DHHS

MONTGOMERY COUNTY

Department of Health and Human Services

A MESSAGE FROM THE **DIRECTOR**

The Montgomery County Department of Health and Human Services (DHHS) stands at a pivotal moment. As the first Director to lead this agency in the aftermath of the COVID-19 pandemic, I recognize that we are navigating a landscape that has been profoundly reshaped by crisis, resilience, and transformation. The past few years have tested our systems, stretched our workforce, and magnified long-standing disparities, but they have also provided us with a powerful opportunity—to reimagine, rebuild, and set a bold course for the future.

This Strategic Roadmap (2024-2026) is more than a planning document. It is a commitment—one that reflects the voices of our community, the dedication of our workforce, and the urgent need to adapt and innovate. It acknowledges that while our department has always served as a safety net, we must now also be an engine for equity, a leader in leveraging technology, and a convener of partnerships that deepen our connection to the communities we serve.

Grounded in three overarching pillars—Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability—this roadmap provides the framework for a DHHS that is more integrated, data-driven, and responsive than ever before. It aligns with the County's broader vision for equity and well-being, ensuring that every resident has the opportunity to thrive, regardless of their background or circumstances.

The challenges ahead are significant, but so is our resolve. Together, with our partners and the people of Montgomery County, we will build a healthier, more just, and more connected future. We will get there, together.

Sincerely,
James C. Bridgers, Jr., Ph.D., MBA
Director, Department of Health and Human Services

EXECUTIVE **SUMMARY**

A Vision for a Healthier, Stronger Montgomery County

The **Montgomery County Department of Health and Human Services (DHHS)** is the **county's frontline agency** responsible for **protecting public health, mitigating economic instability, and providing critical social services** to its residents. DHHS's work affects every aspect of community well-being—from keeping families housed and ensuring children have enough food, to helping seniors age with dignity and providing behavioral health support for those in crisis.

This **2024-2026 Strategic Roadmap** presents a **clear vision and actionable plan** for DHHS to **reduce disparities, modernize service delivery, and make sure all county residents—especially the most vulnerable—receive the support they need.**

Why This Matters to Montgomery County

- **Montgomery County is one of the most affluent in the country, yet economic inequality is growing.** Over **72,000 residents** live below the **federal poverty line,** and **over 30%** of families struggle to meet basic needs under local cost-of-living standards.

- **Public health challenges are rising.** The demand for **behavioral health and crisis services has surged,** chronic diseases are on the rise, and **socio-economic related health disparities persist.**
- **The aging population is expanding.** By 2040, the senior population will grow by **53%,** requiring expanded **healthcare, long-term care, and support services.**
- **Housing instability threatens well-being.** High housing costs push many residents into financial hardship, driving increased demand for **rental assistance and homelessness prevention programs**.
- **Workforce shortages in healthcare and human services pose a risk.** Recruiting and retaining qualified professionals is crucial to maintaining high-quality service delivery.

DHHS plays a **vital role in keeping Montgomery County strong, safe, and healthy. This strategic plan ensures that services are accessible, responsive, and designed for long-term impact.**

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WE NEED CONTINUED INVESTMENT IN PUBLIC HEALTH AND SOCIAL SERVICES TO ENSURE LONG-TERM STABILITY.

Strategic Priorities (2024-2026)
DHHS has identified three **core priorities** to improve service delivery, maximize impact, and address the county's greatest challenges:

1. Deepening Community Connection
Why It Matters: Many residents—especially in underserved communities—don't know where to go for help or face barriers in accessing services. Strengthening community engagement ensures that DHHS meets people where they are and provides services in ways that are accessible, welcoming, and culturally competent.

Key Actions:
- **Expand partnerships** with non-profits, healthcare providers, and faith-based organizations to broaden the safety net.
- **Enhance outreach** to ensure at-risk and underserved communities are aware of and can access available services.
- **Strengthen youth programs** focused on behavioral health, violence prevention, and family support.
- **Improve care coordination** across agencies, reducing bureaucratic hurdles for families in crisis.

2. Leveraging Technology for Greater Access and Efficiency
Why It Matters: A modernized digital infrastructure will help DHHS serve more people faster, reduce costs, and improve accessibility. Investments in telehealth, data-driven decision-making, and streamlined service platforms will ensure more efficient, responsive, and transparent operations.

Key Actions:
- **Expand telehealth services** to improve access to behavioral and physical healthcare.
- **Enhance digital platforms** so residents can easily apply for and track benefits online.
- **Improve case management systems** to ensure service providers can coordinate care in real-time.
- **Use data analytics** to predict service demands and allocate resources more effectively.

3. Establishing Economic Justice and Stability as a Public Health Priority
Why It Matters: Economic security is directly tied to health outcomes. Families facing housing instability, food insecurity, or unemployment are also at higher risk for chronic disease, behavioral health issues, and lower life expectancy. Addressing these root causes reduces long-term costs and improves overall well-being.

Key Actions:
- **Expand rental assistance programs** to help families avoid eviction and homelessness.
- **Increase access to food security programs,** particularly for children and seniors.
- **Strengthen workforce development initiatives** that connect residents to stable, high-paying jobs.
- **Advocate for policy changes** to address income inequality and affordability challenges.

Key Initiatives Across DHHS Service Areas
Each DHHS division plays a role in achieving these priorities:
- **Public Health Services:** Expanding community health programs, preventive care, and maternal/child health services.
- **Behavioral Health and Crisis Services:** Increasing access to behavioral health resources and crisis intervention support.
- **Children, Youth, and Family Services:** Strengthening child welfare programs, early intervention services, and family support initiatives.
- **Aging and Disability Services:** Expanding long-term care, caregiver support, and independent living resources.
- **Services to End and Prevent Homelessness:** Increasing housing solutions, emergency shelter capacity, and supportive services for at-risk populations.

Financial and Operational Framework
DHHS is a **$511 million agency,** making up **7.2% of the county's overall budget.** The department employs **over 2,000 professionals** and operates **16 service locations** to provide direct assistance to residents. It also **manages over 560 contracts** with community partners to expand service reach.

To ensure fiscal responsibility and sustainability, DHHS will:
- **Seek alternative funding sources,** including state and federal grants and public-private partnerships.
- **Improve financial efficiency** through better resource allocation and cost-saving measures.
- **Enhance accountability** by tracking Key Performance Indicators (KPIs) and outcome-based metrics.

Measuring Impact and Accountability
To evaluate success and ensure continuous improvement, DHHS will track progress through:
- **Service Delivery Metrics:** Measuring efficiency, community engagement, and program effectiveness.
- **Health Equity Indicators:** Assessing whether initiatives reduce social determinant and economic health disparities.
- **Workforce Development Outcomes:** Tracking job placements, income growth, and economic stability improvements.

Regular reports will be shared with county leadership, stakeholders, and the public to ensure transparency and accountability.

Conclusion: A Call to Action
The **2024-2026 Strategic Roadmap** presents a bold, clear, and action-driven vision for DHHS to expand services, address disparities, and build a stronger Montgomery County. However, success depends on support from policymakers, funders, and community partners.

We need:
- **Continued investment** in public health and social services to ensure long-term stability.
- **Policy alignment** to remove barriers and improve access to critical services.
- **Community partnerships** to extend service reach and effectiveness.

With strategic investments, policy collaboration, and a shared commitment, we can ensure that every Montgomery County resident has the opportunity to live a healthy, stable, and fulfilling life. By working together, **we build a Montgomery County where no one is left behind.**

STRATEGIC ROADMAP FOR MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
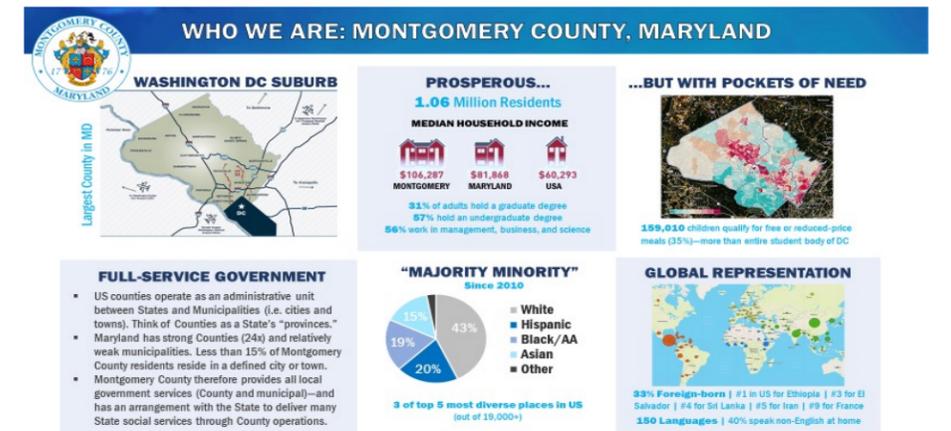
STRATEGIC ROADMAP 2026

The Montgomery County Department of Health and Human Services is committed to addressing the health and well-being of the diverse population in Montgomery County, Maryland, through the provision of integrated, community-based services that are accessible and equitable. This strategic roadmap for 2024-2026 is complementary to the Director's strategic vision, the County Executive's agenda, and the findings from the 2023 Community Health Needs Assessment. It highlights our strategic direction on enhancing community connection, improving access to services with technology, and addressing the economic and social determinants of health. This paper intends to avail a high-level framework that, for two years, drives the various initiatives and delivery of the department.

A. MONTGOMERY COUNTY PROFILE

Montgomery County, Maryland, is a significant and dynamic community with diverse cultures. Compared to the average age in the state, the population of this county is slightly older, with a median age of 40.3 years. In the County, the family size is 3.28 persons. A large portion of its residents—43.2%—speaks a language other than English at home. Additionally, 17.2% of the population consists of senior citizens, representing a substantial demographic segment.

The county's population is highly mobile, with 2.7% of residents having relocated from a different state within the past year. Moreover, 3.8% of its population are military veterans, further adding to the unique demographic profile of the area. While Montgomery County is one of the most affluent and diverse areas in Maryland, it simultaneously faces complex challenges related to poverty.

As the largest and one of the wealthiest counties in the state, its median household income of $125,583 significantly surpasses both state and national averages. Nevertheless, disparities persist. The county's poverty rate, at over 7%, is lower than the state's 9.5% average but remains indicative of pockets of financial insecurity. These statistics highlight the rich, diverse nature of Montgomery County's population, laying the groundwork for the Department of Health and Human Services' strategic initiatives.

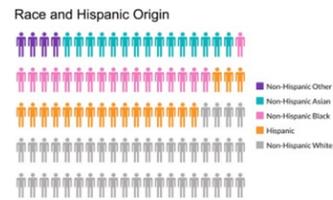### 1. Poverty in Montgomery County

Despite being one of the wealthiest counties in the United States—with a substantial proportion of households earning six-figure incomes—economic inequality persists. Rising costs for housing, childcare, and transportation have left many families struggling to make ends meet, even those earning above the Federal Poverty Level. Overall, Montgomery County's Poverty Rate is 6.9% of its population—equating to 72,305 individuals—who live below the Federal Poverty Line. There are also 21.8% of Montgomery County families who exist in the category as living below 300% of the Federal Poverty Line.

The demographic and economic composition of Montgomery County has

WHO WE ARE: MONTGOMERY COUNTY, MARYLAND

> **OVERALL, MONTGOMERY COUNTY'S POVERTY RATE IS 6.9% OF ITS POPULATION—EQUATING TO 72,305 INDIVIDUALS—WHO LIVE BELOW THE FEDERAL POVERTY LINE.**

Montgomery County is one of the most diverse counties in Maryland and nationwide.
- Of 1.05 million residents, 58% are people of color and 32% are foreign born.

Race and Hispanic Origin

- Non-Hispanic Other
- Non-Hispanic Asian
- Non-Hispanic Black
- Hispanic
- Non-Hispanic White

MOST CULTURALLY DIVERSE CITIES IN THE US

Overall Rank	City	Ethnic Diversity Score	Ethnoracial Diversity	Linguistic Diversity	Birthplace Diversity
1	Jersey City, NJ	72.69	3	2	164
2	Germantown, MD	72.54	2	5	81
3	Gaithersburg, MD	72.5	5	4	73
4	Silver Spring, MD	69.65	11	15	29
5	Spring Valley, NV	69.62	7	24	15
6	New York, NY	69.45	6	6	261
7	Kent, WA	68.91	8	14	120
8	San Jose, CA	68.57	25	1	277
9	Oakland, CA	68.5	1	30	205
10	Rockville, MD	68.05	40	11	27

Poverty vs. Household Income: US Counties

Montgomery County, MD
$111,812 median HH income
93% above poverty level
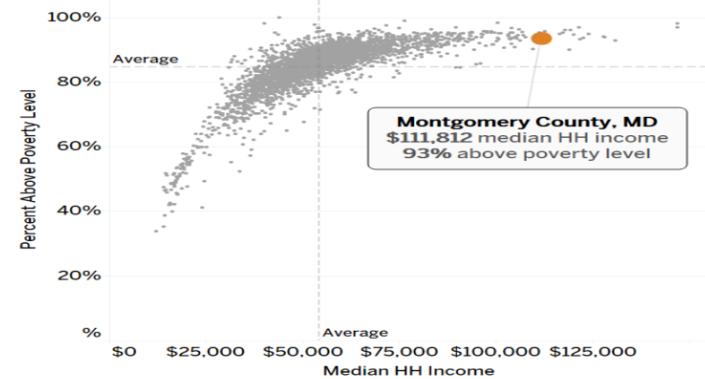
Source: US Census ACS 2020 5-year estimates; tables S1701 & S1901

> **MONTGOMERY COUNTY, MARYLAND, IS A SIGNIFICANT AND DYNAMIC COMMUNITY WITH DIVERSE CULTURES."**

shifted dramatically over the past two decades. Today, the county is marked by growing ethnic, economic, and linguistic diversity, a rapidly aging senior population, and an increasing number of individuals and families living in poverty.

Certain groups in Montgomery County face poverty at disproportionately high rates. African American and Hispanic/Latino residents experience significantly higher poverty rates compared to White and Asian residents. Similarly, women—particularly single mothers—emerge as one of the most vulnerable groups. Children and older adults are also more likely to experience poverty relative to other age groups. Recent data trends show that:
- 14.9% of female-headed households with children under 18 live in poverty.
- Approximately 6.3% of Montgomery County children under 18 live in poverty.
- Roughly 7.5% of residents aged 65 and older experience economic hardship.
- Minoritized group tend to have higher poverty rates compared to the general population.

These statistics reveal that a significant portion of Montgomery County's families are low-income or live below the poverty level, facing substantial economic hardship. Every day, an increasing number of these individuals turn to the Department of Health and Human Services to address essential needs they cannot meet on their own.

2. Federal Poverty Guidelines vs. Local Standards

The Federal Poverty Guidelines are a set of income thresholds issued annually by the U.S. Department of Health and Human Services (HHS) to determine financial eligibility for various federal assistance programs. These guidelines vary based on household size and are used to assess eligibility for programs like Medicaid, SNAP (food stamps), Head Start, and subsidized health insurance through the Affordable Care Act (ACA).

Key points about the Federal Poverty Guidelines:
- They are updated each year to reflect inflation.
- They differ for the 48 contiguous states, Alaska, and Hawaii due to varying costs of living.
- Programs typically define eligibility as a percentage of the poverty level (e.g., 138% for Medicaid, 400% for ACA premium subsidies).

