



March 7, 2023

The Honorable Evan Glass
President
Montgomery County Council
Stella B. Werner Council Office Building
100 Maryland Avenue

Re: Expedited Bill 10-23 – Intellectual and Developmental Disabilities Commission - Established

Dear Council President Glass and Councilmembers:

I am writing to express the Primary Care Coalition's (PCC) support of Bill 10-23. This legislation will establish an Intellectual and Developmental Disabilities Commission charged with advising the County Council and County Executive on matters involving the needs of individuals with intellectual and developmental disabilities (IDD) through robust engagement with key stakeholders and thorough analysis of existing services and service gaps.

For 30 years, the Primary Care Coalition (PCC) has worked to improve the health and lives of people experiencing vulnerability by building partnerships and strengthening systems that engage diverse stakeholders to provide health care and associated services in our community. In 2020 and 2021, PCC partnered with organizations that manage group homes for adults with IDD to provide technical assistance in infection control, testing protocols, and vaccine roll out. Through our partnership with the Nexus Montgomery hospital collaborative, PCC also convenes and facilitates a Hard-to-Place Patients workgroup focused on improving care transitions for patients who have been hospitalized and cannot be discharged due to lack of appropriate community-based services.

People with IDD tend to have limited access to appropriate clinical care due to stigma and structural barriers, as well as greater health education needs resulting from cognitive adaptive limitations that may impede ability to make healthy lifestyle choices. These factors lead to higher rates of chronic health conditions and other poor health outcomes for people with IDD.

People with IDD are represented across all economic and demographic groups; however, access to services and opportunities is not consistently available. People with IDD who also experience cultural and linguistic barriers to accessing services, historic racial inequities, and ineligibility for DDA and Medicaid due to immigration status experience multiple compounding inequities. The establishment of this Commission provides a venue for understanding the nuanced needs of people with IDD in our highly diverse community.

In 2020 in Maryland¹:

- 18.9% of people with a cognitive disability had asthma vs 7.5% of those with no disability. Black, non-Hispanic people with a disability had significantly higher rates of asthma (20.6%) than other demographic groups.

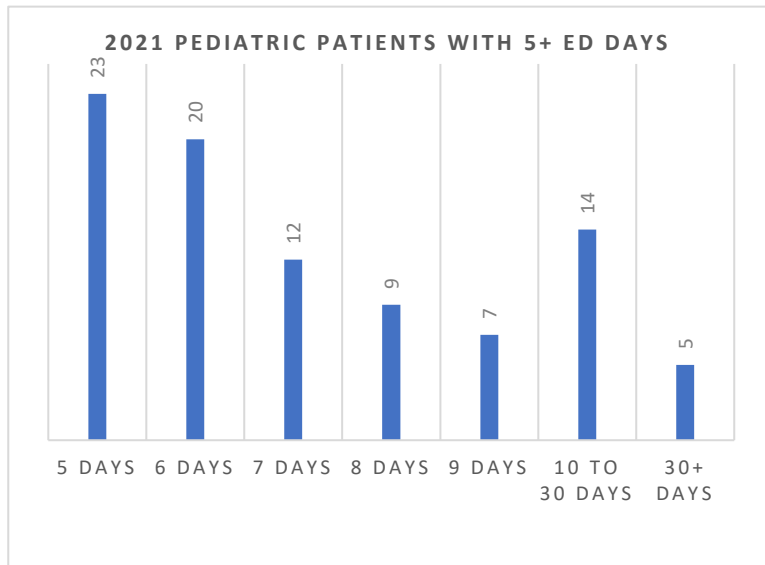
¹ Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Mar 5, 2023]. URL: <https://dhds.cdc.gov>

- 17.1% of people with a cognitive disability had had diabetes vs 7.3% of those with no disability. Among those with a disability, 18.4% of non-Hispanic blacks, and 23.8% of those who identify as “other” had diabetes vs. 14% of non-Hispanic whites.
- 8.1% have had cancer vs 5.2% of those with no disability. Among those with a disability, people who identify as “other” report the highest rates of cancer (11.8%).

The establishment of a commission focused specifically on improving system-wide coordination and service delivery for residents with IDD is an excellent step in addressing structural barriers to care and service gaps. To illustrate one example, patients with IDD who receive emergency department or in-patient services may find themselves stuck in the hospital because there are not enough facilities with the expertise and resources to accommodate this population.

In FY21, 52 patients with IDD spent 630 days (cumulative) in Montgomery County hospitals beyond their appropriate discharge date due to lack of capacity at an appropriate discharge facility. From January to June of 2022 this rose to 148 patients and more than 2,000 hospital days. Appropriate discharge options are situation dependent but include facilities such as skilled nursing facility, psychiatric hospital, group home, inpatient rehabilitation and even home care.²

The situation is equally alarming for emergency department stays. In 2021, 90 children with IDD spent 902 days (cumulative) emergency departments awaiting transfer to an appropriate facility such as a psychiatric hospital (23), acute care hospital (15), supported care at home (44), or other type of facility (7). Discharge from emergency departments to home or self-care represents the longest wait time of over 500 days (cumulative).³



Often the reason for these long waits is a lack of capacity at facilities to appropriately care for patients with severe cognitive and behavioral challenges; however, the pressure of these long wait times only exacerbates patients' behavioral challenges making it even more difficult to find appropriate placements.

