucose & Cholesterol Screening
- Glaucoma & Vision Screening
- Oral Cancer Screening

**FREE REFRESHMENTS  
HEALTH INFORMATION  
RAFFLE PRIZES**

AFRICAN AMERICAN HEALTH PROGRAM  
2000 Community Center  
Silver Spring, MD 20910  
202-775-1821 or 202-775-1822  
[www.aaahp.org](http://www.aaahp.org)

HOLY CROSS HOSPITAL  
The Holy Cross Hospital is a not-for-profit organization.  
We are an equal opportunity employer and we are committed to diversity in the workplace.  
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## CARDIOVASCULAR ACCOMPLISHMENTS IN THE COMMUNITY

- + AAHP staff screened 716 residents for blood pressure at Montgomery County community events
- + There were 213 attendees at the Annual Health Freedom Walk—representing a 18.5 percent-increase from the previous year
- + There was a 110 percent increase in physical activity reported by the Circle of Friends walkers after the Health Freedom Walk
- + AAHP provided screening and health education for over 200 County residents at the annual American Heart Month Screening and Education Day co-sponsored with Holy Cross Hospital

# DIABETES

OUR WORK IN THE COMMUNITY



African Americans are disproportionately affected by diabetes compared with the general population. African Americans are twice as likely to be diagnosed with diabetes as non-Latino Whites. In addition, they are more likely to suffer complications from diabetes, such as end-stage renal disease and lower-extremity amputations. Although African Americans have roughly the same or a slightly lower rate of high cholesterol as their non-Latino White counterparts, they are more likely to have high blood pressure.

Specifically:

- + 3.7 million, or 14.7 percent, of all African Americans between the ages of 20 years or older have diabetes
- + African Americans are 1.8 times more likely to have diabetes as non-Latino Whites
- + 25 percent of African Americans between the ages of 65 and 74 have diabetes
- + One in four African-American women over 55 has diabetes

Diabetes is associated with an increased risk for a number of serious, sometimes life-threatening, complications, and certain populations experience an even greater risk. While good diabetes management can help reduce one's risk, many people are not even aware that they have diabetes until they develop a diabetes related complication.

## Blindness

African Americans are almost 50 percent as likely to develop diabetic retinopathy (blindness) as non-Latino Whites.

## Kidney Disease

African Americans are 2.6 to 5.6 times as likely to suffer from kidney disease and the complications of dialysis. There are more than 4,000 new cases of end-stage renal disease each year.

## Amputations

African Americans are 2.7 times as likely to suffer from lower-limb amputations. Amputation rates are 1.4 to 2.7 times higher in men compared with women.

## Heart Disease and Stroke

Heart disease and stroke account for approximately 65 percent of deaths in people with diabetes. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes. The risk for stroke is 2 to 4 times greater, and the risk of death from stroke is 2.8 times higher among people with diabetes.

## Men

Deaths from heart disease in men with diabetes have decreased by only 13 percent, compared with a 36 percent decrease in men without diabetes.

## Women

In women with diabetes, deaths from heart disease have increased 23 percent over the past 30 years, compared with a 27 percent decrease in women without diabetes.

## Nerve Damage

Diabetic neuropathy is a serious complication that affects millions of people every day. Nerves damaged by diabetic neuropathy can cause stinging or burning sensations, tingling, pain, numbness, or weakness in the hands and feet.

Diabetic neuropathy puts one at risk for foot injury, infection, and even amputation.

## Diabetes Education Classes

AAHP provides free culturally competent education classes to target African-American/Black Montgomery County residents who desire to prevent or treat diabetes. Diabetes is primarily a self-managed disease, yet the information needed to manage blood sugars and prevent complications is not always provided in a culturally competent manner or even with routine primary care. This leaves an individual more vulnerable to experiencing the serious diabetes-related complications listed. This fiscal year the eight Diabetes Education Class sites were:

MONTH	LOCATION
July 2010	East County Community Center Silver Spring
September 2010	East County Community Center Silver Spring
October 2010	Interdenominational Community of God Gaithersburg
November 2010	Round Oak Missionary Baptist Church Silver Spring
March 2011	Wheaton Woods Baptist Church Rockville
April 2011	Upcounty Regional Center Germantown
May 2011	Wheaton Library Wheaton
June 2011	Stewartown Homes Gaithersburg

Class meals are an integral part of the diabetes class series. The primary focus in serving these catered meals is to introduce participants to new and healthy foods and provide familiar foods cooked in more healthful ways. Class participants are introduced to foods such as tofu, bulgur, and quinoa, experience greens made flavorful with herbs and spices, and enjoy chicken "fried" in the oven. The caterer provides cooking tips, encouraging each participant to be his or her own home chef and a nutrition role model within their families.

Total hours of instruction for the fiscal year were 1395 hours.

## Diabetes Dining Clubs

The Diabetes Dining Clubs are a support system in Montgomery County for African Americans and people of African descent who have diabetes. Self-reported behavioral changes are documented on the evening evaluations, and frequency data show an increase in fruit and vegetable consumption and physical activity for many of the dining club participants. Each club includes a meal selected by a Registered Dietician to influence dietary norms and introduce new foods and healthier diets, a meal discussion, an educational presentation, and 30 minutes of physical activity.

Total hours of instruction for the fiscal year were 1125 hours.

## Learning Topics at the Diabetes Dining Club

MONTH	LEARNING TOPIC	PHYSICAL ACTIVITY
July 2010	Kidney Health	Chi Gong
August 2010	Importance of Calcium	Chair Volleyball
September 2010	Blood Glucose Meters	Zumba Chairs
October 2010	Eye Health	Scarves and Weighted Balls
March 2011	Sleep Apnea and Blood Glucose Control	Square Dancing
April 2011	Fruits and Vegetables	Chair Dancing
May 2011	The Importance of DASH-Dietary Approaches to Stop Hypertension	Functional Fitness – Pt. 1
June 2011	The New My Plate for PWD-People with Diabetes	Functional Fitness – Pt. 2

## 1:1 Diabetes Counseling

The AAHP Certified Diabetes Nurse Educator provides one-on-one counseling sessions with clients referred from the Diabetes Education Classes, The People's Wellness Community Center, and nurses within the Montgomery County school system. The Diabetes Nurse Educator's main area of focus is assisting clients with developing individualized treatment plans, nutrition, and exercise plans, as well as helping them lower or stabilize their blood sugar levels.

During FY11, 69 individuals received 1:1 counseling, 73 clients received teaching on glucose meter and/or insulin administration, 242 follow-up telephone calls were made, and 40 clients were referred to the emergency room, a primary care physician, or an endocrinologist. •

In 2011, AAHP provided individual and highly specialized education and counseling to 69 clients.

☐ Protein  
☒ Cholesterol  
☒ Triglyceride  
☒ HDL Cholesterol

14  
81  
4

### DIABETES ACCOMPLISHMENTS IN THE COMMUNITY

- + There were eight Diabetes Class sites
- + 147 new contacts were made in the Diabetes Dining Classes
- + There were three Diabetes Dining Club locations
- + There were 450 people in attendance at the Diabetes Dining Clubs
- + 1125 hours of diabetes instruction were given during Diabetes Dining Clubs
- + 1395 hours of diabetes instruction were given during Diabetes Education Classes
- + One-on-one education counseling was administered to 69 clients by a Certified Diabetes Nurse Educator

# HIV/AIDS/STD SERVICES

The prevalence of HIV and AIDS diagnoses in Montgomery County is high compared with other counties in Maryland. Studies show that as of 2009 Montgomery County has the third highest diagnoses of HIV and AIDS in the state of Maryland. The report also shows that 1 in every 316 people in Montgomery County is HIV positive and that African Americans at all socioeconomic levels represent 71 percent of these cases. This is a 12 percent increase in African-American HIV diagnoses since the last epidemiological profile of 2006.

The program's goals are to provide HIV prevention education to Montgomery County residents in non-traditional health care settings; provide HIV counseling, testing, and referral to County residents at community health centers; serve as an entry point for screened and new HIV cases; and facilitate referral for treatment and care. The locations included community wellness clinics, mobile medical vans, shelters, rehabilitation centers, a detention facility, and health fairs.

Testing was offered at 17 outreach events including the major HIV awareness days. AAHP provided several educational programs throughout



OUR WORK IN THE COMMUNITY

the County to raise awareness and increase the likelihood that people would be tested.

## HIV Testing in Montgomery County

The total number of Montgomery County residents tested for the entire fiscal year was 356, which exceeded the projected number of 250 for the year (69 percent tested were African American, African-born, or of Caribbean descent). More women (65 percent) tested for HIV than men (35 percent), and two African-born and one Caribbean-born female tested positive for HIV during this quarter. They were referred to the Dennis Avenue Health Center for additional services.



## **When I Get Out (WIGO): A Healthy and Safer Lifestyle**

WIGO was created by AAHP HIV Services Coordinator, Bola Idowu, Dr.PH, and was designed to provide health education to inmates in the Montgomery County Detention Center/Prison systems who are preparing to re-enter the community. WIGO is a four-week, five-hour program that provides preventive health information and motivates inmates to set goals and gain skills to live healthier, safer lifestyles.

The WIGO curriculum includes oral health, nutrition, mental health, STDs, HIV, and AIDS. Demonstrations included proper use of toothbrush and flossing, reading food labels, models for food portion sizes, and steps in condom use.

WIGO's effectiveness was measured through indicators such as identification and action plans to adopt one healthy and one safe lifestyle strategy upon return to the community and a pre- and post- test. Since the inception of the program, 165 inmates have attended WIGO classes.

## **Women of Heart HIV— Seropositive Support Group**

One of the Centers for Disease Control and Prevention's (CDC) guidelines in addressing the HIV epidemic is to encourage the inclusion of people living with HIV in prevention activities such as support groups. This fiscal year the Women of Heart HIV positive support group met one evening per month, with attendance ranging from 10 to 12 at each meeting throughout the fiscal year. Topics include good nutrition, understanding medical laboratory slips, safer sex methods (e.g., a demonstration of how to use a female condom), the importance of medication adherence, and updates on new/different medications in use for the treatment of HIV.



## Testing by the Hundreds HIV Campaign

AAHP developed the Testing by the Hundreds Campaign to address the rising number of HIV diagnoses in Montgomery County. The campaign was designed to educate the public on the seriousness of HIV/AIDS, its prevalence within the County, and the stigma attached to the disease. As a part of the campaign, community leaders are encouraged to become advocates for HIV/AIDS awareness and to promote HIV testing. AAHP set an ambitious goal of having 1,000 African Americans/Blacks from Montgomery County be tested for HIV by National HIV Testing Day June 27, 2012.

The kickoff for the Testing by the Hundreds Campaign took place June 16, 2010, at the Civic Center in downtown Silver Spring with 40 participants in attendance, nine of whom were tested for HIV. The program gained media attention, with a one-minute clip highlighting the campaign on Fox 5 news. Sheila Stewart from Radio One was the campaign facilitator and panel moderator. Panelists included representatives from federal, state, and county offices, and three of the participants showed an interest in partnering with AAHP for the year-long campaign. Those committed to partnering with AAHP in FY11 were:

- + The Montgomery County Dennis Avenue Health Center
- + The GapBusters Learning Center
- + CHEER of Montgomery County
- + Dr. Waktola of the Waktola Clinic



### HIV/AIDS/STD PROGRAM ACCOMPLISHMENTS IN THE COMMUNITY

- + AAHP provided HIV testing for 356 community residents (69 percent were African American, African-born, or of Caribbean descent)
- + HIV testing and counseling were offered at 17 outreach events (including the major HIV awareness days)
- + Forty-five inmates participated in the WIGO program in the fiscal year
- + Four founding community partners joined the Testing by the Hundreds HIV Campaign

# INFANT MORTALITY

AAHP's Start More Infants Living Equally Healthy (SMILE) program was developed in 2003 to address the disparate infant mortality rate in the African-American population of Montgomery County. Infant mortality is an important indicator of social, political, health care delivery, and medical outcomes in a geographic region for all of its residents, and, as such, continues to be one of the most important areas of focus for AAHP.

The leading causes of Black infant death are low birth weight and pre term infants. A recent study published in the Journal of the American Medical Association reported that one particular disparity—the gap in Black-White infant deaths—has not just persisted but actually grown in recent years despite federal efforts to eliminate the widening gap. As the journal notes, that long-standing inequality is not readily explained by a mother's age, education, or income.

While many ob/gyns and health experts point to causes such as the timing of prenatal care or unequal health insurance access, others ask broader questions about race, racism, health or the social determinants of health. These more complex questions may begin to explain why in a country with



OUR WORK IN THE COMMUNITY

one of the most advanced health care systems in the world, Black infants remain the most vulnerable.

The 2009 infant mortality rate for Blacks was 10.7 per 1,000 births, compared with 3.9 for Whites and 5.5 for all races in Montgomery County.

The SMILE program assesses high-risk pregnancies and parenting, and provides case-management services, home visits, education, Childbirth and Lactation Education classes twice per year, support groups, individual counseling, community referrals, and a breast pump loan program.

## Childbirth Education Series/ Lactation Education Series

These classes were offered to Montgomery County residents free of charge and were held at the Eastern Montgomery County Regional Services Building in Briggs Chaney. Classes were held twice during the fiscal year and ran for three hours each for four consecutive nights. The classes were interactive and informative, as they prepared mommies-to-be and their partners for the birth experience and the early weeks of parenthood.

The curriculum included:

- + The Anatomy and Physiology of Pregnancy
- + Signs and Symptoms of Pregnancy
- + Fetal Growth and Development
- + Signs and Symptoms of Preterm Labor
- + Special Circumstances in Pregnancy
- + The Bradley Childbirth Method
- + Prenatal Belly Dancing Session
- + True Labor vs. False Labor
- + Phases and Stages of Labor
- + What Happens in the Hospital?
- + Vaginal and Caesarean Delivery
- + Breastfeeding Positioning and Latching On
- + Procedures Performed on Baby after Birth

- + Newborn Care at Home
- + Just for Dads Education Session
- + Safe Kids of Montgomery County (car seat safety and new car seat laws)

Free incentives for the participants who completed all three of the Childbirth Education classes were:

- + Pack-and-play cribs given to each prenatal woman
- + Car seat vouchers given to each prenatal woman
- + Hygiene kits given to each prenatal woman
- + Pregnancy information AAHP tote bags given to each prenatal woman

### Breast Pump Loan Program

Another valuable offering of the SMILE program was the breast pump loan program. All SMILE mothers are encouraged to breast-feed their newborns. For those mothers who must reenter the workforce, AAHP provides subsidized breast pumps, breast pump kits, and breast-feeding training with an AAHP Certified Lactation Educator.

During each quarter of FY11, all 11 of the program's breast pumps were in use each month. Mothers are required to show proof of a negative HIV test or be willing to get tested by the SMILE nursing staff before entering the breast pump loan program. An average of 38.6 mothers breastfed every month for at least three months, which represents 42.7 percent of

postpartum mothers in the program. This is slightly greater than the 40 percent national average reported by the CDC Breastfeeding Report Card 2010.

### STI Education Program

In addition to the SMILE program, reproductive health along with sexually transmitted infections (STI) education is another important component of the Infant Mortality Unit. During the fiscal year, nurses taught the following classes:

DATE	PROJECT DESCRIPTION	INSTRUCTOR	ATTENDANCE
October 14	Teen Girl Presentation on STDs/YMCA	Nia Williams	30 girls
November 9	YMCA Go Girls Group STD Presentation	Nia Williams	12 girls
November 14	Teen Girl Presentation on STDs/YMCA	Nia Williams	15 girls
November 21	Journeys for Women STD Presentation	Nia Williams	10 women

### INFANT MORTALITY PROGRAM ACCOMPLISHMENTS IN THE COMMUNITY

- + Provided nurse case management services to 157 pregnant, or postpartum women and high-risk infants
- + Provided nurse case management services for 57 total deliveries
- + Case managed 55 term deliveries, which represented a 96.5 percent healthy birth weight
- + There were three low birth weight infants who were delivered at term gestation, which represented 5.3 percent of all infants case managed in the SMILE program
- + One normal-weight infant was delivered via c-section at 36 weeks due to maternal hypertension, which represented 1.8 percent of all infants nurse case managed in the SMILE program
- + 513 client referrals to other County agencies
- + One very low birth infant, who was a fetal demise, represented 1.8 percent of all infants' case managed in the SMILE program
- + In 2011, an average of 38.6 mothers breastfed every month for at least three months, which represented 42.7 percent of postpartum mothers in the program
- + Provided STD education to 67 women and girls in the County
- + Conducted 1,627 home visits to expectant mothers, postpartum mothers, and their infants

The babies and families found on the cover pages 2, 12 and 26 are present clients of the SMILE Program.

# ORAL HEALTH

OUR WORK IN THE COMMUNITY



The human mouth contains a large number of bacteria, most of which are harmless. Normally the body's natural defenses and good oral health care, such as daily brushing and flossing, can keep these bacteria under control. However, harmful bacteria can grow out of control without good oral hygiene and can cause oral infections, such as tooth decay and gum disease.

Oral health may affect, be affected by, or contribute to various diseases and conditions, including:

- + Endocarditis: Gum disease and dental procedures that cut your gums and may allow bacteria to enter the bloodstream. For people who have a weak or compromised immune system or a damaged heart valve, this condition can cause infection in the inner lining of the heart.
- + Heart disease: Research suggests that heart disease, clogged arteries, and stroke may be linked to oral bacteria, possibly due to chronic inflammation from periodontitis—a severe form of gum disease.
- + Pregnancy and birth: Gum disease has been linked to premature birth and low birth weight.
- + Diabetes: Diabetes reduces the body's resistance to infection—putting the gums at risk. In addition, people who are not able to control their blood sugar may develop more frequent and severe infections of the gums and the bone that holds teeth in place, and they may lose more teeth than people who have good blood sugar control.
- + HIV/AIDS: Oral problems, such as painful mouth sores, are common in people who have HIV/AIDS.
- + Osteoporosis: This condition causes bones to become weak and brittle and may be associated with periodontal bone and tooth loss.
- + Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

## Did You Know...? Oral Health Campaign

AAHP's "Did you know...?" Oral Health Campaign blends oral health education for all ages into all aspects of the program's community outreach efforts. AAHP distributed 2,255 health information kits that contain a toothbrush, floss, and toothpaste with an attached magnet that reads "Did you know...?" The magnet contains information about how oral health affects pregnancy, diabetes, and other health areas, and also lists oral health resources throughout the County. ☪

### ORAL HEALTH UNIT ACCOMPLISHMENTS IN THE COMMUNITY

- + AAHP distributed 2,255 oral health information kits to County residents this fiscal year.

# EXECUTIVE COMMITTEE

## AND AAHP COALITIONS AFRICAN AMERICAN HEALTH PROGRAM

The African American Health Program operates in conjunction with a volunteer Executive Committee that provides strategic planning and advocates for increased funding for AAHP. Below is a list of the Executive Committee members for the 2011 fiscal year.

### Executive Committee

Arva Jackson, Chair  
Kathleen Coleman, Co-Chair

Dr. Francis Buckmire  
Miriam Campbell  
Dr. Marilyn Gaston  
Pat Grant  
Carmella Jones  
Brenda Lockley  
Beatrice Miller  
Chrystina Lunn-Gilgeous  
Dr. Joan Postow  
Gloria Ramsey  
Arthur Williams  
Jacquelyn Williams

### AAHP Coalitions

#### HIV/AIDS/STI Coalition

Beatrice Miller (Chair)  
Dr. Abimbola Idowu  
Nadine Benton  
Dr. Francis Buckmire  
Darlene Coles  
Crystal DeVance-Wilson  
Brenda Lockley  
Anna Smith  
Sharon Tabb  
Arthur Williams

#### Infant Mortality Coalition

Arva Jackson (Co-Chair)  
Brenda Lockley (Co-Chair)  
Dr. Francis Buckmire  
Leigh Cobb  
Darlene Coles  
Dr. Carol Garvey  
Dr. Michelle Hawkins  
Melanie Hunter  
Saundra Jackson  
Patricia Keating  
Jane Larsen  
Sheilah O'Connor  
Dr. Mary Revenis  
Nia Williams



# FUNDING RESOURCES

## GRANTS AND FUNDING AFRICAN AMERICAN HEALTH PROGRAM

### Funding

#### Grants

Holy Cross Hospital-Minority Outreach and Technical Assistance Program received \$11,500 for chronic disease health promotion and disease prevention.

#### Funding

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



# IN THE COMMUNITY

## PUBLICATIONS AND NEW MEDIA AFRICAN AMERICAN HEALTH PROGRAM

### AAHP Publications

All AAHP publications are posted on the AAHP Web site at [www.onehealthylife.org](http://www.onehealthylife.org).

- + The AAHP Newsletter, *One Healthy Life*, was distributed to more than 1,000 readers electronically, by direct mail, and at community outreach events
- + The AAHP service brochure was distributed to 1,000 people at community outreach activities, presentations, and public meetings
- + The FY11 Annual Report was distributed in hard copy (50 copies) and electronically (500 copies) to County residents
- + SMILE Infant Mortality program brochures were distributed to 500 County residents
- + The Maternal/Paternal Child Health Calendar was distributed to 1,000 County residents

### New Media

We are making a difference in the community by using social media.

#### Facebook



In addition to its group page, AAHP has created a Fan Page to reach its target audiences

#### Twitter



Fans can follow AAHP on Twitter at [www.twitter.com/onehealthylife](http://www.twitter.com/onehealthylife)

#### Web site

[www.OneHealthyLife.org](http://www.OneHealthyLife.org)

# STAKEHOLDERS

## OUR COMMUNITY STAKEHOLDERS AFRICAN AMERICAN HEALTH PROGRAM

- + The American Heart Association
- + Alpha Kappa Alpha Sorority, Inc. (Montgomery County)
- + Asian American Health Initiative
- + Avery House for Women and Children
- + Bethel World Outreach Church
- + CHAMP (Community Health & Awareness Monitoring Program)
- + Clinton AME Zion Church, Rockville
- + Community Action Team (CAT)
- + Crossways Community, Silver Spring
- + Delta Sigma Theta Sorority, Inc. (Montgomery County)
- + Dennis Avenue Health Center
- + Dorothy Day Shelter
- + East County Regional Services Center
- + Fetal Infant Mortality Review
- + The Fit Solution
- + GOSPEL (Glorifying Our Spiritual and Physical Existence for Life)
- + Housing Opportunities Commission, Inc.
- + Holy Cross Home Health
- + Holy Cross Hospital
- + Home Visiting Consortium
- + Inter-agency Committee on Adolescence
- + Latino Health Initiative
- + Lincoln Park Community Center, Rockville
- + Maryland Department of Health and Mental Hygiene
- + Maryland National Parks and Planning Commission
- + Montgomery Avenue Women's Center
- + Montgomery County Cancer Crusade Program
- + Jack and Jill of America, Inc.
- + Montgomery County Department of Recreation
- + Montgomery County Public Schools
- + Montgomery General Hospital
- + Montgomery Hospice
- + Mount Calvary Baptist Church, Rockville
- + NAACP-Montgomery County Chapter
- + The People's Community Wellness Center
- + Poison Control Center
- + Rainbow House
- + Safe Kids
- + Seneca Heights Home for Women and Children
- + Sophia House
- + Suburban Hospital
- + Sudden Infant Death Syndrome Mid-Atlantic (SIDSMA)
- + Uniformed Services University of Health Sciences--  
Center for Health Disparities
- + U.S. Park Service
- + Wheaton Regional Library, Wheaton
- + YMCA in Silver Spring

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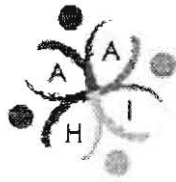
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Asian American  
Health Initiative



Together To Build A Healthy Community

# Annual Report FY2011

Asian American Health Initiative  
Montgomery County, Maryland  
Department of Health and Human Services



## Message from Leadership

The Asian American Health Initiative (AAHI), a program under the Montgomery County, Maryland, Department of Health and Human Services (MCDHHS), is proud to release its Fiscal Year 2011 (FY11) Annual Report. This past year has been one of both progress and transition at AAHI as we built upon our mission to provide the Asian American residents of Montgomery County with culturally and linguistically competent healthcare services and educational programs in the backdrop of an uncertain national economy. In FY11, we were able not only to maintain the high level of service that our constituents have come to expect from our core programs, but also were able to enhance our efforts in priority areas, such as community mobilization and data collection, introducing several new initiatives that address our five-year organizational strategic targets.

With support from our friends and partners in the community, a cohort of trained volunteer health promoters, MCDHHS, and the dedicated members of the AAHI Steering Committee, we were able to provide essential services to at-risk populations throughout the County, offering hepatitis B screening, vaccination, and treatment consultation to hundreds of area residents; linking low-income community members to life-saving cancer screening services; and empowering local nonprofits and community organizations to identify and define their own unique health needs.

Mirroring a national trend, the Asian American community in Montgomery County has been one of the fastest growing segments of the population during the past 20 years. To ensure that resources are available when and where they are needed, health organizations serving Asian Americans must plan flexible programs that work among a diverse and growing population. Guided by the five targets identified in our recently released strategic plan, we were able to respond to the needs of our growing community through key partnerships and collaborations with organizations throughout the metropolitan D.C. area. We continued to work with public health experts and medical practitioners in order to enhance access to quality healthcare services and educational programs, while teaming with public, private, and nonprofit organizations to improve community outreach, augment service delivery, and reduce overlap.

We hope as you read this report detailing our achievements during the past year that you share our pride in the progress that has been made. We recognize, however, there is still much work to be done to eliminate health disparities, achieve health equity, and ensure that all residents of Montgomery County have equitable access to quality care.



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



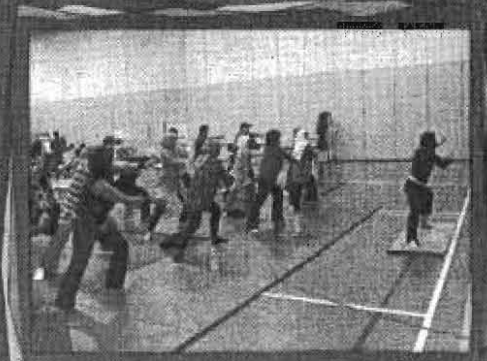
Meng K. Lee  
AAHI Steering Committee Vice Chair



Chun Man (Perry) Chan  
AAHI Senior Program Coordinator



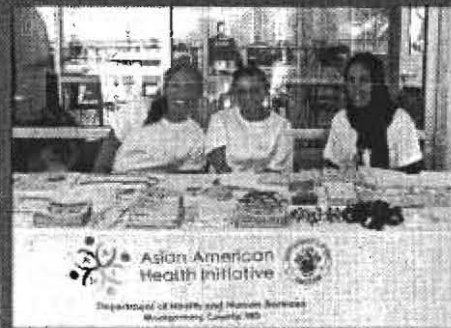
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# About AAHI



## BACKGROUND

With the support of the Montgomery County Executive, County Council, and community leaders, the Asian American Health Initiative (AAHI) was formed in 2004 under the Montgomery County Department of Health and Human Services (MCDHHS) to address the unique and neglected health needs of the County's Asian American residents. With an organizational mission and goals designed to meet recommendations from the scientific health literature, gaps in existing services, and knowledge of social and cultural issues special to Montgomery County's Asian American population, AAHI formulated its programs to target specific disparities, offer desired services that previously had been unavailable to community members, and improve access to existing resources.