The Federal Poverty Level (FPL) serves

> **MINORITIZED GROUP TEND TO HAVE HIGHER POVERTY RATES COMPARED TO THE GENERAL POPULATION.**

as a national benchmark, but it does not accurately reflect the actual cost of living in Montgomery County. The County's Self-Sufficiency Standard[1], which accounts for local expenses, provides a more precise view of financial need. While the FPL for a family of four is set at approximately $30,000, the self-sufficiency income for the same family exceeds $90,000 annually—more than three times the federal measure.

The Self-Sufficiency Standard offers a more comprehensive understanding of economic challenges faced by residents of the County. For a family of three in Montgomery County, the standard surpasses $92,000 annually, reflecting the county's high cost of living. This measure underscores the financial strain experienced by many families, particularly those who do not qualify for federal assistance but still struggle to afford essential needs. If the Self-Sufficiency Standard replaced the FPL, the county's poverty statistics would shift dramatically. Over 30% of households would fall below this threshold, revealing a broader spectrum of financial insecurity. These hidden struggles often affect middle-class and working families who are excluded from traditional support systems under federal guidelines.

Montgomery County's high cost of living is a key driver of financial instability. Median home prices surpass $636,000, and average monthly rents approach $2,000. Essential expenses like childcare, transportation, and healthcare add to the financial burden, disproportionately impacting immigrant families, who represent over 30% of the population. While Montgomery County leads Maryland in educational attainment and economic opportunity, it simultaneously faces growing income inequality. Recent trends indicate that suburban poverty is rising faster than urban poverty, emphasizing the challenges of balancing economic growth with equity.

Montgomery County exemplifies the complexities of suburban poverty, where high average incomes mask deeper inequities. Addressing these challenges requires localized metrics and tailored policy solutions that support vulnerable populations while leveraging the county's economic strengths.

https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/Self-SufficiencyStandard.html

MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

The vision of the Montgomery County Department of Health and Human Services (DHHS) is to build a healthy, safe, and strong community by addressing the needs of the most vulnerable in the community. The mission of the Department of Health and Human Services is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and well-being. The DHHS is committed to the shared well-being of all our residents, young, old, or in between. We achieve our mission by ensuring that everyone can reach their potential and fully contribute to our communities.

To accomplish this, the Department strives to provide services that:

- Build on the strengths of our customers and the community.
- Are community based.
- Are accessible.
- Are culturally competent.
- Are responsive to changing needs of our community.
- Are provided in collaboration with our community partners.

A. GUIDING PRINCIPLES

The Department has been driven by a set of guiding principles that shape every aspect of our work, ensuring that our services meet the highest standards of care, equity, and responsiveness. These guiding principles reflect our commitment to the community and serve as the foundation for our strategic actions.

B. CORE VALUES

Equity refers to fair policies, decisions, and actions by the Montgomery County Department of Health and Human Services when impacting the lives of people. Equity is a value of fairness that guides the way that Montgomery County Department of Health and Human Services works with customers, staff, and community to promote health, safety, well-being and self-sufficiency. We strive to eliminate disparities in health and human services by ensuring that every resident, regardless of background, has access to the resources and support they need to thrive. Our programs and initiatives are designed to address systemic inequities and promote social justice.

Our Equity Principles address five major areas:

Dignity: We believe that all individuals should be treated with dignity and respect.

Elimination of Disparities: We believe in preventing and eliminating social and health disparities to achieve optimal health and wellbeing.

Access: We believe in ensuring access to effective and high quality services that meet people's needs, when they need them, delivered by a professional workforce which is competent to provide those services in a caring and respectful manner.

Distribution of Resources: We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being and self-sufficiency of the community as a whole.

Community Engagement and Participation: We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices and services.

Trust as a value is the confidence or reliance one has in the integrity, strength and ability in a product, service or person.

Trust includes the following behaviors:

- Communicate consistently, honestly and openly
- Treat others as we would like to be treated
- Demonstrate behavior that is consistent with what has been communicated
- Demonstrate Integrity in all aspects of work

Service In Partnership

Service in Partnership is a value that impacts the following areas:

- Provide services that build on the strengths of our customers and the community
- Create a seamless system of care within the Department, with public partners and public/private partners.
- We will be responsive to the changing needs of our community.

In reimagining DHHS for the future, the Department is recasting our guiding principles and rather using those previously stated "principles" as our "Statements Of Intent." Our new guiding

principles reflect our commitment to the community and serve as the foundation for our strategic actions:

1. **Collaboration:** We recognize that building a healthier community requires working together. We actively foster partnerships with community organizations, healthcare providers, businesses, and residents to create a comprehensive network of support that meets the diverse needs of Montgomery County.
2. **Innovation:** As the landscape of health and human services evolves, we embrace innovative solutions to improve service delivery and

❝ **WE BELIEVE THAT ALL INDIVIDUALS SHOULD BE TREATED WITH DIGNITY AND RESPECT.**

❝ **OUR PROGRAMS AND INITIATIVES ARE DESIGNED TO ADDRESS SYSTEMIC INEQUITIES AND PROMOTE SOCIAL JUSTICE.**

outcomes. Leveraging technology, data-driven approaches, and creative problem-solving, we continuously seek ways to enhance our programs and meet emerging needs.

3. **Accountability:** We are committed to transparency and accountability in all our operations. By setting measurable goals and evaluating our performance, we ensure that our initiatives are effective, efficient, and aligned with the community's needs.

4. **Compassion:** At the core of our work is compassion for the individuals and families we serve. We approach every interaction with empathy, respect, and a genuine commitment to improving the quality of life for all residents.

These guiding principles are integral to our mission of fostering well-being across Montgomery County and are embedded in each of our strategic priorities and initiatives.

Statements Of Intent

1. Prevention and early intervention are key to effective outcomes for the people we serve.

2. We design and deliver services that meet the customers' needs, including one-stop services, as part of a fully integrated delivery system.

3. We deliver services that respect the diversity of our community. To accomplish this, we seek a diverse workforce and to work with diverse partners.

4. We respect the privacy rights of our clients by incorporating the principles of fair information practices into our policies, procedures, professional interactions and information technology systems.

5. We focus on and build upon the strengths of the individuals and families we serve, provide choice and promote well-being.

6. We build effective partnerships with

the non-profit community and seek ways to strengthen our non-profit partners to support them in meeting the needs of our customers.

7. We are committed to and hold our staff accountable for the highest quality customer service for all customers, including demonstrated respect, professionalism, timeliness and fairness.

8. All staff are responsible for achieving the outcomes of the department; likewise all staff are responsible for serving all customers.

9. We value the skill and dedication of our staff and will provide them with

> **ALL STAFF ARE RESPONSIBLE FOR ACHIEVING THE OUTCOMES OF THE DEPARTMENT; LIKEWISE ALL STAFF ARE RESPONSIBLE FOR SERVING ALL CUSTOMERS.**

adequate support, resources and training to serve our customers well.

10. We regularly solicit the broad input of the community to support pro-active policy development and program planning, and we will seek to include, strengthen and support communities and community-based organizations, consistent with our mission.

11. We continuously develop community partnerships to promote innovative solutions to current and emergent challenges.

12. We hold ourselves accountable for outcomes and results that benefit individual customers, families, and the community.

13. We view data as an asset, and we are proactive in decision-making based on data. We will regularly evaluate, assess and continuously improve our programs and services based on outcome data to ensure our effectiveness.

14. We create a culture of action that fosters an appropriate sense of urgency.

15. We apply evidence based and promising practices as much as possible to the design and delivery of our programs and services.

C. Who We Serve

Data about the people served by the DHHS are an important and necessary component of discussions about issues of service delivery in health and human services. Statistics provide valuable information; for example, the percentage of children who live in poverty, the number of families who have no health insurance, the increase in number of families and individuals living in shelters, and the number of seniors likely to face Alzheimer's disease. Numbers alone, though, provide an incomplete picture. Behind each statistic is a name and a face – a person or a family in our community that comes to the Department of Health and Human Services for help in meeting needs they cannot meet alone. It is the Department's responsibility and mission to serve these individuals and families whose lives are reflected in the statistics we collect.

The scenarios that follow describe just a few of the circumstances that bring individuals and families to the Department for services.

- A 72-year-old woman, recently widowed, with chronic health problems and partially blind, faces new challenges on her own. Her Social Security payments were reduced due to the death of her husband and she can no longer drive. She is having difficulty paying the rent, can't see well enough to clean or shop and can no longer get to her doctor appointments. A friend from the senior center refers her to the Department of Health and Human Services where she can obtain chore service, assistance with transportation and learns that she can apply for a program that subsidizes apartments for seniors.

- A student at Montgomery County Public School has an angry outburst. The student is transported to the crisis center. An intervention reveals that the student's home is in crisis. The mother lives with untreated mental health issues, the father is recently unemployed and the home is experiencing domestic violence. There is also a younger sibling who is autistic and non-verbal.

- Concerned about bruises and major behavior changes in one of her students, a second grade teacher calls the Department of Health and Human Services. A child protective services worker intervenes and determines that the young boy is being abused by his stepfather. Intervention with the entire family is critical. The goal is reunification of family where all members are safe.

- A woman who is an alcoholic is determined to get sober and seeks help from the Crisis Center. The Department of Health and Human Services provides crisis stabilization services, refers to and assists with entry to inpatient detox, shelter and support services. The young woman, with the support of the Department, achieves sobriety for the first time in ten years.

- Two parents with three children and no health insurance seek assistance from the Department of Health

and Human Services. The parents' minimum wage jobs offer no benefits and barely cover the cost of rent and food. The family is eligible for the children's health insurance program. The children are now able to get basic health care.

- A mother works a full-time job to provide for her daughter. However, at the end of the month, she does not have enough money to pay rent, buy groceries and pay for child care. The mother is encouraged by a friend to call the Department of Health and Human Services. The young woman discovers that she is eligible for food stamps and child care assistance. The woman was further screened for health insurance and Temporary Cash Assistance. She is now able to use her benefits to support and stabilize her family. Now, the end of the month is very different.

The strategic roadmap presented here provides the foundation work necessary for the Department to more effectively respond to current and emerging needs of individuals and families in our community.

D. STRUCTURE

The DHHS is the County's principal agency for protecting and improving the health and well-being of residents of Montgomery County. Guided by the County's mission and strategic priorities, DHHS provides comprehensive services ranging from disease prevention and clinical care to social supports, housing assistance, and services for older adults, individuals with disabilities, and families in need. By integrating a wide range of programs under one umbrella, DHHS reduces barriers to care, streamlines access to resources, and ensures a more efficient, coordinated system of health and human services to and for residents of the County. According to the County's Office of Management and Budget, the

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THE GOAL IS TO CREATE A SERVICE DELIVERY SYSTEM THAT IS HOLISTIC, PERSON-CENTERED, AND ACCESSIBLE FOR ALL COUNTY RESIDENTS.

Department's Fiscal Year 2024 operating budget is $511M representing approximately 7.2 percent of the County's overall operating budget. The Department employs over 2,000 individuals and touches the lives of thousands of individuals through services provided at 16 locations throughout the county. Additionally, the DHHS manages 560 active contracts including 24 additional contracts from

other departments. In all, the DHHS works with 387 unique partners- 46% of which are non-profits. This investment of financial and human resources is designed to ensure that every segment of the community can receive high-quality, culturally responsive, and cost-effective support.

DHHS's integrated approach is organized into five major service areas:

- **Aging and Disability Services:** Enhancing the quality of life for older adults and people with disabilities through assistance, advocacy, and access to care.
- **Behavioral Health and Crisis Services:** Promoting behavioral health and well being, preventing substance abuse and suicide, and ensuring access to a comprehensive treatment and recovery system of effective services and support for children, youth and families, adults, and seniors in crisis or with behavioral health needs.
- **Children, Youth and Family Services:** Empowering families to build safe, stable, and healthy lives where every child and youth can thrive through

equitable access to preventive programs, education, opportunities for self-sufficiency and economic stability.
- **Public Health Services:** Protecting and advancing community health by preventing the spread of disease, encouraging healthy behaviors, and ensuring equitable access to essential health resources.
- **Services to End and Prevent Homelessness.** DHHS coordinates a comprehensive "Continuum of Care" that offers a range of services, from outreach and emergency shelter placements to long-term supportive housing options.

Additionally, the Department includes the Office of Community Affairs, and the Office of Planning, Accountability and Customer Service, which together strengthen responsiveness to emerging needs, reinforce community partnerships, and maintain a high level of accountability and transparency. Through data-driven decision-making, continuous quality improvement, and ongoing collaboration with public, private, and nonprofit partners, DHHS remains committed to fostering a healthier, safer, and more resilient Montgomery County.

E. FOCUS AND RESPONSIBILITY

As the County's primary agency focused on enhancing the health, safety, and well-being of all residents, the DHHS brings

together a diverse range of services—public health, behavioral health and crisis intervention, supports for children and families, care for older adults and individuals with disabilities, and programs to prevent and end homelessness—under one coordinated system. By integrating these resources, DHHS aims to reduce barriers to access, respond quickly to emerging needs, and ensure that support is delivered equitably and cost-effectively. DHHS takes responsibility for:

- **Protecting Public Health:** Preventing disease, promoting wellness, and ensuring that health resources are accessible and community-centered.
- **Providing Social Supports:** Offering assistance, counseling, and resources that help residents achieve stability, self-sufficiency, and an improved quality of life.
- **Enhancing Quality of Care:** Continuously evaluating and improving its programs, guided by data, best practices, and input from the community and stakeholders.
- **Ensuring Fiscal Stewardship**: Managing public funds responsibly and transparently to maximize the benefit to the residents of Montgomery County.

Ultimately, DHHS serves as a vital bridge between community needs and the services, policies, and partnerships that help all County residents thrive.

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THE DEPARTMENT EMPLOYS OVER 2,000 INDIVIDUALS AND TOUCHES THE LIVES OF THOUSANDS OF INDIVIDUALS THROUGH SERVICES PROVIDED AT 16 LOCATIONS THROUGHOUT THE COUNTY.

F. SERVICE DELIVERY SYSTEM

Montgomery County's diverse population presents unique challenges to traditional health and human service delivery models. To meet these challenges, the DHHS is reimagining how, where, and by whom services are provided. The goal is to create a service delivery system that is holistic, person-centered, and accessible for all County residents.

Historically, individuals seeking support from DHHS had to navigate multiple offices and service areas for assistance in fields like public health, income support, mental health, substance use, aging, and disability services. This fragmented system created barriers to access and led to delays in care. Recognizing the need for a more seamless and client-focused approach, DHHS undertook a multi-year effort to integrate its services and improve the overall experience for individuals and families seeking support. However, due to structural barriers around the workforce, the efficiency of our service integration remains strained.

The Department's service model emphasizes integration (wherever possible), flexibility and responsiveness, ensuring that services are accessible and tailored to meet the unique needs of each client. Staff at all levels are being challenged to rethink traditional roles and operate with a mindset of cross-functional

"ENHANCING THE QUALITY OF LIFE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH ASSISTANCE, ADVOCACY, AND ACCESS TO CARE.

collaboration. By focusing on DHHS infrastructure and reworking internal processes, DHHS aims to expand it's "No Wrong Door" service model to one that is unified, efficient, and holistic in addressing community needs.

Cross-System Case Management:
- Leverage technology to improve our integrated case management system that allows DHHS staff to coordinate and track services across multiple support areas.
- Enable staff from different service areas to collaborate in real-time, providing unified support for individuals and families.
- Foster cross-departmental communication and service coordination to prevent duplication of effort and improve outcomes for residents.

