

MONTGOMERY COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

2015

FY2015 ANNUAL REPORT

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Message from the County Executive

I am pleased to present the FY2015 Annual Report for the Department of Health and Human Services.

The Department and its staff are committed and compassionate in working to help the most vulnerable in our midst. While our community is making progress in recovering from the Great Recession, there continue to be a great number of residents who remain economically challenged and therefore rely on us for help. Montgomery County remains committed to maintaining a safety net of services so that we help as much as possible those in our community who are most at need.

I am grateful to all the staff of the Department of Health and Human Services for the commitment they have to providing these services to more and more in our community. The work they perform not only helps those vulnerable individuals and families achieve a better chance for health and success, but it also improves and strengthens the quality of life in Montgomery County.

Sincerely,



Isiah Leggett
County Executive



From the Desk of the Director

Greetings,

The core mission of DHHS is to address the safety, self-sufficiency, health and well-being needs of our community and our clients through the delivery of health, behavioral health and social services. Our role in the community cannot be understated. Our services provide a much needed safety net and ongoing support, and they protect the community's health. We deliver on our mission with the support of our competent and caring staff and a very robust public-private partnership.

I am very excited to share the [Department's Strategic Roadmap: FY 2016 – FY 2018 \(Roadmap\)](#). I am asking that you take a few moments to review the Roadmap and to commit to fully participating with our staff and other colleagues in the work of the Roadmap. We hope to strategically guide the Department's work to achieve goals within our key priority areas and we look forward to working with you to do the same.

We continue to live through some very difficult financial times. The imperative to continuously examine our business model, to look at both revenues and expenditures, identify efficiencies and yet continue to have a robust safety net has pushed us to adopt an accelerated transformation agenda. Service Integration, Equity, Technology Modernization, a Capable and Competent Workforce and Strong Partnerships are at the core of our strategic transformation work. Our Annual Report highlights our efforts in FY2015 and the progress we are making towards transforming our health and human services system. I hope that as you read this annual report in the context provided by the Department's Strategic Roadmap, you will have a very comprehensive look into the accomplishments and future work of the Department.

If you have any questions or thoughts regarding the Roadmap, please contact Uma Ahluwalia, any of the Service Chiefs at the Department, or the Director's Special Assistant, Susan Seling at susan.c.seling@montgomerycountymd.gov or (240) 777-1269.

Sincerely,



Uma S. Ahluwalia





**MONTGOMERY COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Building a Healthy, Safe and Strong Community – one person at a time.

Our Mission: To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

Our Vision: We envision a healthy, safe and strong community

Our Core Values: Equity, Trust **and** Service and Partnership

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 the Montgomery County Department of Health and Human Services works with customers, staff and community to promote health, safety, well-being and self-sufficiency. 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 and Partnership is the action of doing work or providing assistance to someone in partnership or collaboration.

Service in Partnership is a value that:

- Provides services that build on the strengths of our customers and the community.
- Creates a seamless system of care within the Department, with public partners and public/private partners.
- Responds to the changing needs of our community.

WHO WE ARE: at a glance

The Department of Health and Human Services is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. We have more than 120 programs and deliver services at more than 20 locations. Our core services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs including food, shelter and clothing.

Our department provides services through several service areas:

Aging and Disability Services

- Community Support Network for People with Disabilities
- Adult Protective Services and Case Management
- Aging and Disability Resource Unit
- Respite Care
- Senior Nutrition
- Long Term Care Ombudsman
- Senior Community Services
- Community First Choice
- Adult Evaluation and Review Services

Behavioral Health and Crisis Services

- Crisis, Intake and Trauma Services
- Behavioral Health Treatment Services
- Core Service Agency/Behavioral Health Planning and Management

Children, Youth and Family Services

- Child and Adolescent School and Community Based Services
- Child Care Subsidies
- Child Welfare Services
- Early Childhood Services
- Income Supports
- Infants and Toddlers Program
- Linkages to Learning
- Positive Youth Development

Public Health Services

- Cancer Screening Programs
- Communicable Disease and Emergency Preparedness
- Community Health Services
- Health Care for the Uninsured
- Planning and Epidemiology
- Licensure and Regulatory Services
- School Health Services

Special Needs Housing

- Housing Stabilization Services
- Homeless Prevention
- Rental and Energy Assistance Programs
- Individual and Family Shelter Services
- Supportive Housing Program

Community Affairs

- Community Action Agency
- Head Start Program
- Takoma East Silver Spring (TESS) Service Center
- Outreach and Language Access Services
- Minority Health Programs: African American Health Program, Asian American Health Initiative and the Latino Health Initiative
- Leadership Institute of Equity and Elimination of Disparities

In addition, our administrative functions include budget administration, fiscal administration, contract management, facilities, grant acquisition, human resources, information systems and performance management.