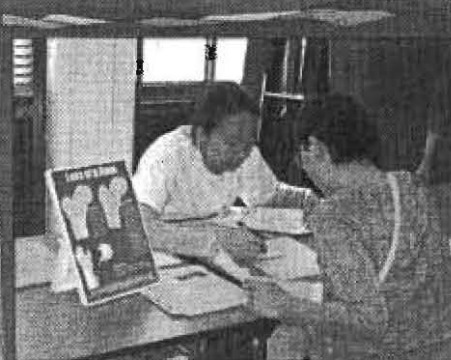
## MISSION

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

## COMMUNITY PROFILE

As defined by the U.S. Census Bureau, Asian Americans represent a linguistically and culturally diverse community of people tracing origins to any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Montgomery County's Asian American population—comprising 13.9 percent of the County's total population—is similarly diverse and continues to expand, having grown 37.3 percent between 2000 and 2010. In fact, the County's 135,451 Asian American residents represent 42.5 percent of the state of Maryland's total Asian American population, according to the decennial census data.

American Community Survey data from 2007-2009 show that, overwhelmingly, this community is comprised of recent immigrants—nearly three-quarters are foreign born—and more than a quarter of all households are linguistically isolated. Community representatives from many of the Asian American ethnic subgroups work with AAHI to ensure that no community goes unnoticed and AAHI and County programs and resources are accessible to all.





# FY11 At A Glance



Launch of AAHI Website

Strategic Plan 2011-2015

E.C.H.O. Project



Health Education Articles

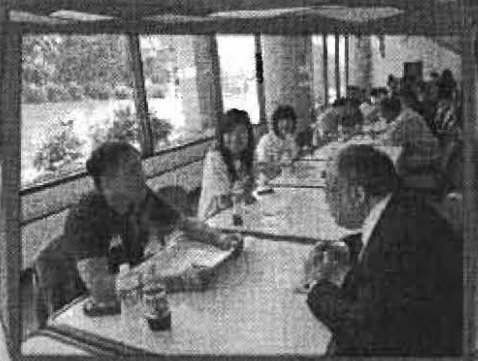
Hepatitis B Project

AAHI in the Community





## Access To Culturally & Linguistically Competent Care



Asian Americans in Montgomery County trace their roots to more than 16 countries and speak more than two dozen languages and dialects. Coupled with substantial Latino and African American populations, Montgomery County's rich diversity is perhaps one of its greatest assets. Many segments of minority communities, however, are also among the most vulnerable to shifts in the economy and are more prone to suffer from poor health outcomes. To combat these trends, public health professionals must strive to ensure that all members of the community have access to culturally and linguistically competent services tailored to the County's evolving demography.



In addition to language and cultural barriers, the Asian American Health Initiative's 2008 countywide health needs assessment found that community members experience variable challenges in accessing optimal health and human services. From lack of insurance and financial concerns to limited transportation—particularly among seniors—and a dearth of Asian-language medical providers, the barriers to health care access are numerous.



In response to the concerns and opinions expressed by the community, AAHI has developed and implemented several initiatives that enable residents to access appropriate health care services. In FY11, AAHI initiated the Health Education in Ethnic Media Campaign. Along with the flagship Patient Navigator and Health Promoters programs, the project increases public awareness of relevant health issues by providing education and information regarding community resources and expanding the organization's reach in limited-English speaking and socially isolated households.

Through continued collaboration with long-standing community partners and by redoubling efforts to forge new partnerships, the work documented in this section highlights some of AAHI's greatest successes this fiscal year in enhancing access to linguistically and culturally competent care.





## Highlights

## PATIENT NAVIGATOR PROGRAM

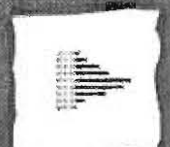
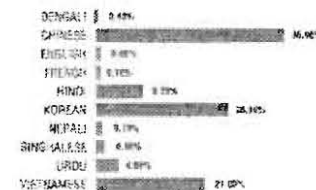
In response to concerns regarding access to health care among the County's Asian American population, AAHI created the Patient Navigator Program (PNP) in 2008. As a group, AAHI patient navigators cover a multitude of languages and dialects spoken by Asian Americans, including Chinese, Hindi, Korean, and Vietnamese.

The Patient Navigator Program provides two essential services: (1) a multi-lingual health information and referral line; and (2) trained multi-lingual medical interpreters for on-site, face-to-face interpretation during medical appointments.

For the past four years, AAHI patient navigators have assisted low-income residents, the uninsured, and individuals with limited English skills in accessing County services via scheduling medical appointments, seeking out suitable clinics based on individual needs, and providing no-cost medical translation services.

- 5471 total client encounters
- 4066 calls received
- 88.27% of clients linked to county services
- 84% of callers had no insurance
- 1099 on-site medical interpreting sessions
- 306 medical interpreting sessions by phone

### PERCENTAGE OF CALLS BY LANGUAGE



ACCESS to Culturally and Linguistically Competent Care





## November Is National Diabetes Awareness

Diabetes is the leading cause of death in the United States, according to the Centers for Disease Control and Prevention (CDC). In the United States, more than 25 million people have diabetes, and the number is rising. November is National Diabetes Awareness Month, a time to raise awareness of the disease and its complications. Diabetes is a chronic condition that affects the body's ability to use insulin, a hormone that allows sugar to enter the cells. Without insulin, sugar builds up in the blood, leading to a variety of complications, including heart disease, kidney failure, and blindness. Diabetes is most common in people over the age of 40, but it can also affect children. There are two main types of diabetes: Type 1, which is an autoimmune disease, and Type 2, which is caused by lifestyle factors such as obesity and lack of exercise. Type 2 diabetes is the most common type, accounting for about 90% of all cases. It can often be prevented or delayed by maintaining a healthy weight, eating a healthy diet, and exercising regularly. If you have diabetes, it's important to work with your doctor to manage your condition and prevent complications. November is a great time to learn more about diabetes and how to prevent it. Visit the CDC website for more information.

## 아시안들의 정신 건강

연구에 따르면 아시아 이민자들은 정신 건강 문제를 겪는 경향이 있다. 이는 문화적 차이, 언어 장벽, 사회적 고립, 그리고 차별에 기인할 수 있다. 정신 건강 문제는 신체 건강과도 밀접한 관련이 있다. 예를 들어, 당뇨병과 고혈압은 정신 건강 문제가 있는 사람들에게서 더 흔하게 발견된다. 정신 건강 문제를 가진 사람들은 종종 의료 서비스를 이용하지 않거나, 치료를 중단할 수 있다. 이는 질병이 악화될 수 있고, 궁극적으로 사망에 이르게 할 수 있다. 정신 건강 문제를 가진 사람들을 돕기 위해서는 문화적으로 민감한 접근이 필요하다. 이는 언어 장벽을 해소하고, 문화적 차이를 이해하며, 사회적 고립을 줄이는 것을 포함한다. 정신 건강 문제를 가진 사람들을 돕기 위해서는 의료 서비스 제공자와의 협력도 중요하다. 이는 정신 건강 문제를 가진 사람들을 위한 프로그램을 개발하고, 정신 건강 문제를 가진 사람들을 위한 지원을 제공하는 것을 포함한다. 정신 건강 문제를 가진 사람들을 돕기 위해서는 우리 모두가 노력해야 한다.

## 十月份乳癌的防治宣傳月



## Cancer Control And Prevention

Cancer is a leading cause of death in the United States, and it is a disease that can be prevented. The American Cancer Society (ACS) is a national organization that works to prevent cancer and provide support for people with cancer. The ACS has a variety of programs and services, including cancer prevention programs, cancer treatment programs, and cancer support programs. The ACS also has a variety of educational materials, including brochures, booklets, and videos, that can help people learn more about cancer and how to prevent it. The ACS also has a variety of support services, including counseling, support groups, and financial assistance. The ACS is a national organization that works to prevent cancer and provide support for people with cancer. The ACS has a variety of programs and services, including cancer prevention programs, cancer treatment programs, and cancer support programs. The ACS also has a variety of educational materials, including brochures, booklets, and videos, that can help people learn more about cancer and how to prevent it. The ACS also has a variety of support services, including counseling, support groups, and financial assistance. The ACS is a national organization that works to prevent cancer and provide support for people with cancer. The ACS has a variety of programs and services, including cancer prevention programs, cancer treatment programs, and cancer support programs. The ACS also has a variety of educational materials, including brochures, booklets, and videos, that can help people learn more about cancer and how to prevent it. The ACS also has a variety of support services, including counseling, support groups, and financial assistance.

## Highlights

## HEALTH EDUCATION IN ETHNIC MEDIA

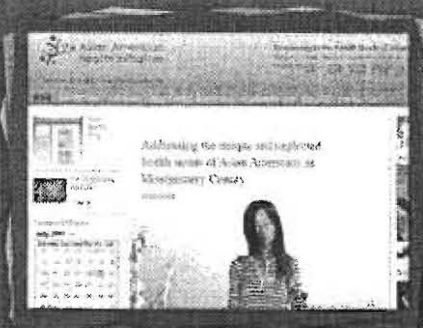
Community outreach and health education are crucial components of any successful public health initiative. Especially among Asian American populations, a comprehensive outreach strategy assures that residents increase their knowledge and awareness regarding specific health concerns impacting their community and resources available to address those needs. In tandem with enhancing its online and social media strategy, in FY11, AAHI launched the Health Education in Ethnic Media Campaign, a series of culturally relevant health education articles published in both print and online English- and Asian-language news sources.

AAHI's health education articles are reviewed by experts in the field and provide pertinent information regarding health access and available community resources and services. Considering the demographic composition of Montgomery County's Asian American community, utilization of the local ethnic media, which many non-English speakers in the community rely on as a primary source for news, is and will remain an essential component of AAHI's strategy to educate the community and enhance access to culturally competent care.

- 4 health education articles
- 4 media sources: The Washington Chinese News, The Korea Daily, India This Week, The Muslim Link Paper
- 4 topics covered: Breast cancer, Diabetes, Cancer Prevention, Mental Health

ACCESS to Culturally and Linguistically Competent Care





## Highlights

## AAHI LAUNCHES NEW WEBSITE

When AAHI's website first launched six years ago, its multilingual functionality was a tremendous asset in the organization's early efforts to reach out to diverse and linguistically isolated communities. As AAHI broadened the scope of its programs, however, the need for an online strategy with greater flexibility and increased opportunity to interact with partners and Asian American health organizations—not just locally but nationwide—became increasingly apparent.

After months in development, the enhanced [www.AAHIInfo.org](http://www.AAHIInfo.org) went live in March 2011. The new site maintains its multilingual features, with pages in Chinese, Hindi, Korean, and Vietnamese, translated by professional translators. Each language page is culturally tailored to the needs of individual communities, but also has newly-added functions that provide AAHI staff the opportunity to disseminate information with greater ease and wider reach. With links to [Facebook](https://www.facebook.com) and [Twitter](https://twitter.com), an [AAHI community blog](http://www.AAHIInfo.org), media sharing on Vimeo and Picasa, and Centers for Disease Control and Prevention health updates, [AAHIInfo.org](http://www.AAHIInfo.org) is a valuable tool for County resources, Asian American health information, and the latest news and publications from AAHI.







## Highlights

## EQUITY & SOCIAL JUSTICE INITIATIVE

The Montgomery County Department of Health and Human Services has a clearly established vision for a healthy, safe, and strong community. To this end, AAHL participates in the Montgomery County Equity and Social Justice Initiative, a cross-disciplinary and demographically diverse team that focuses on the use of fair policies, decisions, and actions to positively affect the lives of people.

The Equity and Social Justice Initiative, which has formed a principal workgroup to lead efforts within the initiative, convenes to plan, implement, and evaluate activities that will ultimately assist the department in integrating equity as a core value in all related work. The Asian American Health Initiative and its partners believe that effective, equity-focused strategies will, ultimately, promote better outcomes for all.

### Montgomery County Department of Health and Human Services Definition of Equity:

*“Equity – defined as: fair policies, decisions, and actions – guides the way that we work with our customers, our colleagues and our community to promote health, safety, well-being, and self-sufficiency.”*

ACCESS to Culturally and Linguistically Competent Care



# Promoting Community Mobilization and Empowerment



In the *Strategic Plan 2011-2015: Health Equity through Action – Improving Health Outcomes for Asian Americans in Montgomery County*, AAHI put forth as a primary organizational objective the promotion of community mobilization and empowerment among the County's Asian American population. Engaging all sectors of the populace in a community-wide effort to address specific health outcomes, community mobilization brings together policymakers and local government agencies, community leaders, professional associations, and faith-based organizations to empower groups and individuals in the community to work toward positive change.



The advantages of community mobilization efforts are myriad. The Centers for Disease Control and Prevention in its *Community Mobilization Guide* enumerates the benefits of a sound community mobilization strategy to include the introduction of new energy into an issue through community buy-in and support, promotion of local ownership and decision making about a health issue, reduction of competition and redundancy of service, and the creation of a unified voice in efforts to change public policies and health practices.



This past year, AAHI carried out several initiatives that help empower organizations and individuals to identify health priorities, address specific issues of concern, and affect positive change in their respective communities. AAHI once again demonstrated its ability to create meaningful relationships in the community, providing partners with consultation and technical assistance, health education resource planning, and linkage to a vast network of community- and faith-based organizations active in Montgomery County.

With the sustained success of well-established programs throughout the metropolitan D.C. area, in addition to the introduction of several new and inspiring initiatives, FY11 proved another successful year in AAHI's efforts to mobilize individuals and groups from diverse segments of the community.







## Highlights

## HEALTH PROMOTERS PROGRAM

AAHI's first initiative designed to promote community mobilization and empowerment, the Health Promoters Program relies on active, bilingual and bicultural members of diverse Asian American communities to facilitate AAHI's delivery of culturally competent resources and expand the organization's network of partners. In their efforts to raise awareness of important health concerns, promote wellness, and encourage community members to take individual action to better health, AAHI's health promoters participate in a variety of trainings on disease-specific conditions, community outreach strategies, and the social determinants of health.

Often referred to as community health workers, AAHI health promoters, who are members of the communities they serve and are familiar with mainstream institutions, processes, and resources available throughout the County, lend support to the AAHI in its endeavors to reach out to new segments of the population and create lasting partnerships in the community.

- **31 health promoters**
- **17 languages and dialects spoken**
- **16 ethnic communities represented**
- **19 trainings attended**
- **14 new health promoters in FY11**
- **14 health promoters with 3+ years of experience in the program**

Promoting Community Mobilization and **EMPOWERMENT**





## Highlights

## COMMUNITY OUTREACH EVENTS

A basic tenet of the Asian American Health Initiative has always been to provide outreach events that inform and educate the diverse pan-Asian American communities in Montgomery County. Since its founding, AAHI has participated in and carried out hundreds of health fairs, educational seminars, and community-based activities that increase awareness of diseases and health risks of particular concern.

Partnering with organizations in more than 14 ethnic communities in FY11, AAHI's activities facilitate the dissemination of important health information and provide technical assistance and support to community members. Through its outreach events, AAHI also provides links to free and low-cost screening and referral services throughout the County.

- 77 outreach events
- 14 ethnic communities reached
- 4801 educational encounters
- 7870 literature distributed
- 342 health service referrals
- 1688 health screenings performed

In FY11, AAHI's community outreach events included health fairs, hepatitis B projects, health education workshops, and the independent outreach project.

Promoting Community Mobilization and **EMPOWERMENT**







## Highlights

## HEPATITIS B PROJECT

Though Asian Americans represent less than 5 percent of the United States' total population, along with Native Hawaiians and Pacific Islanders they account for more than half of the estimated 2 million Americans living with chronic hepatitis B.

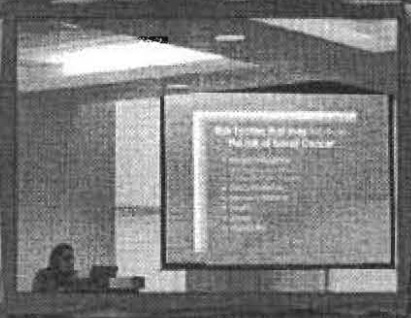
This past year, AAHI teamed with the Hepatitis B Initiative of Greater Washington, D.C., the Organization of Chinese Americans – D.C. Chapter, and a cohort of public, private, and nonprofit organizations to carry out a free screening, vaccination, and treatment consultation program in October 2010. More information on this collaboration can be found on [page 22](#).

In FY11, AAHI also provided in-depth assistance to the Viet Nam Medical Assistance Program (VNMAP), a community-based nonprofit organization, offering expertise during the planning, implementation, and evaluation of the Screening, Management, Awareness, and Solutions for Hepatitis B (SMASH-B) project, targeting the County's Vietnamese American community. AAHI staff provided technical assistance and support throughout the project, empowering VNMAP to raise awareness among its constituents and better respond to this serious health risk within the community.

- **114 participants**
- **100% of hepatitis B at-risk participants referred to vaccinations, of whom 80% completed the three-shot vaccination series**
- **100% of hepatitis B infected participants referred to follow up care, of whom 64% accessed treatment**
- **100% of participants reported they will urge family and friends to be screened and/or vaccinated**
- **100% of participants reported overall satisfaction with the project**

Promoting Community Mobilization and **EMPOWERMENT**





## Highlights

## HEALTH EDUCATION WORKSHOPS

Congruous with its mission to provide culturally competent healthcare services and educational programs, AAHI complemented its outreach efforts in FY11 with the introduction of in-depth health education workshops.

Planned in close cooperation with community- or faith-based organizations, the workshops provide topical health information in a smaller, more interactive setting than the traditional outreach event or health fair. Collaboratively, AAHI and the organization's leadership select a topic based on the community's interest in and concern regarding a specific health issue. Workshop participants attend an informative lecture presented by an expert in the field, partake in a question-and-answer session, and are invited to take home relevant literature that encourages healthful habits.

The workshops also provide an opportunity to link participants to health screenings in the area, serving as a valuable tool in empowering participating communities to take greater control in shaping their individual health outcomes

- 4 workshops conducted in the community
- 4 topics covered: Osteoporosis, Breast Cancer, Mental Health, and Nutrition & Well-being
- 130 educational encounters

Promoting Community Mobilization and **EMPOWERMENT**







## Highlights

## INDEPENDENT OUTREACH PROJECT

One of the greatest impediments to achieving health parity in minority communities is a lack of access to the many smaller, isolated, and often marginalized pockets within these populations. Recognizing this concern, AAHI established another pilot initiative in FY11, the Independent Outreach Project (IOP).

AAHI created a manual to enhance the ability to connect with hard-to-reach members of the community. The IOP, piloted from February to June 2011, places particular emphasis on small-business owners and their employees, as well as the congregants of smaller community and religious organizations. Through independent outreach, conducted on-site, business owners and their employees learn about the health risks impacting their communities and the local resources available to assist them.

- **36 small businesses and communities reached**
- **202 educational encounters**
- **440 literature distributed**
- **86 health service referrals**

Promoting Community Mobilization and **EMPOWERMENT**





## Highlights

## E.C.H.O. PROJECT

The social fabric of Montgomery County is a complex union of racial, ethnic, religious, and socioeconomic diversity. Particularly among the Asian American population, the specific health needs and concerns of ethnic subgroups vary greatly, rendering it necessary for the faith- and community-based organizations that serve these ethnic communities to establish their own unique health agendas.

With this in mind, AAHL initiated the **Empowering Community Health Organizations (E.C.H.O.)** Project, a new series of practical and professional technical assistance training workshops designed to empower and enhance the ability of community leaders to develop culturally and linguistically competent health programming. Launched in May 2011, in honor of Asian Pacific American Heritage Month, AAHL hosted its first free workshop to strengthen the capacity of organizations that serve the County's diverse Asian American community. The first workshop, MCDHHS 101, discussed the numerous services and resources available through Montgomery County's Department of Health and Human Services and how community organizations can utilize this information to better serve their constituents. Prior to planning and implementation, AAHL conducted a thorough assessment of the communities' training needs and interests in order to establish seminar topics that would offer the greatest benefit. Through the E.C.H.O. Project, AAHL is working to ensure that communities maintain the momentum necessary to take charge of their own health.

- 30 individuals attended
- 13 organizations represented

Promoting Community Mobilization and **EMPOWERMENT**





## Partnerships and Collaboration



AAHI has developed an extensive network of partners within Asian American communities throughout Montgomery County, as well as public and private collaborators at the local, state, and national levels. Collaborative work is extremely important in building a healthy community, especially considering the overlap of social and economic factors that impact health and wellness. Effective coalitions enable a large scope of service delivery and resource distribution while ensuring that efforts have minimal duplicative properties.



The importance of strong, lasting partnerships between public health agencies and community- and faith-based organizations cannot be overstated. They lead not only to improved efficiency, but also to greater cultural awareness. Especially when working with minority populations, government public health agencies must work doubly hard to understand fully the values, norms, and mores of a particular community. By creating partnerships with local community organizations and their leaders, AAHI gains access to trusted authorities within the County's many communities, ensuring that community members will place similar confidence in AAHI and the Montgomery County government.



As a strategic goal for the next five years, AAHI will work to strengthen its existing partnerships in order to enhance collaborative provision of services and resources. FY11 provided an opportunity for the Asian American Health Initiative to do just that: fortifying ties with existing partners and creating new collaborations with local nonprofits. From partnering with an area hospital to provide breast health education programs and mammogram assistance, to teaming with a collection of public and private partners to offer free hepatitis B education, screening, vaccination, and treatment consultation, AAHI continued to nurture relationships that foster the implementation of culturally competent healthcare services and educational programs.





## Highlights

## M.C.E.P.

AAHI has a long-standing partnership with Holy Cross Hospital, Casa De Maryland, Community Ministries of Rockville, the African American Health Program, and Maryland Commission on Indian Affairs to coordinate the implementation of the **Minority Communities Empowerment Project (M.C.E.P.)**, a grant-funded outreach initiative supported by the Maryland Department of Health and Mental Hygiene's Minority Outreach & Technical Assistance program (M.O.T.A.).

The project, which builds capacity in racial and ethnic communities through outreach, empowerment and education, creates an opportunity for AAHI to work collaboratively with other minority health organizations throughout the County and share important knowledge of the health challenges faced by diverse populations.







## Highlights

## HEALTH DISPARITY CONFERENCE

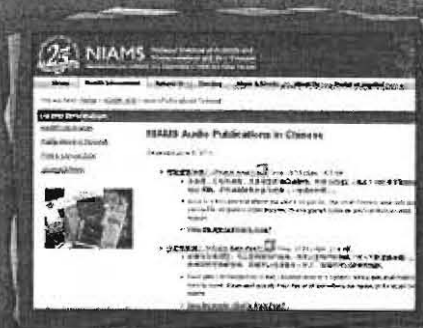
The Center on Health Disparities at Adventist HealthCare was formed to raise community awareness about local health disparities, improve capacity to deliver population-based care, and develop solutions to eliminate gaps in local health coverage and treatment. In November 2010, the Center—in partnership with the Montgomery County Department of Health and Human Services and the health departments of Frederick and Prince George's counties—hosted its 4th Annual Health Disparities Conference.

As a part of the conference planning committee, AAHI worked closely with the group's members to set forth an engaging agenda. The conference, under the banner *Social Determinants of Health: the Role of Healthcare in Leading Social Change in Local Communities*, provided community leaders from different sectors across the region an opportunity to learn about how environmental, socioeconomic, and political factors impact health outcomes.

With presentations and panel discussions by nationally recognized leaders from the fields of public health, healthcare management, and policy, participants had the opportunity to learn from and network with diverse professionals dedicated to improving community health.

AAHI congratulates the Chinese Cultural and Community Service Center (CCACC), their long-standing partner, for receiving the Blue Ribbon Award, recognizing their efforts in promoting health equity, at the annual conference.





## Highlights

## PUBLICATIONS QUALITY CHECK

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), of the National Institutes of Health, is tasked with supporting research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases and the dissemination of these findings.

AAHI and NIAMS first partnered in 2008 to develop culturally and linguistically appropriate education materials for distribution at outreach events and translate literature into several Asian languages. In 2011, the organizations teamed up again on the development and promotion of audio materials for educational use. With NIAMS expanding its library of foreign-language audio files, AAHI health promoters were tasked with ensuring the quality and linguistic accuracy of the six Chinese-language publications, produced for individuals with visual impairments or limited literacy skills. Since the release of these valuable resources, AAHI has also assisted NIAMS with their promotional efforts, informing the Chinese American community of Montgomery County of their availability.

### Topics reviewed:

- Acne
- Back Pain
- Knee Problems
- Osteoarthritis
- Rheumatoid Arthritis
- Sprains & Strains

**PARTNERSHIPS** and Collaboration







## Highlights

## COMMUNITY HEPATITIS B EVENT

Concerned about the prevalence of hepatitis B and lack of awareness surrounding the disease in Asian American communities in the Greater Washington, D.C. area, a team of non-profit organizations and private and public entities coordinated a free hepatitis B education, screening, vaccination, and treatment consultation program in Rockville, Maryland attended by more than 200 people in October 2010.

Led by the Hepatitis B Initiative of Greater Washington, D.C., other collaborators included the Chinese Culture and Community Service Center, the Chinese American Medical Society – Mid Atlantic Region, the Organization of Chinese Americans – Greater D.C. Chapter, Bristol-Myers Squibb, the University of Maryland's Phi Delta Sigma, Inc., and the Asian American Health Initiative. A truly collaborative effort, more than 60 volunteers gave their time and resources to combat one of the greatest health threats facing Asian Americans today.

**PARTNERSHIPS** and Collaboration





## Highlights

## AAHI 101 PRESENTATIONS

As the United States continues to grow in terms of its ethnic, racial, and religious diversity, the need has also grown for healthcare systems and providers who are able to respond effectively to these shifting demographics. To eliminate gaps in access and quality of care, it has become essential for practitioners to study the values, beliefs, and behaviors as they pertain to the health of the nation's diverse population.

In order to facilitate the development of a health sector that is informed about needs specific to the Asian American population, AAHI initiated AAHI 101 presentations in the community. An all-inclusive introduction to AAHI and the Asian American community, AAHI 101 presentations inform partners and collaborators in the community, as well as interested individuals and healthcare providers, about Asian American demographics, barriers to accessing care, Asian American health disparities, AAHI's mission and programs, and the critical importance of cultural and linguistic competency in the Asian American community.