Culturally and Linguistically Competent Service Delivery:
- Ensure that all DHHS services are culturally and linguistically tailored

to meet the needs of Montgomery County's multicultural community.
- Provide ongoing training to DHHS staff to be aware of and responsive to cultural differences that affect how services are accessed, understood, and utilized.
- Expand the availability of translation, interpretation, and multi-language and multi-media materials to eliminate language barriers in

accessing support.
- These strategies aim to ensure that every resident receives the support they need without unnecessary delays, confusion, or duplication of effort. By focusing on integration, efficiency, and cultural competence, DHHS is building a modernized service model that prioritizes equity, accessibility, and responsiveness.

Strategic Roadmap Framework

The Montgomery County Department of Health and Human Services (DHHS) mission includes protecting public health, ensuring the safety of at-risk children and vulnerable adults, and providing essential support such as food, shelter, clothing, and personal care. The COVID-19 pandemic prompted a reassessment of existing service delivery models, requiring DHHS to reimagine its approach to become both more effective and more efficient. The DHHS Strategic Roadmap serves as the guiding blueprint for the Department's comprehensive planning and framework to implementation to ensure that the Department remains responsive to current and future challenges while maintaining a strong focus on data driven decision making and measurable outcomes that benefit all county residents. The roadmap provides a structured approach for coordinating priorities, resources, and actions, all aimed at fostering a culture of accountability and continuous improvement.

The DHHS Strategic Roadmap is built on four core elements:

1. Guiding Principles:

The strategic roadmap is guided by core values of equity, trust and service in partnership. These values inform decision-making, strengthen trust among stakeholders, and ensure that the Department's actions align with its broader goals. Central to these values is the principle of Human Potential—the belief that everyone deserves the opportunity to thrive and fully contribute to their community. By investing in well-being, individuals are empowered to reach their full potential over their lifespan, ultimately strengthening communities to become more vibrant, resilient, and sustainable.

The focus on human potential aligns with equity principles and supports the social determinants of health framework outlined in the Healthy People 2030[2] initiative.

2. Vision and Mission Alignment:

The shared vision driving the roadmap is a thriving Montgomery County where all residents can achieve their potential. The mission emphasizes delivering integrated, person-centered services that address the full spectrum of human needs. Every strategic action is purpose-driven and focused on serving the community. Well-being is not achieved by chance—it is actively built, much like the construction of a sturdy home. Just as building a home requires skilled workers, high-quality materials, and ongoing care, achieving well-being requires access to essential resources, supportive relationships, and opportunities for personal and family growth. Laying a strong foundation early in life prevents challenges later on, while

sustained care ensures individuals and families are better equipped to face social, mental, financial, physical, and emotional challenges.

3. Strategic Goals and Objectives:

The roadmap outlines clear, measurable goals that respond to the most critical needs within Montgomery County's health and human services system. These objectives are structured into actionable steps, all aimed at improving access to services, advancing health equity, and enhancing service delivery. The objectives will serve as benchmarks for tracking progress and identifying areas where the Department can improve to better serve residents.

4. Performance Measurement:

A robust performance measurement framework is integrated into the strategic roadmap to monitor progress, evaluate results, and support data-driven decision-making. The framework includes Key Performance Indicators (KPIs), which will assess the Department's effectiveness, measure its success, and highlight areas for continuous improvement. The focus on accountability and transparency ensures that DHHS stays on course to achieve its strategic goals.

With these four core elements, the DHHS Strategic Roadmap Framework provides a well-structured process for strategic planning to guide Montgomery County's health and human services initiatives for the immediate next two years, while simultaneously setting a foundation for planning and direction well beyond. It ensures that every strategy, action, and resource allocation aligns with the Department's overarching mission to foster well-being, promote health equity, and build a stronger, more resilient community.

[2] https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/Self-SufficiencyStandard.html

STRATEGIC PLANNING PROCESS

A. INPUTS

In response to Montgomery County's evolving needs and to both enhance current service delivery and prepare for future demands, the Department of Health and Human Services (DHHS) launched a comprehensive strategic planning process in the spring of 2024. This process was grounded in internal assessment, community input, and data analysis. Additionally, the strategic roadmap is guided by the Healthy People 2030 national frameworks, which outlines evidence-based objectives to improve community health and well-being across the United States. The use of the Healthy People 2030 Social Determinants of Health (SDOH) Framework played a critical role in shaping these alignment activities. The SDOH framework emphasizes the importance of addressing non-medical factors that influence health outcomes, such as economic stability, education, healthcare access, social context, and neighborhood environments.

The principles of health equity, social determinants of health, and accessible, high-quality healthcare are integral to the DHHS mission. By aligning DHHS's strategic priorities with the goals of Healthy People 2030, the Department ensures that its goals, objectives, and strategies address both the immediate needs of county residents and contribute to broader, long-term public health improvements.

Additionally, the roadmap is informed by the **2023 Montgomery County DHHS Community Health Needs Assessment (CHNA)**[3], which offers a comprehensive analysis of Montgomery County's health

and social service needs. Key findings indicate a need to address increasing behavioral health issues, health disparities, poverty, access to healthcare, and services for an aging population. Specifically, the CHNA identified the following key areas of concern:

- **Behavioral Health:** Rising levels of anxiety, depression, and substance use disorders, particularly among youth and marginalized communities, have led to increased demand for mental health and substance abuse treatment services. The lack of sufficient behavioral health resources and the need for trauma-informed care were highlighted as critical gaps.
- **Health Disparities:** Significant disparities exist in health outcomes across different racial, ethnic, and socioeconomic groups. African American, Latinx, and other marginalized communities experience higher rates of chronic diseases and lower access to healthcare services compared to the general population.
- **Poverty and Economic Stability:** Approximately 21.8% of families in Montgomery County live below 300% of the federal poverty line, with female-headed households and minoritized groups being disproportionately affected. Economic instability contributes to poor health outcomes and limited access to essential services.
- **Aging Population:** The County's senior population is growing rapidly, increasing the need for aging-related services, including chronic disease management, caregiver support, and long-term care options.

- **Access to Healthcare:** Barriers to healthcare access, including cost, lack of insurance, and insufficient availability of services, were identified as significant challenges for many residents, particularly those from low-income households.

The CHNA has informed the strategic plan by highlighting these critical gaps that require immediate attention. By integrating insights from the CHNA, this strategic roadmap ensures that DHHS initiatives remain focused on addressing the community's most pressing health and social needs. This approach aims to improve health outcomes, reduce disparities, and support the well-being of all Montgomery County residents.

B. SENIOR LEADERSHIP PREPARATION

The success of the Roadmap development required thoughtful preparation to ensure alignment, clarity, and shared commitment across the Department. The Department Senior Leadership experienced a number of planned and unplanned changes in staffing. As part of the pre-planning preparation, the DHHS Senior Leadership Team engaged in a series of facilitated sessions to establish a unified approach to effectively achieve the shared goals by fostering shared understanding and coordinated effort. Those facilitated sessions focused on the Direction, Alignment, and Commitment (DAC) Leadership Framework.

This leadership model emphasized three essential components for success:
Direction: Establishing a shared understanding of organizational goals

STRATEGIC PLANNING PROCESS

Customers

Community   County/Local

DHHS Staff

County   Non-Profit Community Service

Organizations

and priorities. For DHHS, clearly defining objectives that align with social determinants of health and the department's mission of promoting health, safety, and well-being for all residents.

Alignment: Structuring processes, roles, and resources to support strategic direction. For DHHS, alignment involved thoughtful conversation about intentionally working beyond silos between service areas, enabling cross-sector collaboration, and integrating workflows to deliver more person-centered care. Seeking to strengthen the infrastructure of the Department to support the numerous programs and services.

Commitment: Building collective responsibility and fostering engagement among leaders, staff, and community partners. This step involved developing a culture of accountability and shared ownership of the Department's goals.

Key Outcomes of Pre-Planning Preparation:
Clarity of Purpose: DHHS Senior Leadership clarified the Department's objectives and shared the broader vision for delivering equitable, person-centered services.

Organizational Alignment: Service area and operational unit Chiefs reviewed their

service area plans with their management team. Leadership ensured that resources, roles, and processes across the service areas were designed to support these objectives.

Commitment to Action: By fostering engagement, building trust, and promoting shared responsibility, DHHS positioned itself to be forward-thinking leaders in the delivery of public sector health and human services.

C. Planning and Engagement Process

The strategic planning process and inputs were participatory and inclusive. The process involved inputs from a diverse range of stakeholders, including residents, service providers, advocacy groups, and policymakers. Over several months, the DHHS leadership team, in collaboration with these stakeholders, analyzed demographic data, service demands, and community feedback. This information served as the foundation for strategic discussions, goal-setting and the identification of community needs.

1. Key Steps in the Planning Process:

- **Environmental Scan:** This step involved a review of external trends affecting Montgomery County's health and human services landscape, including social, economic, and technological factors.
- **Vision and Goal Setting:** Stakeholders worked together to define a shared vision for the future of DHHS and identify priority goals for the strategic roadmap.
- **Strategic Action Plans:** Action plans were developed for each Service Area, clearly outlining the initiatives and activities that would be undertaken to achieve the department's strategic goals.
- **Implementation:** This step established the roles, responsibilities, and timelines for implementing the strategic initiatives.
- **Monitoring and Evaluation:** A performance measurement framework was created to monitor progress, track outcomes, and ensure accountability.

2. Key Questions Addressed During the Planning Process:

Key Question	Activities	Outcomes
Where Are We Now?	Assess needs and trends.	Identified gaps and strategic challenges.
What Do We Want to Achieve?	Define vision, goals, and objectives.	Clear priorities aligned with community needs.
How Do We Achieve It?	Develop strategies and action plans.	Year-by-year implementation roadmap.
How Do We Measure Progress?	Track, evaluate, and report.	Accountability and continuous improvement.

Where Are We Now?
Assessment of current conditions, strengths, and challenges..

What Do We Want to Achieve?
Definition of strategic goals and objectives.

How Do We Achieve It?
Development of specific action plans and timelines.

How Do We Measure Progress?
Design of evaluation metrics, including Key Performance Indicators (KPIs) to track progress and impact.

These steps formed the backbone of DHHS's strategic planning efforts, ensuring that the Department is not only reactive to current challenges but also proactive in addressing future needs.

STRATEGIC CONTEXT AND ENVIRONMENTAL SCAN

The DHHS operates in a dynamic environment where evolving social, economic, political, and technological factors significantly influence its ability to provide integrated and responsive services. The nature of the global Covid pandemic stifled the natural ebb and flow of health and human service growth and evolution. Understanding the current and future trends is critical to shaping strategic priorities, addressing emerging challenges, and capitalizing on opportunities to enhance service delivery. Below is an analysis of key trends impacting the health and human services sector. To ensure its strategic Roadmap remains responsive and forward-thinking, the DHHS conducted an environmental scan to assess external trends and internal capabilities, identifying key challenges, opportunities, and emerging needs affecting its ability to deliver comprehensive services.

A. External Analysis
Analysis of Current and Future Trends Impacting Health and Human Services Current Trends Impacting Health and Human Services

1. Rise in Behavioral Health Issues

There is a growing demand for mental health and substance use disorder services, driven by several factors:

- **COVID-19 Pandemic Aftermath:** The pandemic exacerbated mental health issues due to prolonged social isolation, job losses, and uncertainty, leading to higher levels of anxiety, depression, and substance use.
- **Youth and Adolescent Mental Health:** Increasing mental health challenges among youth, including anxiety, depression, and suicide, have strained existing services.
- **Focus on Trauma-Informed Care:** Recognition of the impact of trauma on

long-term mental health has shifted service models toward trauma-informed approaches.

- The rising prevalence of mental health disorders has also been attributed to societal pressures and the impact of technology and social media on mental health.

2. Health Equity and Social

Determinants of Health
The disparities in health outcomes among different racial, ethnic, and socioeconomic groups have become more pronounced and visible, leading to:

- **Increased Focus on Health Equity:** Governments and service providers are prioritizing programs that address the social determinants of health (SDOH) such as housing, education, employment, and access to healthcare.
- **Racial Disparities in Health Outcomes:** African American, Latinx, and other marginalized communities continue to experience higher rates of chronic diseases, lower access to care, and poorer health outcomes.
- **Expansion of Community Health Models:** There is a growing emphasis on community-based, culturally competent care to reduce health disparities.

3. Aging Population

- **Growing Senior Demographic:** With the baby boomer generation aging, there is an increasing need for services targeting older adults, including chronic disease management, long-term care, and support for aging in place.
- **Caregiver Strain:** As the number of seniors grows, so does the demand for caregivers, both professional and family-based, leading to greater focus on respite care and support for caregivers.
- **Increased Healthcare Costs:** As

people live longer, the demand for healthcare services rises, contributing to increased costs for the healthcare system.

4. Technological Advancements and Telehealth

- **Telehealth Adoption:** The pandemic spurred a rapid increase in telehealth, making healthcare more accessible, particularly for rural and underserved populations. While telehealth use has stabilized, it is expected to remain a permanent component of service delivery.
- **Data-Driven Decision-Making:** Advances in data analytics and health informatics are helping organizations better understand population health trends, manage resources, and improve care coordination.
- **Digital Divide:** Despite the benefits of telehealth, access to digital tools remains uneven, particularly among older adults, low-income populations, and rural residents, creating a need for digital equity initiatives.

5. Integrated Service Delivery Models

- **Cross-Sector Collaboration:** There is an increasing emphasis on integrating healthcare, social services, housing, and education to provide holistic, wrap-around services that address both medical and non-medical needs.
- **Person-Centered Care Models:** Service delivery is shifting toward person-centered models, where care plans are tailored to the individual's preferences, needs, and circumstances, fostering greater engagement and better outcomes.

1. Increasing Health System Strain

- **Post-Pandemic Health System Recovery:** Healthcare systems are

still recovering from the impact of the pandemic, with ongoing workforce shortages, higher demand for services, and a backlog in preventative care. Long-term impacts on service delivery and capacity will continue to pose challenges.

- **Chronic Disease Burden:** As chronic diseases such as diabetes, heart disease, and obesity continue to rise, healthcare systems will need to focus on prevention, early intervention, and community-based care to manage this growing burden.

2. Climate Change and Health

- **Health Impact of Climate Change:** Climate change will increasingly impact public health, with rising temperatures, extreme weather events, and air pollution exacerbating chronic respiratory conditions, heat-related illnesses, and mental health challenges.
- **Environmental Justice:** Vulnerable communities, particularly low-income and minoritizedpopulations, are disproportionately affected by environmental hazards, driving a need for policies that address environmental justice and health equity.

3. Workforce Transformation

- **Healthcare Workforce Shortages:** The healthcare sector is facing a significant shortage of qualified workers, including nurses, behavioral health professionals, and home care workers. This shortage is driven by an aging workforce, burnout, and insufficient pipeline programs.
- **Economic Competitiveness:** Wages in

some sectors of the health and human services system lag neighboring states when adjusted for cost of living.

- **Focus on Workforce Wellbeing:** To address the high turnover and burnout in healthcare professions, more attention is being given to workforce mental health, training, and support programs.
- **New Workforce Models:** The emergence of team-based care, greater reliance on community health workers as well as professionals with lived experience (i.e., peer specialists) and innovations such as artificial intelligence will transform the way health and human services are delivered.