WHO WE ARE: at a glance

Number of clients served	Over 120,000
Number of programs and services offered	120
Number of service locations	20 + staff in 200 public schools
Number of employees	full time: 1,352 part time: 329 total FTEs: 1,588.87
Number of Contracts with Community Partners	640
FY 2015 Budget	Total Funding: \$284,561,315 County Funding: \$208,197,961 State Funding: \$ 60,618,209 Federal Funding: \$ 15,615,145 Private Grants: \$ 130,000

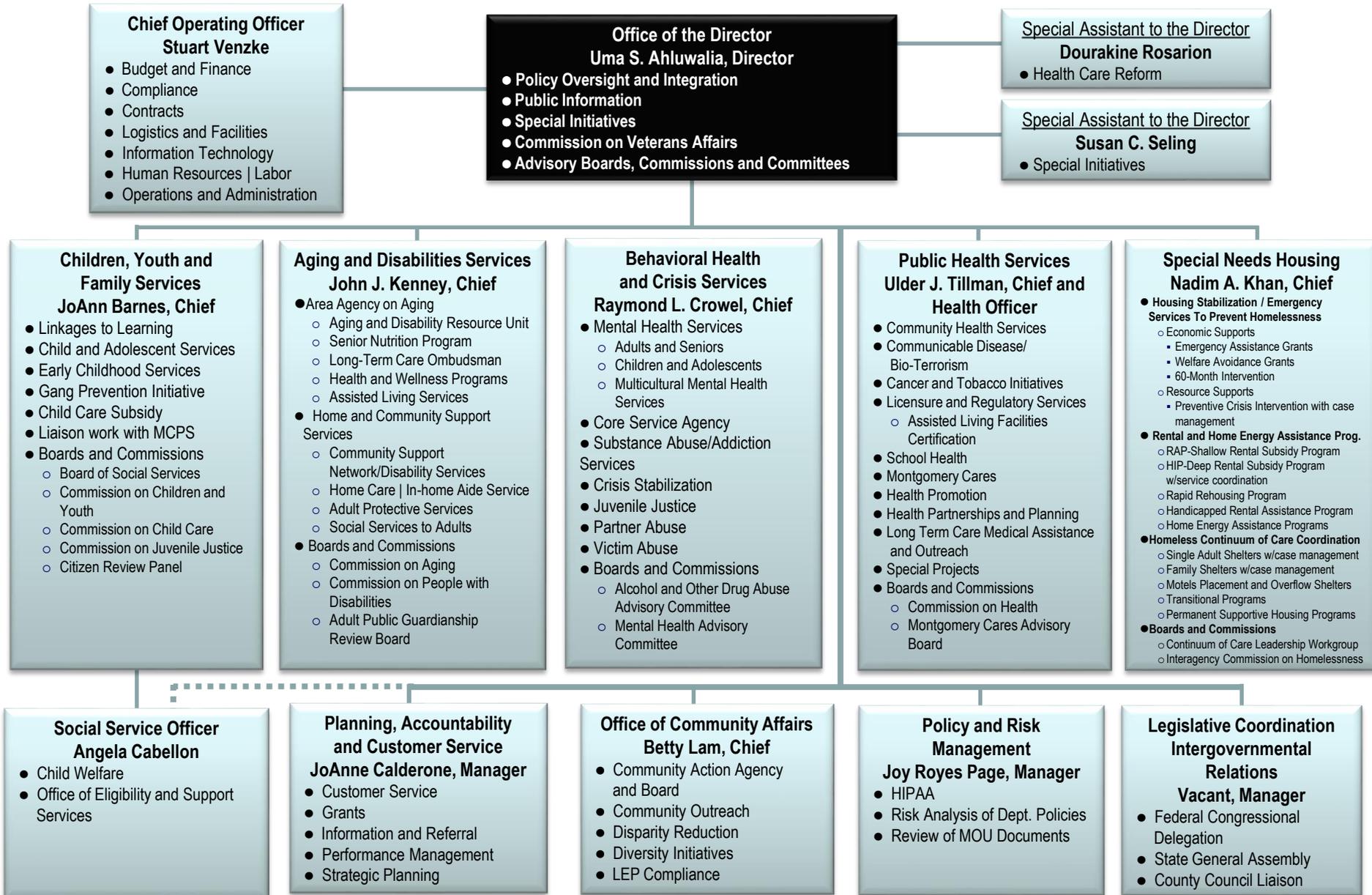
OUR BOARDS, COMMITTEES AND COMMISSIONS

The Department of Health and Human Services relies on our 19 Boards, Committees and Commission to advise the County Executive, County Council and the Department on issues related to the delivery of high quality public health and human services. Hundreds of volunteer Board, Committee and Commission members dedicate thousands of hours each year on behalf of the residents of Montgomery County.