### Organizations presented to:

- American Heart Association
- Asian American LEAD
- Child Center and Adult Services, Inc
- Mental Health Advisory Committee of Montgomery County
- Morgan State University, School of Community Health and Policy
- Novartis Pharmaceuticals Corporation
- Primary Care Coalition of Montgomery County
- Sri Lankan Association of Washington DC
- The Danya Institute
- University of Maryland, Asian American Studies Program
- University of Maryland, School of Public Health, Department of Behavioral and Community Health Internship Program

**PARTNERSHIPS** and Collaboration



## Highlights

## LOCAL, STATE & NATIONAL COLLABORATORS

- Adventist HealthCare Center on Health Disparities Advisory Group
- African American Health Program
- African Women's Cancer Awareness Association
- Alpha Kappa Alpha
- American Cancer Society
- American Heart Association
- Asian American LEAD
- Asian Indians for Community Service
- Asian Pacific American Legal Resource Center
- Asian Pacific Islander Caucus for Public Health
- Asian Pacific Islander Domestic Violence Resource Project
- Asian Pacific Partners for Empowerment and Leadership
- Bait-ur-Rahman Mosque
- Bethany Presbyterian Church
- Boat People, SOS
- Burma American Buddhist Association
- Cambodian Buddhist Society
- Cambodian Senior Association
- CCACC Pan Asian Volunteer Health Clinic
- Child Care & Adult Services, Inc.
- Chinese American Senior Services Association
- Chinese Bible Church of Maryland
- Chinese Culture and Community Service Center, Inc.
- Cigarette Restitution Fund Program
- Community Ministries of Rockville
- Coordination Council of Chinese American Associations
- Cross Cultural Infotech
- Crusader Lutheran Church
- Danya Institute
- East County Citizens Advisory Board
- Ebenezer Korean Church
- Family Services, Inc.
- Food & Drug Administration, Women's Group
- G.O.S.P.E.L. Program
- Gaithersburg Chinese Alliance Church
- Gaithersburg Upcounty Senior Center
- Global Mission Church
- Guru Nanak Foundation of America
- Healthy Montgomery Community Health Improvement Process
- Hepatitis B - Patient Advocacy Liaison Program, Bristol Myers Squibb
- Hepatitis B Initiative-DC
- Hepatitis B Taskforce
- Holy Cross Hospital
- Indonesian Muslim Association of America
- International Buddhist Center
- International Rescue Committee
- Islamic Center of Maryland
- Japanese Christian Community Center
- Johns Hopkins Bayview Medical Center
- Johns Hopkins University National Children's Study Center - Advisory Board
- Korean Community Services Center of Greater Washington
- Korean Presbyterian Church
- Latino Health Initiative
- Long Branch Senior Center
- Maryland Asian American Cancer Program
- Maryland Commission on Indian Affairs
- Maryland Department of Health and Mental Hygiene, Center Health Promotion Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities
- Maryland Insurance Administration
- MCC Medical Clinic
- Maryland Vietnamese Mutual Association
- Mobile Medical Clinic
- Montgomery College
- Montgomery County Cancer Coalition
- Montgomery County Cancer Crusaders
- Montgomery County Equity & Social Justice Initiative
- Montgomery County Gastroenterology
- Montgomery County Office of Human Rights
- Montgomery County Office of Community Partnerships
- Montgomery County Tobacco Coalition
- Montgomery General Hospital
- Muslim Community Center
- NIH, Asian Pacific American Organization
- NIH, National Institute of Arthritis and Musculoskeletal and Skin Diseases
- New Covenant Fellowship Church
- Nueva Vida
- Organization of Chinese Americans- DC Chapter
- Our Lady of Vietnam Church
- People's Community Wellness Center
- Primary Care Coalition of Montgomery County
- Shady Grove Adventist Hospital
- Southern Asian Seventh Day Adventist Church
- St. Rose of Lima Church
- Substance Abuse and Mental Health Services Administration
- Suburban Hospital, Johns Hopkins Medicine
- Sri Lanka Association of Washington DC
- Thai Alliance of America
- U.S. Census Bureau
- United States Department of Agriculture, Office of Public Affairs and Consumer Education
- University of Maryland College Park, Office of Multicultural Involvement & Community Advocacy
- University of Maryland College Park, School of Public Health
- Viet Nam Medical Assistance Program
- Vietnamese American Senior Association
- Washington Adventist Hospital
- Washington Japanese Alliance Church
- Washington Kali Temple
- Wat Thai Washington, DC
- Woman's Cancer Control Program
- Women, Infants & Children
- YMCA





## Highlights

## WORK GROUP PARTICIPATION

- Adventist HealthCare Center on Health Disparities – Advisory Group
- Asian Pacific Islander Caucus for Public Health in official relations with the American Public Health Association – Executive Committee
- Healthy Montgomery Community Health Improvement Process
- Johns Hopkins University National Children's Study Center – Advisory Board
- Maryland Asian American Cancer Program, Johns Hopkins Bloomberg School of Public Health and University of Maryland School of Public Health – Community Advisory Board
- Montgomery County DHHS Cancer Coalition
- Montgomery County DHHS Equity & Social Justice Initiative
- Montgomery County DHHS Tobacco Free Coalition
- National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Disease – Multicultural Outreach Workgroup



## Data Collection and Reporting



Given the rich diversity of the Asian American population, scholars and public health professionals have been advocating for the collection of disaggregated, subgroup-specific data for years. Without this information, significant disparities facing particular subgroups are attenuated by inclusion with non-affected subgroups. Concurrently, lumped data lead to inaccurate assumptions about Asian Americans as a homogenous group with common needs. Without solid data concerning the specific needs of individual Asian American communities, resources may not be allocated appropriately to ensure that the health needs of underrepresented ethnicities are addressed. Disaggregating the heterogeneous Asian American population through large-scale and community-based surveillance efforts will help to identify high-risk subgroups and facilitate the development of effective targeted interventions.

In line with its mission, AAHI endeavored to address gaps in data through its 2005 and 2008 community health needs assessments and has continued through FY11, carrying out initiatives that incorporate data collection as a fundamental component. While the Patient Navigator Program uses an internal database to track the demographics and health needs of its clients, AAHI collects comprehensive evaluations from health fair participants, community partners, and health care providers. In addition to providing a more robust representation of the local community, AAHI program data are used to gauge program satisfaction, quality, and indicate areas where AAHI programming could be enhanced or expanded.

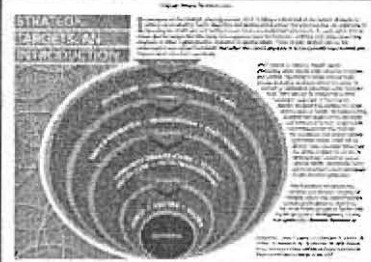
In FY11, AAHI completed and successfully disseminated three comprehensive documents as part of a continued effort to improve the quality and quantity of local health data. In addition, AAHI has continued its collaboration with MCDHHS and agencies participating in the Healthy Montgomery's Community Health Improvement Process. The group's eponymously named website is an in-depth source of population-based data and information about community health and the social and environmental determinants of health.

These efforts help policymakers and health agencies further understand the complexities of the Asian American community and other minority populations of Montgomery County.



# health equity through action

Improving Health Outcomes for Asian Americans in Montgomery County



## Highlights

## STRATEGIC PLAN 2011-2015

As a management tool, a well-designed, effective strategic plan helps an organization focus its efforts in support of clearly identified final outcomes, serving as a road map for future success. To address the shifting and unidentified needs of the growing Asian American population, AAHI developed a comprehensive, five-year strategic plan, *Health Equity Through Action—Improving Health Outcomes for Asian Americans in Montgomery County*, that proposes a framework for enhancing access to culturally and linguistically competent care, promoting community mobilization and empowerment, strengthening partnerships and collaborations, enhancing data collection and reporting, and establishing organizational sustainability.

To define feasible target areas through 2015, AAHI consulted a variety of sources relevant to moving the organization forward, including recommendations of the 2005 and 2008 county-wide Asian American health needs assessments, perspectives articulated at the 2006 and 2009 Asian American Health Conferences, MCDHHS priorities, and state and national trends. In addition, feedback collected at community health fairs and outreach events and input from community members, community partners, and the AAHI Steering Committee were integral in the development process. The publication is available electronically on the AAHI website, [www.AAHIinfo.org](http://www.AAHIinfo.org).





Montgomery County, Maryland  
Department of Health and Human Services  
Asian American Health Initiative



#### Executive Summary

The Asian American Health Initiative (AAHI), in partnership with the Chinese Center for Disease Control and Prevention (CCDC), piloted a hepatitis B education, screening, and referral project in the Chinese American community in Montgomery County, Maryland in April 2010. The project provided free hepatitis B education, screening, and referral to vaccination or treatment to individuals of Chinese and Vietnamese descent aged 18 and older, regardless of insurance status or residence. In total, 127 individuals participated.

The project achieved considerable success through its initial focus among Chinese Americans and plans to expand to include other Asian American populations. It was able to overcome many barriers to hepatitis B screening and vaccination, including lack of knowledge, lack of insurance, and lack of transportation. The project was able to reach the Chinese American and other Asian American communities of Montgomery County, Maryland with regard to hepatitis B education, screening, and referral. Through the limited success of the pilot project, AAHI is able to further identify gaps and barriers, efforts to eliminate hepatitis B disparities in the Asian American community.

#### III. About the Pilot Project

AAHI is a public-private, and non-profit organization that provides education, screening, and referral to vaccination or treatment for Chinese Americans adults through a pilot project in Montgomery County, MD.

##### Goals:

- To increase knowledge and awareness about hepatitis B
- To increase access to hepatitis B screening and vaccination
- To engage community advocates and strengthen capacity to address hepatitis B control issues
- To improve data collection on hepatitis B

##### Planning

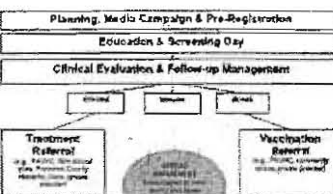


Working with the community and other stakeholders to develop a plan for the pilot project.



#### IV. Outcomes

Figure 1. Follow-up Flow Chart



## Highlights

## HEPATITIS B PILOT PROJECT EVALUATION

In FY10, AAHI piloted a hepatitis B education, screening, and referral to vaccination or treatment project in partnership with the Chinese American community in Montgomery County. AAHI staff developed qualitative and quantitative data collection tools to analyze and evaluate the project.

The findings of that evaluation were released in a report designed to inform future efforts in the community through a series of conclusions, recommendations, and lessons learned. The publication is available electronically on the AAHI website, [www.AAHInfo.org](http://www.AAHInfo.org).

A similar evaluation report for the SMASH-B project 2011, conducted with the Vietnamese American community in collaboration with the Viet Nam Medical Assistance Program, is currently in development.

DATA COLLECTION and Reporting





## Highlights

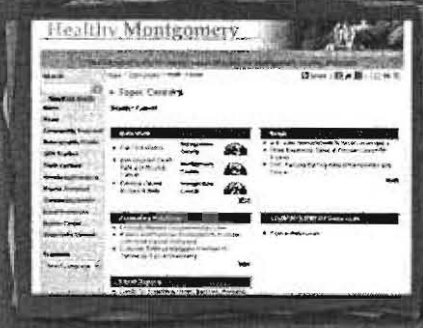
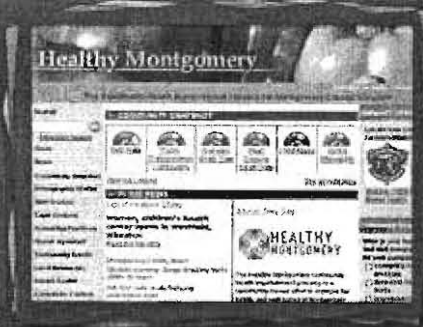
## LAUNCH OF STORYBOOK PUBLICATION

As part of AAHI's continuing efforts to dispel the notion of Asian Americans as a "model minority", unbound by the constraints of poverty and disease, AAHI released a collection of personal stories that illustrate the triumphs and tragedies of the County's Asian American residents. *Voices among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland* raises awareness about the wide range of challenges faced by the Asian American community, including problems related to health, healthcare access, immigration, and language proficiency.

Joined at the launch in December 2010 by County Executive Isiah Leggett and Montgomery County Department of Health and Human Services Director Uma Ahluwalia, AAHI and its Steering Committee brought together a diverse group of attendees from the public, private, and nonprofit sectors to draw attention to the health struggles of Montgomery County's Asian American residents. The publication is available electronically on the AAHI website, [www.AAHIinfo.org](http://www.AAHIinfo.org).







## Highlights

## HEALTHY MONTGOMERY WEBSITE LAUNCH

In FY11, the Montgomery County Department of Health and Human Services launched the Healthy Montgomery website, [www.HealthyMontgomery.org](http://www.HealthyMontgomery.org), a comprehensive source of population-driven data and information as it pertains to the health status of the residents of Montgomery County. The 100 health indicators presented on the site provide substantive data from which planners, policymakers, and health and social service providers can begin to describe more accurately the health of the entire community.

A product of the Healthy Montgomery community health improvement process, a cross-disciplinary effort that brings together representatives from public and private organizations throughout the County, the initiative collects data, identifies areas for improvement, and monitors the success of the improvement efforts. AAHL actively participates in the community health improvement process.



## Highlights

## PROFESSIONAL PRESENTATIONS

### OCTOBER 2010

Diversity Rx Conference on Quality Health Care for Culturally Diverse Populations

Oral Presentation: *Translating Findings from Health Needs Assessment to Action: A Five Year Strategic Plan*

Poster Presentation: *A Culturally Competent Model to Eliminate Health Disparities among Diverse Asian Americans*

### NOVEMBER 2010

American Public Health Association 138th Annual Meeting & Exposition

Oral Presentation: *Hepatitis B Pilot Program 2010: A Roadmap to Health Parity in the Asian American Community*

### NOVEMBER 2010

Maryland Department of Health and Mental Hygiene: Maryland Breast and Cervical Cancer Program

Oral Presentation: *Successfully Outreaching to Asian Americans*



# Professional Development



The Asian American Health Initiative is built on a foundation of volunteerism and community empowerment. To help foster a future generation of culturally competent health professionals, AAHI offers fall, winter, and summer internships for exceptional high school, undergraduate, and graduate students interested in pursuing careers in health-related disciplines. The development of an incoming workforce comprised of qualified, enthusiastic, and compassionate professionals is a critical step to guaranteeing the implementation of quality public health programs and support services.

The AAHI Internship Program gives students an opportunity to apply their knowledge in a real-world setting and helps them to develop practical skills and build professional relationships that will prove beneficial throughout their careers. AAHI interns work with staff to develop individualized learning plans and design independent projects that allow them to enhance their skills in a variety of ways. Additionally, interns have an opportunity to assist staff with research, develop educational materials, and implement outreach programs that benefit the Asian American communities of Montgomery County.

AAHI also believes, however, that an individual's education should not end at a commencement ceremony. In addition to its internship program, AAHI and the Montgomery County Department of Health and Human Services provide opportunities for its staff to enrich their professional capabilities through participation in professional development programs and County-sponsored trainings. AAHI understands that the key to successful programs in public health is an educated, dedicated, and ever-learning workforce.







## Highlights

## FY11 INTERNS

### FALL 2010 INTERNS

Karishma Dhru

*University of Maryland, School of Public Health*

Kristina Yee

*University of Maryland, School of Public Health*

Shaiza Khalil

*University of Maryland, School of Public Health*

- Produced a photostory video chronicling a personal journey from Voices Among the Silent, an extension of the storybook project
- Researched and developed an educational presentation on geographic information system (GIS)

### SPRING 2011 INTERNS

Patricia Nguyen

*University of Maryland, School of Public Health*

Rebeka Sultana

*University of Maryland, School of Public Health*

- Researched and developed educational presentations and health promotion tools on mental health among Asian American adolescent females and health of nail salon workers
- Provided support on AAHI's hepatitis B project





## Highlights

## STAFF DEVELOPMENT/TRAININGS

July 2010, Jamie Weng was selected to participate in the Southeast Asia Resource Action Center (SEARAC) Leadership and Advocacy Training in Washington, D.C. The forum provided Southeast Asian American community leaders an opportunity to strategize and collaborate on issues related to education, health policy and immigration.

July 2010, Perry Chan attended the Quality Service Review (QSR) training through the Montgomery County Department of Health & Human Services. The trained QSR reviewers meet quarterly to evaluate case studies spanning the entirety of service areas offered by MCDHHS. The evaluation consists of reviewing protocol for effectiveness and efficiency.

May 2011, Atyya Chaudhry and Sanjana Quasem participated in a training on Montgomery County's implementation program for limited-English proficient (LEP) residents in Rockville, Maryland. The training provided technical assistance and information to County staff for working with LEP populations.



# Financials

FY11 was challenging for public health and social service agencies reliant on government funding. AAHI's core budget was reduced from \$719,445 to \$552,822. AAHI persevered despite programmatic reductions and continued meeting the needs of the Asian American community.

FY11 expenses for core appropriated funds were captured in two broad categories:

1. **In-House Programs and Administrative:** These include program staff, special projects, office equipment, supplies, printing, and mileage. This category accounts for 19.6% of AAHI's core budget expenditures.
2. **Contracts:** These include contracts with Cross-Cultural InfoTech and Primary Care Coalition. This category accounts for 80.4% of AAHI's core budget expenditures.

In FY11, through collaborations with Holy Cross Hospital and other community partners, AAHI received a \$10,000 grant from the Maryland Department of Health and Mental Hygiene's (DHMH) Minority Outreach Technical Assistance (MOTA) program. AAHI was also the recipient of a \$10,000 Komen Community Assisted Mammogram Program (KCAMP) grant, supported by Susan G. Komen for the Cure.





# Steering Committee

The Asian American Health Initiative Steering Committee (AAHI SC) comprises a professionally and ethnically diverse group of individuals from the local community who advocate, advise, and assist AAHI staff in their efforts to achieve health equity in Montgomery County. The dedicated members of the Committee provide a wealth of expertise and intimate knowledge of their respective communities.

In FY11, the 16 Steering Committee members upheld their reputation as dedicated servants to the Asian American community through their invaluable support to AAHI and MCDHHS efforts. During the past year, Steering Committee members:

- Volunteered approximately 530 hours in support of AAHI's programmatic efforts
- Advocated in meetings with key leaders in Montgomery County
- Advised AAHI programmatic efforts throughout the year
- Assisted AAHI in reviewing health education columns for accuracy of content and cultural competency
- Assisted AAHI in planning the public launch of the storybook, *Voices Among the Silent: Stories of Struggle and Strength from Asian Americans in Montgomery County, Maryland*
- Contributed to the development of the Fiscal Year 2010 Annual Report
- Supported planning of the Empowering Community Health Organizations workshop
- Developed letters of support to the County Council and key DHHS leaders
- Participated in a training about the Montgomery County Council to better understand the legislative process
- Collaborated with leadership of the African American Health Program and Latino Health Initiative to write letters of support advocating for programs that address minority health inequities
- Served as liaisons to external community workgroups including the Asian American Advisory Group to the County Executive, Maryland Governor's Commission on Asian Pacific American Affairs, County Commission on Health, and Healthy Montgomery Steering Committee
- Offered letter of support to Health Resources and Services Administration Head Start Program

## MEMBERS

Harry Kwon, Chair  
Meng Lee, Vice-Chair  
Anis Ahmed  
Ji-Young Cho  
Nerita Estampador  
Wilbur Friedman  
Lewis Hsu  
Karen Kar-Yee Ho  
MunSu Kwon  
Sunmin Lee  
Michael Lin  
Betty Luan  
Alvin Madarang  
Sam Mukherjee  
Wendy Shiau  
Sovan Tun



# How To Get Involved

## HEALTH PROMOTERS

Applications for the Health Promoters Program are accepted on a rolling basis. Health promoters are trained by AAHI in areas of health education, health resources, and County and AAHI services. Health promoters, in turn, educate and connect their communities to these sources. For more information about the program, or to apply, visit the AAHI website [www.AAHIinfo.org](http://www.AAHIinfo.org) to download an application form.

## VOLUNTEERS

Volunteers have the opportunity to assist with health fairs and outreach events. Participation ranges from translation and cultural competency support to event planning and implementation. AAHI is continually searching for dedicated volunteers. Please contact AAHI staff if you are interested.

## COMMUNITY PARTNERS

AAHI has long-standing partnerships with many community- and faith-based organizations. With these organizations, AAHI plans health events and participates in cultural festivities. If you are interested in partnering with AAHI or would like for AAHI to visit your community, please contact AAHI staff.

## INTERNS

AAHI seeks interns during the summer, fall, and spring semesters. Interns have a multifaceted opportunity to assist staff with research, develop educational materials, and implement outreach programs. Interns gain hands-on experience in the areas of public and community health. If you are a current student or recent graduate interested in a meaningful internship at AAHI, visit the AAHI website [www.AAHIinfo.org](http://www.AAHIinfo.org) for details and to download an application form.

## STEERING COMMITTEE MEMBERS

The AAHI Steering Committee is comprised of a professionally and ethnically diverse group of stakeholders from the local community who advocate, advise, and assist AAHI with its efforts to attain health parity in Montgomery County. The dedicated members of the Committee provide a wealth of expertise and intimate knowledge of their respective communities. AAHI is currently recruiting additional members who can actively support the organization to achieve its mission and goals. If interested, please download an application form from the AAHI website.



# Acknowledgements



AAHI would like to express its deep appreciation to the Montgomery County Executive, Montgomery County Council, the Montgomery County Department of Health and Human Services, the AAHI Steering Committee, community partners, staff, and volunteers for their unwavering support during the 2011 fiscal year.

## AAHI STAFF

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Senior Program Coordinator

Atyya Chaudhry  
Program Coordinator

Sanjana Quasem  
Program Coordinator

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Program Specialist

## SPECIAL THANKS

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Montgomery County  
Department of Health and Human Services

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ANNUAL REPORT  
**Latino**  
Health  
INITIATIVE  
DEVELOPMENT CENTER, INC.



ANNUAL  
REPORT **FY11**

July 1, 2010 — June 30, 2011

*Charting a Course  
Through the Storm*

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## Message from the Latino Health Steering Committee (LHSC) Co-Chairs and the Latino Health Initiative (LHI) Manager

As we reflect back on this fiscal year, we confidently observe that the mission we strove to accomplish 10 years ago continues to serve as a compass directing us toward fruitful paths. The past decade has seen numerous accomplishments that continue to motivate us to improve the lives of Latino people in Montgomery County. This mission includes empowering Latinos so that the communities to which we contribute hear our voices.

FY11 was characterized by unprecedented cuts to our budget and increased hardship for our communities. These factors coalesced to pose tremendous pressures on our staff and volunteers. But, we rose to the occasion and tenaciously continued assisting underserved groups. Indeed, in recognition of our exceptional immigrant integration initiatives, the Migration Policy Institute awarded the Suburban Maryland Welcome Back Center (spearheaded by the Latino Health Initiative [LHI]) the 2011 E Pluribus Unum award.

During FY11, the LHI reached over 15,000 individuals through our programs and activities. Our volunteers provided 5,567 hours of volunteer service—the equivalent of 696 full days. Our programs continued to achieve tremendous milestones. We saved thousands of dollars by keeping children with asthma out of the hospital. We enhanced the health outcomes of thousands of uninsured and underinsured individuals. We helped maintain the health of our youth and families. And, we raised the wages of dozens of families.

Through these trying times, the LHI continued to work with our allies to improve the health needs of Latino people in Montgomery County. These collaborations, along with the many partnerships that have flourished over the past 10 years, have elevated the LHI to the status of preeminent voice for Latinos in Montgomery County.

Our many advocacy efforts have built enduring connections between community members and influential organizations, emboldening community members to make our presence felt at key moments. With the help of the LHI's Community Engagement Workgroup, for example, dozens of Latino community members played a visible role in FY11 county council hearings. During these hearings, community members provided testimony on the effects future budget cuts would have on their communities. This was one of many ways in which the LHSC empowered Latinos to advocate for the community's wellbeing.

In the pages of our annual report, the effects of these demanding economic times can be seen vividly. What is also clear is the solidarity and dedication of our staff, partners, and community members to continue cultivating an integrated health and wellness system for all Montgomery County residents.

Thanks are due to our staff, volunteers, partners, and community members as well as to you for helping to enhance the salubrious day-to-day lives of Latino families. Without all of our efforts and devotion we would not be here singing in unison, "*¡Sí se puede!*, Yes we can!"

**Cesar Palacios, MD, MPH**

**Grace Rivera Owen**

Co-Chairs, Latino Health Steering Committee (LHSC), Montgomery County

**Sonia E. Mora, MPH**

Latino Health Initiative (LHI) Manager

# Latino Health Steering Committee (LHSC) of Montgomery County

Since July 2000, the Latino Health Steering Committee (LHSC) of Montgomery County has contributed its time and efforts to advocating for policies and practices that will advance the health status of Latinos residing in Montgomery County. The expert guidance and technical assistance provided by this independent group of volunteer professionals and community leaders has provided the Department of Health and Human Services (DHHS) and the Latino Health Initiative (LHI) with a valuable guide to reach FY11 goals.

## FY11 ACCOMPLISHMENTS

- Volunteered about 1,400 hours to support the Latino Health Initiative's work.
- Recruited two new members to maintain a core group of 20 total members.
- Assisted the County's DHHS to secure over \$1,300,000 for FY12 to support programs and activities.
- Provided ongoing support and made recommendations to the DHHS Director to address social determinants of health in Montgomery County.
- Established a position of Liaison to facilitate work among Asian American Health Initiative and African American Health Program leadership. This includes jointly securing sustainable resources and efforts related to issues affecting people of color.
- Supported the Montgomery County Latino Youth Collaborative in the development of an action plan to address Latino youth issues.
- Advocated and testified at County forums on behalf of the Latino community regarding important health-related issues in Montgomery County.
- Proceeded to actively chair and work, participate, and collaborate with the Latino Data Workgroup and Community Engagement Workgroup as well as DHHS-wide initiatives such as Healthy Montgomery and Montgomery County Commission on Health.



# Latino Data Workgroup

*"The Latino Data Workgroup is committed to ensuring that data collection and reporting activities in Montgomery County capture the impact of the changing socioeconomic environment and healthcare landscape on the health and wellbeing of Latino residents."*

—Rose Marie Martinez  
Latino Data Workgroup Co-Chair

The Latino Data Workgroup (LDW) was formed in 2002 under the auspices of the Latino Health Steering Committee (LHSC) of Montgomery County. This 10-member body provides technical assistance, advice, and advocacy support for the collection, analysis, and reporting of health-related data on Montgomery County Latino residents. The LDW sets out a work plan each year to focus on projects of priority to the LHSC, Latino Health Initiative (LHI), and Montgomery County Latino population.

