

Susan Howard, MPH, PhD  
January 26, 2026

The Honorable Natali Fani-González  
President, Montgomery County Council  
and Members of the Montgomery County Council  
Stella B. Werner Council Office Building  
100 Maryland Avenue, 6th Floor  
Rockville, MD 20850

**Re: FY26 Funding for Respite Care (DHHS / The Arc Montgomery County)**

Dear Council President Fani-González and Members of the Council:

I am writing as a Montgomery County resident and as the primary caregiver for my domestic partner and business partner, who was diagnosed with young-onset Alzheimer's disease at age 59 after experiencing symptoms beginning around age 57. As her condition progressed, she was ultimately forced to step down from our company at the end of December 2024. Since then, our household has faced a profound and compounding shift: from two careers, two incomes, and shared responsibilities, to one income and the near-total transfer of household management, care coordination, and daily safety oversight onto one person.

I respectfully urge the Council to maintain--and where possible increase--funding for the Department of Health and Human Services' Respite Care Program coordinated by The Arc Montgomery County, and to support the current special appropriation under consideration for FY26.

Caregiving is now a major population-level reality in the United States: AARP and the National Alliance for Caregiving estimate that approximately 63 million Americans are providing family care in 2025—nearly one in four adults. These caregivers are the invisible backbone of long-term care, enabling loved ones to remain at home and reducing reliance on far more costly institutional care and crisis services.

In my case, the need is not abstract--it is logistical, clinical, and immediate. Young-onset Alzheimer's frequently involves years of complex support needs at a stage of life when partners are still working. I am grateful to be able to work remotely as a college professor, yet remote work is not the same as respite. Remote work often means attempting to meet professional obligations while simultaneously monitoring safety risks, preventing wandering, managing medications, and completing the daily tasks that keep a household functioning.

A recent example illustrates the "no-win" calculus many caregivers face. Prior to an approaching snowstorm, I needed to purchase essential groceries, refill medications, and prepare basic emergency supplies. I could not safely take my partner with me on errands because she has wandered away in the past--into a parking lot--when I turned my attention for even moments. I also could not leave her home alone. The basic act of going to the grocery store became impossible. I relied on delayed deliveries and on the exceptional kindness of a neighborhood pharmacist who personally brought over medication. This is not a sustainable system. It is a fragile workaround—until the next storm, the next missed delivery, the next pharmacy issue, or the next moment of caregiver exhaustion.

The quality, safety, and dignity of care that a person with dementia receives at home cannot be separated from the caregiver's capacity to provide it. When caregivers are chronically depleted--physically from disrupted sleep and constant vigilance, emotionally from sustained grief and strain, and cognitively from continuous decision-making and risk management--care predictably becomes less consistent, less patient, and less safe, even when the caregiver is deeply committed. Respite interrupts this deterioration pathway. The research literature, including systematic reviews, reports that respite can yield meaningful improvements in caregiver well-being and perceived burden in many settings—particularly when services are reliable, appropriately matched to care intensity, and integrated into real-world routines. Even where measured effects vary across outcomes, respite remains a high-leverage intervention because it directly protects the primary determinant of home-based care quality: the caregiver's sustained functional capacity to deliver attentive, regulated, and safe care over time.

Respite funding is often perceived as discretionary, yet the alternative is predictably expensive. National median nursing home costs exceed \$111,000 per year for a semi-private room and \$127,000 per year for a private room. When caregivers burn out, the downstream consequences include earlier institutional placement, preventable emergency department utilization, and destabilization of household finances and employment--all of which shift costs to public systems. Maintaining respite capacity is therefore aligned with fiscal stewardship: it supports community-based care, sustains caregiver labor force participation, and reduces avoidable escalation.

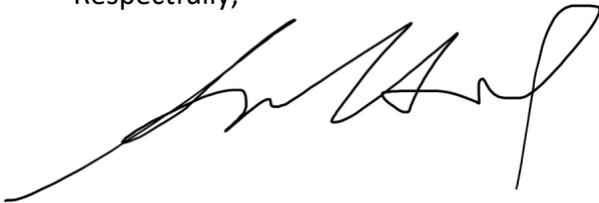
### **My request to the Council**

1. Approve and sustain respite funding in FY26, including the special appropriation currently under consideration for the Respite Care Program. (Montgomery County Maryland)

2. Stabilize funding beyond one-time measures, so families are not placed in a cycle of repeated uncertainty and delayed access. The Arc's own program information notes that respite funding is primarily derived from County support and may change based on funding availability—precisely the instability caregivers cannot absorb. (The Arc Montgomery County)
3. Protect access for working-age caregivers and those supporting dementia-related disabilities, including young-onset Alzheimer's, for whom the consequences of interrupted support can be especially acute. (The County's program description explicitly includes Alzheimer's disease and other dementias among eligible populations.) (Montgomery County Maryland)
4. Pair continued funding with transparent performance monitoring (e.g., waitlist trends, time-to-approval, utilization by care intensity level, and caregiver-reported outcomes), to ensure the program remains both accountable and responsive.

I ask you to view respite not as a peripheral service but as essential care infrastructure—one that protects residents, supports aging-in-place, and upholds the County's commitment to health, dignity, and community stability.

Respectfully,

A handwritten signature in black ink, appearing to read 'Susan Howard', written in a cursive style.

Susan Howard, MPH, PhD

Montgomery County Resident