4. Policy Shifts and Healthcare Reform

- **Healthcare Access and Affordability:** Ongoing national debates around healthcare reform, Medicaid expansion, and public health funding will shape how services are financed and delivered at the state and local levels.
- **Value-Based Care Models:** Payment models that prioritize outcomes over service volume will gain traction, incentivizing providers to focus on quality and patient outcomes rather than the quantity of services delivered.
- **Regulatory Changes:** New regulations aimed at increasing transparency, reducing costs, and improving patient outcomes will continue to affect service delivery and compliance requirements.

Over the next few years, Montgomery County faces changes that will present the Department of Health and Human Services with both challenges and opportunities in the delivery of health and human services. Major changes in the economic environment, in cultural and demographic factors and in federal and state funding priorities will greatly impact the residents of Montgomery County and require the Department to act appropriately,

Future Trends Impacting Health and Human Services

responsibly and urgently, while anticipating and preparing for emerging needs. The following synopsis of relevant data shows the implications of the changing environment.

Montgomery County Trends

1. Community Health Needs Assessment Findings

The **2023 Community Health Needs Assessment (CHNA)** for Montgomery County provides a comprehensive analysis of the community's health needs, barriers, and disparities. Developed with insights from over 2,500 residents and stakeholders, the CHNA highlights the most pressing health and social needs affecting the County. The assessment utilized focus groups, key informant interviews, and surveys to identify challenges such as access to behavioral health services, economic instability, access to affordable housing, and disparities in healthcare services. The CHNA emphasized key health determinants, including:

Behavioral Health: A growing need for accessible mental health and substance-use disorder services was identified, with barriers such as insufficient insurance coverage, limited provider availability, and stigma preventing many residents from seeking care.

Social Determinants of Health: Challenges such as high housing costs, low wages, lack of affordable healthy food options, and limited access to education and employment services are key barriers to community well-being. Addressing these social determinants is crucial for fostering a healthier population.

"MORE BILINGUAL AND CULTURALLY COMPETENT PROVIDERS ARE NEEDED TO MEET THE DIVERSE NEEDS OF THE COMMUNITY.

Access to Healthcare Services: Barriers to accessing quality healthcare, such as long wait times, lack of health insurance, and limited availability of providers, were reported. There is also a need for more affordable dental and primary care services.

Access to Public Spaces and Recreation: The assessment found that residents need more accessible parks, recreational activities, and wellness programs, particularly those that are affordable or free, to promote physical activity and overall wellness.

Cultural and Language Competence:

The lack of culturally and linguistically appropriate health and social services was identified as a significant barrier, particularly for non-English speaking residents. More bilingual and culturally competent providers are needed to meet the diverse needs of the community.

The CHNA also utilized the **Mobilizing for Action through Planning and Partnerships (MAPP)** framework and data from the **County Health Rankings** to provide evidence-based recommendations. The findings from the CHNA inform the DHHS strategic roadmap by identifying areas where targeted interventions can address

community-identified needs, reduce health disparities, and improve access to services. This alignment ensures that HHS's strategic initiatives are community-driven and focused on creating an equitable health system for all Montgomery County residents.

2. Critical Factors

Low-income individuals and families in Montgomery County (whether long term or newly low income) face substantial hardships in paying for the cost of basic needs: housing, food and health care. And, while the portrayal of Montgomery County residents as well educated and well-off is true for many, a growing number of residents who are usually considered middle income face substantial economic challenges that threaten their financial stability. The skyrocketing cost of housing, child care and health insurance and health care means many residents, though not

"poor" by official poverty measures, cannot afford the cost of living in the county. Changing demographic factors also impact the delivery of health and human services. As more people born in other countries move into the County, this diversity expands the cultural richness of our community and also creates new language and culture challenges for the Department

of Health and Human Services. At the same time, the number of both young and older residents is growing, so that more services are needed for children under 18 and seniors over 60.

The critical factors that impact the need for and delivery of health and human services in Montgomery County include:

Housing. The escalating cost of housing in the county creates a significant financial burden for low-income individuals and families. According to the United States Census Bureau an estimated 34% or 123,000 of occupied units are rental

units. An estimated 23% of Montgomery County renters pay 50% or more over their income in monthly housing costs. Below the National Bench-marked Indicator for Rental Housing Burden can be seen, although their are counties with a much higher rental burden rate, Montgomery County has a large number of individuals that cannot afford Montgomery County Market rates for rent and strive to afford the most modest of rental units. In comparison, rent for one bedroom listings in Montgomery, MD is 30.69% more expensive than other counties nearby. Finally, rent for two bedrooms in Montgomery, MD is 17.15% more expensive than other counties nearby.

Health Insurance. The number of people with- out health insurance continues to grow in Montgomery County, and the cost of health care continues to rise. According to a 2024 report, 7.17% of Montgomery County, Maryland's population under age 65 lacked health insurance. With a County estimated total population of 1,058,474 in 2023, this percentage translates to about 75,900 individuals without health coverage. Disparities exist among different groups. In 2021, Hispanic residents had the highest uninsured rate at 19.2%, while non-Hispanic white residents had the lowest at 2.0%.

Child Care. The limited availability of affordable child care slots in Montgomery County continues to place significant pressure on families with young children. Currently, the cost of one year of full-time child care for a preschool-aged child in a licensed facility ranges from $9,000 to $15,000 annually. For a family with one infant and one preschool-aged child, the average annual cost has risen to approximately $20,500.

Poverty and the Real Cost of Living. In 2023, the Self-Sufficiency Standard for Montgomery County for a family of three— consisting of one adult, one preschool-

aged child, and one school-aged child—was $105,600 annually, requiring an hourly wage of $50.77. The current minimum wage in Montgomery County is $15.65 per hour for most employers, highlighting the significant gap between minimum wage earnings and the income needed for self-sufficiency.

Demographic Changes. Montgomery County continues to experience remarkable growth. Since 2000, the county's population has increased by over 130,000 people, reaching approximately 1,058,000 in 2023—a growth of nearly 14% from the U.S. Census Bureau's 2000 figures.

Foreign Immigration. Between 2010 and 2020, Montgomery County's population grew by approximately 83,000 residents, reaching a total of 1,055,000. Foreign-born individuals accounted for a significant portion of this growth, with the county's foreign-born population comprising 34.7% of the total population. The increase was primarily driven by immigrants of Asian and Hispanic descent. Additionally, between 2010 and 2020, the county welcomed over 40,000 international immigrants, further contributing to its diverse demographic landscape.

Aging Population. The number of people over 65 in Montgomery County has been growing, with an 86% increase from 1980 to 2000. As the baby boomer generation ages, Montgomery County's senior population is exploding. As of the 2023 American Community Survey, 17.7% of the population in Montgomery County, Maryland is 65 years of age or older, totaling approximately 187,000 residents. Montgomery County has seen the largest net increase in seniors in Maryland since the 2010 Census. Projections indicate that by 2040, this demographic will increase to over 315,000, representing a growth of more than 53% from 2015. This surge underscores the escalating demand for physical and mental health

services tailored to seniors, many of whom face reduced incomes and heightened healthcare needs.

Federal and State Funding and Policies. Federal and state government funding for social programs is expected to enter a serious period of decline. The federal government is expected to reduce the amount of federal funds for some critical health and human services given to state governments. In turn, the State of Maryland will reduce aid for many health and human services, leaving the County government to fund a higher proportion of the costs, or reduce or eliminate some services for county residents.

These factors in the County require that the Department of Health and Human Services strengthen its system of care and make sure it is resilient and anticipates and responds to dramatic changes or significant influences in the community.

Understanding these trends enables HHS

Implications for Montgomery County DHHS

to proactively plan for the future. The department will need to:

- Adapt to New Service Demands: Increasing behavioral health needs, aging populations, and growing health disparities will require new service models, more resources, and innovative approaches.
- Embrace Technology: Continued investments in telehealth, data analytics, and digital tools will be essential for maintaining high-quality, efficient service delivery.
- Strengthen Cross-Sector Collaboration: Building partnerships with other government agencies, healthcare providers, and community organizations will be critical to

delivering comprehensive and integrated services.

- Focus on Workforce Development: Addressing workforce shortages and enhancing employee wellbeing and training will be key to sustaining high-quality care and retaining staff.

By aligning its strategic objectives with these trends, the DHHS can ensure that it remains responsive to the needs of its residents while positioning itself as a leader in delivering integrated, person-centered health and human services.

B. Internal Analysis

A SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) was conducted to evaluate the internal capabilities of DHHS and identify areas for strategic development.

Strengths:
- Integrated Service Model: DHHS provides integrated, person-centered services that address a wide range of health and human service needs.
- Commitment to Equity: The Department prioritizes health equity and promotes social determinants of health as part of its strategic framework.
- Technological Advancement: Investments in the Community Connect Portal and predictive analytics strengthen the Department's capacity for data-driven decision-making.
- Strong Community Partnerships: DHHS works in close partnership with community-based organizations, non-profits, and healthcare providers.

Weaknesses:
- Staffing Shortages: Workforce recruitment, retention, and well-being remain challenges, especially in the face of burnout and heightened demand for services.
- System Fragmentation: While efforts

have been made to integrate service delivery, some service areas still operate in silos, hindering cross-functional coordination.
- Further staff training and staffing infrastructure support are also needed to realize this.
- Technology Gaps: Certain technologies and data systems require further enhancement to support a fully integrated, real-time care coordination model.

Opportunities:
- Leveraging Technology and AI: Advanced data analytics, predictive modeling, and artificial intelligence (AI) present opportunities to improve service delivery and allocate resources more efficiently.
- New Funding Models: Access to state and federal grants, value-based payment models, and private funding offer opportunities for financial sustainability.
- Expansion of Telehealth: Telehealth creates new opportunities to reach underserved and hard-to-reach populations, especially older adults and residents in outlying areas.

Threats:
- Funding Reductions: Federal and state funding cuts may affect the availability of health and human services, placing additional financial strain on DHHS.
- Economic Downturns: An economic downturn could increase demand for essential services like housing assistance and food security programs.
- Public Health Emergencies: Emerging public health emergencies, such as pandemics or environmental disasters, require rapid response and could strain Departmental capacity.
- Infrastructure: Insufficient financial resources for infrastructure improvements may hinder the department's capacity to deliver

DHHS SWOT Analysis

efficient, high-quality services and adapt to emerging health and human service challenges.

STRATEGIC IMPLICATIONS
Based on the internal and external analysis, DHHS has identified key areas that require attention to ensure its continued success in delivering health and human services. These include:

Proactive Service Adaptation: DHHS must be prepared to adapt service models in response to emerging needs such as behavioral health, climate change, and economic instability.

Technology and Data-Driven Decision Making: Expanding the use of predictive

analytics, data-driven resource allocation, and real-time dashboards will support more responsive service delivery.

Workforce Development: Addressing staff recruitment, training, and retention will ensure that DHHS can meet rising service demands.

Focus on Equity and SDOH: The Department must remain focused on addressing health disparities through a social determinants of health approach. Financial Sustainability: By diversifying funding streams and exploring value-based payment models, DHHS can safeguard financial sustainability for the future. These insights will shape the **Strategic Goals and Priorities** outlined in the next section of the document.

STRATEGIC GOALS AND PRIORITIES

The Montgomery County Department of Health and Human Services (DHHS) has established strategic goals and priorities to guide its initiatives and actions over the next two years. These goals address both immediate community needs and long-term objectives for improving health, equity, and service delivery. The three strategic pillars—Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability—are at the heart of the Department's mission to provide accessible, person-centered, and equitable health and human services.

DHHS Direction

The strategic roadmap outlines the Department's vision and goals for the next two years, focusing on three central pillars:

1. **Deepening Community Connection**
2. **Leveraging Technology**
3. **Establishing Economic Justice and Stability as a Public Health and Human Services Priority**

These pillars position Montgomery County DHHS to remain a leader in delivering accessible, equitable, and high-quality services to all county residents.

A. Deepen Community Connection

Montgomery County is both diverse and vibrant, and DHHS is dedicated to forging meaningful, responsive, and culturally competent relationships with its residents.

The strategic roadmap places community engagement at the heart of service delivery to ensure that programs and initiatives are shaped by the voices and needs of the community.

DHHS remains committed to enhancing local partnerships, promoting community outreach, and expanding community-based care, with a special emphasis on reaching the most vulnerable and historically underserved populations. To achieve this, the Department will support non-profits and community organizations to build financial strength, foster collaborative efforts, and diversify revenue streams. This approach will empower community partners to better serve residents in a more sustainable and effective manner.

Goal: Build stronger connections between DHHS and the community to ensure that all residents, particularly the most vulnerable, have access to the support and services they need.

Key Objectives:

- Expand Community Engagement: Increase community participation in planning and decision-making processes through DHHS Boards and Commission activities, surveys, and focus groups.
- Enhance Partnerships with Local Organizations: Strengthen partnerships with non-profits, community-based organizations, and faith-based organizations to foster a community-driven approach to service delivery.
- Youth Safety Support: Emphasize prevention, outreach, and intervention for high-risk youth.
- Foster Collaboration: Encourage communication, resource sharing, and best practice dissemination to increase the capacity and sustainability of non-profit partners.
- Improve Care Coordination: Develop a continuum of care informed by the Community Needs Assessment by FY 2026.
- Digital Engagement: Increase awareness and usage of the Community Connect Portal to strengthen digital engagement and service access.

1. PARTNERSHIPS

The Department's reliance on partnerships demonstrates its commitment to collective impact and shared responsibility. By working with external partners, DHHS enhances its capacity to meet emerging community needs, improve service delivery, and achieve its mission to support the health and well-being of all Montgomery County residents.

The success of DHHS's mission is deeply rooted in its ability to leverage strong partnerships with a diverse range of organizations and entities. Partnerships with non-profits, community-based organizations, faith-based organizations, healthcare providers, and private sector partners serve as vital extensions of DHHS's service delivery network. These collaborations enable the Department to reach more residents, provide more comprehensive support, and respond more quickly to emerging community needs.

Rather than operating as a stand-alone agency, DHHS sees its role as a catalyst for community impact, working alongside partners to strengthen Montgomery County's health and human services system. By forging strong, sustained partnerships, and expanding continuums of care DHHS is able to provide essential services—like food assistance, housing support, behavioral health care, and job training—through a networked service delivery model.

Key Approaches to Partnership Development:

Expanding Collaborative Networks:

- Actively engage local, state, and national partners to create a more interconnected service delivery ecosystem.
- Identify gaps in services and recruit partners with the capacity to address unmet community needs.
- Build multi-sector collaborations that promote shared goals, collective action, and pooled resources.

Enhancing Contract Management and Accountability:

- Develop contracts and grant agreements with clear performance expectations and accountability measures.
- Move towards Performance-based contracting (PBC) - a results-oriented approach to procurement and service delivery that ties payment to the achievement of specific, measurable outcomes. This method incentivizes contractors to focus on efficiency, quality, and effectiveness by aligning compensation with performance metrics rather than activities.
- Implement tracking systems to monitor partner performance and ensure alignment with DHHS's strategic goals.
- Provide technical assistance, training, and capacity-building support to strengthen the ability of community partners to deliver high-quality services.

Supporting Community-Based Organizations (CBOs):

- Invest further in CBOs through technical support, enabling them to build capacity and sustainability.
- Offer capacity-building workshops and technical assistance to support financial resilience, leadership development, and operational effectiveness for partner organizations.
- Encourage advisory Boards and Commissions to include CBO representatives to ensure community voices are integrated into decision-making and program development.