## FY11 ACCOMPLISHMENTS

- Collaborated with the Montgomery County Commission on Health to identify data sources for the Commission's initiative to rally the Latino community around obesity prevention and provide advice on outreach to the Latino community in Montgomery County.
- Updated the very popular publication, *"How to Deal with Latino Data: A Guide for Montgomery County Service Providers."*
- Monitored, promoted, and updated the LHI Web portal with tracking software showing 2,110 page views from June 11, 2010 to July 11, 2011.
- Worked jointly with the staff from Healthy Montgomery to develop and implement five community conversations with Latinos living in Montgomery County.





# Community Engagement Workgroup

*"Pertenecer al Grupo de Acción Comunitaria ha sido de suma satisfacción para mí: servir a la comunidad implica luchar por nuestros anhelos e ideales y retribuir lo que hemos recibido en la vida".*

*"Belonging to the Community Engagement Workgroup has been of great satisfaction for me. Serving the community means fighting for our desires and ideals and giving back what we have received in life."*

Ruth Aguirre, Community Activist

The Community Engagement Workgroup (CEW) was established to boost community participation in decisions that affect the health of Montgomery County Latino residents. To meet this goal, the CEW strives to raise the number and capacity of Latino service providers, Latino community leaders, and Latino consumers who lead efforts to ameliorate health.

## FY11 ACCOMPLISHMENTS

- Worked closely with the Latino Data Workgroup to support the recruitment of hundreds of Latinos who participated in Healthy Montgomery Project-sponsored community conversations.
- Several CEW members participated directly in Healthy Montgomery Project community conversations by providing their opinions on health issues affecting the Latino community and recommendations on ways to address them.
- Participated and provided support at the County Council budget hearings. Over 20 community members attended these events and provided testimonies.
- Participated in four public forums, hosted by the County Executive, about the FY12 operating budget. Of the 25 community members who attended these forums, five delivered personal testimonies.
- Participated in an e-mail campaign organized by local community-based organizations to alert the County Council about the deleterious effects that proposed budget cuts would leave on the Latino community.



# Community Programs and Activities

## FEATURED PROGRAM

### Latino Youth Wellness Program

*"Tengo 14 años y estudio en Gaithersburg Middle School. A través del Latino Youth Wellness Program, Identity me ha ayudado, y a mi familia también, a realizar muchas cosas. Lo que me gustó más fue el retiro. Me divertí bastante y conocí personas que estudian en otras escuelas. En el retiro aprendí maneras de salir de situaciones problemáticas, cómo trabajar bien con otros, y diferentes maneras de comunicación".*

*"I am 14 years old and I study at Gaithersburg Middle School. Through the Program, Identity helped me, and my family also, to accomplish many things. What I liked most was the retreat. I had quite a bit of fun and met people who study at other schools. In the retreat, I learned ways to get out of problematic situations, how to work well with others, and different ways of communication."*

—Kathleen, Program Participant

The Latino Health Steering Committee (LHSC) of Montgomery County identified the wellbeing of Latino youth as a high priority. Evidence indicates that many Latino youth and families in Montgomery County are confronted with complex challenges due to poverty, family reunification issues, varying degrees of Spanish literacy and English proficiency, disruption in formal education participation, and experiences in their home countries with civil wars, natural disasters, and extreme economic hardship. These factors coalesce and increase the likelihood that Latino youth are placed at risk for a slew of negative public health conditions and other outcomes including adolescent pregnancy, substance abuse, violence, low academic achievement, and poor mental health.

The Latino Youth Wellness Program (LYWP) seeks to improve the general health and wellness of Latino youth residing in Montgomery County. Funded by the Latino Health Initiative (LHI) the Program during was implemented by Identity, Inc. during FY11.

For specific information on the LYWP visit <http://www.hhi.org/en-programs-and-activities/Latino-Youth-Wellness-Program.asp>

## FY11 ACCOMPLISHMENTS

- Created a Wellness Plan for each of 206 families served, tailored according to assessments conducted with members (youth and parents). Wellness Plans outlined actions to address identified needs, such as lack of health insurance, access to affordable and culturally competent medical services, relationships with school staff, emergency food assistance, housing, and conflict resolution skills.
- Engaged in 107 hours of fitness training with a large number of youth who enjoyed sports tournaments, hikes, and outings to sports facilities.



- Recruited 103 new vulnerable Latino students, who participated in group trainings over four months. Following is a general profile of these students:
  - » 58% female; 42% male.
  - » Average age 13.8 years; 70% 14 years old or younger.
  - » Only 48% lived with both parents.
  - » Diverse levels of cultural integration:
    - 46.5% immigrants; 53.5% born in the United States.
    - 44.% lived in the United States for less than 3 years.
    - 40% preferred to take the survey in Spanish and 60% in English.
    - 63% had served as translators for their parents.
  - » Indicators of poverty:
    - 33% did not have health insurance when the program started.
    - 55% received Free and Reduced Meals at school. (An additional 23% do not know if they receive this service.)
    - 14% worked part-time for pay.
  - » Precarious home situations indicative of poverty or instability:
    - 29% lived with their family in a single room or shelter.
    - Lived with an average of six other people.
  - » Many faced isolation, experienced low self-esteem, and were at risk for gang involvement and/or drug use.

The LYWP is a unique model. Overall, students were extremely satisfied with the Program's quality and delivery, with 91% reporting the Program was useful and 97% reporting they would recommend the Program to friends. Program participants who received case management services reported high levels of satisfaction, suggesting they felt comfortable with the courtesy, knowledge, and professionalism of the case management staff and that their needs were fully met.



Participants doing team working activities while exercising.

# **FY11 LATINO YOUTH WELLNESS PROGRAM MEASURES AND RESULTS**

OUTPUT MEASURES	RESULTS
Families served	206
Hours of group training with parents	31
Youth receiving intensive leadership training	25
Counseling sessions with youth, parents, and youth with parents	1,227
Referrals	236
Community advisory board group meetings	4 Up-County; 4 Down-County
Retreats	4
Hours of / # fitness training	67 Up-County; 40 Down-County

QUALITY OF SERVICE MEASURE	RESULTS
% youth who would recommend Program to friends	97%

## **OUTCOME MEASURES FOR PARTICIPANTS IN THE 24+ HOUR GROUP TRAINING PROGRAM**

Positive changes in attitudes related to health and wellness (among participants who showed a high level of risk factors or a low level of protective factors at baseline)

Risk or Protective Factor	Percent Improvement
Self-esteem scale	75.9%
Depression scale	68.8%
Future expectations	68.2%
Substance abuse attitudes	68.8%
Conflict Resolution Scale	53.5%
Avoiding teen pregnancy	58.6%
Self-efficacy to refuse joining a gang	86.7%
Self-efficacy to refuse unsafe sex	69.0%

## **POSITIVE CHANGES IN BEHAVIOR RELATED TO HEALTH AND WELLNESS**

Risk or Protective Factor	Percent Improvement
Reproductive and HIV healthy behaviors	27.5%
Substance abuse behaviors	22.7%
Delinquent behaviors	50.0%
Gang-related behaviors	38.0%

## **POSITIVE CHANGES IN SCHOOL-RELATED SCALES**

Protective Factor	Percent Improvement
School bond	48%
Positive school perception	48%
School support	38%



Participants doing an activity to increase their conflict resolution skills.



Participants doing a role play, addressing real life situations related with teen pregnancy, gang involvement, safe sex behaviors, etc.



Participants sharing a campfire at the weekend retreat.



Students from Watkins Mill High School and Col. Magruder High School with Identity's staff members and "Granito de Arena" authorities and volunteers visited Jug Bay Wetlands Sanctuary, in Lothian, MD, 20711 to learn and experience how to take care of the environment and being a leader in their community in this field. Participants and volunteers received training about the Jug Bay Wetlands' ecosystem and what invasive species are.

## PROGRAM CHALLENGES AND LESSONS LEARNED

- Many youth who would benefit from the LYWP were not able to join or complete the Program. Some who started the Program dropped out to support their families financially, either by working or caring for their siblings.
- Transportation from school to home after group and fitness sessions continued to be a challenge for students. Some attendance problems, especially in fall and winter, are due to lack of transportation.
- Bilingual mental health services available to clients are limited. Subsequently, the Program will strengthen its partnerships with universities in FY12 to have more resources available for bilingual mental health services, particularly to remind and encourage clients to show to scheduled appointments.

## Asthma Management Program

*"Antes mi hija y yo perdiámos muchos días de escuela y trabajo por el asma. En las sesiones de asma aprendí que el asma puede ser controlado y me siento segura que sé lo que debo hacer para mantener el asma de mi hija bajo control".*

*"Before, my daughter and I both used to miss many days of school and work because of asthma. In the asthma sessions I learned that asthma can be controlled and I feel confident that I know what to do to keep my daughter's asthma under control."*

—Doris, mother of a girl who has had asthma since age 2

Latino children living in low socioeconomic urban environments experience higher asthma prevalence, morbidity, and mortality than non-Hispanic white children.

To address these and other disparities among the Latino community, the Latino Asthma Management Program provides culturally and linguistically appropriate education interventions that help empower low-income Latino parents and caregivers to more optimally control their children's asthma.

For more information on the Asthma Management Program visit: <http://www.lhiinfo.org/en-programs-and-activities/Asthma-Management-Program.asp>

### FY11 ACCOMPLISHMENTS

- Reached 29 individuals who completed intensive education and support on asthma management. Education sessions were held at Montgomery Knolls, Viers Mill, and Whetstone elementary schools.
- Provided follow-up education sessions with 21 participants who completed the Program in FY10.
- Consedus (Counselor/Educator) contributed over 475 volunteer hours (representing 60 full day equivalents) of social support and counseling to parents in the Program.
- Initiated a new partnership with IMPACT DC Asthma Clinic of the Children's National Medical Center with the aim of learning from each other, sharing experiences, and training health educators.
- Served as a co-sponsor and planner of the Asthma Disparities Conference (June 28, 2011).





## FY11 ASTHMA MANAGEMENT PROGRAM MEASURES AND RESULTS

OUTPUT MEASURES		RESULTS	
# Asthma outreach and community activities implemented		10	
# Participants in outreach and community activities		409	
# Education sessions conducted		24	
# Follow-up sessions conducted		4	
# Participants attending follow-up sessions		21	
QUALITY OF SERVICE MEASURE		RESULTS	
% Participants who completed education interventions		70.7%	
OUTCOME MEASURES		RESULTS	
	PRE-TEST	POST-TEST	% CHANGE
Increase in asthma management knowledge by parents/caregivers	67.6	86.9	28.5%
Increase in participants who developed an asthma management plan	17.2	89.7	421.5%
Increase in participants reporting use of an asthma management plan	13.8	89.7	550%
Increase in parents feeling fairly or very confident in ability to manage children's asthma (self-efficacy)	49.7	97.2	95.6%
Decrease in reported emergency department visits due to asthma	27.6	13.8	50.0% Decrease
Decrease in reported hospitalization due to asthma	6.9	3.4	50.7% Decrease
Decrease in reported school days missed due to asthma	34.5	27.6	20.0% Decrease
Decrease in reported restricted activity due to asthma	41.4	27.6	33.3% Decrease

## PROGRAM CHALLENGES AND LESSONS LEARNED

- Latino parents frequently lack adequate information on public insurance and Managed Care Organizations. Beyond the eligibility requirements to qualify for a healthcare program, the highly technical language used in printed documents is a barrier to understanding services and coverage offered by these organizations.
- Some parents experienced stressful life events (e.g., family members with major illnesses, death of loved ones, neighborhood violence, loss of employment) while attending asthma education sessions. In addition to typical environmental asthma triggers, these life stressors exacerbated families' attempts to optimally control their children's asthma.





# Smoking Cessation Program

*"Yo quiero mucho a mi hijita. Hace poco ella fue hospitalizada por una infección respiratoria, y yo le prometí que dejaría de fumar. ¡Ahora me siento orgulloso de haberlo logrado!"*

*"I love my young daughter very much. Recently, she was hospitalized because of a respiratory infection. I promised her I would quit smoking. Now I feel proud that I kept that promise!"*

—Ricardo, Smoking Cessation Program participant

Over the past seven years, the Smoking Cessation Program has demonstrated how highly effective and culturally appropriate it is in helping Latino smokers who want to quit smoking. Those who go through the process of quitting understand the importance of their decision, the detrimental effects of using tobacco products, the components of a personal successful quit plan, and ways to avoid relapses.

For more information on the Smoking Cessation Program visit <http://www.lhinfo.org/en-programs-and-activities/Tobacco-Cessation-Program.asp>

## FY11 ACCOMPLISHMENTS

- Conducted two smoking cessation groups, in which 12 smokers participated. Of the 12 participants, 11 completed the sessions and quit smoking with the use of Nicotine Replacement Therapy. (The Program provided participants with free nicotine patches and chewing gum.)
- Participants developed their own quit plan and received group and individual counseling and support.

### FY11 SMOKING CESSATION PROGRAM MEASURES AND RESULTS

OUTPUT MEASURES	RESULTS
# Smokers invited to participate	76
# Persons registered for the group sessions	21
# Smokers who participated in the group sessions	12
% change in knowledge of participants about hazards of tobacco use	.21%
% Participants who completed the Program	91.6%
QUALITY OF SERVICE MEASURE	
% of participants satisfied with the Program	100%
OUTCOME MEASURES	RESULTS
% Smoke-free participants at the end of the 6-week group intervention	81.8%
% Smoke-free participants after 3 months follow-up (these individuals had quit smoking in FY10)	75%

## PROGRAM CHALLENGES AND RECOMMENDATIONS

- Insufficient funding for the Smoking Cessation Program directly affects the continuity of the Program and makes it difficult to provide smokers with opportune and timely help especially when they are at high risk for relapse.
- The scarcity of funds does not allow for advertising, promotion, or extensive outreach activities to inform Latino smokers about the availability of this resource.
- Every intervention with Latino smokers requires intense and continued contact from counselors and cessation coaches via telephone, text, and regular mail. This is necessary to closely help and support smokers while confronting the process of quitting.

## System Navigator and Medical Interpreter Program

*"Este programa es esencial, especialmente cuando uno se encuentra en crisis y tiene una capacidad muy limitada en inglés. Gracias a este servicio finalmente logré comunicarme con mi médico para hacerle preguntas sobre mi salud. De todas formas, al enterarse de mi situación, el personal del Programa continuó ayudándome a identificar recursos y servicios que me ayudaron a salir de unos momentos muy difíciles. Estoy muy agradecida por el gran servicio que me han brindado".*

*"This Program is essential, especially when you find yourself in crisis and have limited capacity in English. Thanks to this service, I finally was able to communicate with my doctor and ask questions about my health. At the same time, after finding out about my situation, the Program's staff continued helping me to identify resources and services that helped me get out of some very difficult moments. I am very grateful for the great service they provided to me."*

—Digna Piñeda, Silver Spring, MD

The System Navigator and Medical Interpreter Program helps Latino immigrants residing in Montgomery County attain access to health and human services via a bilingual information and navigation line and the provision of medical interpretation services. In FY11 this program was funded by the Latino Health Initiative and delivered by CASA de Maryland via a contract.

For more information on the System Navigator and Medical Interpreter Program visit <http://www.lhiinfo.org/en-programs-and-activities/System-Navigator-and-Interpreter-Program.asp>



## FY11 ACCOM

- Received 3,008 calls from community members who were offered information, referrals, and system navigation.
- Provided 4,794 referrals to health and human services. FY11 was the first year in the history of the program where the demand for information about social services (33% of the volume of calls) exceeded the demand for primary care services (25%).
- Conducted 2,650 medical interpretations at Mercy Health Clinic, Project Access, Mobile Medical Care, Spanish Catholic Center, Mary's Center, Holy Cross Hospital Health Center, and other Department of Health and Human Services agencies and specialty care providers in Montgomery County.
- Contracted with nine certified medical interpreters to provide services mainly in Spanish and some in French. Certification is obtained after completing 40 hours of training using a nationally recognized curriculum designed by *Bridging the Gap* and offered through the Cross-Cultural Health Care Program.

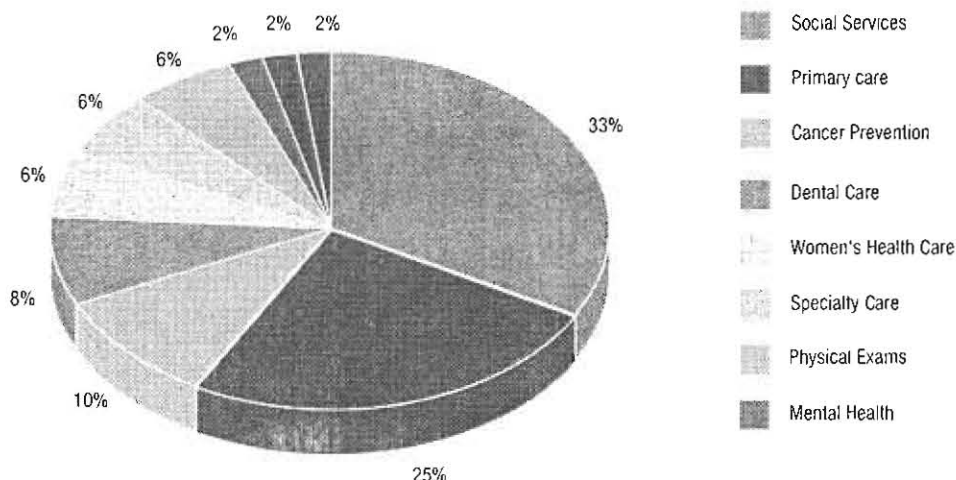
### FY11 SYSTEM NAVIGATOR AND MEDICAL INTERPRETER PROGRAM MEASURES AND RESULTS

OUTPUT MEASURES	RESULTS
# Bilingual Information Line call assessments	3,008
# Referrals by information specialists	4,794
# Medical interpreter appointments	2,650
QUALITY OF SERVICE MEASURES	RESULTS
% Satisfaction with Bilingual Information Line	99% <sup>1</sup>
% Satisfaction with Medical Interpreter Services	100% <sup>2</sup>
OUTCOME MEASURES	RESULTS
% Clients accessing services	98%

<sup>1</sup> Percent of clients reporting the most positive responses on a customer satisfaction survey about the Information Line with these response options: Very Helpful, Helpful, Adequate, Not Very Helpful, or Not Helpful At All

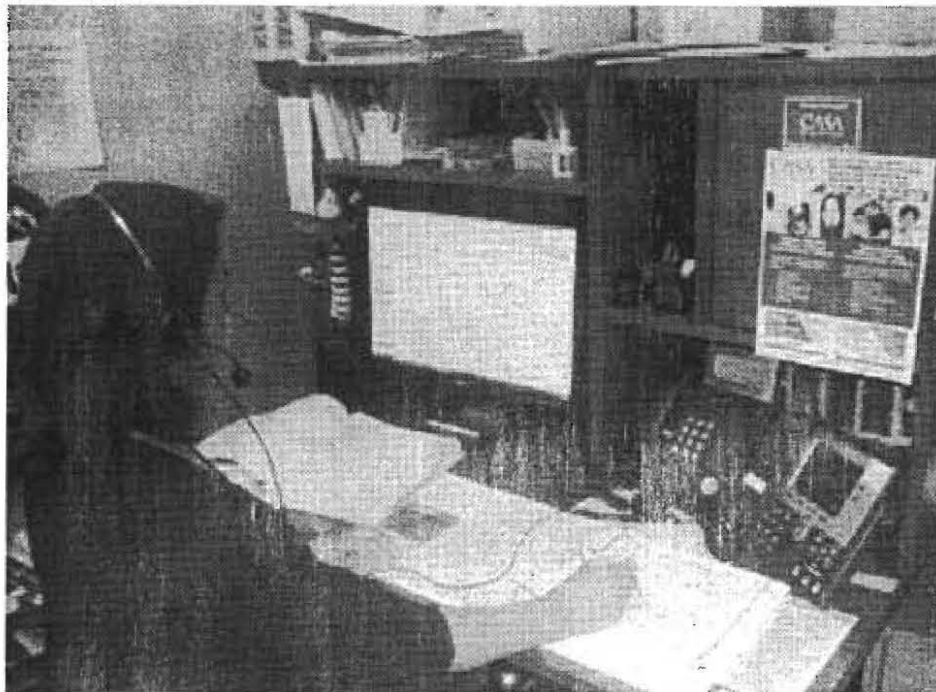
<sup>2</sup> Percent of clients reporting the most positive responses on a customer satisfaction survey about the Medical Interpreter Program using these response options: Excellent, Good, Adequate, Poor, or Bad

### NATURE OF CALLS



## PROGRAM CHALLENGES AND LESSONS LEARNED

- During FY11, the System Navigator and Medical Interpreter Program was affected by a significant reduction in funding due to County budget constraints. As a result, after careful review of call volume, the Information Line reduced the number of hours staffed by live personnel. Services previously offered from 8:00 a.m. until 8:00 p.m. Monday through Thursday were scaled back to 4:00 p.m. during the second half of FY11. Friday hours were staffed from 9:00 a.m. to 3:00 p.m., three hours fewer than in the previous year.
- The System Navigator and Medical Interpreter Program receives numerous requests from both community clinics and community members that remain unaddressed because of the Program's limited funding.





## Suburban Maryland Welcome Back Center

*"As a foreign-trained nurse, I came to the United States with limited English skills. After joining the Welcome Back Center in 2009, I improved my English skills and started working as a Nurse-in-Training at Shady Grove Adventist Hospital in May 2010 and as a Registered Nurse in January 2011. I want to thank the WBC for the wonderful opportunity of helping me realize my dream of being a healthcare professional in the United States of America."*

—Zulfiya Shabdükarimova, RN, Welcome Back Center (WBC) participant

The Suburban Maryland Welcome Back Center (WBC) is an innovative model that builds on the personal and professional assets of internationally trained health professionals currently living in Maryland by helping them re-enter the health workforce. The Latino Health Initiative (LHI) spearheads the WBC, working in close collaboration with partners in the academic and private sectors as well as local and State governments.

For more information on the WBC visit <http://www.lhiinfo.org/en-programs-and-activities/Welcome-Back-Center.asp>

## FY11 ACCOMPLISHMENTS

- The WBC was honored as a recipient of the prestigious Migration Policy Institute 2011 E Pluribus Unum Prize for exceptional immigrant integration initiatives.
- Provided services to a total of 350 foreign-trained health professionals.
- Eleven WBC participants successfully passed the Registered Nurse (RN) Licensure Exam.
- Maintained a cadre of 17 WBC nurses participating in on-the-job practical exposure to the United States healthcare system at local hospitals.
- Reviewed and updated the *Guide to Complete the Steps for Foreign-Trained Nurses to Obtain the Maryland Registered Nurse (RN) License* and translated it into Spanish and French.
- Served 42 physicians trained outside the United States by providing a workshop and study groups to prepare for the medical board exam (United States Medical Licensing Examination Step 1, USMLE 1), in addition to providing information on alternative career opportunities in the health field.
- Completed the technical assistance to the Baltimore Alliance for Careers in Health (BACH), which resulted in BACH's implementing the Foreign Born Nurse Extender Program. By March 2011 seven foreign-born students graduated and were placed in Maryland area hospitals.





### FY11 SUBURBAN MARYLAND WELCOME BACK CENTER (WBC) MEASURES AND RESULTS

OUTPUT MEASURES	FY11 RESULTS (NUMBER OF NURSES/ HOURS)	CUMULATIVE RESULTS FY07 – FY11	
		NUMBER	HOURS
Participants	81 nurses	102 nurses	—
Hours of individual case management with participants	173 hours	—	744.5 hours
Hours of group guidance and support	29 hours	—	166.5 hours
QUALITY OF SERVICE MEASURES		NUMBER	PERCENT
Participants retained	81 nurses	100 nurses	98%
Participants satisfied	98%	—	98%
OUTCOME MEASURES		NUMBER	PERCENT
Participants completing credentials evaluation	8 nurses	57 nurses	56%
Participants passing English oral proficiency exam	14 nurses	54 nurses	53%
Participants passing Nursing Licensure Exam	11 nurses	30 nurses	29%
Participants working as Nurses-in-Training in Maryland	6 nurses	35 nurses	34%
Participants who began working in their profession as RNs in Maryland	9 nurses	22 nurses	22%
Participants obtaining alternative nursing license:			
Licensed Practical Nurse—LPN	—	1 nurse	1%
Certified Nursing Assistant—CNA	8 nurses	38 nurses	37%
Average time to complete Program (from entering Program until passing RN Licensure Exam)	22 months	30 nurses	20 months
Average increase in wages (from entering the Program until hired as RNs)	292%	22 nurses	184%

### PROGRAM CHALLENGES AND LESSONS LEARNED

- At the beginning of the fiscal year, participants who passed the Maryland Nursing Licensure Examination (NCLEX-RN) faced delays in re-entering the healthcare workforce because they needed to fulfill a new requirement from the Maryland Board of Nursing.
- Budget reductions in FY11 affected the WBC's ability to expand services to more nurses and other health professionals.

## Vías de la Salud Health Promoter Program

*"La promotora de Vías me guió y me ayudó incondicionalmente a conseguir los beneficios por mi incapacidad. En varias ocasiones yo había hecho el intento, sin ningún resultado. Ella por ser promotora de salud conoce el sistema y sabe adonde acudir por ayuda. También me informó sobre los programas que tiene el Condado para que yo deje de fumar. Esta promotora es una persona que se entrega a la comunidad".*

*"The Vías health promoter guided and helped me unconditionally to obtain the benefits for my disability. On several occasions, I had tried with no results. As a health promoter she knows the system and where to find help. She also informed me about programs the County has so I can quit smoking. This health promoter is someone who submits herself to the community."*

— Maria Perez, client served by health promoter

Research indicates that culturally and linguistically competent health promotion efforts contribute to increased access to care and the prevention or reduction of health problems in a cost effective manner.

Through a cadre of trained lay health community workers (*Promotoras de Salud*) *Vías de la Salud*, a comprehensive community-based program, promotes healthy behaviors and facilitates access to services for low-income Latino people residing in Montgomery County.

For more information on the *Vías de la Salud* Health Promoter Program visit <http://www.lhiinfo.org/en-programs-and-activities/Vias-de-la-Salud.asp>



## FY11 ACCOMPLISHMENTS

- Reached approximately 6,275 individuals through education interventions at health fairs, schools, churches, community centers, and neighborhoods.
- Enhanced the capacity of health promoters by providing them with 54 hours of participatory methodology, group facilitation, and oral presentations training. Through the trainings, the promoters gained self-confidence, knowledge, and skills that enable them to promote healthy behavior change among *Vías de la Salud* participants.
- Offered 22 hours of refresher training on topics including access to Maryland Children's Health Program (MCHP), MC311 (Montgomery County's phone number for non-emergency government information and services), physical activity, tobacco use prevention, and CPR (cardiopulmonary resuscitation).