Adult Public Guardianship Review Board
Alcohol & Other Drug Abuse Advisory Council
Board of Social Services
Citizen Review Panel
Commission on Aging
Commission on Child Care
Commission on Children and Youth
Commission on Health

Commission on Juvenile Justice
Interagency Commission on Homelessness
Commission on People with Disabilities
Commission on Veterans Affairs
Community Action Board
Mental Health Advisory Committee
Montgomery Cares Advisory Board
Victim Services Advisory Board

Department of Health and Human Services – Organizational Chart



AGING AND DISABILITY SERVICES

Veterans Day 2014-Eternal Flame Unveiled: In observance of Veterans Day 2014, the new Memorial Plaza located on the Government Complex Center was officially dedicated and the eternal flame unveiled on November 10. The ceremony was an opportunity for the County to show its appreciation and support for those who put their lives on the line, domestically and abroad, to ensure our continued safety. The re-designed plaza features a water fountain, new trees, benches and a memorial walkway.

Design for Life Montgomery: A ten year effort by the Commission on People with Disabilities, in partnership with the Maryland National Capital Building Industry Association, the Commission on Aging and the Greater Capital Association of Realtors, led to the successful passage of Bill 5-13, Property Tax Credit-Accessibility Features that provides financial incentives for the County's voluntary Design for Life Montgomery (DFLM) Program. The goal is to create more accessible housing with universal design features to build a more inclusive community for individuals with mobility impairments and allow residents to age in place.

Senior Villages: Department staff assisted in starting or expanding 25 Senior Villages in the County.

Adult Protective Services: In recognition of best practices demonstrated by the Adult Protective Services (APS) Program in collaborating with the Office of the State's Attorney, Police Department, Office of the County Attorney, Office of Consumer Protection and others, APS staff were invited to speak at the National Adult Protective Services Association (NAPSA) conference to describe the Montgomery County Elder/Vulnerable Adult Abuse Task Force (October 2014).

The Adult Protective Services program was selected to join the National Association of Adult Protective Services Association's "Financial Abuse Specialist Team" (FAST)-a national strategy to address financial exploitation of vulnerable adults.

Aging and Disability Services Resource Unit (ADRU), a Maryland Access Point, answered 23,162 calls to assist seniors, persons with disabilities and their families, and provide access to information and needed short- and long-term care services offered both by the County and our nonprofit partners. The ADRU also assisted 576 walk-in clients and performed 475 home visits.

Long-Term Care Ombudsman Program conducted 4,041 visits, provided 3,310 information consultations with individuals, 1,690 consultations with providers, investigated 409 formal complaints and opened 226 cases. The program has a dedicated volunteer corps of 50 individuals serving 227 facilities.

BEHAVIORAL HEALTH AND CRISIS SERVICES

Child and Adolescent Behavioral Health Services (CABHS): CABHS significantly increased collaborative efforts with Montgomery County Public Schools (MCPS) and community providers that serve youth and families. CABHS provided presentations on mental health wellness and substance abuse prevention during the MCPS Special Education Parent Summit, and presented to MCPS school staff during the Linkages to Learning conferences. CABHS created partnerships with two new schools, with therapists providing school based mental health services in order to facilitate client access to treatment.

Crisis Center Residential Services: The Crisis Center’s residential crisis services, formerly referred to as Triage and Evaluation, underwent a complete physical renovation. The program has four beds and is now part of the state of Maryland Public Behavioral Health System, and a revenue generating program at the Crisis Center.

Trauma Services Court Volunteers received the 2015 Governor’s Volunteer Services Award for their hundreds of hours of donated services. These volunteers provide crime victims with information on legal options and reliefs, link victims with needed resources, and assist victims in navigating the complex criminal justice system.

Clinical Assessment and Transition Services (CATS) served 2,137 inmates for assessment and risk management. Of those, 41 percent (895) were recommended for diversion to community based services by the CATS team. CATS discharge planners also served 275 inmates, linking them to community based services upon release from confinement. Jail Addiction Services served 286 inmates throughout the year.

CHILDREN, YOUTH AND FAMILY SERVICES

Child and Adolescent School and Community-Based Services/Linkages to Learning: The Kennedy and Watkins Mill School Cluster Projects linked families to nonprofit, county and private agencies to obtain services related to behavioral health, financial assistance, food assistance, employment services, housing assistance, and legal assistance. In its inaugural year, the Watkins Mill Cluster Project received 67 client referrals. The Kennedy Cluster Project served 212 county residents in seven schools. In partnership with the Department of Recreation, 47 children received scholarships to summer camps.

Linkages to Learning served 5,450 county residents in 29 schools. Over 1,600 of these individuals participated in community education and development activities, and more than 3,800 also received ongoing comprehensive behavioral health and/or family case management services, a four percent increase from FY14.

Place Matters goal was to have 12 children permanently leave care to custody and guardianship by end of FY 2015. Montgomery County surpassed the goal with 42 children permanently leaving care and 22 adoptions. CWS received funding through the Maryland Department of Human Resources to provide transitional housing subsidies and contract case management for five additional young adults preparing to age out of the foster care system.