Shared Data and Systems Integration:

- Create shared data systems that allow DHHS and its partners to exchange information, track referrals, and improve service coordination.
- Utilize data-sharing agreements and integrated case management systems to ensure that partners can view client information and provide coordinated support.
- Created Limited Data Sets that are readily available

Benefits of Strategic Partnerships:

- **Increased Service Reach:** By extending service capacity through local partners, DHHS can reach more residents, particularly those who may not traditionally engage with government services.
- **Shared Expertise:** Partnerships allow DHHS to tap into specialized

knowledge and expertise from other organizations, enabling more comprehensive service delivery.

- **Cost Efficiency:** By partnering with established community organizations, DHHS can reduce duplication of services and deliver support more efficiently.

- **Community Trust:** Partnerships with local organizations that have deep roots in the community foster trust and credibility, leading to higher engagement from residents.

2. Hub and Spoke Model

The Montgomery County Department of Health and Human Services (DHHS) recognizes that partnerships are essential for creating a seamless, effective, and sustainable continuum of care. To achieve this, DHHS will adopt a Hub-and-Spoke Model that redefines how services are delivered in partnership with community-based organizations, non-profits, and other critical stakeholders.

In this model, DHHS serves as the central "hub", providing strategic direction, coordination, and support for a network of "spoke" partners who offer localized, community-driven care. This structure promotes streamlined service access, eliminates duplication of effort, and ensures that clients can receive holistic care at any point in the continuum.

By creating a network of well-connected spokes (partner organizations), DHHS enables residents to receive timely, culturally competent, and location-based support. Instead of requiring residents to navigate a web of independent service providers, the hub-and-spoke model offers them a **single point of entry**—via the DHHS hub—which then directs them to the most appropriate spoke for support.

Key Components of the Hub-and-Spoke Model

1. The Hub (DHHS Central Operations)
- **Role:** DHHS acts as the **central coordinating body** for the continuum of care.

- **Responsibilities:**
  - Serve as the **centralized intake and referral system,** enabling clients to access multiple services through a single point of entry (such as the **Community Connect Portal**).
  - Ensure alignment of goals, service standards, and accountability mechanisms across all spokes.
  - Coordinate service delivery, data-sharing, and real-time referrals among all partner organizations.
  - Provide financial and technical support to spoke partners, enabling them to build capacity and expand service delivery.
  - Monitor and evaluate performance across the entire network using Key Performance Indicators (KPIs) to ensure accountability and transparency.

2. The Spokes (Community Partners and Service Providers)
- **Role:** Serve as localized service delivery points that provide specialized support, such as housing, behavioral health, employment services, childcare, and food assistance.

- **Responsibilities:**
  - Offer direct, client-facing services at the community level, tailored to the specific needs of the population they serve.
  - Act as "community access points" where clients can receive

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support and be referred to additional services as needed.
- Work collaboratively with other spoke organizations and the central DHHS hub to provide comprehensive, wraparound care.
- Utilize shared technology platforms to track client progress, provide service updates, and maintain continuity of care.
- Participate in cross-training and professional development opportunities to improve service quality and operational capacity.

3. Clients (Residents of Montgomery County)
- **Role:** Clients are at the center of the hub-and-spoke model, with services designed to meet their unique needs.

- **Benefits:**
  - Access to a no-wrong-door system where they can receive comprehensive, coordinated care from multiple providers.
  - Reduce the burden of navigating multiple service providers—once they enter the system, DHHS guides them to the appropriate spoke.
  - Receive culturally competent, person-centered care tailored to their needs and preferences.

4. Benefits of the Hub-and-Spoke Model
- **Streamlined Access to Services**
  - Instead of requiring clients to visit multiple agencies to obtain services, the hub-and-spoke model allows clients to enter through a centralized access point. Once they are assessed at the hub, they are referred to the most relevant spoke for specialized support.
  - The Community Connect

> **"**
> ## ACTIVELY ENGAGE LOCAL, STATE, AND NATIONAL PARTNERS TO CREATE A MORE INTERCONNECTED SERVICE DELIVERY ECOSYSTEM.

Portal serves as a digital "hub," allowing residents to self-navigate services or request support from DHHS directly.

- **Comprehensive, Holistic Care**
  - The model allows for holistic service delivery, as clients can receive support for multiple needs (housing, employment, health, and mental health) through one entry point.
  - By sharing client data and case information across spoke partners, providers can offer a wraparound approach that addresses the total needs of individuals and families.

- **Increased Accountability and Performance Monitoring**
  - DHHS uses Key Performance Indicators (KPIs) and performance-based contracting to track partner performance, identify bottlenecks, and ensure consistent service quality.
  - The hub-and-spoke model increases data transparency, as partner organizations are required to report outcomes, track referrals, and document client progress.

- **Equity-Focused Service Delivery**
  - The system prioritizes culturally competent service delivery, with spoke organizations specializing

in services for specific populations, such as foreign-born persons, seniors, or people with disabilities.
- Spoke organizations offer linguistic and cultural support to ensure all residents feel welcome, supported, and understood.

- **Enhanced Service Capacity and Scalability**
  - Community-based partners can increase their capacity through DHHS support, including funding, technical assistance, and workforce training.
  - As new needs emerge (e.g., pandemic-related services or housing crises), DHHS can scale up capacity at the spokes without overburdening its internal staff.

5. **Key Partnerships (Spokes in the Network)**
- **Non-Profit Organizations**
  - The NonProfit Montgomery organization states that in Montgomery County "Many nonprofits focus on human needs and provide a social safety net for our most vulnerable neighbors – including children, seniors, families living in poverty, and individuals with mental or physical disabilities. Montgomery County has around 1,200 public charities delivering human services, as well as 400+ health nonprofits (including five nonprofit hospitals." The DHHS would seek to partner with those nonprofit organizations.
  - Community Ministries, local housing coalitions, and employment readiness programs.

- **Healthcare Providers**
  - Behavioral health specialists,
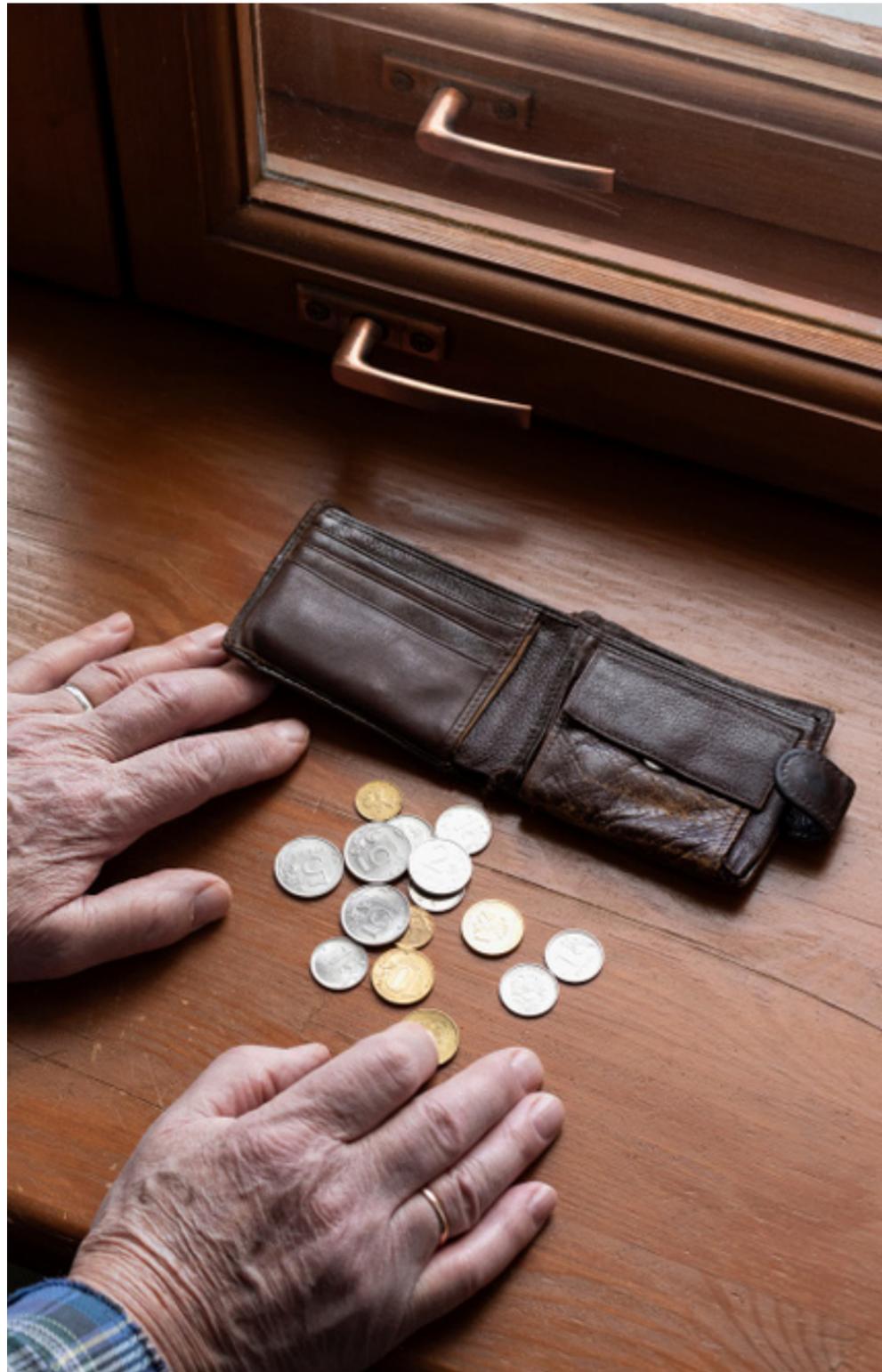
telehealth providers, and crisis stabilization teams.
- Hospitals, clinics, and local healthcare providers offer healthcare services under this model.

- **Community-Based Organizations (CBOs)**
  - Local community groups focused on racial equity, immigrant services, and language access support. CBOs often serve as "cultural brokers", connecting immigrant, refugee, and minoritized populations to the larger DHHS system.
- **Faith-Based Organizations**
  - Churches, mosques, and other faith-based institutions are included in the network to support residents with food security, emergency housing, and community wellness programs.

- **Private Sector Partners**
  - Local employers, business development organizations, and workforce training centers offer support for job readiness and economic mobility.

- **Schools and Educational Institutions**
  - Montgomery County Public schools, early childhood education programs, and Montgomery College act as vital referral points for at-risk youth and families seeking services. MCPS and MC also serve as partners in addressing pipeline shortages for critical workforce gaps.
- **Community Connect Portal:**
  - Serves as the main digital

access point where clients, caseworkers, and spoke partners can track applications, service referrals, and case management updates.
- Enables real-time referrals to local service providers (spokes) while maintaining a centralized view of client interactions.

- **Integrated Case Management System:**
  - Facilitates shared access to case notes, client history, and referral progress.
  - DHHS and spoke partners can collaborate in real-time, ensuring seamless care coordination.
- **Data Dashboards and Analytics:**
  - Real-time dashboards provide DHHS with a view of service gaps, bottlenecks, and partner performance.
  - Predictive analytics helps identify population-level needs, allowing the Department to allocate resources more effectively.
- **Performance Oversight:**
  - The Senior Leadership

and spoke activities with the department's broader strategic goals.
- Memorandums of Understanding (MOUs) and contracts are established with each spoke partner to clarify roles, expectations, and performance benchmarks.

- **Continuous Improvement:**
  - DHHS conducts quarterly reviews to ensure spokes are meeting quality benchmarks and client satisfaction standards.
  - Underperforming spoke partners are offered technical support, while high-performing partners are rewarded with additional funding or grant opportunities.
- **Client Feedback and Engagement:**
  - Residents who use services are invited to participate in satisfaction surveys and advisory councils to inform continuous improvement of the model.

By implementing the Hub-and-Spoke Model, Montgomery County DHHS aims to create a more coordinated, client-centered, and efficient continuum of care. This approach ensures that no resident is left behind, and all services are delivered in a seamless, holistic, and culturally competent manner. Through its role as the central hub, DHHS enhances the ability of local service providers (spokes) to meet the unique needs of the community while building a more connected, resilient, and equitable support network.

Governance and Accountability

Team at DHHS serves as the central decision-making body, responsible for aligning hub

B. Leverage Technology

In a world increasingly driven by digital innovation, technology serves as a critical enabler of efficient, accessible, and integrated services. DHHS will harness technology to improve service delivery, streamline internal processes, and expand access to care through strategies like telehealth and data-driven decision-making. The Department will strengthen its technological infrastructure and invest in digital platforms to offer real-time support, enhance care coordination, and improve outcomes for individuals and families.

Capitalizing upon new technologies and leveraging their functionality is essential for enhancing the efficiency, coordination, and accessibility of services in health and human services. By expanding digital opportunities, underserved communities and older adults can receive timely care regardless of location, addressing barriers such as transportation and mobility. Implementing digital equity initiatives further ensures that all residents, regardless of socioeconomic status, have access to the necessary tools and skills to participate fully in digital service offerings. These advancements promote equity and inclusivity, ensuring that every individual can benefit from innovative, tech-enabled solutions.

Key Initiatives:
- Telehealth Expansion: Expand telehealth services and ensure digital equity to bridge the gap for underserved populations.
- Improved Analytics: Implement advanced data analytics to better understand community needs and optimize resource allocation.
- Integration of Services and Improved Case management: Improve internal processes by automating service delivery, enhancing case management systems, and integrating technology

solutions across all service areas.
- Utilize Artificial Intelligence: Use AI analytics to monitor service usage, predict demand, and support resource allocation.

Incorporating data analytics, predictive modeling, and AI enables the department to make data-driven decisions that anticipate community needs and optimize resource allocation. This approach enhances strategic planning and allows for proactive responses to emerging issues. The DHHS will be more agile in its ability to make informed responses. Developing a unified, real-time case management system fosters integrated service delivery by streamlining coordination across service areas, reducing duplication, and improving client outcomes. Together, these technological initiatives ensure that services are not only more accessible but also of higher quality, effectively meeting the diverse needs of Montgomery County's residents.

C. Establish Economic Justice as a Public Health and Human Services Priority

DHHS recognizes that economic stability is a fundamental driver of health and well-being. The Department's strategic plan emphasizes addressing economic disparities as part of a holistic approach to public health and human services, consistent with the national social determinants of health framework. By prioritizing economic justice, DHHS seeks to realign existing programs to better address poverty, support employment, and facilitate access to affordable housing, food security, and other critical social determinants of health. Positioning economic stability as a public health objective will improve long-term outcomes for individuals and families, reduce reliance on emergency services, and promote sustained well-being.
Key Initiatives:
- Redesign existing programs to

more effectively address poverty, unemployment, and income inequality as critical health and human services issues.
- Enhance the accessibility and efficiency of affordable housing, food security, and financial assistance programs.
- Strengthen partnerships with local businesses and workforce development agencies to improve economic opportunities for underserved populations.

Prioritizing economic justice is fundamental to reducing poverty, promoting employment, and ensuring equitable access to essential resources such as affordable housing and food security. By addressing these critical social determinants of health, DHHS can foster economic stability as a cornerstone of public health. This approach not only improves individual and family well-being but also reduces reliance on costly emergency services, creating a more sustainable system of care and benefits not just the County departments but our community partners, as well.
Expanding access to financial assistance programs and other support mechanisms ensures that vulnerable populations can meet basic needs and thrive within their communities. Key initiatives such as addressing income inequality and unemployment highlight the intersection of economic challenges with health and human services. Strengthening partnerships with local businesses and workforce development agencies provides pathways to economic opportunities for underserved populations, empowering them to achieve self-sufficiency. Establishing economic stability as a strategic priority not only enhances immediate outcomes but also promotes long-term resilience, benefiting both individuals and the broader community. By embedding economic justice into its mission, DHHS paves the way for a more equitable and inclusive society.