### FY11 VÍAS DE LA SALUD PROGRAM MEASURES AND RESULTS

OUTPUT MEASURES	RESULTS
# Families referred to programs to MCHP, Care for Kids, and other county programs	535 families
# Volunteer hours from Health Promoters	3,592 hours
# Persons reached by Health Promoters	6,275
QUALITY OF SERVICE MEASURES	RESULTS
% Health Promoter satisfaction with the Program	100%
% Health Promoters retained in the Program	90%
OUTCOME MEASURES	RESULTS
% Change in knowledge of physical activity by walking session participants	9%
% Change in behavior intent related to physical activity of walking session participants	56%

## PROGRAM CHALLENGES AND LESSONS LEARNED

- Due to the purchase freeze that was in place during FY11, the *Vías de la Salud* Program was not able to begin its activities in September 2010 as planned.
- Due to the limited resources of the Program, completing the planned training hours by Health Promoters posed undue hardship on training staff.
- Despite their own financial difficulties, Health Promoters very generously provided food and other support at certain meetings in an effort to offset cuts to the program.



# Other Latino Health Initiative (LHI) Activities

## Presentations and Other Collaborations

- Co-sponsored the Mother's Day Festival hosted by Telemundo in efforts to provide outreach, information, services, and entertainment to communities in Montgomery County. The May 22, 2011 event was held in Silver Spring with attendance by over 4,000 people.
- Co-Sponsored, along with Adventist Health Care, the African American Health Program, and the Asian Health Initiative, the *2010 Fourth Annual Health Disparities Conference: Social Determinants of Health*. The conference was a huge success with over 300 participants from all over the state.
- Partnered with the National Heart, Lung, and Blood Institute (NHLBI) to conduct the pilot-testing phase of the asthma curriculum for Spanish-speaking audiences, eventually to be distributed nationwide.
- The Community Engagement Workgroup (CEW) and Latino Data Workgroup (LDW) conducted the workshop titled, "Encuentro de Lideres: Planeando el Futuro," with 30 community members from several community-based organizations. The purpose of the workshop was to disseminate the lay version of the *Blueprint for Latino Health* and garner commitment from community leaders in the Latino community to fulfill the *Blueprint's* recommendations.
- Delivered a presentation on the "National Welcome Back Initiative: Addressing Unmet Needs with Untapped Resources" at the 2010 National Council for Workforce Education Annual Conference in Washington DC (October 18, 2010).
- Presented the Suburban Maryland Welcome Back Center to a delegation of high-ranking German and Taiwanese officials interested in immigrant integration policies in the United States.
- LHI staff were highly engaged and dedicated hundreds of hours of their time to critical initiatives and projects of the Department of Health and Human Services including, but not limited to Healthy Montgomery, the Equity and Social Justice Workgroup, and Quality of Service Review.

## In the News

- "Internationally Trained Nurses Build a Future through Montgomery County Welcome Back Initiative," Jerald Yatt, *Washington Examiner*, September 28, 2010.
- "Una Nueva Oportunidad" (A New Opportunity), Felipe Lagos, *Washington Hispanic*, January 25, 2011 (<http://washingtonhispanic.com/nota6856.html>)
- "Ayudan a médicos a obtener licencias: Un desafío que vale la pena" (They help doctors obtain licenses: A Challenge that is worth taking), Felipe Lagos, *Washington Hispanic*, Febrero 18, 2011, <http://washingtonhispanic.com/nota7253.html>).



# Funds Received and Invested

FY11 was another strenuous year for Montgomery County and the Latino Health Initiative (LHI). Our residents continued to need more of our services as the economy continued in a downward spiral. The harsh economic times produced one of the largest budget cuts LHI has faced thus far.

In FY11, LHI's core budget was reduced from \$1,542,952 to \$1,304,233 representing over a 15% reduction.

Expenses for FY11 core appropriated funds were captured in two broad categories:

- **Contracts and In-House Programs:** These include Program staff, contractors, major programs and activities (Latino Youth Wellness Program, System Navigator and Medical Interpreter Program, Smoking Cessation Program, *Vías de la Salud* Health Promoter Program, Asthma Management Program and Suburban Maryland Welcome Back Center). This category accounts for 97% of LHI's core budget expenditures.
- **Administrative:** This includes operational expenses such as for Latino Health Steering Committee (LHSC) support, interpretation services, office equipment, supplies, printing, parking permits for staff, and mileage. This category accounts for 3% of LHI's core budget expenditures.

Although many of our partners were also burdened by the harsh economic times, the LHI was able to leverage an additional \$248,000 in funding from other entities.

The total budget for the Latino Health Initiative (LHI) for FY11 was \$1,552,233.

## FY11 LEVERAGED FUNDS

FUNDING SOURCE	AMOUNT
<i>Vías de la Salud</i> Health Promoter Program (Maryland Department of Health and Mental Hygiene via Public Health Services, DHHS)	\$2,000
Smoking Cessation Program (Cigarette Restitution Funds)	\$10,000
Asthma Management Program	\$ 20,000
Suburban Maryland Welcome Back Center (WBC) (Maryland Department of Labor, Licensing and Regulation (DLLR); Maryland Hospital Association (MHA); Annie E. Casey Foundation, Montgomery County Department of Economic Development).	\$216,000
<b>TOTAL</b>	<b>\$248,000</b>

# Impact of Budget Reductions From FY09 to FY11

During the past three fiscal years, the Latino Health Initiative's County funding allocation was reduced from \$1,603,212 to \$1,304,233, representing an overall loss of over 18% of the core budget. This significant cut posed tremendous hardship on staff, volunteers, and contractors, as well as in the community. Some of the most prominent effects include:

- Reduced funding for the System Navigator and Medical Interpreter Program which decreased the number of medical interpretation appointments from 3,399 to 2,650 and bilingual information calls from 4,958 to 3,008. (FY11)
- Reduced services offered by the Latino Youth Wellness Program and elimination of the health career component of the program. This reduction prevented 45 high-risk Latino youth and their families from receiving critical case management services and health wellness interventions. Additionally, over 210 youth and their parents did not receive guidance on entering careers in the health field (FY09-FY11).
- Delayed the expansion of the services of the Welcome Back Center to other health professionals in addition to nurses (FY10, FY11).
- Decreased funds for incentives for the health promoters, which in turn decreased the number of small group educational sessions aimed at modifying unhealthy behaviors. The reductions also have delayed the enhancement of the evaluation component of the Health Promoters Program (FY10, FY11).
- Elimination of the annual Asthma Forum which reached 40 parents/caregivers of children with asthma every year (FY11).
- Eliminated operational expenses related to the development and reproduction of LHI educational materials, such as newsletters and educational curricula, reduced other operational expenses such as staff development and training, and educational materials. Reduced LHI's ability to engage in special projects such as technical assistance and participation in community and professional events (FY11).
- Unable to conduct *Ama Tu Vida* Health Festival which reached approximately 3,600 individuals per year (FY11).

# FY11 Partners and Collaborators

Adventist Healthcare  
 American Cancer Society  
 Annie E. Casey Foundation  
 Asthma Control Program, Maryland Department of  
 Health and Mental Hygiene  
 Baltimore Alliance for Careers in Health  
 Care for Your Health, Inc.  
 Casa De Maryland  
 Community Clinic Inc.  
 Community Ministries of Rockville  
 EVS Communications  
 George Washington University  
 Governor's Commission on Hispanic Affairs  
 Governor's Workforce Investment Board  
 GUIDE Program, Inc.  
 Holy Cross Hospital  
 Holy Cross Lung Cancer Prevention Program  
 Identity, Inc.  
 IMPACT DC Asthma Clinic of the Children's National  
 Medical Center  
 Institute for Public Health Innovation  
 Maryland Department of Labor, Licensing and  
 Regulations  
 Maryland Hospital Association  
 Maryland Multicultural Youth Center  
 Maryland Office of Minority Health Disparities,  
 Department of Health and Mental Hygiene  
 Mary's Center for Maternal and Child Care  
 Millian Memorial Church  
 Montgomery Cares  
 Montgomery College  
 Montgomery County Commission on Health

Montgomery County Department of Health and Human  
 Services  
 African American Program  
 Aging and Disability Services  
 Asian American Health Initiative  
 Children, Youth, and Family Services  
 Cigarette Restitution Program  
 Healthy Montgomery  
 Linkages to Learning  
 School Health Services  
 TESS Center  
 Montgomery County Department of Economic  
 Development  
 Montgomery County Workforce Investment Board  
 Montgomery County Latino Lions Club  
 Montgomery Works One-Stop Workforce Center  
 National Heart, Lung, and Blood Institute  
 Primary Care Coalition  
 Prince Georges County Economic Development  
 Corporation  
 Priority Partners MCO  
 Proyecto Salud  
 Public Health Services-Community Health Services,  
 DHHS  
 Shady Grove Adventist Hospital  
 Spanish Catholic Center  
 Suburban Hospital  
 Telemundo  
 United Healthcare  
 University of Maryland College Park - School of Public  
 Health  
 Virginia Tech University  
 Washington Adventist Hospital  
 Washington Hispanic Newspaper  
 Welcome Back Initiative  
 WIC Program  
 Workforce Solutions Group of Montgomery County

# FY11 Latino Health Steering Committee (LHSC) Members

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**Eduardo Pezo, JD, MA, MPH**

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**Patricia Rios**

Montgomery County Activist  
Washington, DC

**Grace Rivera-Oven**

Montgomery County Latino Lions Club  
Germantown, MD

**Diego Uriburu, MS**

Deputy Executive Director  
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# FY11 Latino Health Initiative (LHI) Staff, Senior Technical Advisors, and Consultants

## LATINO HEALTH INITIATIVE (LHI) STAFF

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**Luis Rolando Aguirre, MD**  
Senior Program Specialist

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Client Assistance Specialist, WBC

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**Ana Harvey**  
Principal Administrative Aide

**Gianina Hasbun, MA**  
Health Promotion Specialist

**Suzanne Mbollo, MA**  
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**Mercedes Moore, BSN, RN**  
Health Promotion Coordinator

**Carmen I. Sáenz, BS, MS**  
Manager, WBC

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Professor and Director  
School of Community Health  
Portland State University

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Maryland General Assembly  
Annapolis, MD

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Agency for Healthcare Research & Quality (AHRQ)  
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**Eduardo Lopez**  
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EVS Communications  
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## CONSULTANTS

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**Lourdes Gutierrez-Parry, MD, MPH**  
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Nutritionist

**Margo E. Stein, MS, CCC-SLP**  
Spoken Communication for Second Language  
English Speakers

**Carlos A. Ugarte, MSPH**  
Planning and Evaluation Consultant





# Montgomery Cares Program Report February 2012

Sharon Zalewski, Director, Center for Health Care Access  
Barbara Raskin, Montgomery Cares Program Manager



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Silver Spring, MD 20910

[www.primarycarecoalition.org](http://www.primarycarecoalition.org)

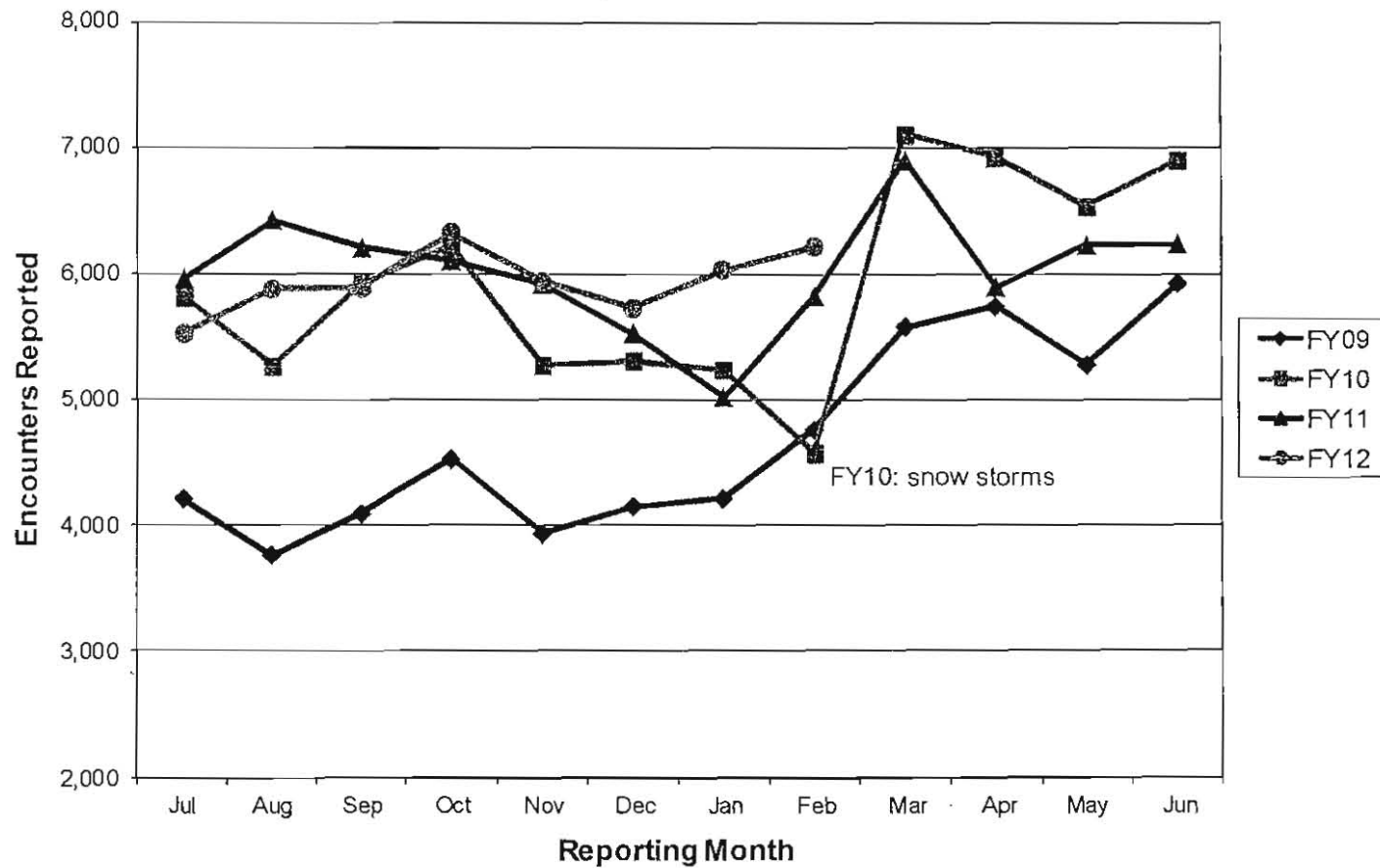
# YTD Patients and Encounters – February 2012 (67%)

Year to Date				Budget Allocations		
Clinic	FY 2011 Actual Encounters	FY12 Unduplicated Patients	FY12 Encounters Approved	FY12 Budgeted Encounters	FY12 % of Budget Target	Carefirst Encounters Approved Jan - Feb 2012
CCACC-PAVHC	719	286	497	734	68%	22
Community Clinic, Inc.	9,671	2,398	6,281	9,871	64%	54
CMR - Kaseman Clinic	4,202	1,374	2,927	4,289	68%	0
Holy Cross Hospital Health Centers	13,416	3,294	7,844	13,693	57%	128
Mary's Center	1,236	443	929	1,262	74%	10
Mercy Health Clinic	6,777	1,981	5,155	6,917	75%	75
Mobile Med	12,572	4,314	8,611	13,830	62%	189
Muslim Community Center Clinic	5,953	1,639	4,000	6,076	66%	85
Proyecto Salud - Wheaton & Olney	13,399	3,902	8,378	13,675	61%	160
Spanish Catholic Center	2,798	650	1,406	2,856	49%	12
The People's Community Wellness Center	1,761	671	1,276	1,797	71%	31
<b>General Medical Clinic Sub-totals</b>	<b>72,504</b>	<b>20,952</b>	<b>47,304</b>	<b>75,000</b>	<b>63%</b>	<b>766</b>
CCI - Homeless	502	173	347	1000	35%	
CMR - Kaseman Clinic - Homeless	356	97	184	500	37%	
<b>Homeless Medical Clinic Sub-totals</b>	<b>858</b>	<b>270</b>	<b>531</b>	<b>1,500</b>	<b>35%</b>	<b>0</b>



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# FY09 - FY12 Encounters by Month



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# Montgomery Cares February 2012 Performance

## Encounters

- The budget benchmark for encounters for this timeframe is 67%. 63% of the budgeted target has been met.
- 5 of the 11 clinics have reached between 68 -75 % of their allocated encounters; 4 clinics are between 61-66% and 2 clinics are between 49-57%.

## New Patient Appointments

- 4 clinics can see patients immediately;
- 5 clinics can provide new patients with appointments within 3-8 days
- 1 clinic has a 21-30 day week wait;
- 1 clinic has a 30-60 day wait;
- 1 clinic has a 90 day wait for new patients;
- 1 clinic has a wait list for new patients but can accommodate some walk-ins and conducts triage for new patients to determine level of need and offer referrals to other clinics.



# Project Updates: December 2011 – August 2012

## Medicaid Phase II

- Assist 3 Montgomery Cares Clinics to contract and bill Medicaid by July 2012.
  - Holy Cross Hospital Health Clinic – Aspen Hill location.
  - Mobile Medical Care – Germantown and possibly Rollins Avenue.
  - Muslim Community Center Medical Clinic.
- Offer assistance to the 5 remaining clinics to enable them to use EVS (Electronic Verification System).

## EHR Transition

- PCC and Clinics participated in interactive demonstrations and discussions of 8 “meaningful use” certified EHRs.
- 3 EHRs were selected for further exploration: eClinical Works, NextGen and Greenway.
- PCC is exploring multiple funding sources with the goal of completing a purchase in July and beginning a rolling implementation in August.





## Montgomery Cares Program Report Second Quarter FY2012

Sharon Zalewski, Director, Center for Health Care Access

Barbara Raskin, Montgomery Cares Program Manager

January 25, 2012



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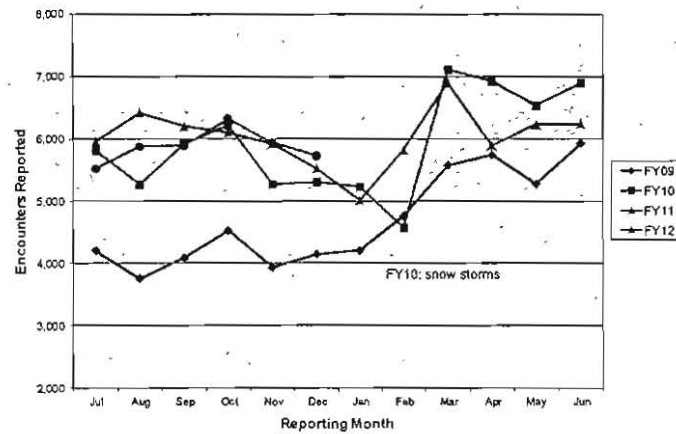
### YTD Patients and Encounters – December 2011

Year to Date				Budget Allocations	
	FY 2011 Actual Encounters	FY12 Unduplicated Patients	FY12 Encounters Approved	FY12 Budgeted Encounters	FY12 % of Budget Target
CCACC-PAVHC	719	252	411	734	56%
Community Clinic, Inc.	9,671	2,027	4,623	9,871	47%
CMR - Kaseman Clinic	4,202	1,160	2,205	4,289	51%
Holy Cross Hospital Health Centers	13,416	2,773	5,891	13,693	43%
Mary's Center	1,236	380	699	1,262	55%
Mercy Health Clinic	6,777	1,755	4,043	6,917	58%
Mobile Med	12,572	3,618	6,434	13,830	47%
Muslim Community Center Clinic	5,953	1,387	2,952	6,076	49%
Proyecto Salud - Wheaton & Olney	13,399	3,253	6,300	13,675	46%
Spanish Catholic Center	2,798	556	1,041	2,856	36%
The People's Community Wellness Center	1,761	575	975	1,797	54%
<b>General Medical Clinic Sub-totals</b>	<b>72,504</b>	<b>17,736</b>	<b>35,574</b>	<b>75,000</b>	<b>47%</b>
CCI - Homeless	502	105	234	1000	23%
CMR - Kaseman Clinic - Homeless	356	82	124	500	25%
<b>Homeless Medical Clinic Sub-totals</b>	<b>858</b>	<b>187</b>	<b>358</b>	<b>1,500</b>	<b>24%</b>
<b>Medical Clinic Totals</b>	<b>73,362</b>	<b>17,923</b>	<b>35,932</b>	<b>76,500</b>	<b>47%</b>



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### FY09 - FY12 Encounters by Month



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### Montgomery Cares Mid-Year Performance

#### Encounters

- 47% of the budgeted target has been met.
- 10 of the 11 clinics have reached between 46-58% of their allocated encounters; 1 clinic is at 36%.

#### Length of Appointment Wait Time

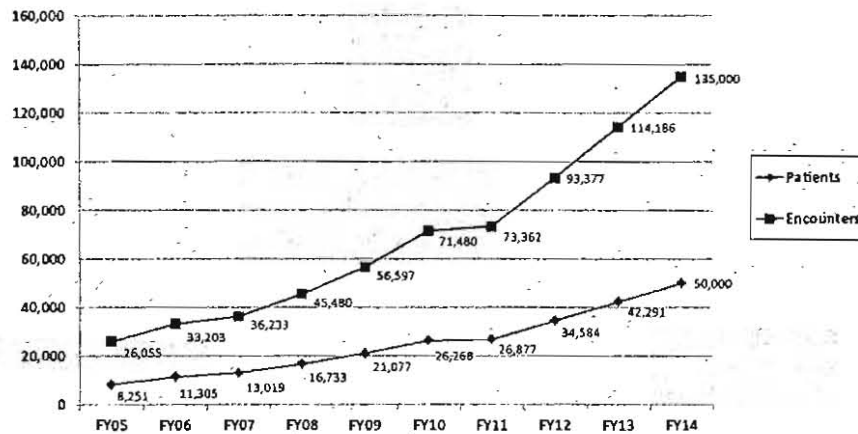
- New Patient Appointments
  - 2 clinics can see patients immediately;
  - 7 clinics can provide new patients with appointments within 2 weeks;
  - 2 clinics have a 3+ week wait;
  - 1 clinic has a 3 month wait for new patients;
  - 1 clinic has a wait list for new patients but can accommodate some walk-ins and conducts triage for new patients to determine level of need and offer referrals to other clinics.



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## Projected Growth to Serve 50,000 FY12 to FY14



For Montgomery Cares to serve 50,000 patients by 2014 the safety-net would need to grow by 22-23% each year by:

- (1) Adding capacity to serve 7,707 new patients per year
- (2) Providing 20,809 additional primary care encounters
- (3) Allocating an additional \$1.3K annually to support primary care visits



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## Community Pharmacy Expenditures 1<sup>st</sup> Half FY12

Category	FY12 Budget Allocation	Q1 Expenditure	Q2 Expenditure	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	1,092,448	221,834	261,953	483,787	44%	608,662	56%
Diabetic Supplies/ H. Pylori	290,589	28,257	72,256	100,513	35%	190,076	65%
Behavioral Health	60,622	14,522	12,333	26,855	44%	33,767	56%
Vaccine	67,908	42,607	22,385	64,992	96%	2,915	4%
Bradley	3,000	764	993	1,757	59%	1,243	41%
<b>Total</b>	<b>1,514,567</b>	<b>307,984</b>	<b>369,920</b>	<b>677,904</b>	<b>45%</b>	<b>836,663</b>	<b>55%</b>



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## Montgomery County Medbank 1<sup>st</sup> Half FY12

Category	Q1 FY12	Q2 FY12	1st Half FY12 Total
Value of Medications Received	\$679,945	\$846,197	\$1,526,142
Prescription Requests Processed	1,600	1,585	3,185
Prescription Requests Received	1,075	1,403	2,478
Medication Received Success Rate	67%	88%	78%
Total Patient Volume (Average)	1,663	1,599	1,631
Active Patients (Average)	1,426	1,456	1,441
Inactive Patients (Actual)	237	143	380
New Enrollees (Quarterly) (captured in the total patient volume)	203	154	357



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### Eye challenges a goal

## 'Innovation advisers' aim to improve care

Federal health officials  
choose 73 professionals  
as part of initiative

By Laura M. Ryan

A New York hospital is testing an approach to help doctors better coordinate care with a team of 73 professionals, a move that could help patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions.

The program is part of a larger effort to improve care for patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions. The program is part of a larger effort to improve care for patients with chronic conditions.



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which January 15, 2012

Rose Mary Botchway, PCC's Director of Medicine Access is among 73 CMS Innovation Advisers selected from 920 national applicants.

### "Pharmacy Collaboration for Better Health"

Integrating pharmacists into the clinical care team at primary care clinics to conduct medication therapy management (MTM).