Child Welfare Services (CWS) continued to protect children, preserve families, strengthen the community and strive to secure permanency for abused and neglected children with family centered practice. CWS received 9,561 calls from concerned residents and professionals reporting suspected child maltreatment. Family involvement meetings continued to bring families into the process of collaboratively planning for the safety of their children together with staff and community partners. The Kinship Navigator program provided referrals to 85 informal kinship caregivers who are raising a relative child and diverted 42 children from CWS court-involvement or CPS response. The Visitation House continued to provide a home-like, safe location for supervised visits, serving 187 children during 1,783 visits.

Early Childhood Services: The Child Care Resource and Referral Center ensured that every licensed and registered provider in Montgomery County registered with MD EXCELS to ensure continued enrollment of children receiving Purchase of Care subsidies. Staff at the Center supported 48 family child care providers to obtain their National Association of Family Child Care Accreditation through coaching, training and quality enhancement grants. As a result Montgomery County has the highest number of accredited providers in Maryland.

The **Infants and Toddlers Program** served 5,057 children and met Federal and State requirements on all indicators. The Early Childhood Mental Health Program exceeded the State grant required goal of offering consultation to 30 centers, serving 45 centers and 65 children. The Early Childhood Advisory Council (ECAC) assisted ChildLink in developing a bus campaign to advertise ChildLink services in several areas in the county.

Positive Youth Development (PYD) consists of the Street Outreach Network (SON), Youth Opportunity Centers and High School Wellness Centers. Staff are trained in basic and advanced culturally based, trauma informed programs to respond to growing needs of children and families exposed to ongoing trauma. The Youth Violence Prevention Coordinator provided in-service trainings to 673 MCPS staff on serving youth with complex needs. SON staff were trained and recertified as critical incident and intervention specialists in April.

COMMUNITY AFFAIRS

Empowering Community Health Organizations (E.C.H.O.): The E.C.H.O Project is a series of practical and professional training workshops aimed at building the capacity and sustainability of community organizations. In FY2015, DHHS' three minority health programs hosted workshops on mental health and health data, drawing attendees from several dozen community-based organizations.

The **Equity Work Group (EWG)** completed three pilot workshops for DHHS staff. The three-year plan is to train 30 percent of the DHHS workforce by FY2017. The EWG also launched a DHHS Intranet web page posting upcoming workshops, resources and other collaborative activities. Plans are now underway to recruit the next cohort of peer facilitators to conduct equity workshops.

The **African American Health Program's (AAHP)** new diabetes class locations at County libraries resulted in increasing attendance to more than 700 participants. The "Live Fit to Drive Fit" diabetes education programs at Ride On bus depots reached 700 drivers.

The **Takoma-East Silver Spring Center (TESS)** served 8,800 walk in customers requesting social service, case management and resource assistance. Working with Maryland Hunger Solutions, MCPS, and partners, TESS's Summer Meals program served 1,355 lunches throughout the summer. As many as 269 children received free lunches each week, including those from Judy Center families.

The **Suburban Maryland Welcome Back Center** secured a two-year grant from the Maryland Department of Labor, Licensing and Regulations to support a behavioral health pilot. In partnership with five local behavioral health organizations the will focus on integrating internationally-trained health professionals into the behavioral health workforce.

Head Start Program: The Montgomery County Community Action Agency (CAA)'s Head Start Program, in partnership with Montgomery County Public Schools (MCPS), served 648 low-income young children and their families. MCPS provided full day services for 360 children using Head Start funding with additional ESEA Title I federal dollars, and half day services for 288 children from the Head Start funding. Twenty children participated in a five hour class at Montgomery College Child Care (MCCC), designed to help parents continue their education; families with child care subsidies were able to have their children remain all day at the campus center.

Leadership Institute of Equity & Elimination of Disparities (LIEED) staff participated in the State's workgroup on Workforce Development for Community Health Workers (CHWs), to study and recommend training and credentialing for CHWs across the state. The recommendations submitted on behalf of the Department will influence future development paths of the CHW workforce and their role in elimination of health disparities.

Volunteer Income Tax Assistance: From June 2014 through April 2015 Community Action Agency's (CAA's) Volunteer Income Tax Assistance (VITA) Partnership prepared 2,155 tax returns, helping families to access over \$4.24 million in refunds, including \$1.9 million in Earned Income and Child Tax Credits. Community Action's VITA Partnership assisted taxpayers who participated in the Affordable Care Act, and helped VITA customers save a total of \$577,000 through the delivery of free tax preparation services.

PUBLIC HEALTH SERVICES

Food Recovery System: Manna Food Center, Inc. was awarded a competitive contract to coordinate the program, working with broad array of community groups to build a system to increase food rescued from caterers, restaurants and food stores and redistribute it to those in need. In calendar year 2014, 11 food recovery organizations rescued an estimated 3.4 million pounds of food, valued at \$8.8 million.