DHHS and Montgomery County Alignment

The DHHS key priorities are directly guided by the County's overarching goals. The County Executive envisions "A More Affordable and Welcoming County for a Lifetime," focusing on creating a community where all residents can achieve their full potential, regardless of race, ethnicity, age, or economic status.

The DHHS strategic pillars —**Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability**—are designed to support this broader vision. DHHS aligns with the County's broader vision by structuring service area objectives around key pillars that support economic stability, community engagement, and technological innovation. D**eepening Community Connection** enhances collaboration with non-profits and diversifies funding to strengthen financial resilience. **Leveraging Technology** advances accessibility through the expansion of the Community Connect Portal, streamlining service delivery. **Establishing Economic Justice and Stability** reinforces economic security as a public health priority, ensuring alignment across all service areas to reduce inequities and promote long-term well-being.

Internal Alignment

The Montgomery County Department of Health and Human Services (DHHS) has undertaken alignment activities to ensure that all programs, initiatives, and operations are strategically aligned with the Department's core pillars. This alignment effort focuses on establishing a shared sense of direction, fostering coordination across service areas, and building commitment among stakeholders to achieve departmental goals.
DHHS is structured to deliver services and achieve its objectives through the following five key Service Areas:

1. **Aging and Disability Services**
2. **Behavioral Health and Crisis Services**
3. **Children, Youth, and Family Services**
4. **Public Health Services**
5. **Services to End and Prevent Homelessness**

Additionally, the **Office of Community Affairs** and the **Office of the Chief Operating Officer,** which includes **Planning, Accountability, and Customer Service (PACS),** play vital roles in assessing, understanding, and responding to the emerging needs of the community.

Staff within each of these Service Areas and Offices actively contributed to the strategic planning process. Once the Senior Leadership Team identified the broad strategies needed to achieve department-wide goals, staff within each Service Area developed action plans. These action plans define the specific steps each Service Area will undertake during the first year to support the broader strategies, objectives, and goals of DHHS.

This collaborative approach to internal alignment strengthens the Department's ability to provide responsive, efficient, and effective health and human services to the Montgomery County community.

SERVICE AREA ACTION PLANS
A. PUBLIC HEALTH

The Public Health Services (PHS) area plays an essential role in advancing the strategic pillars of Montgomery County HHS's Strategic Roadmap. The key performance indicators (KPIs) and objectives set by PHS are designed to align with the department's broader mission of fostering a healthier, more equitable community. By focusing on enhancing the customer experience, increasing access to healthcare through our safety net programs, strengthening programmatic operations, PHS supports the strategic pillars of Deepening Community

Connection, Leveraging Technology, and Establishing Economic Justice and Stability.

Deepen Community Connection: PHS is committed to connecting with the community to improve public health outcomes. This pillar is reflected in the PHS goal to ensure that all programs have a feedback mechanism that includes measures of customer satisfaction.. By assessing customer experience with PHS programs annually, PHS aims to build meaningful relationships with residents, improve health literacy, and address key health concerns. Additionally, PHS's focus on reducing health disparities by targeting chronic diseases within vulnerable populations helps ensure that the department is effectively responding to the needs of historically underserved communities.

Leverage Technology: PHS recognizes the critical role of technology in enhancing service delivery and increasing access to health services. PHS will leverage technology to conduct a feasibility and workflow assessment associated with transitioning Maternal and Child Health programs from NexGen to eICM. This will strengthen the ability of the Maternal and Child Health Programs to deliver care to birthing people in Montgomery county and improve maternal and child outcomes. PHS will also leverage technology by examining the utility of Artificial Intelligence into programmatic and clinical workflows.

Establish Economic Justice and Stability: Economic stability is intrinsically linked to health outcomes. PHS is responsible for licensing and inspection of County restaurants. These businesses are part of the lifeblood of the county's small business community. PHS will enhance education and outreach for restaurant owners regarding the inspection process, with an intentional focus on minority-owned

businesses. This partnership will help streamline the inspection and permitting process, decreasing the time to receiving a Certificate of Occupancy, and support a thriving business community.

The PHS objectives and key performance indicators form an integral part of the Montgomery County HHS strategic roadmap. Through the alignment of its goals with the strategic pillars, PHS ensures that its initiatives are community-driven, technologically advanced, and focused on promoting economic and health equity.

Public Health Services Key Performance Indicators and Targets

The Public Health Services (PHS) division is dedicated to improving health outcomes, reducing health disparities, and ensuring access to preventive healthcare across Montgomery County. As part of the strategic roadmap, PHS has established key performance indicators (KPIs) and defined specific targets to evaluate its progress in achieving these objectives. These KPIs serve as a framework for accountability, ensuring that the services provided effectively meet community needs and contribute to the overall health and well-being of residents.

Key Performance Indicators and Targets for Public Health Services include the following:

- **Explore opportunities to innovate around AI in PHS clinical work.** PHS will evaluate and demo a numbers of artificial intelligence (AI) vendors to explore implementation and integration of AI tools into public health activities.
- **Reduction of Health Disparities:** DHHS needs a coordinated and comprehensive strategy to address the disparities and outcomes of our African American residents. We will host 2 convenings, one with service

providers and one with residents, to identify solutions to address these needs.

- **Access to Public Health Programs:** Ensuring that all residents have equitable access to public health services is crucial.
- **Community Engagement and Education:** Enhance and build business education and outreach for restaurant owners regarding the inspection process. Part of economic justice involves the removal of barriers for residents who want to open businesses like restaurants, spas, etc.

The KPIs and targets established by Public Health Services are essential to monitoring and evaluating the impact of strategic initiatives. Through continuous assessment and data-driven adjustments, PHS is committed to making significant improvements in public health outcomes across Montgomery County. These KPIs will guide resource allocation, inform decision-making, and ensure that all residents benefit from comprehensive, equitable health services.

B. BEHAVIORAL HEALTH and CRISIS SERVICES
The Behavioral Health and Crisis Services (BHCS) area is committed to advancing the strategic pillars of Montgomery County HHS through targeted actions and initiatives designed to address the needs identified in the 2023 Community Health Needs Assessment (CHNA). BHCS is a critical component of the strategic roadmap, ensuring that residents have access to high-quality behavioral health services while also addressing broader social determinants of health. This narrative outlines how BHCS aligns its activities with the department's strategic pillars and contributes to the overall mission of improving community health.

Deepen Community Connection: BHCS is building meaningful relationships

within the community to expand access to behavioral health services. By enhancing outreach and providing trauma-informed care, BHCS aims to ensure that vulnerable populations receive the support they need. This includes collaborating with community organizations to promote mental health and substance use disorder education, promote harm reduction and reduce stigma, particularly in underserved areas. These efforts directly respond to the CHNA findings that highlight significant behavioral health needs and the impact of social determinants on community well-being.

Leverage Technology: In alignment with the strategic pillar of leveraging technology, BHCS is working to identify a behavioral health wellness platform that can serve as a one-stop digital front-door for access to comprehensive, self-guided, and data-driven behavioral wellbeing. This technology-driven approach can provide proactive behavioral health support that is accessible and responsive to community needs. BHCS will also leverage technology by examining the utility of Artificial Intelligence and its utility as a bridge to care and tool in supporting care pathways.

Establish Economic Justice and Stability: Recognizing that economic instability is a major barrier to well-being, BHCS incorporates Social Determinants of Health (SDOH) into assessment, planning and services. BHCS programs address SDOH in service delivery that contribute to mental health disparities. This holistic approach aligns with the CHNA's emphasis on addressing poverty as a social determinant of health and ensures that behavioral health services are part of a comprehensive support system aimed at improving residents' quality of life.

The actions outlined by BHCS are a key part of the strategic roadmap for the DHHS. By aligning its initiatives with the strategic pillars of Deepening Community

Connection, Leveraging Technology, and Establishing Economic Justice and Stability, BHCS is actively contributing to the department's mission of fostering well-being across Montgomery County. The activities detailed in this action plan demonstrate BHCS's commitment to improving access to behavioral health services, reducing disparities, and ensuring that all residents have the support they need to lead healthier, safer, and more fulfilling lives.

C. CHILD, YOUTH AND FAMILY SERVICES
Children, Youth, and Family Services Action Plan
The Children, Youth, and Family Services (CYFS) is focused on fostering well-being among children, youth, and families, ensuring that every resident has the opportunity to lead a healthy, stable, and fulfilling life. This narrative describes

how CYFS aligns with the department's strategic pillars and addresses the community needs identified in the 2023 Community Health Needs Assessment (CHNA).

Deepen Community Connection: CYFS is committed to enhancing community relationships by providing targeted support for children and families, especially those in underserved communities. The CHNA highlighted disparities in access to resources for children and the need for enhanced early intervention programs. CYFS aims to deepen community connections by expanding partnerships with schools, community organizations, and local healthcare providers to offer comprehensive support for children's development, mental health, and education. Additionally, CYFS focuses on building family resilience through

education, outreach, and culturally appropriate programming, ensuring that community voices are central to service planning.

Leverage Technology: CYFS leverages technology to improve access to essential services and enhance coordination of care for children and families. The expansion of digital platforms allows families to access information and services more easily, breaking down barriers that may otherwise prevent them from receiving the support they need. CYFS is working to integrate digital solutions that streamline service delivery, such as online portals for program enrollment, telehealth services for child and family therapy. These technological advancements help ensure that children and families receive timely, efficient, and coordinated services.

Establish Economic Justice and Stability: Economic stability is a critical determinant of family well-being, and CYFS is focused on integrating economic support into its services to overcome financial barriers aligning with the CHNA findings that emphasized the impact of economic instability on family health and well-being. CYFS addresses the economic challenges faced by families by providing programs that support employment, child care, health insurance, and food security.

The Children, Youth, and Family Services action plan is a key component of the Montgomery County HHS strategic roadmap. By aligning its initiatives with the strategic pillars of Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability, CYFS is actively contributing to the department's mission to foster well-being across Montgomery County. Through these targeted initiatives, CYFS aims to improve outcomes for children and families, reduce health disparities, and ensure that every child has the opportunity to grow up healthy, safe, and supported.

Strategic Pillar	CHNA Findings Addressed	CYFS Actions and Initiatives
#1 Deepen Community Connection	**Disparities in access to child resources**	• Partner with schools, healthcare providers, and community organizations to enhance support for children's development and education. • Expand early intervention programs and outreach efforts to build family resilience. • Leverage the Child Welfare Family-First and Kin-First Initiatives to support families to live well together. • Expand outreach initiatives to increase community awareness of Social Services programs • Realign somatic health aspects of high school wellness center and bridges to wellness programs to improve outcomes for at-risk youth and their families
#2 Leverage Technology	**Barriers to accessing essential services**	• Implement digital platforms for easier access to program enrollment, navigation, care coordination and case management. • Promote and encourage clients/customers to utilize technology when applying for benefits, ensuring a more efficient and equitable process. • Use telehealth to provide child and family therapy. • Ensure all staff are trained to utilize technology efficiently for case management and streamlined service delivery, ensuring that essential resources reach those who need them most.
#3 Establish Economic Justice Stability	**Economic instability impacting families**	• Enhance and promote employment opportunities and job trainings for individuals receiving public assistance to alleviate financial hardship and achieve economic stability and self-sufficiency • Provide integrated support services for child care, health insurance, and food security. • Develop programs to support employment opportunities for parents and caregivers. • Advocate for policies that address poverty's impact on child well-being.

D. AGING AND DISABILITY SERVICES

The Montgomery County Department of Health and Human Services (DHHS) Aging and Disability Services (ADS) division is committed to comprehensive, equitable, and sustainable service delivery. Services that affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities that promote choice, independence, and inclusion.

As part of the FY25-FY26 DHHS Strategic Plan, ADS is taking bold steps to ensure that every resident, regardless of age or ability, has access to the resources and support they need to remain in their community of choice and age-in-place in the least restrictive and safe environment and thrive. **By deepening community connections, leveraging the use of technology, and ensuring economic parity by applying a social determinant of health approach to service provision,** ADS is shaping a future where all residents can lead **healthy, safe, independent, and socially connected lives throughout the life span and "Age Well, Together."**

Strengthening Community Connections

ADS understands that providing access to information and resources allows the community to be empowered and connected. ADS recognizes the profound impact empowerment, and social connection has on our health and well-being. To ensure that **older adults and individuals with disabilities know where to turn for help,** ADS is launching a comprehensive branding campaign in partnership with the Public Information Office (PIO). This campaign will leverage **social media, geofencing strategies, and television commercials** to increase

"AT COMMUNITY AND FAITH-BASED EVENTS, REGIONAL SERVICE CENTERS, AND NEIGHBORHOOD GATHERINGS.

awareness of the ADS programs and services. ADS aims to **empower the aging and disability communities** to be proactive versus reactive when seeking support. This targeted campaign is two-fold: to identify ADS as the go-to entity for all aging & disability needs and to expand ADS's reach into **historically underserved communities.** ADS expects to see a steady increase in **community engagement and service utilization.**

Beyond digital efforts, ADS is meeting residents where they are—**at community and faith-based events, regional service centers, and neighborhood gatherings.** Staff and volunteers will be present at aging and disability-specific events, ensuring that those they engage receive real-time **information and assistance (I&A).** Over time, ADS anticipates a noticeable **increase in service inquiries from diverse zip codes and demographic groups,** a sign that outreach efforts are working. ADS will t**rack the effectiveness of these outreach strategies through focus groups and engagement surveys,** ensuring that the right messages are reaching the right audiences. By the end of calendar year 2024, ADS expects to have **completed**

multiple focus groups. Additionally, **ADS will prioritize annual engagement opportunities to grow partnerships with community-based organizations.** These efforts will lay the foundation for a **stronger, more connected network of support for residents.**

ADS is committed to establishing a continuum of care in alignment with the PHS CHNA. Prioritizing an interdisciplinary approach to help sustain the home and community-based service model as both the aging & disability populations continue to experience historic growth. ADS is partnering with entities such as the Primary Care Coalition to establish **creative solutions** for **hard-to-place patient**s and with WorkSource Montgomery as a stakeholder vested in **improving recruitment and retention of the direct-services professional labor force. The solution-based and action-oriented outcomes born of these collaborative partnerships will aid in sustaining the current ADS community-based services models and potentially reduce barriers to accessing care.**

Expanding Access Through the Community Connect Portal
Technology is revolutionizing how people access services, and ADS is ensuring that **aging and disability programs are part of that transformation.** While ADS does not operate programs directly through the **Community Connect Portal (CCP),** it plays an integral role in ensuring that all A&D teams that provide I&A are **adequately trained to navigate the CCP,** so staff can proficiently provide 1:1 in-person support for CCP users. A&D will prioritize the training of **two mandated ADS call center teams, the Maryland Access Point (MAP) Aging & Disability Resource Unit (ADRU) and Adult Services Intake (ASI), and the MyTurn program staff by the end of FY25; ADS** expects to see a **higher rate of successful self-service interactions, reducing barriers to access.**

> ## A BALANCED SCORECARD FRAMEWORK WILL BE USED TO TRACK SERVICE EFFECTIVENESS AND CUSTOMER SATISFACTION.

Another key focus is **digital accessibility.** ADS will implement **staff-led trainin**g to ensure that **all ADS-related web pages are user-friendly, up-to-date, and compliant with ADA regulations.** By the end of calendar year 2025, ADS expects all its websites to **meet these standards,** ensuring that residents can find the information they need without frustration.