- Adverse Drug Events
- Optimal Medication Therapy
- Medication Reconciliation
- Personal Medication Record
- Medication Action Plan
- Follow-up Education & Counseling



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### Specialty Care Appointments By Source

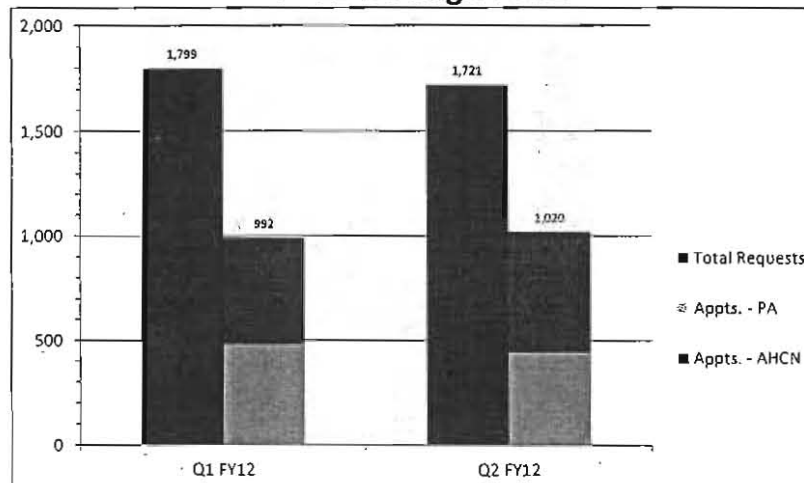
Appointment Source	1st	2nd	3rd	4th	Cumulative Total
AHCN	508	579			1,087
Project Access	484	441			925
MM Heart Clinic	131	128			259
Clinic On-Site Specialty Care	1,319	1,225			2,544
<b>TOTAL</b>	<b>2,442</b>	<b>2,373</b>			<b>4,815</b>



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### Referral Requests vs. Appointments Scheduled for FY11 through FY12

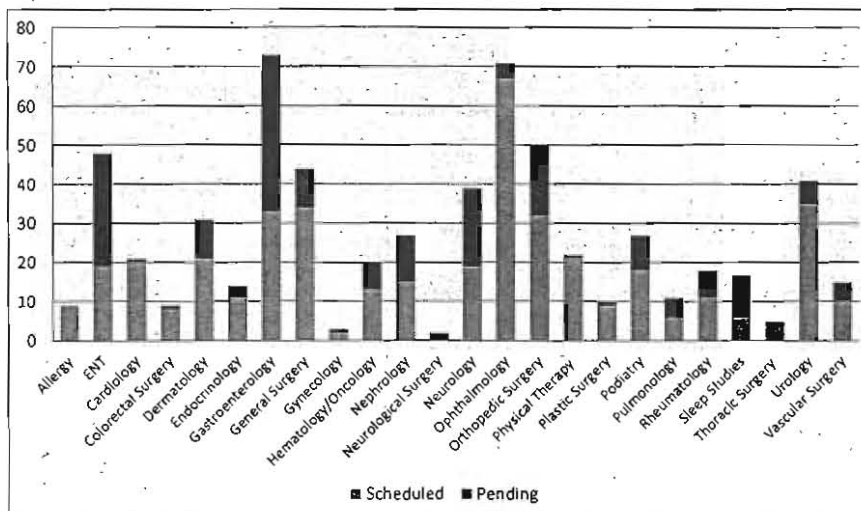


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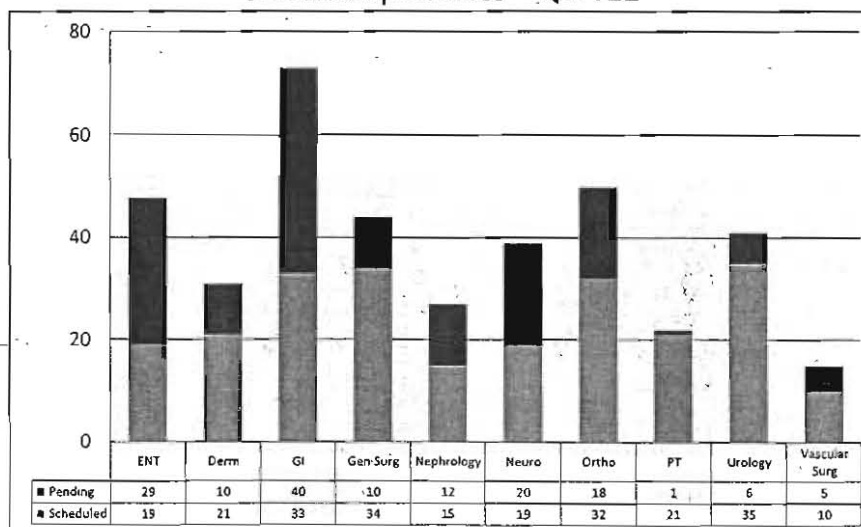
### Project Access Referrals by Specialty – Q2FY12



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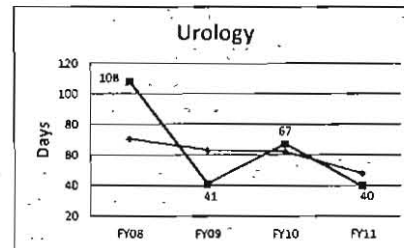
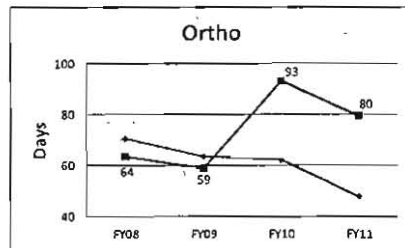
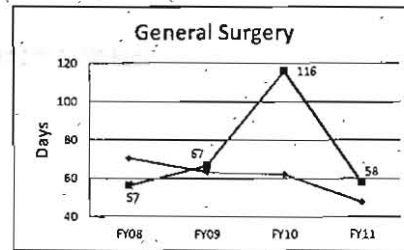
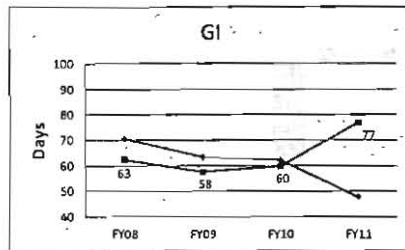
### Project Access Referrals by Selected Specialties – Q2FY12



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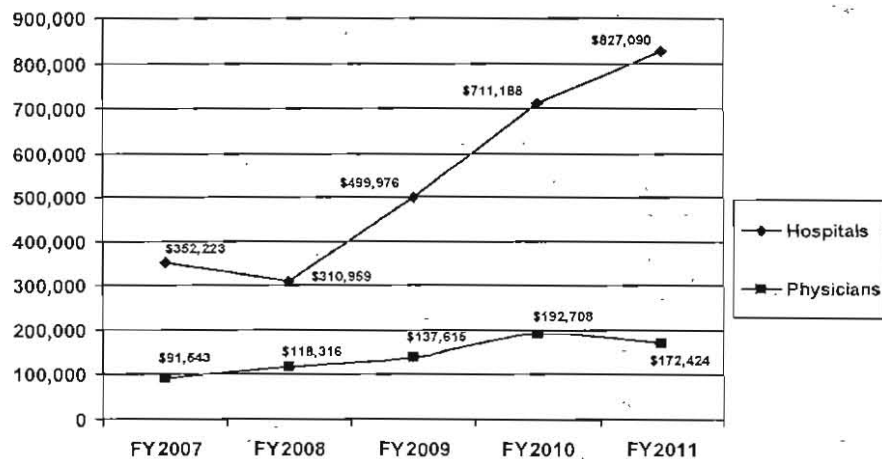
### Average Wait Time for Selected Specialties – FY08 to FY11



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13 Presentation Name

### Charitable Care Provided To Project Access (FY2007 – FY2011)



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### Behavioral Health Program: First and Second Quarter FY 12

BHP Program Site	Patient Target	Patients Served	Progress Meeting Goals
Holy Cross - SS and Gaithersburg	550	303	55%
Mercy Clinic	250	228	91%
Proyecto Salud	420	135	32%
<b>TOTAL</b>	<b>1,220</b>	<b>666</b>	<b>55%</b>

These numbers represent only patients who received face to face services. Additional patients received services via the telephone.



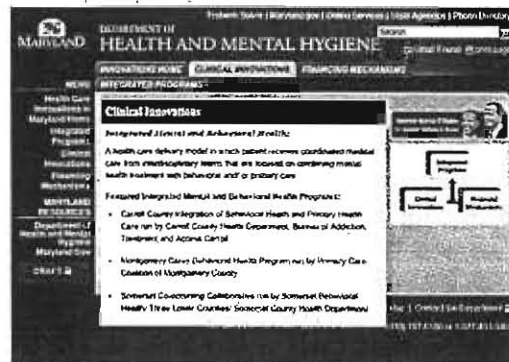
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### Health Care Innovations in Maryland

The Behavioral Health Program is recognized by the Maryland Department of Health and Mental Hygiene as a Maryland program exemplifying Health Care Innovation. It is featured on the state web-site Clinical Innovations: Integrated Mental and Behavioral Health section.

<http://www.dhmd.state.md.us/innovations/>



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## Behavioral Health Primary Care Learning Collaborative

On January 11<sup>th</sup>, the Behavioral Health Workgroup sponsored the first meeting of a Behavioral Health-Primary Care Learning Collaborative hosted by Raymond Crowel, PsyD, Chief Department of Behavioral Health and Crisis Services. Over 25 people attended including representatives from seven Montgomery Cares clinics, non-profit behavioral health providers, DHHS leadership and staff from Behavioral and Public Health Departments, as well as foundation representatives. The meeting focused on establishing collaborative relationships between primary and behavioral health care providers to better serve uninsured patients.

### Common themes included:

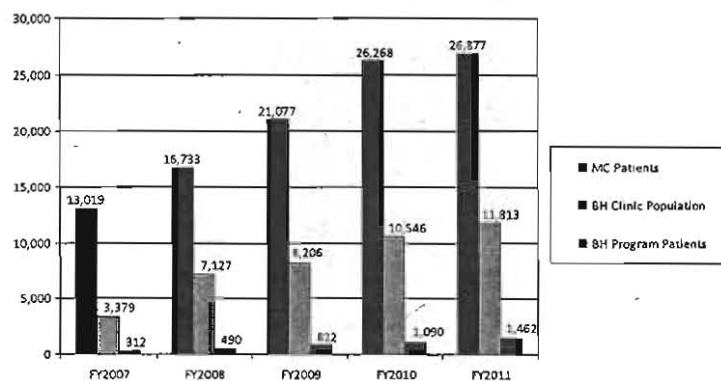
- Building the capacity to provide behavioral services in the primary care setting.
- Addressing the physical and behavioral health needs of adults with significant medical and behavioral health concerns.
- Behavioral Health Care Financing and Health Information Exchange between somatic and behavioral health systems.



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## Behavioral Health Capacity FY07-FY11



The Behavioral Health Program operates in Proyecto Salud, Mercy and Holy Cross Clinics. As clinics expanded capacity, the BH Program kept pace. BH services are available to 44% of Montgomery Cares patients through this program at a cost of \$580,000 annually.



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## Oral Health Program: Second Quarter FY12

### Spanish Catholic Center

- 743 Patients Served YTD
- 1,096 Encounters YTD
- Participated in Ama tu Vida Health Fair (October 16<sup>th</sup>) providing 52 oral screenings and oral hygiene education to 120 people.
- 75 day wait time for new patient appointments; 45 day wait time for established patient appointments.

### DHHS Adult Dental Services – Metropolitan Court

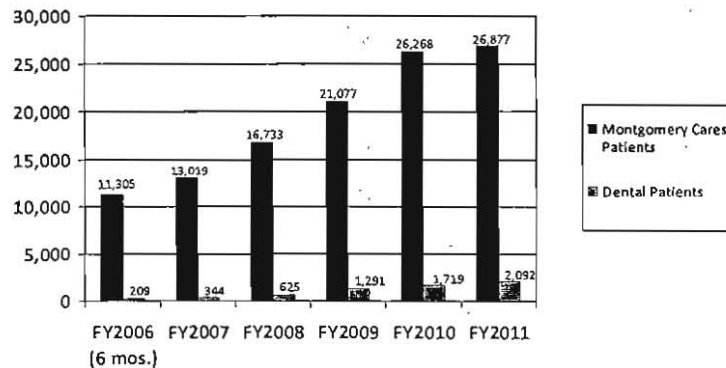
- 356 Patients Served YTD
- 611 Encounters YTD
- Staff participated in the Homeless Resource Day (October 19<sup>th</sup>).
- 21-28 day wait time for new and established patient appointments.



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## Oral Health Program FY11



There was a 22% increase in patients served and a 36% increase in encounters. Despite this growth in capacity, the program serves 7.8% of the current MC primary care population.



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## DHHS Montgomery Cares Budget Summary

MONTGOMERY CARES	FY10 Budget	FY11 Budget	FY12 CC Approved Budget	Changes FY12 CC Appr to FY13 Sub	FY13 Submission	Changes FY13 Sub to FY13 CE Rec	FY13 Budget CE Rec 3/15/12	Notes
Enrollment for Patients not served through Healthcare for the Homeless	23,000	28,000	28,000		28,000	1,250	29,250	Holy Cross Clinic new patients
Budgeted Number of Primary care Encounters at \$62 per visit	62,100	70,000	75,000		75,000	3,125	78,125	Holy Cross Clinic 1,250 x 2.5
<b>Services Areas:</b>								
Support for Primary Care Visits	3,682,800	4,340,000	4,650,000		4,650,000	193,750	4,843,750	Holy Cross Clinic 3,125 * \$62
Community Pharmacy-MedBank	2,136,590	1,785,590	1,785,590	(152,100)	1,633,490	70,000	1,703,490	Reduction Pharmacy -152,100, Increase Holy Cross 1,250 * \$56= 70K
Cultural Competency	75,000	45,000	22,500		22,500	-	22,500	
Behavioral Health and Oral Health	950,000	930,000	930,000		930,000	-	930,000	
Specialty Services	660,468	450,468	450,468		450,468	30,000	480,468	Increase Holy Cross 1,250 * \$24
Program Development	343,070	260,960	110,840		110,840	-	110,840	
Information and Technology	350,360	320,360	315,360		315,360	-	315,360	
PCC-Administration	569,274	529,274	502,774		502,774	-	502,774	
HHS - Eligibility Determination*	205,137	-	-		-	-	-	
HHS - Administration	484,030	482,296	478,186		478,186	-	478,186	PC Salary & Fringe Changes
Facility	311,700	67,040	67,040		67,040	-	67,040	
Support for new Holy Cross Clinic	na	na	na			75,000	75,000	Holy Cross Clinic Build Out
<b>Subtotal</b>	<b>9,768,429</b>	<b>9,210,988</b>	<b>9,312,758</b>		<b>9,160,658</b>	<b>368,750</b>	<b>9,529,408</b>	
						-		
<b>Healthcare for the Homeless</b>						-		
Budgeted Enrollment	1,000	800	500		500	-	500	
Budgeted Primary Care Encounters	2,700	2,400	1,500		1,500	-	1,500	
Direct Healthcare services (visits)	435,000	435,000	217,500		217,500	-	217,500	
HHS Administration (includes hospital discharge planning)	303,972	255,158	144,800		144,800	-	144,800	
<b>Subtotal</b>	<b>738,972</b>	<b>690,158</b>	<b>362,300</b>		<b>362,300</b>	-	<b>362,300</b>	
<b>TOTAL</b>	<b>10,507,401</b>	<b>9,901,146</b>	<b>9,675,058</b>		<b>9,522,958</b>	<b>368,750</b>	<b>9,891,708</b>	



## Montgomery Cares Advisory Board

### Position Statement

### Fiscal Year 2013

#### **Overview:**

The Montgomery Cares (MCares) network of eleven safety-net providers has grown in capacity and capability each year since the program's inception in 2006. Currently, the network of providers offers health care services at 25 locations throughout Montgomery County. Despite virtually flat funding since FY 07, the program has doubled in capacity, serving increasing numbers of patients in each of the past five years.

The MCares providers are currently serving 28,000 low-income, uninsured adults, offering primary care, pharmacy and lab services, and specialty, behavioral health, and oral health care. There are approximately 110,000 uninsured adults in the County, and the MCares provider network stands ready to serve all who are in need.

Limited resources present a serious challenge to program expansion. The MCares program receives County support to serve just 25% of the total number of uninsured County residents. While MCares providers face constant pressure for expanded services, including an expected 26% increase in demand in FY 13, the program does not have sufficient funding to support growth.

#### **FY13 Budget Priority:**

**The Montgomery Cares Advisory Board has one budget priority for FY13: We must expand the capacity of MCares providers to offer essential health care services to more of the County's uninsured adult residents. MCares providers are willing to step forward and serve an expected increase in patients next year, but will not be able to meet the demand unless funding is expanded. This will require at least \$1.2M in additional primary care funding.**

#### **MCAB Goals and Activities:**

In addition, to help the program to improve quality and access and better prepare for the future, the MCAB has committed to the following additional priorities for the current fiscal year:

- **Optimizing the Affordable Care Act (ACA):** MCAB is working to promote activities to prepare the MCares program and providers for ACA implementation, supporting efforts underway to expand capacity to serve as Medicaid providers and creating an environment that will allow for the establishment of Patient Centered Medical Homes. Following the implementation of Health Care Reform and the Affordable Care Act (ACA), at least half of Montgomery County's uninsured will be eligible for Medicaid or a Health Insurance Exchange, resulting in approximately 50,000 residents remaining without health insurance. In order for Montgomery Cares to serve 50,000 patients by 2014, the safety-net would need to grow by 25% each of the next two years, requiring an increase of \$1.2M in 2013 and an additional \$1.2M in 2014.
- **Resource Development:** The Montgomery Cares Advisory Board has a clear vision for the MCares program and what is needed to carry it to 2014 and beyond. Given the reality that program expansion is necessary, MCAB is working to maximize public and private partnerships. The Resource Development Workgroup is charged with identifying non-County resources to support the MCares program.
- **Strengthen Specialty Care Services:** The MCAB will continue to work on increasing Specialty Care access for MCares patients. Last year, the MCAB Specialty Care Workgroup began collaborating with representatives from the five area hospitals to increase the availability of hospital-based specialty care services for MCares patients. All five hospitals have committed to a coordinated approach to expanding specialty care capacity, each taking responsibility for a specific discipline or need.



# Montgomery Cares Advisory Board 2012 FACT SHEET



- **OUR PAST AND FUTURE:** In 2006, Montgomery County DHHS, with the help of the Primary Care Coalition and area hospitals, initiated the Montgomery Cares Program to provide access to health care services for low-income, adult uninsured County residents. Program capacity has more than doubled since then, despite a budget that has been virtually flat since 2007.

Fiscal Year	MCares Budget*	MCares Patients Served*	MCares Patient Visits* (each patient has approximately 2.7 visits per year)
FY06	\$4,961,000	11,459	35,269
FY07	\$9,461,000	12,539	38,140
FY08	\$9,866,010	16,017	43,275
FY09	\$9,941,545	20,282	54,144
FY10	\$9,954,029	25,415	69,159
FY11	\$9,210,988	26,544	72,504
FY12	\$9,312,758	28,000 (budgeted)	75,000 (budgeted)**

\*Does not include Health Care for the Homeless budget or patients -- total FY12 budget, including Health Care for the Homeless = \$9,675,058

\*\*FY 12 data to date suggest that MCares providers are certain to exceed budget allocation in FY12

- **OUR POTENTIAL TO GROW:** MCares providers anticipate demand for a 26% increase in patient visits in FY13, although they will be unable to meet the demand unless funding is expanded

	FY12 Visit Allocations	FY13 Potential Visit Demand
PanAsian Volunteer Health Clinic	734	1,200
Community Clinic, Inc	9,871	11,871
Mansfield Kaseman Clinic	4,289	10,000
Holy Cross Hospital Health Centers	13,693	16,000
Mary's Center	1,262	3,124
Mercy Health Clinic	6,917	9,000
Mobile Medical Care, Inc.	13,830	14,245
Muslim Community Center Medical Clinic	6,076	6,774
Proyecto Salud Clinic	13,675	13,888
Spanish Catholic Center	2,856	4,500
The People's Community Wellness Center	1,797	4,032
<b>Total</b>	<b>75,000</b>	<b>94,634</b>

- **OUR PATIENTS:** Age 18 years or older, low income, uninsured Montgomery County residents
- **OUR SERVICES:** MCares providers provide access to primary medical care, medications, lab tests, x-rays, specialty care, and behavioral and oral health services, with a goal of serving as Patient Centered Medical Homes as described in the Affordable Care Act. In 2011, the MCares program was awarded with an "Achievement Award" from the National Association of Counties in recognition of an innovated program.
- **OUR PROVIDERS:** Eleven community-based non-profit organizations participate in the MCares Program, serving patients in twenty-five locations across the County.
- **OUR QUALITY OF CARE:** MCares providers offer high quality medical care which is improving each year, as evidenced below. Diabetes and hypertension indicators are approaching and/or achieving national target benchmarks.

Disease	Measure	Target Range	FY09	FY10	FY11 (preliminary)
Diabetes	% of diabetes patients who had annual HgA1c (blood glucose level) testing	81%-90%	74%	81%	83%
	% of diabetes patients who had annual LDL Testing	74% 84%	65%	70%	76%
	% of diabetes patients who had acceptable HgA1c (blood glucose level) Control	55%-72%	56%	63%	64%
	% of diabetes patients who had LDL control	34%-46%	32%	35%	38%
Hypertension	% of hypertension patients who had good blood pressure control	56%-64%	60%	65%	71%

- **OUR SAVINGS TO THE COMMUNITY:** With the help of the public-private partnership, the MCares program generates at least \$2.40 in private resources for every \$1.00 committed by the County for MCares services. Further, by addressing health care issues before they become acute and require hospitalization, MCares impacts total health care costs.

# Montgomery Cares Program

## Value Statement

### Access

- Health Care home for 30K adults in 25 locations throughout Montgomery County
- Open to ALL eligible County residents:
  - Adults, 18 years and older
  - Uninsured
  - At or below 250% Federal Poverty Level, or \$ 55,875/year for a family of four.
- Provides access to primary care, medications, specialty care, behavioral health, and oral health services.

### Quality

- MCares/Health Center participants are 38% less likely to use emergency departments, and 57% less likely to be hospitalized for ambulatory care-sensitive conditions than those who do not have access to primary care.
- MCares providers offer quality medical care: for example diabetes and hypertension care are found to be achieving national target benchmarks for quality.

### Cost Control

- Saves at least \$500 per patient annually in total health care costs.
- Drives \$15M in annual savings from reduced emergency, hospital and specialty care costs.

### Economic Engine

- Generated over \$32.1M in total economic benefits in 2011 with a County investment of \$9.8M.
- The MCares program provides jobs for approximately 350 people.
- MCares program provided 70FTE providers to the uninsured.
- The MCares program saw fourteen capital projects between the years of 2007 and 2011 that resulted in new or expanded facilities for the clinic organizations.

### Collaboration

- Engages 11 community-based nonprofit providers
- Involves five hospitals in the County in direct service provision. In the past two years, the five hospitals have provided \$1.5M in free care to MCares patients.
- Utilizes over 370 County residents as volunteers including 17 dedicated Montgomery Cares Advisory Board members.
- Leverages at least \$2.40 in private resources for every County dollar spent.
- Utilizes 100 private physicians providing over \$172,500 in pro-bono specialty care through the MCares Project Access Program.



## MONTGOMERY CARES BUDGET NEEDS FOR FY13

The Montgomery Cares network of 11 organizations providing care in 25 sites seeks to

- provide universal access to high-quality, culturally competent, and efficient primary care
- improve population health by improving health outcomes for the County's disadvantaged residents
- address social determinants of health by integrating health and social service programs
- reduce health care expenditures by controlling ambulatory-care sensitive conditions such as diabetes and hypertension, with a resulting decrease in emergency department and hospital use.

Despite anticipated implementation of health care reform in 2014, at least 50,000 low-income adults will remain without health care coverage, and even covered residents will need additional primary care access. In order to maintain positive momentum and move toward universal access to primary care by 2014, we are requesting additional funding of \$1,850,000 in FY13.

### FY13 Budget Request for Montgomery Cares

\$ increase

* Primary care for 7,000 additional patients and 19,350 additional visits @\$62 per visit	\$1,200,000
* Increased access to oral health services for 750 additional patients and 1500 additional visits	\$300,000
* Increased access to behavioral health services for 3,000 additional patients	\$150,000
* Partial support to implement a certified electronic medical record system for 7 clinics (of est. \$700,000)	\$200,000

**TOTAL INCREASE REQUESTED FOR FY13**

**\$1,850,000**

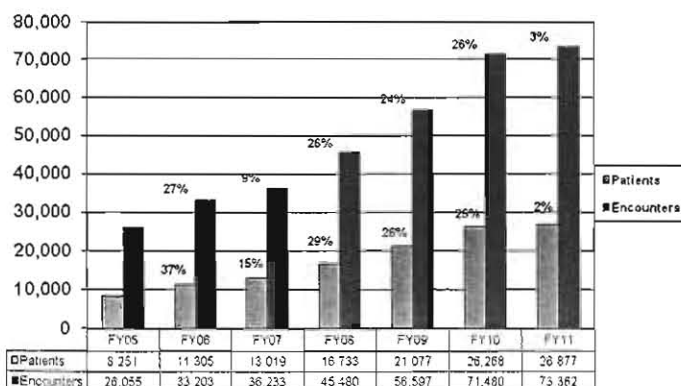
**MONTGOMERY CARES APPROVED FY12 (via PCC)**

**\$8,638,719**

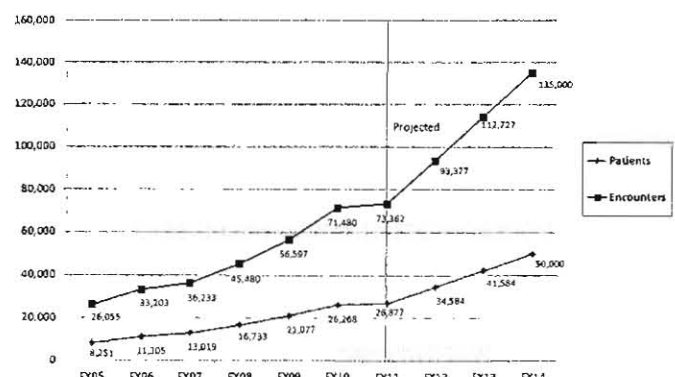
**TOTAL MONTGOMERY CARES BUDGET REQUEST FOR FY13 (via PCC)**

**\$10,488,719**

Montgomery Cares Patients and Encounters  
FY05 to FY11



Montgomery Cares Growth Projection To Serve 50,000 Patients  
FY14





## Invest in a program that improves patient health:

With guidance from the Primary Care Coalition, Montgomery Cares clinics monitor and improve health outcomes. In many areas, the clinics exceed national quality of care metrics for Medicaid providers, using the HEDIS measures developed by the National Committee on Quality Assurance. Data are shown below for management of diabetes and hypertension, the most common conditions treated in Montgomery Cares patients, and for screening for common cancers. Clinics are showing steady improvement each year.

Measure	FY 08	FY 09	FY 10	FY 11	Target Range (mean-90 <sup>th</sup> percentile)
* Diabetes: Annual HgA1c Testing	54%	74%	77%	83%	82-91%
* Diabetes: Annual LDL Testing	47%	65%	70%	77%	75-84%
* Diabetes: Good HgA1c Control ( $\leq 7$ )	26%	35%	37%	41%	35-44%
* Diabetes: Poor HgA1c Control ( $\geq 9\%$ )	57%	44%	37%	36%	44-29% (Note: Lower numbers demonstrate improvement)
* Diabetes: LDL Control ( $\leq 100$ mcg/dL)	22%	32%	35%	38%	35-46%
* Hypertension: BP Control ( $\leq 140/90$ )	52%	60%	65%	64%	56-68%
Breast Cancer Screening	12%	26%	29%	32%	51-63%
Cervical Cancer Screening	7%	15%	29%	39%	67-79%
Colorectal Cancer Screening	1%	2%	2%	3%	N/A

\*achieving target

## Invest in a program which is preparing for health care reform:

- Reimbursement: 2 clinics already accept Medicaid reimbursement, four more are preparing to do so, and it is expected that eventually, most or all Montgomery Care organizations will become Medicaid providers, in order to serve their patients to be newly covered under the Affordable Care Act.
- Medical Care homes: To improve patient care management and to comply with Affordable Care Act provisions, clinics are now undertaking training in medical care home development
- Health Information Technology: To enhance information transfer and reduce duplication and attendant costs, clinics are initiating or upgrading electronic medical records.

HHS



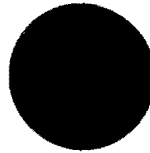
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

067309



March 16, 2012

Roger Berliner, President  
Montgomery County Council  
100 Maryland Avenue  
Rockville, Maryland 20850

Dear Council President Berliner:

The Commission on Health of Montgomery County thanks you for your ongoing support of the Montgomery Cares program. By supporting the program, you are supporting expanded access to health care for our county residents.