School Health Room Visits: School Health Room Visits: School Health staff handled 582,342 visits to school health rooms during Fiscal Year 15. Eighty seven percent of these visits (508,468) resulted in children returning to class. School nurses also case managed 14,724 children with identified chronic health conditions including asthma, diabetes and severe allergic reactions.

Community Health Improvement: Healthy Montgomery Core Measures were developed in partnership with the Healthy Montgomery Data Project Team to determine progress and evaluate improvement in the community health improvement process for Montgomery County (www.healthymontgomery.org).

Community Health Nurse Case Management: Community Health nurses provided care coordination services for 6,717 pregnant women, children, and adults with special needs who have Medical Assistance, to help them understand and access health care services within their managed care organization. Nurses case managed pregnant teens, newborns and uninsured pregnant women in the Maternity Partnership Program.

Breast Cancer, Colorectal Screening and Dental Services for Uninsured Residents: Breast cancer screenings were provided for 814 uninsured County women through the Women’s Cancer Control Program, and follow up diagnostic services were provided for 196 women including surgical consultations and case management through biopsy when indicated. Fourteen women were diagnosed with breast cancer and are currently receiving treatment.

Screening was provided for 255 uninsured County residents for Colorectal cancer through the Montgomery County Cancer Crusade program. Of those screened, 103 had pre-cancerous polyps removed and one cancer was found early and treated.

Dental services were provided for 4,806 uninsured low income residents, including 756 maternity clients, 1,785 children, 1,460 adults and 805 seniors at five locations around the county.

Restaurant and Food Inspection Information was made available online to the general public: All restaurant and food service inspection results were posted in electronic format for the public through the Montgomery County open data system. Twelve thousand mandated inspections were conducted to help to ensure the safety of food served to the public and reduce the chances of serious food borne disease.

SPECIAL NEEDS HOUSING

Homeless Resources Day 2014: In partnership with the City of Gaithersburg, DHHS held its fourth annual “Homeless Resource Day” for residents experiencing homelessness and connect them with needed community resources and supports. More than 460 people attended the event and received health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and more.

A Regional Summit on Homelessness was held in March and included District of Columbia Mayor Muriel Bowser, Montgomery County Executive Isiah Leggett and Prince George's County Executive Rushern Baker. A Regional Coordinating Council on Homelessness with executive membership from each of the three jurisdictions was established and charged to develop and implement an actionable plan to work towards permanently ending homelessness in the Washington metropolitan area.

Zero: 2016 Initiative: Montgomery County joined the Zero: 2016 Initiative, a follow-up to the 100,000 Homes Campaign designed to help the communities to end veterans homelessness by December 2015 and chronic homelessness in the next two years. Housing providers agreed to prioritize vacancies in their existing programs for veterans and those experiencing chronic homelessness.

The Housing Initiative Program, serving households with income below 30 percent of the area median income (AMI), provided assistance to 255 households in FY2015. Ninety eight percent of the participants remained housed at least 12 months. Four hundred and four (404) families and 453 individuals were served in permanent housing in FY2015. Permanent Supportive Housing is provided via Montgomery County, HUD, local and private community partnerships.

The **Rapid Re-housing Program**, a time-limited shallow subsidy program, served 43 families and nine individuals during Fiscal Year 15. In 2015, the number of permanent supportive housing beds increased from 1,870 to 1,900 and Rapid Re-housing beds increased from 63 to 122 in FY2015.

OFFICE OF THE DIRECTOR

Quality Service Review: During FY2015, the Department continued to use the Quality Service Review (QSR) process to conduct peer reviews of service performance and client outcomes. Based on feedback from stakeholders, the review process was revised in FY2015 to include a review of the findings with all Service Area Chiefs, program managers, QSR advisory committee members and reviewers. This grand rounds method for providing feedback encourages cross departmental dialogue about systemic themes that are seen throughout the reviews. Additionally, the Department piloted the use of the QSR to review a larger number of individual cases within a single program as a means of helping program managers to better understand what is working well within the program and where changes may result in higher quality services and better client outcomes.

OFFICE OF THE CHIEF OPERATING OFFICER

Facilities and Logistics Support

- Prepared and submitted to Department of General Services 488 building maintenance requests in support of 29 DHHS facilities
- Received and processed over 27,230 closed State case records for retention/archival
- Coordinated 6,988 reservations from employees for use of County-owned fleet of vehicles assigned to the DHHS motor pool

Fiscal Team

- Centralized fiscal operations and billing related to medical services and client account management
- Increased medical billing by 139 percent over the previous fiscal year
- Established consistent sliding fee scale and fee waiver practices
- Implemented pilot debit card program to provide social workers with a more user friendly payment vehicle for purchases on behalf of clients
- Completed year-end closing procedures in ERP and for Department of Human Resources programs as required in the year-end closing processes

Human Resources Team

- Hired 170 new employees, transferred 71 staff to other positions and promoted 61 employees.
- Hosted employee sessions to gain feedback for our development of a human capital initiative for the Department's strategic roadmap for the next three years.
- Developed all DHHS human resources content for the new HHS intranet site.
- Though the Center for Continuous Learning developed and hosted 152 health and human services courses with 1808 attendees
- Planned employee recognition ceremony which recognized over 225 staff for length of service and celebrated employee awards for teamwork, innovation, customer service, community service, public partnership and excellent manager skills.