As part of a l**arger systems integration effort,** ADS is working with PACS to identify the service area needs for the new eICM 2.0 data system. This system will serve as **a unified data-sharing system** that eliminates redundancies and streamlines service coordination across DHHS. Over time, this effort should result in **fewer duplicate case management efforts and improved data-collection methods and reporting,** significantly improving the overall experience for residents seeking support and is in alignment with the **DHHS "No Wrong Door" approach.** ADS engages with its State Agency partners (Department of Human Services, Maryland Department of Health, Developmental Disabilities Administration, and Maryland Department of Aging) and adheres to data collection requirements to capture services rendered to County residents. ADS, alongside our Social Services Officer, is working to solve for i**nteroperability between state-mandated systems and the new eICM 2.0 system thereby eliminating duplicate data entries and ensuring efficient use of staff time.**

Addressing Economic Stability and Social Determinants of Health
Economic hardship is one of the greatest barriers to well-being for aging and disabled residents, and ADS is taking targeted action to equitably address adversities. Programs such as **Senior Assisted Living Subsidy, Senior Care, MyTurn, the Senior Nutrition Program, and the Homecare Program will continue to provide direct financial assistance, housing stabilization support, address home and community-based needs, and food insecurity** for vulnerable populations. ADS hopes to see a **reduction in reported financial hardships among program participants,** as these programs expand their reach and reduce some of the administrative burdens.

Adult Protective Services (APS) ensures **safe and healthy living conditions for the at-risk and vulnerable adults** served through professional investigations by clinical social workers and nurses into **abuse, neglect, and financial exploitation.** APS collaborates closely with l**aw enforcement** when an older adult and/or person with a disability's funds or property has been **misused or fraudulently accessed.** This is of utmost import as the Consumer Financial Protection Bureau, the US Department of Treasury, and the Financial Crimes Enforcement Network (All together, NAPSA F**inancial Exploitation Advisory Board, 2023) describe financial exploitation as the most common form of elder abuse in the United States.** With financial exploitation widespread among older adults, **such crime causes immense harm to victims and can even be deadly.** Hence, the partnership with law enforcement and the State's Attorney's Office is critical to stemming the tide of financial elder abuse. In FY24, **Adult Protective Services conducted 349 financial exploitation investigations and partnered with police to address criminal elements where they had jurisdiction, i.e.,** international fraud cases would be referred to the Federal Bureau of Investigation, Internet Crime Complaint Center (IC3). Other tools used by Adult Protective Services include inviting concerned family members to serve as representative payees, power of attorneys, or guardianship of property as appropriate to p**rotect a client's property and assets.**

A major component of this **initiative is advocating for expanded funding and policy changes.** ADS continues to push for **state and federal funding increases,** ensuring that eligibility gaps in Medicaid, housing assistance, and caregiver support are addressed. Legislative advocacy is expected to result in **greater access to essential services for those in need.**

Additionally, ADS is taking a **culturally competent approach** by engaging **ethnic and multilingual communities,** working to break down cultural stigmas around disability and aging. Over time, ADS expects to see a **20% increase in program participation among non-English-speaking residents,** reflecting a more inclusive service delivery model.

To better track the economic impact of these initiatives, ADS will i**mplement a Social Determinants of Health (SDoH) screening tool in Q4 of FY26, aligning with the launch of the new eICM. This will allow** for more targeted service provision. By proactively identifying financial barriers, ADS can offer residents a strategic personalized approach to **solutions that improve their economic and overall well-being.**

Ensuring Accountability and Continuous Improvement
ADS is deeply committed to measuring success and making data-driven decisions. A **Balanced Scorecard Framework** will be used to track **service effectiveness and customer satisfaction.** As a part of this accountability strategy, ADS expects to see:

- **75% of ADS Program Policies and Procedures (P&Ps) Operations Manuals will be completed by Q2 of FY25,** streamlining service delivery and ensuring consistent practices.
- **An increase in annual program-specific customer service surveys** and providing data to refine and improve programs.

Looking Forward
ADS envisions a future where **every older adult and individual with a disability in Montgomery County can access the support they need with ease and dignity. By deepening community connections, expanding digital access, and prioritizing economic stability,** ADS is working toward a **Montgomery County where aging and disability services are truly equitable and accessible to all.** Through these strategic initiatives, ADS is not only meeting the department's goals but is also paving the way for **a stronger, healthier, and more resilient community** for years to come.

E. SERVICES TO END AND PREVENT HOMELESSNESS

The Special Needs Housing and Homeless Services Division (SEPH) plays a critical role in addressing housing instability and homelessness in Montgomery County. By aligning its operational activities with the strategic pillars of the Montgomery County Department of Health and Human Services (HHS) Strategic Roadmap—Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability—SEPH seeks to address the pressing needs,

including those identified in the Community Health Needs Assessment (CHNA) findings.

1. Deepening Community Connection

SEPH operational activities prioritize fostering meaningful relationships and strengthening collaboration with community members, organizations, and stakeholders. These efforts include:

- Listening Sessions on Homelessness: SEPH conducts regular listening sessions with residents to gather insights on the barriers and challenges faced by individuals experiencing housing instability. This approach ensures that service delivery is informed by the lived experiences of the community and promotes inclusive solutions tailored to their needs.
- Youth-Focused Initiatives: SEPH develops youth-targeted approaches, recognizing the growing issue of youth homelessness. These initiatives aim to provide age-appropriate resources and build resilience among vulnerable populations.

By embedding community voices into program design and implementation, SEPH enhances trust and ensures that interventions resonate with those they aim to support. These efforts directly address CHNA findings, including the limited availability of affordable housing and the increasing number of people experiencing homelessness.

2. Leveraging Technology

SEPH integrates digital solutions to streamline service delivery and improve access to critical resources. Key activities include:

Workshops Introducing the Community Continuum of Care (CoC): SEPH provides training and workshops on its CoC model, which utilizes a centralized database to coordinate services for individuals experiencing homelessness. This digital framework improves the efficiency of resource allocation and enhances data-driven decision-making.

Digital Accessibility Initiatives: By expanding digital accessibility, SEPH reduces barriers to service entry, particularly for marginalized populations who may lack access to traditional support mechanisms.

These technological advancements address CHNA concerns such as difficulties navigating health and human services systems and the digital divide, which disproportionately affects low-income populations.

3. Establishing Economic Justice and Stability

SEPH's operational activities are rooted in the understanding that housing stability is a cornerstone of economic justice and overall well-being. Initiatives include:

- **Continuum of Care Programs:** SEPH has established a robust CoC that connects individuals and families with housing resources, employment opportunities, and supportive services. This comprehensive approach helps address the economic and systemic barriers that contribute to housing instability.
- **Emergency Shelter and Transitional Housing Programs:** SEPH enhances the capacity of shelters and transitional housing options to accommodate the increasing demand identified in the CHNA findings. These programs aim to provide immediate relief while supporting long-term stability.

By addressing income inequality, housing affordability, and the structural determinants of homelessness, SEPH operationalizes the strategic pillar of economic justice, ensuring that all residents have the opportunity to thrive.

Through its operational activities, SEPH demonstrates a steadfast commitment to the strategic pillars of the DHHS roadmap. Its initiatives address the systemic and immediate needs identified in the CHNA findings, particularly those related to housing and homelessness. By deepening community connection, leveraging technology, and advancing economic justice, SEPH not only alleviates housing instability but also builds a foundation for long-term health and well-being in Montgomery County.

F. OFFICE OF COMMUNITY AFFAIRS

The Montgomery County Office of Community Affairs (OCA) serves as a vital bridge between the Department of Health and Human Services (DHHS) and the county's diverse communities. Focused on promoting equity and inclusivity, the OCA works to ensure that the voices and needs of all residents, particularly those from historically underserved populations, are heard and addressed in policy and program development. The office collaborates with community leaders, stakeholders, and service providers to create culturally responsive initiatives that improve access to health and human services across the county.

As a key partner in the DHHS Strategic Roadmap, the OCA plays a central role in aligning departmental goals with the needs of Montgomery County's multicultural population. The office contributes to the roadmap by providing valuable insights into community-specific challenges and opportunities, fostering engagement, and advocating for equity-driven policies. Through initiatives such as community outreach, data collection, and partnership building, the OCA ensures that the strategic roadmap reflects the county's commitment to inclusive growth and the equitable delivery of services. Their efforts help to create a roadmap that not only enhances service quality but also strengthens community trust and collaboration.

INTERNAL SUPPORTS

A. OFFICE OF THE CHIEF OPERATING OFFICER

The Office of the Chief Operating Officer (OCOO) includes what is considered the "backbone" of the Department providing support to the Director, all Services Areas, Offices, County Agencies, and Community Partners. OCOO supports come from our Budget Team, Fiscal Team, Contract Management Team, Human Resources Team, Compliance and Audit Team, PACS Team, and the Information Technology (IT) Team. The leadership and staff in OCOO see themselves as integral to meeting the goals of this strategic roadmap. The following activities will assist to make progress on these goals and objectives in the next two years:

1. Deepening Community Connection
a. The Contract Management Team and Compliance Team will provide community partner trainings on budgeting and meeting outcomes along with their contract monitor.
b. The Fiscal Team will work with community partners to ensure invoice payments are made quickly and back up documentation is minimized but still adheres to County Finance policies.

2. Leveraging Technology
a. The IT Team, in collaboration with the Contract Management Team, will continue to make sure contracts for technology usage are up to date.
b. The IT Team will provide timely helpdesk assistance to make sure users have access to working technologies.
c. PACS and IT will work together with the COO to provide live updates to the data dashboard showing service gaps and partner performance.
d. The Budget Team in consultation with the Director and COO will determine ongoing costs for technology solutions used by DHHS.

3. Establish a Center for Economic Justice and Stability
a. The Budget Team in consultation with the Director and COO will determine ongoing costs for implementing this goal.

B. GOVERNANCE, RISK AND COMPLIANCE

The Montgomery County Department of Health and Human Services (DHHS) maintains a Governance, Risk, and Compliance (GRC) framework to ensure adherence to regulatory, privacy, and confidentiality obligations. As mandated by the Affordable Care Act (ACA), DHHS operates a formal Compliance Program under its Division of Governance, Risk, and Compliance (GRC). The GRC sits in the Office of the Director. The GRC Division is tasked with ensuring that all strategic initiatives adhere to the highest standards of regulatory compliance, risk management, and governance. As the stewards of DHHS' compliance, risk management, and governance functions, the GRC Division plays a critical role in protecting sensitive information, supporting regulatory obligations, and mitigating risks across the Department.

By establishing a framework for accountability and transparency, the GRC Division will oversee the integration of risk mitigation practices across all service areas, ensuring that initiatives are executed in a compliant and effective manner. Additionally, the GRC Division will collaborate with various stakeholders to identify and address potential risks, promote a culture of compliance, and develop performance metrics to monitor the progress of the strategic initiatives. Through its work, the GRC Division ensures that the department remains focused on achieving its mission while mitigating risks that could impede progress.

GRC Strategic Priorities

The GRC Division's strategic priorities for 2024-2026 are aligned with the broader DHHS strategic pillars:
1. Strengthen Governance and Compliance Oversight
2. Enhance Risk Management and Mitigation
3. Protect Data Privacy and Confidentiality
4. Advance Records Management and Retention Practices
5. Build and Implement an Enterprise Risk Management (ERM) Program

Despite its essential role, the GRC Division faces significant resource constraints. The Division is severely understaffed. This staffing shortage places substantial pressure on the GRC Division to meet its obligations, which span compliance oversight, privacy protection, records management, risk mitigation, and operational support. The shortage increases the risk of service delays, unaddressed privacy incidents, and potential regulatory breaches. While the GRC Division continues to support DHHS's strategic goals, the severe staffing shortage places significant strain on its ability to deliver timely and efficient oversight. To strengthen GRC capacity, it is recommended that DHHS:

- **Expand GRC staffing** to ensure sustained compliance with regulatory obligations.
- **Prioritize automation and self-service tools** to reduce manual workloads.
- **Cross-train staff** to support GRC in times of peak workload or privacy incidents.

By addressing staffing needs, DHHS can strengthen its capacity to protect privacy, reduce risk, and ensure compliance with critical laws and regulations.

C. DHHS COMMITMENT

The DHHS Strategic Roadmap for 2024-2026 serves as a high-level guide to improving community health, addressing social determinants, and strengthening the resilience of the health and human services system. In the coming months, the Department will develop detailed

action plans for each service area, establish performance measures, and engage both staff and service area leadership to ensure the successful implementation of strategic initiatives.

The successful execution of this roadmap relies on key roles played by DHHS Senior Leadership Team members, who will foster collaboration and guide implementation. Their efforts aim to ensure that Montgomery County residents have access to the support and services they need to lead healthier, safer, and more resilient lives.

Through the strategic pillars of **Deepening Community Connection, Leveraging Technology, and Establishing Economic Justice and Stability,** Montgomery County DHHS will be better equipped to address emerging challenges and seize new opportunities for community wellness. Accountability, transparency, and measurable progress toward the

roadmap's goals and initiatives will be ongoing priorities.

Measuring Progress
To track progress against the strategic roadmap goals, DHHS is developing targeted evaluation measures for each of the three pillars. Every year, Department leadership and staff will review the impact of the past year's actions and make necessary adjustments to ensure continued progress and to address any emerging needs or issues.

Evaluation Approach
The evaluation approach will assess success across four key components:

- **Client Outcomes:** At the end of the day, the ultimate indicator of success lies in our service user and stakeholder outcomes. Improving the well-being of residents through greater access to services, reduced health disparities, and enhanced quality of life.