The Primary Care Coalition and Nexus Montgomery are working with system partners to address this problem but added support and a venue for discussion within the structure of local government is a welcome development to shed further light on this and many other obstacles to appropriate service delivery for people with IDD in our community.

² Source: Nexus Montgomery Hospital Provided Data FY2021

³ Source: Nexus Montgomery CRISP Extract CY2021

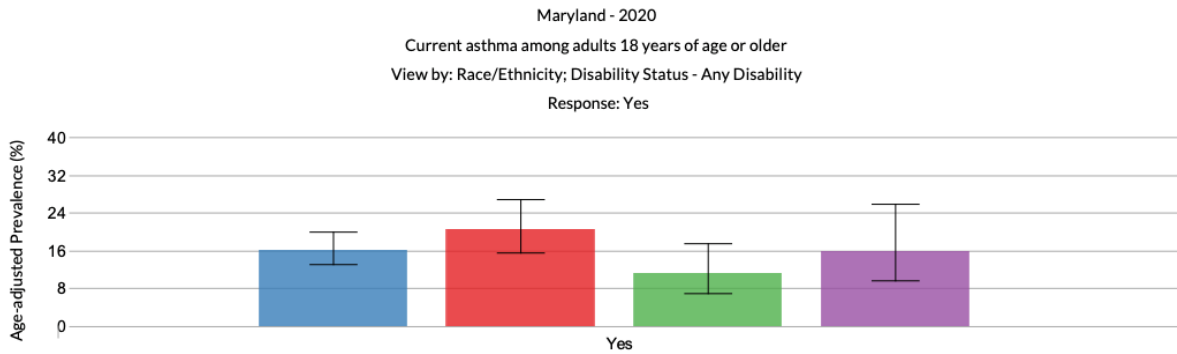
The Primary Care Coalition is particularly concerned with ensuring access to care for people who are excluded from existing systems. In the case of

Sincerely,

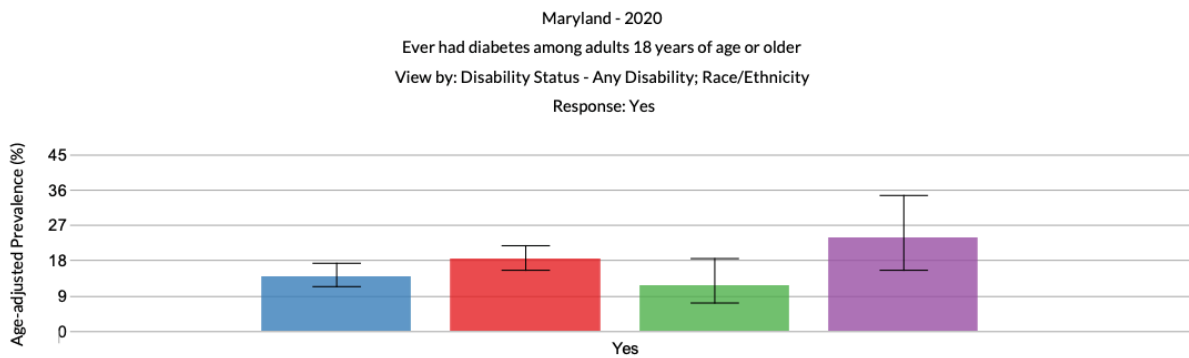
Temí Oshiyoye
Quality Improvement Manager for Nexus Montgomery
Primary Care Coalition

Appendix A: Racial Disparities in Health Outcomes Among People with Cognitive Disability

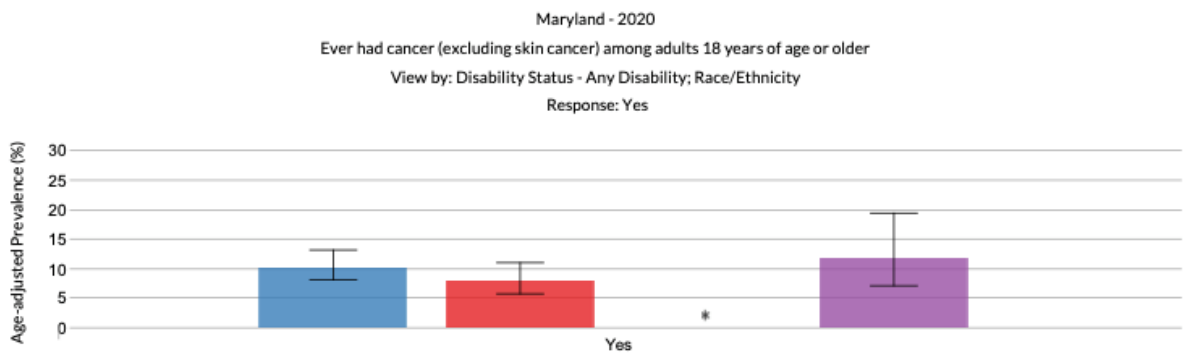
Maryland



Maryland



Maryland



Race/Ethnicity

■ White, non-Hispanic
 ■ Black, non-Hispanic
 ■ Hispanic
 ■ Other / Multirace, non-Hispanic

Footnotes

* Data suppressed. Estimates were suppressed if the standard error was greater than or equal to 30% of the estimate or if the unweighted total population was less than 50.

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Mar 5, 2023]. URL: <https://dhds.cdc.gov>