Thanks to the Montgomery Cares Program, the County has improved the health of our residents by providing health access for some of our most disadvantaged, the uninsured. Unfortunately, the program is not able to serve all in need. The Montgomery Cares providers are currently serving 28,000 low-income, uninsured adults; however, there are approximately 110,000 uninsured adults in the County.

The Montgomery Cares provider network has the capacity to serve more patients, but limited financial resources stand in the way of program expansion. **The Montgomery Cares Advisory Board is asking for an ADDITIONAL \$1,200,000 in Fiscal Year 2013 to support critically needed growth in patient capacity for the Montgomery Cares Program.**

The Montgomery County Commission on Health strongly endorses the Board's request. The Montgomery Cares Program must have needed resources to expand essential health care services, with the ultimate goal of providing access to primary care services to all residents of Montgomery County.

Sincerely,

Marcos Pesquera, R.Ph., MPH  
Chair, Montgomery County Commission on Health

CC:

Uma Ahluwalia, Director, Department of Health and Human Services  
Dr. Ulder J. Tillman, County Health Officer

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Commission on Health

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MedStar Montgomery  
Medical Center



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CC  
SUBURBAN HOSPITAL 44  
JOHNS HOPKINS MEDICINE



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February 22, 2012

Dear Montgomery County Council Members and County Executive Isiah Leggett:

As representatives of the hospital systems of Montgomery County, we would like to thank you for your ongoing support for expanding access to health care for Montgomery County residents.

Montgomery County can boast that, through the collaborative efforts of the Montgomery County Government, the Primary Care Coalition, the eleven safety-net health clinics, and the five local hospitals, we have improved the overall health of our County by providing health access for some of the County's most disadvantaged residents with the resources of the Montgomery Cares Program.

The Montgomery Cares providers are currently serving 28,000 low-income, uninsured adults; however, there are approximately 110,000 uninsured adults in the County. The Montgomery Cares provider network has the capacity to serve more patients, but limited financial resources stand in the way of program expansion. **The Montgomery Cares Advisory Board is asking for an ADDITIONAL \$1,200,000 in Fiscal Year 2013 to support critically needed growth in patient capacity for the Montgomery Cares Program.**

We, the hospitals of Montgomery County, strongly endorse the Board's request. The Montgomery Cares Program must have needed resources to expand essential health care services, with the ultimate goal of providing access to primary care services to all residents of Montgomery County.

Sincerely,

Brian Gragnolati,  
President, CEO  
Suburban Hospital/Johns Hopkins Medicine

William G. Robertson,  
President, CEO  
Adventist HealthCare, Inc.

Peter W. Monge, FACHE  
President  
MedStar Montgomery Medical Center

Kevin J. Sexton,  
President, CEO  
Holy Cross Hospital

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c: Uma Ahluwalia, Director, Montgomery County Department Health and Human Services  
Cesar Palacios, Chair, Montgomery Cares Advisory Board

## Montgomery Cares: FY12 Unmet Specialty Care Needs

### I. Background

In 2008, the Montgomery Cares Advisory Board Specialty Care Work Group commissioned a study of specialty care needs among Montgomery Cares patients. The study conducted by the Hilltop Institute estimated that 27% of Montgomery Cares patients would need specialty care during each year.

Specialty care services provided within the Montgomery Cares network are provided by four sources:

- Private specialists who volunteer at Montgomery Cares contracted primary care clinics.
- Partnerships providing a specific specialty care service including the Mobile Med/NIH/Suburban Heart and Endocrine Clinics, Spanish Catholic Center/NIH Rheumatology Clinic and Spanish Catholic Center/FDA Hematology Clinic.
- Two volunteer specialty care referral networks, Project Access (PA) and the Archdiocesan Health Care Network (AHCN).
- Hospital services provided by local hospitals.

Specialists who volunteer at contracted primary care clinics provide the majority of specialty care services within the network however they are frequently limited to consultation. Network resources offer a wide range of specialty consults and access to procedures conducted in private physicians' offices, ambulatory care facilities and hospitals.

**Figure 1: Specialty Care Appointments by Source and Cost FY2011**

Appointment Source	FY2011 Year End	Cost	Percent of Total MC Budget: \$8,780,839
<b>MCares Primary Care Encounters</b>	68,929	\$62 per visit: \$4,273,598	48.6%
<b>AHCN</b>	1,569	Contract: \$50,000	.56%
<b>Project Access</b>	2,149	Program: \$228,184	2.6%
		Patient Services: \$226,202	2.6%
<b>Clinic On-Site Specialty Encounters*</b>	4,433**	\$62 per visit: \$274,846	3.1%
<b>TOTAL</b>	<b>8,151</b>	<b>\$779,232</b>	<b>8.9%</b>

\*Includes partnerships where clinics receive reimbursement for visits.

\*\*On-site clinic specialty visits were reduced by 2,000 encounters due to clinic reporting errors.

In FY11, specialty care visits comprised 11% of the total number of visits provided to Montgomery Cares patients. Specialty Care program costs and visit payments accounted for 9% of total expenditures; visit costs alone accounted for 6% of total expenditures with program costs accounting for 3%. Project Access

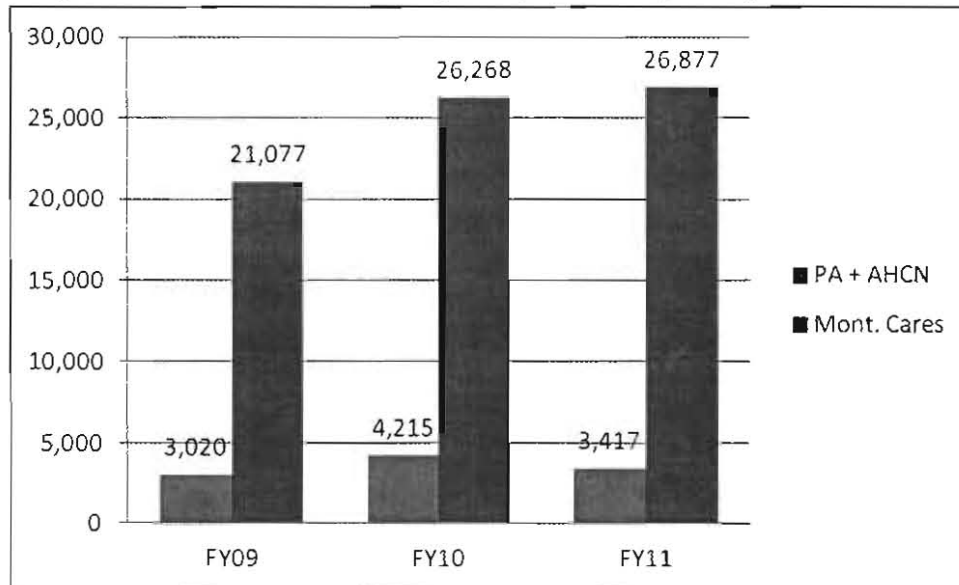
## Montgomery Cares: FY12 Unmet Specialty Care Needs

coordinated Montgomery County hospital services and specialty services valued at more than \$1 million. AHCN provided access to its network of hospitals and specialists that also provided \$1 million in services.

### II. Growth in Montgomery Cares Primary Care Network Challenges Specialty Care Networks

During the past three years, the increase in the number of patients served by Montgomery Cares has exceeded the capacity of the clinics and specialty care networks to provide timely access to specialty care services for the number of patients that need services.

Figure 2. Patients Served – Montgomery Cares vs. Specialty Care Networks



From FY09 through FY11, the total annual number of patients served by Project Access and AHCN combined represented 14.3%, 16.0% and 12.7% of the total annual Montgomery Cares population, respectively.

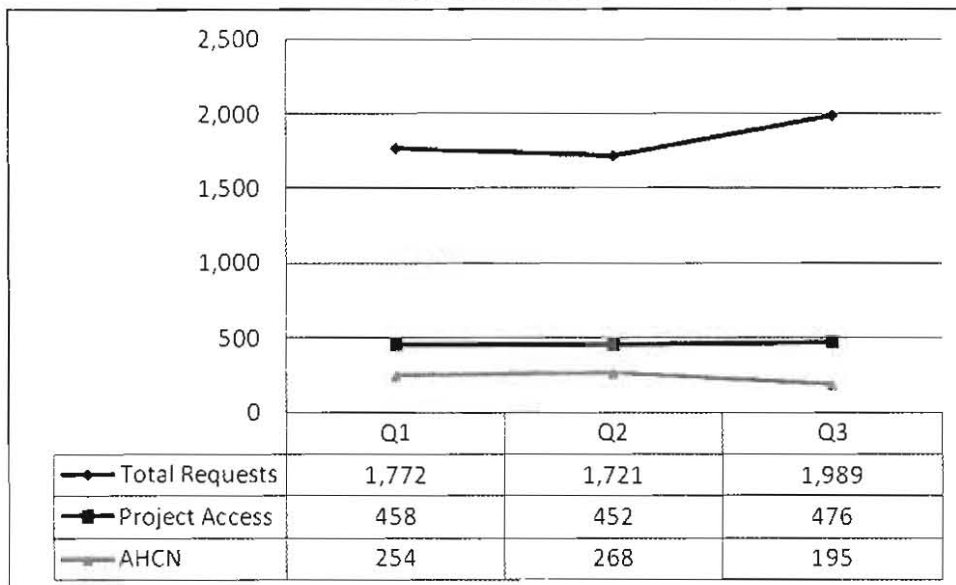
### III. Demand for Project Access Specialty Care Services Exceeds Supply

For each quarter in FY12 to date, referrals for specialty care services exceeded the number of patients served by the specialty care networks. PA is making progress in specialty care provider recruitment and Montgomery County hospitals have doubled their commitments between 2009 and 2012. However, this increase in capacity and volume does not meet the growing demand for specialty care services within the Montgomery Cares safety-net.



## Montgomery Cares: FY12 Unmet Specialty

Figure 3. Total Referral Requests to Project Access and Archdiocesan Health Care Network Compared with Patients Served FY12



During the 3<sup>rd</sup> Quarter, Project Access experienced a significant surge in referrals while the referrals to AHCN decreased. The decrease in AHCN referrals coincided with changes in AHCN's patient eligibility screening and application processes that present barriers to patients. As a result, the number of patients served by AHCN decreased by 25% and Project Access is faced with a greater gap between specialty care supply and demand.

#### IV. Unmet Specialty Care Need

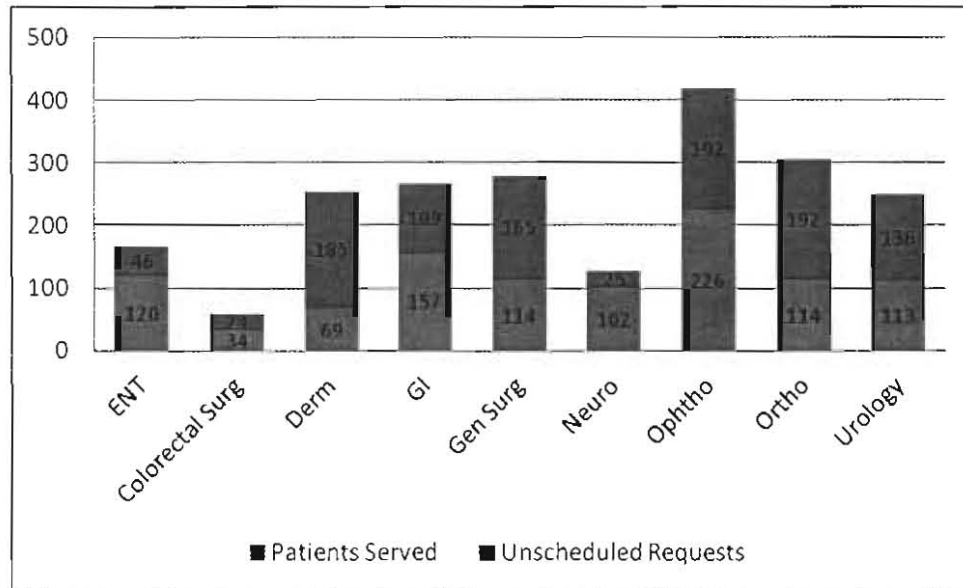
Project Access provides access to 26 subspecialty areas. Though demand greatly exceeds capacity in overall terms, the balance of supply vs. demand varies significantly by specialty area. Project Access is able to meet demand in some specialty areas such as allergy/immunology, cardiology and rheumatology (not shown in chart). However, Project Access currently does not have the capacity to meet demand in several specialty areas including dermatology, gastroenterology, general surgery, ophthalmology and orthopedic surgery and urology.

Urology is an example of how provider shortages and limited resources impact access to specialty care services for low-income, uninsured patients. Urology is unavailable to Project Access through pro bono resources; Project Access contracts with two paid urologists. Because urology services are both costly and in high-demand, Project Access can only meet about one-half of the current need.

## Montgomery Cares: FY12 Unmet Specialty Care Needs

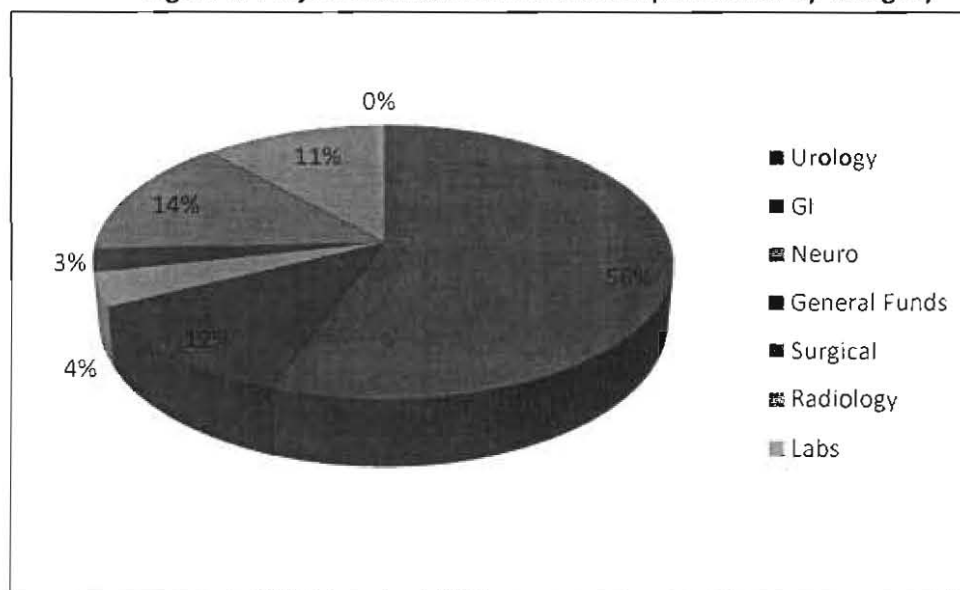
**Figure 4. Project Access Referral Requests vs. Patients Served by Selected Area**

Values reported for a 12-month period from Q4FY11 through Q3FY12



Montgomery Cares allocates funds to Project Access to pay for certain high-demand, high-priority specialty areas and ancillary services. Project Access contracts with private providers and pays Medicaid rates for certain services. This year the budget allocation was \$94,800. An additional \$10,000 was shifted from PA salary savings to direct services in January increasing the budget to \$104,800. Even with services restricted to those with greatest urgency and clinical need, the total specialty care direct service budget was fully expended in March. A one-time supplement of \$25,000 will be added to the budget to support services for the remainder of the fiscal year bring increasing total spending to \$129,800.

**Figure 5. Project Access Direct Services Expenditures by Category**



## Montgomery Cares: FY12 Unmet Specialty Care Needs

### V. Cost of Unmet Needs

The chart below (Figure 6) shows the distribution and cost of unmet need by subspecialty. The cost of unmet need for Project Access was estimated using samples of CMS-1500 forms submitted by providers for actual Project Access patients over a 12-month period. Maryland Medicaid reimbursement rates for July – December 2011 were used to calculate cost projections.

**Figure 6. Project Access Estimated Cost of Unmet Need by Selected Specialty Area**  
Values reported for a 12-month period from Q4FY11 through Q3FY12

Specialty Area	Total Requests	Patients Served	Unmet Need	Original 2012 Budget	Cost of Unmet Need
Otolaryngology (ENT)	212	120	92		\$10,837
Colorectal Surgery	58	34	24		\$9,748
Dermatology	254	69	185		\$16,960
Gastroenterology	289	157	132	\$10,000	\$167,362
General Surgery	279	114	165	\$4,000	\$62,945
Neurology	151	102	49	\$6,000	\$22,624
Ophthalmology	418	226	192		\$125,580
Orthopedic Surgery	306	114	192		\$71,688
Urology	249	113	136	\$45,800	\$34,095
General Funds*				\$10,000	
Labs & Pathology				\$6,000	
Radiology				\$12,000	
<b>Total</b>	<b>2,216</b>	<b>1,049</b>	<b>1,167</b>	<b>\$94,800</b>	<b>\$521,839</b>

\*General funds support time sensitive procedures, urgent surgeries and co-payments for homeless and others.

The total cost of unmet specialty care services is estimated at \$521,839. This amount plus the \$94,800 originally allocated for direct specialty care services is \$616,639. Additional funding would ensure that Montgomery Cares patients could access timely, appropriate specialty care services. Even with this, the Montgomery Cares program will continue to grow. There is opportunity for expanding the pro bono network and leveraging additional services and resources. A full-time, dedicated, professional Recruitment Coordinator focused on recruiting physicians, volunteer recognition, network

## Montgomery Cares: FY12 Unmet Specialty Care Needs

communications and partnership development would enhance Montgomery Cares ability to take greater advantage of existing community resources.

# Montgomery Cares Behavioral Health Care Needs

## I. Background

Depression and anxiety disorders are common, debilitating, and have costly consequences including decreased work productivity and increased absenteeism. Prevalence estimates suggest that 20-25% of primary care patients suffer from depression and/or an anxiety disorder (Mergl et al., 2007), with some studies yielding even higher estimates (Alim et al., 2006; McQuaid, Stein, Laffaye, & McCahill, 1999). Depression and anxiety disorders exacerbate physical health problems, contribute to poor control of chronic conditions and lead to increased use of hospital emergency rooms and other health care resources. Only a small proportion of individuals with mental health disorders seek care in specialty mental health settings; low-income individuals are even less likely to seek care in these settings. Uninsured Montgomery Cares patients face additional challenges including limited access to the public mental health care system, cost of private providers, as well as cultural and linguistic barriers.

The Montgomery Cares Behavioral Health Program (MCBHP) began as a partnership between Montgomery County DHHS, the Primary Care Coalition and MedStar Georgetown University Hospital's Department of Community Psychiatry with a goal of designing a behavioral health program to meet the needs of the Montgomery Cares patient population in a cost-effective manner. Funded as a pilot in 2005, the MCBHP adopted the "collaborative care" model. Collaborative care, a nationally recognized, evidence-based model, is based on the premise that patients with common behavioral health conditions can be effectively treated in primary health care settings by primary care providers that have access to training and professional support.

Montgomery Cares was one of the first programs to implement the collaborative care model in a safety-net setting serving a diverse, low-income population. The MCBHP has been recognized by the Maryland Department of Health and Mental Hygiene as a Maryland program exemplifying Health Care Innovation and is featured on the state web-site Clinical Innovations: Integrated Mental and Behavioral Health section. (<http://www.dhmh.state.md.us/innovations>)

In addition to depression and anxiety disorders, the MCBHP expanded the collaborative care model to include mild post-traumatic stress disorder (PTSD) and other conditions common to this population. Teams composed of a behavioral health care professional (licensed social worker, counselor or RN), family support worker, and part-time consulting psychiatrist provide support to primary care providers, assist in the creation of care plans and provide treatment recommendations for patients with behavioral health conditions. The Montgomery Cares Behavioral Health Program provides direct patient services that include:

- Assessment utilizing standardized assessment tools such as the PHQ-9.
- Diagnoses, treatment recommendations and care plans developed by the behavioral health care teams and consulting psychiatrist.
- Treatment support including medication, medication management, psycho-education, counseling and patient support.
- Access to psychiatric evaluation and linkage to long-term psychiatric services for complex conditions.



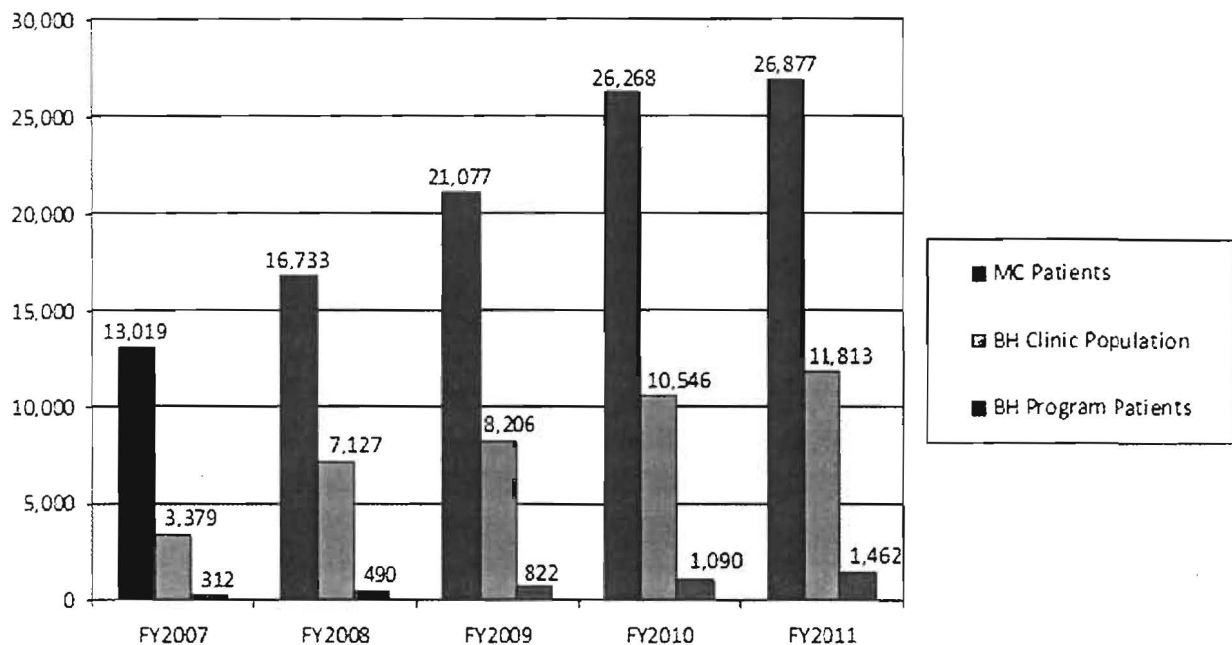
## Montgomery Cares Behavioral Health Care Needs

- Linkage to social services and community resources, as well as assistance with completing applications for medical assistance, PAC and entitlement programs.
- Patient follow-up and tracking including regular assessments to determine the efficacy of treatment.

### II. Current Behavioral Health Capacity

Since its inception, the MCBHP has maintained steady growth increasing the number of sites where services are provided and increasing caseloads to meet patient needs. The program operates in collaboration with three of the larger Montgomery Cares clinic providers, Mercy Health Clinic, Proyecto Salud and Holy Cross Hospital Health Centers. Proyecto Salud and Holy Cross each have two facilities. In FY 2011, these organizations provided primary health care services to 11,813 patients. This represents 44% of the Montgomery Cares patient population (26,877).

Figure 1. Montgomery Cares Behavioral Health Program Growth



Behavioral health program capacity is measured by the number of patients that have access to services in addition to the number of patients who utilize services. In FY11, the MCBHP provided access to behavioral health services for 11,813 patients served by its partner clinics and served 1,462 patients who were referred by primary care providers and clinic staff of these clinics.

In addition to services provided by the MCBHP, four of the eight remaining clinics have some type of behavioral health service provided by volunteers, staff or through contracts with other agencies. The FQHCs, CCI and Mary's Center, have co-located or integrated behavioral health care programs that primarily serve Medicaid patients.

## Montgomery Cares Behavioral Health Care Needs

### III. Unmet Behavioral Health Need

Based on literature reviews, screening conducted by behavioral health program staff and surveys conducted by the RAND Corporation, it is estimated that 30% of Montgomery Cares patients have behavioral health conditions. Of these, it is likely that half (15% of the total population) will engage in behavioral health treatment or services if available. Figure 2 below reflects FY11 progress towards serving 15% of the total population at each partner clinic. On average, there was an unmet need of 3% (310) among clinics with the MCBHP and an estimated 15% amongst the remaining 15,000 Montgomery Cares patients served by Montgomery Cares clinics (2,250).

**Figure 2. Behavioral Health Program Capacity by Clinic FY11**

Clinic	Total Patient Population	Total Patients Served By MCBHP	Percent of Population Served
Holy Cross Silver Spring/Gaithersburg	4,900	502	10.2%
Proyecto Salud Wheaton/Olney	4,720	321	6.8%
Mercy	2,193	338	15.4%
Total	11,813	1,161*	9.8%

\*An additional 301 patients received service by telephone.

Each fiscal year, program staff set service goals based on the size of the target population and capacity of the program. The population served by partner clinics increased significantly between FY2005 and FY2010. More recently, Montgomery Cares overall growth has slowed but demand for behavioral health services has increased as the program gained acceptance at each of its partner sites. The optimum caseload for a behavioral health care team is 250 individuals or families annually thus MCBHP will reach or exceed capacity by the end of the fiscal year. Future targets will remain constant regardless of population size unless additional resources become available to support expansion. The need for behavioral health services will continue to grow at MCBHP sites and across the network as access to primary health care services increases.

**Figure 3. Progress Meeting FY12 Targets 3<sup>rd</sup> Quarter**

Clinic	Target Number Of Patients to be Served	Patients Served 1 <sup>st</sup> -3 <sup>rd</sup> Quarters	Progress Meeting Target
Holy Cross Silver Spring/Gaithersburg	550	374	68%
Proyecto Salud Wheaton/Olney	420	203	48%

## Montgomery Cares Behavioral Health Care Needs

<b>Mercy Clinic</b>	<b>250</b>	<b>263</b>	<b>105%</b>
<b>TOTAL</b>	<b>1,220</b>	<b>840</b>	<b>69%</b>

\*An additional 50 patients received service by telephone.

Estimating that Montgomery Cares will serve 30,000 patients in FY12; 9,000 patients are likely to have behavioral health conditions. Of these, one half (4,500 patients) would be inclined to engage behavioral health services if services were available and accessible; three percent (270 patients) will need more extensive psychiatric evaluation and treatment than can be provided in a primary health care setting. The MCBHP estimates it will serve 1,220 patients, roughly 10% of patients served by Proyecto Salud, Mercy Health Clinic and two Holy Cross clinics. It is likely that some Montgomery Cares patients will receive behavioral health services at other primary care clinics that are reimbursed by Montgomery Cares at \$62 per encounter. Currently, there is not sufficient information to determine the extent that behavioral health care services are provided at non-MCBHP clinics or the cost to the program.