Information Technology

- Implemented Electronic Health Record (EHR) technology across all public and behavioral health programs
- Addressed more than 15,000 help desk tickets
- Provided technical and logistical help for the Capital Region Connector Entity-more than 100,000 individuals enrolled in affordable health insurance
- Supported County-wide transition to Office 365

Compliance Team

- Revised budget modification policy and conducted two trainings on the policy
- Revised the allowable cost policy for contracts in conjunction with the Office of County Attorney and Risk Management

Contract Management

- Developed and implemented a contract process improvement plan which includes enhanced training, resources and accessibility to information for contract managers
- Prepared 185 new contracts and completed more than 1,700 contract actions

Partnerships & Collaborations

Aging and Disability Services

- **Training Faith Community Leaders to Assist in Emergency Preparedness and Response:** A collaborative effort of Office of Community Partnerships Faith Community Work Group, the International Cultural Center, World Institute for Resource Development and Education (WORDE), Montgomery County Police Department, Office of Emergency Management and Homeland Security, the American Red Cross and the Department of Health and Human Services identified the need and advantages of training faith community leaders to serve as Emotional Spiritual Care Volunteers (ESCVs) in a range of community disaster events. The past year focused on developing a cadre of ESCVs to assist in providing shelter, mass care, housing and human services due to displacement of residents from their homes. The training expanded to integrate faith community leaders in mass demonstration response. Over 45 faith leaders from diverse communities have received training and been certified as ESCVs.
- **Increase employment of people with disabilities including disabled veterans.** The Office of Human Resources in partnership with the Commission on People with Disabilities and the Commission on Veterans Affairs collaborated to increase the employment of people with disabilities including disabled veterans. In FY2015 the County hired the following: Veterans:35; Non Competitive Hires of People with Severe Disabilities: 5; People with Disabilities: 11; Veterans with Disabilities: 4.

Behavioral Health and Crisis Services

- **Youth Suicide Prevention.** Behavioral Health and Crisis Services and Montgomery County Public Schools partnered to bring together a provider community workgroup to address youth suicide in the county. The group received training and ongoing consultation in Adaptive Leadership provided through the National Association of County and City Health Organizations (NACCHO). Adaptive Leadership is an approach to managing change developed at Harvard's Kennedy School of Business. The training and consultation assisted the group in re-thinking current efforts to prevent suicide and develop several approaches to reduce the number of attempts in the county.
- **Hospital Diversion.** Many high cost users of mental health services are also frequent users of emergency departments. In an effort to reduce the number of costly and often unnecessary emergency department admissions, the Montgomery County CSA in partnership with local hospitals developed and initiated a pilot project. This project is designed to establish a meeting with the "high cost consumer", their treatment provider/s, hospital representatives and BHCS representatives in order to develop a "community treatment plan" with the client. The hope is to have everyone, including the consumer, in agreement with the plan as a way to avoid future hospital admissions. We are in the early phases of the pilot.

Children, Youth and Family Services

- **Data Sharing with Montgomery County Public Schools (MCPS).** In collaboration with MCPS, DHHS' Child Welfare Services and Behavioral Health Services are developing a coordinated strategy to link and share individual and aggregate data across education and social services for purposes of informing public policy decisions and improving program implementation for young people. Ultimately, data sharing can lead to improve program outcomes and enhance the capacity to measure program effectiveness.
- **Kennedy Cluster Evaluation.** The Kennedy Cluster and Watkins Mill Cluster Project is a joint effort between MCPS and the Montgomery County government to create a service delivery model to address the root causes of racial/ethnic achievement gaps in the public schools. In FY2015, DHHS worked closely with Montgomery County Public Schools' Office of Shared Accountability to create an evaluation to understand

how the project is operating, and to determine the extent to which it is meeting its objectives. The full evaluation is a multiyear undertaking.

- **Early Childhood ChildLink Campaign.** The Early Childhood Advisory Council (ECAC) consists of practitioners and stakeholders with the mission of developing a comprehensive, coordinated system of early childhood education that supports school readiness. The ECAC developed a public outreach and media campaign aimed at parents, child care providers and pediatricians related to ChildLink, an information and referral line for children's issues ages 0-5. The campaign used buses to advertise the services of ChildLink in several targeted communities in the County.