- **Financial Outcomes:** Ensuring financial sustainability by optimizing resource allocation, controlling costs, and diversifying funding streams.
- **Internal Processes:** It is critical that the department be efficient as well as effective in its delivery of service. This includes meeting our regulatory obligations, streamlining internal workflows and enhancing service integration to boost efficiency and quality.
- **Capacities and Learning:** Investing in workforce development, staff training, and improving technological infrastructure to enhance organizational capacity and capabilities.
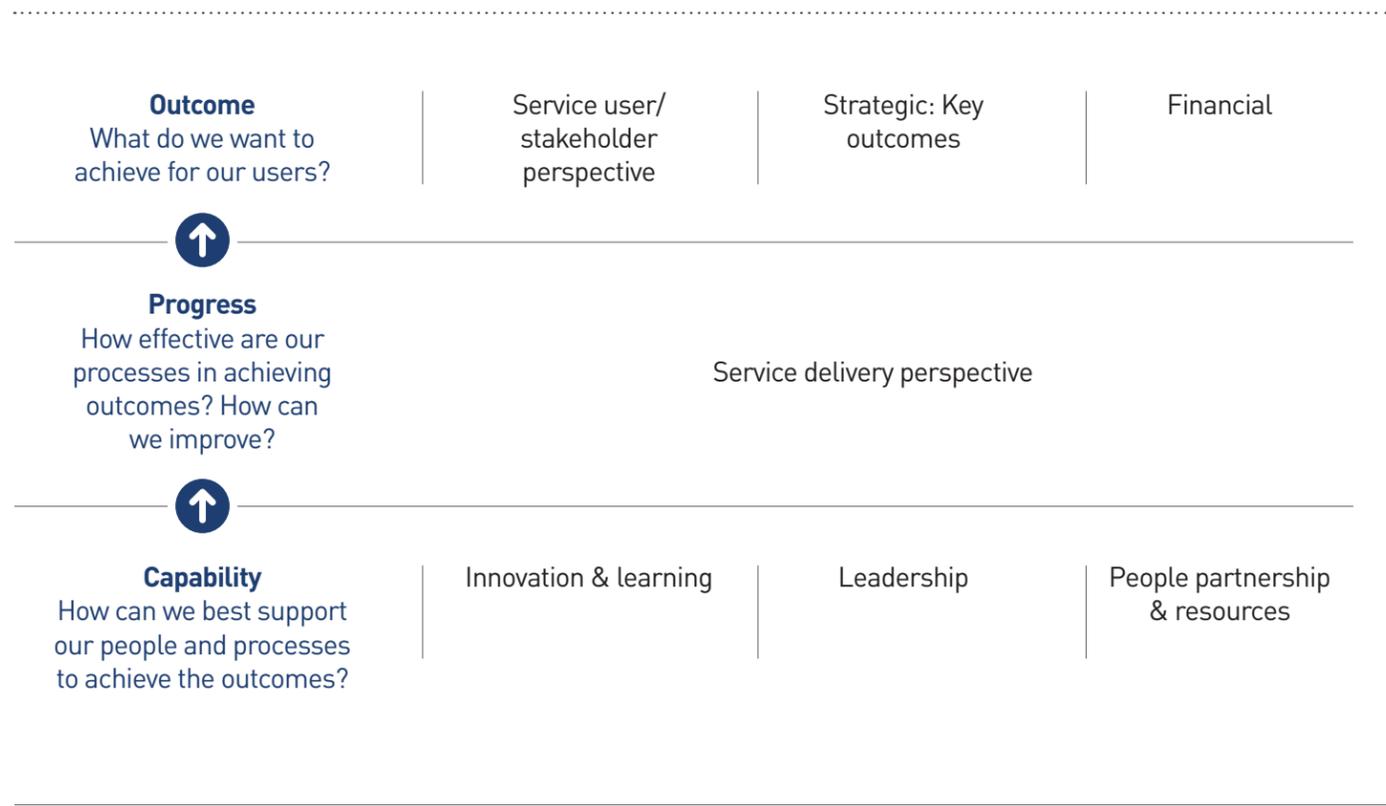
This structured commitment to continuous improvement will help DHHS meet its mission of promoting health, safety, and well-being for all residents of Montgomery County.

DHHS DATA
The Montgomery County Department of Health and Human Services (DHHS) aims to transform its approach to service delivery through a comprehensive, data-driven strategy. Central to this strategy is the enhancement of the Community Connect portal, which serves as a vital resource for data integration and access. By leveraging decision-making analytics, DHHS seeks to enable staff and service providers to make informed, timely decisions that improve client outcomes. This data-driven approach supports the DHHS's broader mission to adopt an "integrated health" model, which requires seamless coordination across health and human services. The department's commitment to improving data infrastructure, governance, quality, and use will ensure that all relevant data is accessible, accurate, and fit for use in operational and strategic decision-making.

The DHHS's approach to data is guided by the principles of integration, stewardship, and user-friendliness. By building on its existing data assets, the department will standardize and normalize disparate datasets, enabling the creation of interactive dashboards and data visualizations through the Community Connect portal. These tools allow staff to quickly assess service delivery metrics, track program outcomes, and pinpoint areas for intervention. To enhance the quality and reliability of the data, DHHS plans to deploy data stewards and implement a governance structure led by an Information Governance Council. This council will oversee data management policies and ensure compliance with key regulations such as HIPAA and 42 CFR Part 2, thereby safeguarding client privacy while promoting transparency and accountability.

The introduction of artificial intelligence (AI) into DHHS's data strategy represents a transformative opportunity to increase both efficiency and effectiveness. AI-driven

Outcome What do we want to achieve for our users?	Service user/ stakeholder perspective	Strategic: Key outcomes	Financial
⬆			
Progress How effective are our processes in achieving outcomes? How can we improve?	Service delivery perspective		
⬆			
Capability How can we best support our people and processes to achieve the outcomes?	Innovation & learning	Leadership	People partnership & resources

tools will automate data processing tasks, such as de-duplication and data curation, while predictive analytics will enable proactive interventions for clients most at risk. For example, AI models could analyze patterns in service usage to identify clients who may benefit from additional support, reducing service gaps and improving health outcomes. Furthermore, AI-driven natural language processing (NLP) can streamline the intake process by automating client communications and simplifying data entry for front-line staff. This strategic shift aligns with DHHS's goal to become a more data-driven organization and demonstrates its commitment to using modern technology to meet evolving community needs.

To ensure the success of its data-driven strategy, DHHS will invest in strengthening its data governance framework. This includes the establishment of clear policies for data ownership, stewardship, and security, as outlined in the department's Information Governance strategy. By implementing data quality assurance protocols and formalizing data access and sharing processes, DHHS will reduce data silos and improve data interoperability across divisions. The Information Governance Council will play a critical role in defining business terms, maintaining data glossaries, and ensuring that all data assets are appropriately classified, stored, and archived. These efforts will support the long-term sustainability of the DHHS data strategy and provide a foundation for continuous improvement in service delivery.

Finally, the DHHS's vision for data-driven service delivery underscores the importance of collaboration and capacity-building. By engaging stakeholders across divisions and external partners, the department aims to create a shared understanding of the value of data in driving better outcomes. Workforce development initiatives, such as training

"COMMUNITY ENGAGEMENT EVENTS: OPPORTUNITIES FOR COMMUNITY MEMBERS TO PROVIDE INPUT, OFFER FEEDBACK, AND STAY INFORMED ON KEY INITIATIVES.

in data analytics and business intelligence tools, will ensure that DHHS employees have the skills to leverage data effectively. Additionally, the department's cross-agency analytics group will facilitate knowledge sharing and best practices. Together, these efforts position DHHS to lead the way in data-driven health and human services, with AI-powered decision-making, data quality, and governance as central pillars of its strategic plan.

Performance Measurement and Accountability
To track progress and ensure accountability, DHHS has developed a Performance Measurement Framework. This framework provides a systematic approach to assess how well the Department is achieving its strategic goals. By regularly reviewing key metrics and outcomes, DHHS can make evidence-based decisions and course-correct as needed.

Key Performance Indicators (KPIs):
1.Community Engagement Metrics
- Number of community outreach events and participation rates.
- Feedback from community satisfaction surveys.
- Number of partnerships established with community-based organizations.

2. Service Delivery and Access Metrics
- Reduction in service wait times and response times.
- Increase in the number of residents served via telehealth and virtual services.
- Number of residents who access services through the Community Connect Portal.

3. Equity and Disparity Reduction Metrics
- Reduction in health disparities by race, ethnicity, and socioeconomic status.
- Increase in equitable access to behavioral health, housing, and financial assistance.
- Percentage of underserved populations gaining access to new services.

4. Economic Justice Metrics
- Reduction in poverty rates, especially among children, women, and older adults.
- Increase in workforce development participation rates and job placements.
- Expansion of affordable housing units and prevention of evictions.

5. Organizational Efficiency and Capacity Metrics
- Improvements in internal workflow efficiency and service delivery times.
- Progress on telehealth and case management system adoption.
- Improvements in employee engagement and staff retention rates.

Implementation and Execution Plan

Successful implementation of the Strategic Roadmap requires coordination, collaboration, and clear accountability. DHHS will follow a structured process to ensure that key stakeholders, service areas, and community partners are actively engaged.

A. Implementation Phases:
Phase 1: Planning and Preparation (0-3 Months)
- Finalize action plans for each Service Area.
- Conduct stakeholder engagement sessions to gather input and align efforts.
- Develop communication materials to ensure clarity and transparency in the roadmap rollout.

Phase 2: Launch and Early Implementation (3-9 Months)
- Launch new initiatives and begin the rollout of technology enhancements.
- Conduct capacity-building activities for DHHS staff, including training on new case management tools and telehealth services.
- Pilot early interventions for poverty reduction and housing support.

Phase 3: Full Implementation (9-18 Months)
- Scale up successful pilot initiatives to achieve county-wide implementation.
- Strengthen coordination with community-based organizations to deliver on the "Community Connection" pillar.
- Roll out the enhanced Community Connect Portal to

ensure broader access to health and human services.

Phase 4: Continuous Improvement (18-24 Months and Ongoing)
- Conduct annual performance reviews, analyze data, and update action plans accordingly.
- Collect feedback from community members and stakeholders to improve service quality.
- Build sustainability plans for long-term success and maintain momentum beyond 2026.

B. Accountability and Governance
The success of the Strategic Roadmap depends on the shared commitment and accountability of DHHS leadership, staff, and stakeholders. To ensure ongoing oversight and transparency, the following governance structure will be established:
- **Senior Leadership Team:** Responsible for overall direction, decision-making, and accountability for roadmap execution.
- **Service Area Leadership:** Each Service Area will develop action plans, implement initiatives, and report on progress and outcomes.
- **Community Advisory Boards**

and Commissions: Comprised of community stakeholders and residents, this board will review progress, provide feedback, and support continuous improvement.
- Annual Performance Reviews: DHHS will conduct annual reviews to track progress, assess impact, and update the roadmap based on new insights and changing community needs.

C. Communications Plan
Clear, timely, and transparent communication will be critical to the success of the DHHS Strategic Roadmap. To keep stakeholders informed and engaged, the Department will utilize a multi-channel approach that includes:
- **Regular Progress Reports:** Quarterly reports on roadmap progress, success stories, and areas for improvement.
- **Community Engagement Events:** Opportunities for community members to provide input, offer feedback, and stay informed on key initiatives.
- **Online Updates and Dashboards:** Real-time dashboards tracking progress against KPIs, available via the DHHS website.

SUSTAINABILITY AND LONG-TERM IMPACT

The DHHS Strategic Roadmap for 2024-2026 is designed to ensure sustainable impact beyond the two-year planning horizon. By focusing on systemic change, the roadmap prioritizes initiatives and actions that yield long-term benefits for the Montgomery County community. Sustainability is embedded in every aspect of the plan, from resource allocation to performance measurement and continuous improvement.

Diversification of Funding Streams: The Department will explore opportunities for federal and state grants, public-private partnerships, and philanthropic support to reduce reliance on a single funding source.

Value-Based Payment Models: DHHS will explore opportunities to align its payment structures with value-based care models, rewarding providers for outcomes rather than services rendered.

Cost Containment and Efficiency: By leveraging automation, predictive analytics, and streamlined workflows, DHHS aims to achieve cost savings while maintaining high-quality service delivery.

A. Operational Sustainability
Data-Driven Decision-Making: Use predictive analytics, dashboards, and real-time data insights to support proactive planning, resource allocation, and service delivery.

Capacity Building for Staff: Invest in workforce development, leadership training, and technology upskilling to ensure that DHHS staff have the skills needed for future demands.

Sustainable Technology Investments: Implement scalable, cloud-based digital infrastructure to support service integration, telehealth expansion, and case management enhancements.

B. Environmental Sustainability
Climate-Resilient Health Services: Develop strategies to protect vulnerable populations during climate-related events, such as extreme weather, air quality concerns, and disaster response. Green Operations: Adopt eco-friendly practices, such as paperless workflows, energy-efficient facilities, and environmentally conscious procurement policies.

C. Community and Partner Sustainability
Strengthening Community Partnerships: Foster partnerships with non-profits, faith-based organizations, and local businesses to build a more resilient social safety net.
Capacity Building for Community-Based Organizations: Provide grants, technical assistance, and capacity-building opportunities to community organizations, ensuring their sustainability and effectiveness.

RISK MITIGATION AND CONTINGENCY PLANNING

Every strategic plan carries inherent risks. DHHS has identified key risks and developed mitigation strategies to ensure that the roadmap remains on track, even in the face of uncertainty.

Key Risks and Mitigation Strategies
Economic Downturn
- **Risk:** Economic fluctuations could result in reduced funding, increased demand for services, and strain on financial resources.
- **Mitigation Strategy:** Diversify funding sources, prioritize essential services, and maintain an emergency fund for contingency needs.

Workforce Challenges
- **Risk:** Workforce shortages, high turnover, and employee burnout may disrupt service delivery.
- **Mitigation Strategy:** Develop a comprehensive workforce development strategy, including competitive compensation, professional development, and wellness programs to improve staff retention and satisfaction.

Technology and Cybersecurity Risks
- **Risk:** Data breaches, system outages, and cyberattacks could disrupt operations or expose sensitive resident data.
- **Mitigation Strategy:** Invest in cybersecurity infrastructure, conduct regular security audits, and implement a disaster recovery plan to ensure service continuity.

Community Resistance or Low Engagement
- **Risk:** Community members may be hesitant to participate in new initiatives, limiting the impact of community-driven strategies.

- **Mitigation Strategy:** Increase community outreach, leverage trusted community messengers, and ensure services are linguistically and culturally appropriate.

Public Health Emergencies
- **Risk:** Pandemics, natural disasters, or other emergencies may increase service demand and disrupt normal operations.
- **Mitigation Strategy:** Develop a rapid response framework that allows for emergency activation, surge staffing, and emergency communication protocols.

Regulatory and Policy Changes
- **Risk:** Shifts in federal, state, or local policies may affect service delivery, funding, and regulatory compliance.
- Mitigation Strategy: Engage with policymakers and regulatory bodies to anticipate changes and advocate for flexibility in service delivery.

CHANGE MANAGEMENT AND CONTINUOUS IMPROVEMENT

DHHS recognizes that achieving transformational change requires effective change management practices. The Department will adopt a Continuous Improvement Cycle (CIC) approach to ensure iterative progress and adaptability over time.

Change Management Approach
Stakeholder Engagement:
Objective: Engage internal and external stakeholders, including staff, community members, and policy leaders, to build support for change.
Approach: Conduct focus groups, surveys, and stakeholder forums to gather input and maintain ongoing dialogue.

Clear Communication and Transparency:
Objective: Communicate the rationale for change, strategic priorities, and expected outcomes to all stakeholders.

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DIVERSIFY FUNDING SOURCES, PRIORITIZE ESSENTIAL SERVICES, AND MAINTAIN AN EMERGENCY FUND FOR CONTINGENCY NEEDS.

Approach: Use a multi-channel communication strategy, including newsletters, town halls, and online updates, to keep stakeholders informed.

Training and Capacity Building:
Objective: Ensure that staff and service providers have the skills and knowledge needed to support the change process.
Approach: Offer training programs on new case management systems, telehealth technology, and data-driven decision-making tools.

Performance Monitoring and Feedback Loops:
Objective: Measure progress, identify challenges, and make mid-course corrections as needed.
Approach: Conduct regular reviews, analyze KPI data, and incorporate community member/client feedback into service improvements.

IMPACT ASSESSMENT AND REPORTING

To ensure transparency and accountability, DHHS will regularly assess and report on the impact of its strategic initiatives. Impact assessments will be used to gauge progress, assess the return on investment (ROI) of new programs, and inform future decision-making.
Impact Assessment Components

Impact on Residents of Montgomery County Well-Being:
Metrics: Changes in health outcomes, service access, and resident satisfaction.
Reporting: Annual reports highlighting the impact of key programs and initiatives.

Impact on Equity and Disparities:
Metrics: Reduction in disparities by race, ethnicity, gender, and income.
Reporting: Disparity reduction reports to track progress on health equity and economic justice goals.

Impact on System Efficiency and Cost Savings:
Metrics: Cost savings from operational efficiency, process automation, and telehealth adoption.
Reporting: Internal cost-benefit analyses to identify areas for further optimization.