#### **IV. Cost of Meeting Behavioral Health Care Needs of the Montgomery Cares Population**

Currently, Montgomery Cares funds behavioral health services as a carve-out of the Montgomery Cares program. The collaborative care model employed by the MCBHP has proven to be a cost-effective approach to providing access to behavioral health services for large populations. The current budget for the Montgomery Cares Program is \$580,000. Based on the MCBHP experience, the cost of providing access to behavioral health services for a target population of 11,813 safety-net patients is \$49 per patient per year. The cost of providing access to behavioral health services for a primary care population of 30,000 safety-net patients using the collaborative care model would be approximately \$1.5 million annually. This would support the integration of care teams into primary care settings that provide patients with both clinical and social services support, as well as consultation and training to primary care providers and clinic staff.

Montgomery Cares also reimburses providers \$62 per encounter for behavioral health care visits conducted by a licensed clinical social worker, licensed clinical psychologist, psychiatrist or primary care provider. Assuming that 4,500 patients would access behavioral health services if they were available at all Montgomery Cares clinics, reimbursement for 6 behavioral health-related visits per patient per year would be \$1.7 million annually.

The Community Pharmacy provides an additional \$67,000 in behavioral health medications annually.

#### **V. Current Environment and Considerations**

There is no question that access to behavioral health services is an important consideration for primary health care networks and may be considered an essential service for networks serving vulnerable populations. Nationally, there is agreement that integrating primary and behavioral health care is a cost-

## Montgomery Cares Behavioral Health Care Needs

effective strategy to meet a populations behavioral health care needs. Integrated models are being promoted nationally by CMS and commercial insurers that offer enhanced reimbursement for providers who integrate somatic and behavioral health care services within Patient Centered Medical Homes programs. Discussions at the state level regarding financing for behavioral health services are currently underway. Montgomery County has an active Behavioral Health Workgroup composed of representatives from DHHS, PCC, behavioral health care providers, primary health care providers, consumer groups and funders that is addressing expansion of behavioral health services for low-income uninsured populations and promoting the integration of behavioral health services into Montgomery Cares primary care clinics.

Further consideration of behavioral health care models, standards and financing is necessary to develop a sustainable strategy for providing low-income, uninsured Montgomery County residents with reliable access to quality behavioral health services and to ensure that Montgomery County's plan is aligned with emerging federal and state policies being implemented under health care reform. At the same time, the Montgomery Cares program and clinics continue to be challenged with addressing the behavioral health needs of the growing Montgomery Cares population. Below are recommendations consistent with current Montgomery Cares programs and practices that will allow for expansion of behavioral health services while a more comprehensive approach is being discussed and developed.

### **VI. Recommendations to Increase Access to Behavioral Health Services in FY13**

1. The current Montgomery Care budget does not fully support the staff level needed to serve the current target population. The budget supports 4.1 FTE bi-lingual care managers (2.0 FTE LCSW-Cs, 1.1 FTE RNs, 1.0 FT LCPC) and 2 FTE family support workers providing services at 5 facilities. In addition, a .4 FTE psychiatrist leads treatment team meetings, provides consultation to PCPs and treats patients. Staffing for each site is distributed based the size of the overall population and number of referrals from primary care providers. Together, these determine the size and complexity of the caseload. There is a need to add a .9 FTE care manger in FY13 to ensure adequate coverage for the population. The cost of providing full coverage is \$72,000 which would increase the MCBHP budget to \$652,000.
2. Holy Cross Hospital is opening a new clinic facility in Aspen Hill in May. It is estimated that the facility will have capacity to serve 3,000 Montgomery Cares patients annually. The cost of adding a full-time behavioral health team consisting of a behavioral health professional, family support worker and part-time consulting psychiatrist at this site would be \$150,000. This would increase the MCBHP budget to \$802,000.
3. The Montgomery Cares Program currently reimburses clinics for behavioral health encounters provided by 4 specific types of providers. It is recommended that the Program expand the types of behavioral health professionals whose services are reimbursed to include licensed professional counselors (LCPC), appropriately supervised licensed graduate social workers and professional counselors and RNs with advanced clinical training or certification in mental health or substance abuse treatment.



Isiah Leggett  
County Executive

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Uma S. Ahluwalia  
Director

March 29, 2012

The Honorable Roger Berliner  
President, Montgomery County Council  
100 Maryland Avenue, 6th Floor  
Rockville, Maryland 20850

Dear Mr. Berliner:

Thank you for providing the Montgomery Cares Advisory Board (MCAB) with the opportunity to review the health care safety-net related grant proposals for the FY13 Council Grants. We appreciate your respect for our Board and its advisory function.

The MCAB underwent the same formal review process for the proposals as we have in past years. Two board members reviewed and scored each application and made recommendations to the full Board. At the March 28, 2012 MCAB Meeting, the full Board discussed each application and reached funding consensus. You will find the recommendations for each proposal in the attached document. Because we found merit in most all of the proposals, we also have prioritized them for you based on the scores they received to help you in your decision making.

We had one primary concern with all of the proposals. Almost without exception, the applicants did not provide a sustainability plan for their projects. Additionally, many of the applicants are requesting repeat funding for projects that have been funded through the County Council grant process in the past. We understand that in these times of financial stress, our Montgomery Cares clinics are dependent upon the County for their on-going survival, but it is worrisome that they often do not have a "Plan B" if the County funding is removed. For this reason, we respectfully ask that the clinics be asked to submit a sustainability plan as a condition of County Council grant funding.

Thank you again for this opportunity and we hope our recommendations are helpful. Please contact our staff member, Becky Smith, at 240-777-1278 or [rebecca.smith@montgomerycountymd.gov](mailto:rebecca.smith@montgomerycountymd.gov) with questions or for additional information.

Sincerely,

*Deborah Parham Hopson/ps*

Deborah Parham Hopson  
Vice Chair, Montgomery Cares Advisory Board

Attachments:

- MCAB Review and Recommendation, FY13 County Grants

cc: Peggy Fitzgerald-Bare, Montgomery County Council  
Linda McMillan, Montgomery County Council  
Uma S. Ahluwalia, Director, Department of Health and Human Services  
Ulder J. Tillman, Chief of Public Health Services, Department of Health and Human Services  
Jean Hochron, Sr. Administrator, Montgomery Cares Program, Department of Health and Human Services

Montgomery Cares Program

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**FY13 County Council Grants  
Montgomery Cares Advisory Board  
Review and Recommendations**

1. **Organization:** Care for Your Health  
**Amount Requested** \$94,038

**MCAB Recommendation:** MCAB does not recommend this project for funding.

The reviewers reported, "the proposed project is not aligned with Montgomery Cares nor does it appear to have the capacity or add services that would be coordinated and sustainable."

2. **Organization:** Community Ministries of Rockville  
**Amount Requested:** \$62,660

**MCAB Recommendation:** MCAB recommends this project for funding

The reviewers noted, "Community Ministries to be commended for expanding vital services to Rockville and the other clinics in the network." There was a concern about the sustainability of the project and the ability to measure outcomes but the merits of the project outweighed the problems with the proposal.

3. **Organization:** Mary's Center for Maternal and Child Care  
**Amount Requested:** \$117,476

**MCAB Recommendation:** MCAB recommends this project for funding.

Although the reviewers gave this project a very high score, they also reported that "we are very concerned that this is the 3<sup>rd</sup> request to support Family Support Worker and Health Practitioner positions with no plan for sustainability." The reviewers recommended funding with a condition that the grantee submit a sustainability plan.

4. **Organization:** Mercy Health Clinic  
**Amount Requested:** \$10,000

**MCAB Recommendation:** MCAB recommends this project for funding

The reviewers noted, "this is an important service and currently is only minimally funded by Montgomery Cares" Again, the reviewers noted that there was no sustainability plan or measure of outcomes.

5. **Organization:** Mobile Medical Care, Inc #1  
**Amount Requested:** \$48,420

**MCAB Recommendation:** MCAB recommends this project for funding

The reviewers reported that this is a needed service and they wished that MCares had the funds to provide this position for all of the MCares clinics. That said, Board discussed that this is a repeat proposal from previous years, indicating the clinic is unable to sustain the position without County funding.

6. **Organization:** Mobile Medical Care, Inc #2  
**Amount Requested:** \$6,000

**MCAB Recommendation:** MCAB recommends this project for funding

The County Executive also recommended this project for \$6,000 in his 2013 Recommended Budget. The reviewers had a few concerns with this proposal, and reported, "Montgomery County is providing space for this clinic, presumably with the expectation that the applicant would leverage that in-kind donation to purchase needed supplies and donations." Yet, they went on to say, "We would support this proposal as it does enhance the organization's readiness for the Affordable Care Act implementation and other changes in the health care environment."

7. **Organization:** Primary Care Coalition  
**Amount Requested:** \$59,055

**MCAB Recommendation:** MCAB recommends this project for funding

The reviewers highly recommended this proposal. They were particularly impressed that "the project will increase the number of patients served by 33%, while maintaining current staffing levels."

8. **Organization:** The Muslim Community Medical Center, Inc #2  
**Amount Requested:** \$50,000

**MCAB Recommendation:** MCAB does not recommend this project for funding.

The reviewers found this proposal to be poorly presented with unclear outcomes and a budget narrative that did not match the actual request.

9. **Organization:** The Muslim Community Medical Center, Inc #3  
**Amount Requested:** \$50,000

**MCAB Recommendation:** MCAB recommends this project for funding for \$25,000.  
MCAB does not recommend funding of the Spiritual Leader as part of this project

The County Executive also recommended this project for \$25,000 in his 2013 Recommended Budget. The reviewers had difficulty with this proposal. Although they felt the project is much needed, they found many weaknesses in the proposal including: 1) Insufficient information on how the project would be sustained, 2) Insufficient evidence of leveraging non-County government funds, 3) Insufficient evidence of ability to carry out program. 3) Insufficient information on the role of the Spiritual Leader.

10. **Organization:** The Muslim Community Medical Center, Inc #2  
**Amount Requested:** \$50,000

**MCAB Recommendation:** MCAB recommends this project for funding for \$70,000

The County Executive also recommended this project for \$70,000 in his 2013 Recommended Budget. The reviewers were unclear how the matching fund grant from the State is implemented, and the numbers did not appear to add up at the \$50,000 level of funding. They decided to agree with the County Executive and recommend funding for \$70,000 to help the clinic get to their needed goal. Math issues aside, the reviewers rated this project very highly and felt it was a strong proposal and that the Clinic has "tried to expand over the past two years or so and it is much needed."

**FY13 County Council Grants  
Montgomery Cares Advisory Board  
Priority List of Recommended Proposals**

**Based on Reviewers Scores (out of 20 possible points)**

	<b>Clinic Name</b>	<b>Recommended Award</b>	<b>Project Description</b>	<b>Reviewers Score</b>
<b>#1</b>	Muslim Community Medical Center #4	\$70,000	Facility expansion/renovation	19.25
<b>#2</b>	Primary Care Coalition	\$59,055	Pharmacy Assistance technology	19
<b>#3</b>	Mary's Center	\$117,476	Emergency resources, FSW, Health Educator	18.5
<b>#4 (tied)</b>	Community Ministries of Rockville	\$62,660	Mental health and podiatric services	18
<b>#4 (tied)</b>	Mobile Medical Care #1	\$48,420	Personnel- Specialty Care	18
<b>#6</b>	Muslim Community Medical Center #3	\$25,000	Domestic violence program	17
<b>#7</b>	Mercy Health Clinic, Inc	\$10,000	Health education	15.5
<b>#8</b>	Mobile Medical Care #2	\$6,000	Computers in Exam rooms	15

**Not Recommended:**

<b>Clinic Name</b>	<b>Recommended Award</b>	<b>Project Description</b>	<b>Reviewers Score</b>
Care for Your Health	\$94,038	Micro-practice	9.5
Muslim Community Medical Center	\$50,000	Diabetic program	13

# Executive Summary

We have made great strides in improving oral health in Maryland over the last decade, but there is much more to be done, especially to protect the oral health of our most vulnerable populations.

Oral health is a critical component of overall health, and poor oral health has been linked to a number of systemic diseases. Most common oral diseases can be prevented through a combination of individual, community, and professional strategies.<sup>1</sup> Prevention and early intervention work! Oral health professionals and other health professionals; staff working in child care, schools, and nursing homes; insurers; and others can do a great deal to improve oral health. Encouraging people to brush their teeth with fluoridated toothpaste, floss, avoid frequent exposure to foods and beverages high in sugar, visit the dentist, receive dental sealants and fluoride varnish applications, and wear oral and facial safety equipment when engaging in sports and other physical activities will help improve the oral health of all Marylanders. These actions are the focus of the Maryland Oral Health Plan (MOHP).

## Oral Health Status in Maryland

The report *The Burden of Oral Diseases in Maryland* identifies oral health gaps in several populations within the state, including:<sup>2</sup>

- Children and adults with special health care needs.
- Children and adults of low socioeconomic status.
- Children and adolescents enrolled in Medicaid.
- Certain racial and ethnic groups.

Highlights of the report include:

- Among schoolchildren in third grade, 29.7 percent have untreated dental caries, with a substantially higher prevalence among Hispanic schoolchildren (42 percent).<sup>3</sup>
- In Maryland, 93.8 percent of residents live in communities with fluoridated water.<sup>4</sup>
- In 47.3 percent of cases, oral cancer is diagnosed at the regional stage (i.e., cancer that has spread beyond the primary site to nearby lymph nodes, organs, or tissues).<sup>5</sup>
- Whites have a higher incidence of oral cancer than blacks (9.41/100,000 vs. 7.6/100,000), whereas blacks have a higher mortality rate than whites (3.7/100,000 vs. 2.6/100,000).<sup>5</sup>
- Lack of teeth cleaning before or during pregnancy is more prevalent among Hispanic women (42 percent), black women (33 percent), and Asian women (25 percent), than among non-Hispanic white women (17 percent).<sup>6</sup>

In 2008, approximately 57 percent of adults reported that they had never had any permanent teeth extracted, up from 49.3 percent in 1999. In addition, in 2008, approximately 12.4 percent of adults ages 65 and older reported having all their teeth extracted, down from 25.5 percent in 1999, indicating that more adults are retaining their teeth.<sup>7</sup>



In 2005–2006, the Department of Health and Mental Hygiene, Office of Oral Health, and the University of Maryland Dental School screened 1,292 schoolchildren in kindergarten and third grade to obtain information about their oral health status. The resulting survey reported the following findings:<sup>3</sup>

- Schoolchildren who resided on the Eastern Shore were more likely to have untreated dental caries than those who resided in Southern or Western Maryland.
- Non-Hispanic white schoolchildren had a lower prevalence of untreated dental caries than non-white schoolchildren.
- The prevalence of untreated dental caries was lower among schoolchildren whose parents were college graduates than among those whose parents had not graduated from college.
- Among schoolchildren in kindergarten, 7.5 percent had dental sealants, and among those in third grade, 42.4 percent had sealants.
- Non-Hispanic black schoolchildren were less likely to have at least one dental sealant than non-Hispanic white schoolchildren.
- Schoolchildren who resided on the Eastern Shore and in Central Baltimore were less likely to have dental sealants than those with similar demographics who resided in Western Maryland or Central Washington, DC.
- Dental sealant prevalence was lower among schoolchildren eligible for a free or reduced meal program than among schoolchildren not eligible for such a program.



#### **Development of the Maryland Oral Health Plan**

In 2007, the Dental Action Committee (DAC), a statewide committee, was convened by John M. Colmers, Secretary of the Maryland Department of Health and Mental Hygiene (DHMH) to develop recommendations to improve access to oral health care for vulnerable (disadvantaged and/or underinsured) children. Since that time, DHMH's Office of Oral Health, the Maryland Medicaid Program, and many public- and private-sector partners have made great strides in achieving nearly all of the DAC recommendations.

In 2010, DAC transitioned into the Maryland Dental Action Coalition (MDAC), an independent, broad-based partnership of individuals and organizations whose charge is to monitor progress on DAC's recommendations and to expand access to oral health care for all Marylanders. To develop a multifaceted strategic plan to promote the oral health of all Marylanders (children, adolescents, adults, and older adults), MDAC initiated the development of a 5-year state oral health plan.

To make the process effective and efficient, three groups were formed—a small workgroup (planning team), a 20-person committee (writing team), and a large stakeholder group (review team). The workgroup coordinated the development of the plan; the committee drafted components of the plan; and the stakeholder group, with representatives from a wide range of organizations throughout Maryland, provided input on drafts. Throughout the process, MDAC members also offered guidance and input.



The first step in the process was conducting a comprehensive review of the current oral health status of Marylanders and of available data and resources. This activity led to the identification of three key focus areas: (1) access to oral health care, (2) oral disease and injury prevention, and (3) oral health literacy and education. Based on this information, the group developed a vision statement and identified essential goals for each focus area. The vision statements and goals follow.

#### Access to Oral Health Care

*Vision Statement:* By 2015, Maryland will be a leader in access to oral health services. All Marylanders—children, adolescents, adults, and older adults, including those with special health care needs—will be able to locate and access a local oral health professional who will see them in a timely manner. An integrated partnership of general health professionals and oral health professionals and private, nonprofit, and government organizations will provide a seamless system of oral health care. Primary care health professionals, understanding the importance of oral health and its relationship with overall health, will participate in early identification and assessment of individuals' oral health needs.

*Goal 1:* Ensure continuously accessible, coordinated, affordable, and effective oral health care (dental home) for all Marylanders through an integrated state oral health and health care system.

*Goal 2:* Build an optimal oral health work force to ensure the availability of oral health services for all Marylanders.

*Goal 3:* Strengthen the integration of oral health care and overall health care.

#### Oral Disease and Injury Prevention

*Vision Statement:* By 2015, an oral-disease- and injury-prevention system will have been developed and implemented. Through an integrated partnership of private, nonprofit, and government stakeholders, oral-disease- and injury-prevention programs will become standardized, institutionalized, and commonplace throughout Maryland. Evidence-based strategies will target services to populations at risk for oral disease and injury, ensuring that preventive services are accessible to all. This system will provide standards drawn from best practices in oral disease and injury prevention.

*Goal 1:* Regularly assess the oral health status of all Marylanders, including those living in nursing homes, assisted-living facilities, group homes, and shelters; those who are homeless; those with disabilities; and those who are migrants or immigrants.

*Goal 2:* Increase the use and adoption of best practices to prevent oral disease and injury in all settings, including public health and private practice.

*Goal 3:* Promote the public's awareness of risk factors for oral cancer, its symptoms, and ways to prevent it.

*Goal 4:* Ensure that communities have access to oral-disease- and injury-prevention programs.

#### **Lack of Oral Health Care for Adults with Low Incomes**

There is a severe shortage of oral health care for adults with low incomes, who typically are ineligible for publicly funded programs. At one public health clinic, adults who need extractions frequently begin standing in line at 4:00 a.m. waiting for the clinic to open at 7:00 a.m. Because the demand for service exceeds the clinic's capacity, many who stand in line are turned away without care.

### Oral Health Literacy and Education

*Vision Statement:* By 2015, the distinction between oral health and general health will begin to blur. Soon afterwards, oral health care will no longer be seen as ancillary but instead as a specialty within general health, much like cardiology, neurology, or internal medicine. Health professionals will refer individuals to dentists, as they would to any other specialists. Academic and continuing education courses will provide health care students and health professionals with consistent oral health messages to foster clear communication with the public. Individuals will begin to perceive oral health care as basic health care, understand its importance, and appreciate the benefits of good oral health. They will also begin to obtain, process, and understand basic information needed to access oral health care and to make appropriate decisions.

*Goal 1:* Enhance individuals' awareness of the relationship between oral health and general health and wellness to empower them to adopt good oral health behaviors supported by evidence-based practice.

*Goal 2:* Enhance individuals' ability to navigate the oral health care system and to establish dental homes.

*Goal 3:* Promote primary care health professionals' and specialists' awareness and knowledge of the importance of oral health interventions for medically compromised individuals.

*Goal 4:* Enhance oral health professionals' ability to work with diverse populations.



To achieve the vision and to make the goals a reality, meaningful objectives and practical but innovative activities were identified for each key focus area. In addition, a logic model was developed that delineates the social change necessary to establish comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally effective oral health care (i.e., a dental home) for all Marylanders, the overarching goal of the MOHP.

Many individuals working in state and local government agencies, academic institutions, professional dental organizations, private practice, community-based programs, the insurance industry, and advocacy groups, as well as in other organizations, were instrumental in the development of the plan (see Contributors to the Maryland Oral Health Plan).

### **Implementation of the Maryland Oral Health Plan**

With the release of the plan, MDAC moves into the implementation phase with the goals, objectives, and activities providing the basis for a collaborative workplan that will identify measurable outcomes and those responsible for achieving them, as well as the timeline for implementation. The MOHP is intended to be a living document that will be reviewed at least annually and modified as needed as implementation proceeds.

MDAC is optimistic that the release of the plan marks not the end of thoughtful and creative discussion by committed individuals but the beginning of collaborative action to improve the oral health of all Marylanders. MDAC takes inspiration from Helen Keller, who once said "alone we can do so little; together we can do so much!"

# Overview of the Maryland Dental Action Coalition

The Maryland Dental Action Coalition (MDAC) is a statewide coalition of individuals and organizations dedicated to improving the oral health of all Marylanders through increased prevention, education, advocacy, and access to oral health care. Participants include dentists, dental hygienists, and other health professionals working in the public and private sectors; representatives from government agencies and educational institutions; advocates; funders; and others who are passionate about MDAC's mission.



The coalition is built on the work of the Dental Action Committee (DAC), which was established in 2007 by John Colmers, Secretary of the Maryland Department of Health and Mental Hygiene (DHMH), in response to a lack of access to oral health care for vulnerable (disadvantaged and/or underinsured) children. The problem of insufficient access became glaringly apparent with the untimely death of Deamonte Driver that resulted from an untreated tooth infection that spread to his brain.

Secretary Colmers charged DAC to develop recommendations addressing the following:

- Medicaid reimbursements and alternative models
- Provider participation, capacity, and scope of practice
- Public health strategies
- Oral health education and outreach to parents and other caregivers

In September 2007, DAC put forth seven major recommendations.<sup>8</sup> Since that time, DHMH's Office of Oral Health, the Maryland Medicaid Program, and many public- and private-sector partners have made great strides in achieving nearly all the recommendations. As a result of these and other efforts, Maryland has become a national model for providing access to oral health care for vulnerable children.

Building on the momentum of DAC's successes, DHMH, the Centers for Disease Control and Prevention, and the DentaQuest Foundation supported the establishment of MDAC, an independent broad network of stakeholders whose charge is to monitor the continued progress of DAC's recommendations and to expand access to oral health care for all Marylanders. Since April 15, 2010, when the coalition filed its articles of incorporation, MDAC has been working toward these goals, with the first step being the development of a 5-year state oral health plan for Maryland.



Demonstration Sites > Advanced Practice Centers

## Advanced Practice Centers, Maryland

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### THE MONTGOMERY COUNTY ADVANCED PRACTICE CENTER Montgomery County Department of Health and Human Services

#### Montgomery County APC At-A-Glance:

- Develops toolkits, technologies, and other materials that have been evaluated and tested in Montgomery County and are in formats that can be easily replicated and used by other local health departments
- Creates tools and educational materials to improve emergency preparedness and response among vulnerable populations
- Serves as a resource in emergency response capabilities for local health departments who are also planning in a multi-jurisdictional area
- An APC since 2004

#### How the Montgomery County APC is Addressing the APC Focus Areas:

##### Building partnerships and collaborating with first responders:

**Bio-Pack Toolkit:** This toolkit showcases Montgomery County, Maryland's innovative Bio-Pack program, which pre-positions medications with first responders prior to a public health emergency. This type of program provides first responders with the protection they need to safely respond to a public health emergency.

**How to Create a Partnership Between Your Public Health Agency and Area Hospitals:** This two-page, step-by-step tip sheet outlines how to create partnerships with community hospitals around the issue of emergency preparedness.

**How to Create a Partnership Between Your Public Health Agency and the Child Care Community:** This two-page tip sheet provides information on how to enhance emergency preparedness efforts by creating and fostering a collaborative partnership with the community, with a specific focus on long term child care.

**Strengthening the Strengtheners:** It contains a list of resources, checklists, and assessment questions from various faith-based, community, and federal organizations, which can be used to help congregations develop plans for a potential emergency.

##### Workforce development and training:

**Emergency Preparedness Training Curriculum for Latino Health Promoters:** A training curriculum for the promotores de salud (lay health promoters) to help increase the knowledge and change behaviors in the Latino community on emergency preparedness.

**Notes from the Field: A Collection of Emergency Preparedness Exercise and Evaluation Reviews:** Montgomery County, Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response (Montgomery APC) in conjunction with the National Association of County and City Health Officials (NACCHO) Exercise and Evaluation Workgroup developed a document of resources to assist public health emergency planners.

**Personal Protective Equipment (PPE) Toolkit:** This toolkit provides a DVD and brochure that helps local public health agencies learn the basics of PPE.

**Plan to Be Safe - Training Modules for Emergency Operations of Dispensing and Vaccination Clinics:** This public health clinic operations toolkit incorporates four training modules and comes with the following items: an instructors guide; appendices of resources and templates; a CD-ROM containing PDF versions of all materials; and a DVD with two training videos.

##### Risk communication and public education:

**Avian Influenza and Pandemic Influenza Presentation:** The presentation is both a resource for local health departments to use to educate their communities or a self-study for persons who wish to increase their own knowledge and awareness of the topic.

**Crisis Communications Guide and Checklist:** Assists public health planners in the preparation for a public health emergency by equipping them with the knowledge and understanding of basic crisis communications components.

**Emergency Preparedness Checklist for Case Management and Home Care Services:** Designed to ensure that clients receiving home care and case management services develop an emergency plan and gather a three-day or more supply of nine essential items in preparation for an emergency event.

**Emergency Preparedness Checklist for Nursing Homes, Assisted Living Facilities and Group Homes:** This checklist is designed to ensure that health care facilities are not only well prepared but also able to shelter-in-place and remain self-sufficient during a variety of emergencies.

**Emergency Response Planning for Child Care Providers:** The toolkit is designed to prepare child care providers for emergency events and to assist in the recovery effort by helping children cope with the traumatic event.

**Plan to Be Ready:** This toolkit is designed to help local public health agencies and others conduct public health preparedness training for non-public health workers.

##### Developing integrated communication and information systems:

**Clinic Planning Model Generator:** The software is intended to grant public health officials the ability to quickly create an accurate model that will provide immediate assistance with planning for a public health vaccination and/or dispensing clinic.

#### For More Information, Contact the Montgomery County APC:

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