Office of Community Affairs

- **Integration of Internationally Trained Behavioral Health Professionals.** Behavioral Health and Crisis Services (BHCS) is using the Welcome Back Center model to conduct a pilot project with a cohort of 25 internationally-trained behavioral health professionals to facilitate their integration into the county's behavioral health workforce. The pilot established partnerships with five local providers/employers to create stepping-stone jobs that can lead to positions requiring highly-skilled professionals.
- **Summer Meals Program.** The Takoma East Silver Spring (TESS) Center worked with Maryland Hunger Solutions, MCPS and partners to offer a Summer Meals program that served 1,355 lunches throughout the summer. As many as 269 children received free lunches for eight weeks in a neighborhood of great needs.

Office of the Director

- **Workforce Redesign Efforts.** The DHHS Director participated in the County Executive's Economic Strategies Workgroup, the Montgomery Moving Forward Workforce Redesign efforts and the Workforce Investment Board.
- **Health Transformation.** The Healthy Montgomery Steering Committee, advocates, community partners, providers, Hospital CEOs and Primary Care Coalition joined in collaborative efforts to improve health and well-being in the County. Montgomery County was ranked the healthiest county in Maryland for the second year in a row by the RWJ County Health Rankings.
- **State Department Relationship Management.** The Director and the Senior Leadership Team worked with State Leadership at the Department of Human Resources, the Department of Health and Mental Hygiene, the Maryland State Department of Education, the Department of Public Safety and Corrections, the Governor's Office of Children, the Governor's Office on Crime Control and Prevention, the Department on Aging, the Department of Disabilities, and the Department of Veteran's Affairs to move budget, policy and other programmatic agenda items.
- **County Department and Agency Partnerships.** The Director and the Senior Leadership Team managed multiple partnerships with County departments and agencies to drive programmatic, policy and service delivery shared priorities, including housing with DHCA, services to children with the Department of Recreation, and Linkages to Learning with Montgomery County Public Schools, to name a few.
- **Non-Profit Montgomery Partnership.** The Director, along with a core team from the office of the Chief Operating Officer, worked closely with the Non-Profit Montgomery board and leadership to strategically drive the shared non-profit and MCDHHS partnership and agenda, focusing on issues of shared policy, service delivery and budgetary interest and ensuring the strength of our partnership.
- **Student Internship Training in Interprofessional Education.** Staff from the Office of the Director collaborated with the Universities at Shady Grove, University of Maryland system, to develop and deliver an internship program focusing on collaborative interprofessional training for students. Through a competitive application process four graduate students and eight undergraduate students were selected to participate in the eight week inaugural program in the summer of 2014. The students represented the

University of Maryland schools of Nursing, Social Work, Public Health and Pharmacy, and the University of Maryland Baltimore County schools of Social Work and Psychology. The internship program provided students learning about the Department of Health and Human Services, integrated clinical practice and provided them an opportunity to function as an interdisciplinary team.

Public Health Services

- **Ebola.** Public Health Services, in collaboration with the Maryland Department of Health and Mental Hygiene (DHMH), Montgomery County hospitals, Montgomery County departments of Police and Fire and Rescue, Montgomery County Public Schools, Montgomery College, and the National Institutes of Health, was the lead agency for educating the community with facts about Ebola. Public Health Services became the subject matter expert and was responsible for updating the personal protective equipment training and assuring that community health nurses in DHHS were trained. Staff worked with the Maryland Department of Health and Mental Hygiene to ensure that all travelers from the identified West African countries were monitored for signs of illness.
- **Health Services for Uninsured Children including Children Fleeing Violence.** Public Health Services in collaboration with the Primary Care Coalition (PCC), provides primary care and related services, through the Care for Kids program, to uninsured children ages 0-19 who reside in Montgomery County. In FY2015, enrollment in the program increased by nearly one-third as the result of large numbers of unaccompanied minors entering the county, primarily from Central America. In response to the increase, the County and PCC worked together to ensure that urgently needed services, particularly for specialty dental care, were available to address patient needs.
- **Licensing and Regulatory Services (L&R) and Food Council.** The Food Council's mission is to advise, develop, implement, and facilitate partner participation in Community Food Rescue, a collaborative system to increase the recovery and appropriate distribution of surplus food from local farmers, local businesses and local organizations. The Public Health Service program, Licensing and Regulatory Services, has a seat on the Council to provide guidance on regulations and safe food handling practices. Both distributing food facilities and receiving food businesses and/or Food Banks receive guidance in appropriate methods, practices and procedures to distribute or receive leftover wholesome food for storage and re-distribution to needy residents.
- **School Immunizations.** School Health Services (SHS) and Montgomery County Public Schools (MCPS) collaborated to ensure 7th grade students had TDAP/MCV immunizations as required by the State of Maryland in order to attend school. At the end of August, 4,252 seventh grade students did not have proof of vaccinations. In partnership with MCPS, 227 MCDHHS staff worked to meet the COMAR immunization requirements by opening and operating multiple clinics at schools, the Silver Spring and Germantown Health Centers, International Student Admissions Office (ISAO), Dennis Avenue and the Back to School fair. By September 29, 2014, all 11,000 7th graders had proof of immunizations and no students were excluded from school.

Special Needs Housing

- **Ten Year Strategic Plan to End Homelessness.** The Interagency Commission on Homelessness (ICH), established by the Montgomery County Council in 2014, approved a 10 year strategic plan to end homelessness. The Commission's 25 members represent Montgomery County government agencies, municipalities in Montgomery County, and other Continuum of Care (CoC) private and public partners and stakeholders. ICH was formed to further formalize the Montgomery County Continuum of Care (CoC) as required by the U.S. Department of Housing and Urban Development in the HEARTH Act. The primary goal is to promote community-wide goals to end homelessness, to develop strategic plans to prevent and reduce homelessness, to minimize the trauma and dislocation caused to homeless families and individuals, and to improve planning and documentation to support efforts to reduce homelessness. The first priority

is to end homelessness among veterans by the end of 2015. The ICH also obtained technical assistance to develop written standards for the CoC to operate.

- **Intensive Team Meetings for Homeless Families.** In response to a marked increase in the number of families temporarily sheltered in hotels for extended periods, Special Needs Housing and other Department staff brought together staff, the families, and other service providers in a collaborative intensive meeting process to identify goals, remove barriers, establish an action plan and support the families to move out of motels. Intensive Teaming meetings were scheduled for families with extended hotel stays that were not progressing in the search to find more permanent housing. Effective use of the Intensive Teaming process reduced the average length of time homeless families stayed in hotels from a high of 178 days in September 2014 to a low of 65 days in May 2015.

Making a difference in our community: one person at a time
By the Numbers

753

Adult Protective Services Investigations

58% involved self-neglect
26% involved financial exploration
17 % involved neglect by caregivers
14% involved abuse by caregivers/others

14,360

consumers served by the public mental health system

102,025

customers enrolled in Medicaid & private health insurance

12,000

restaurant & food service inspections to reduce incidences of
serious food borne diseases

404

previously homeless families supported in permanent housing

Strategic Roadmap: FY2016-FY2018

During FY2015, we, as a Department along with our community partners, spent time thinking and mapping our work over the next three years as reflected in our Strategic Roadmap: FY2016-FY2018. This strategic roadmap provides a blueprint for transformation. The roadmap will guide and inform our work to ensure that we move forward in efforts to transform our organization. The strategic roadmap provides the foundation we need to strengthen and transform services.

Our transformation work will focus on four key themes. These themes will organize goals, objectives and strategies over the next three years. They are:

- **Service Delivery Transformation:** Implement an integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.
- **Effective and Equitable Service Delivery:** Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.
- **Capable and Engaged Workforce:** Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized, prepared for changing roles within the Department, and representative of the community we serve.
- **Strong Collaborative Relationships:** Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes and eliminating disparities.

Full text of the Montgomery County Department of Health and Human Services
Strategic Roadmap: FY2016-FY2018 can be found on the following pages.

or

Access the full document at

<http://www.montgomerycountymd.gov/hhs/pubsdeptdata/pubsdeptdataindex.html>

DHHS STRATEGIC ROAD MAP: FY 2016- FY 2018

Introduction

As the County's Department Health and Human Service, our first priority is to meet the public health and human services needs of our community and clients. Our primary focus remains the delivery of high quality services.

At the same time, we must work to change the way we deliver services and engage with our communities. Increases in the demand for services; the changing and evolving needs of our clients, the changing demographics of the County and the changing financing models for health and human services require that we transform as an organization.

Over the next three (03) years – FY2016 through FY2018 - we will need to challenge ourselves as an organization to continue to deliver services while we work to transform as an organization to ensure that we are positioned for the future. This dual focus will be difficult. It requires that we challenge the status quo, embrace rapid change, and actively participate in the transformation.

This strategic roadmap provides a blueprint for transformation. The roadmap will guide and inform our work, to ensure that we move forward in efforts to transform our organization. The Department has an outstanding service delivery capacity. The roadmap provides the foundation we need to strengthen and transform our services.

Our organizational transformation will focus on:

- integrating, where possible, service delivery to offer the most effective and efficient services to our clients;
- implementing and using technology to support integrated, effective and efficient delivery of services;
- allocating resources (financial and people) equitably across the Department to ensure that they are aligned with need/demand and are used efficiently;
- engaging and developing our workforce to meet the changing service delivery demands; and
- working in partnership with our public, private and community partners and the citizens of Montgomery County.

Our transformation work will focus on four key themes. These themes will organize goals, objectives and strategies over the next three years. They are:

- **Service Delivery Transformation**
- **Effective and Equitable Service Delivery**
- **Capable and Engaged Workforce**
- **Strong Collaborative Relationships**

Our vision:

We envision a healthy, safe and strong community.

Our mission:

To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

Our Values and Principles:

Equity refers to fair policies, decisions and actions by the Montgomery County Department of Health and Human Services (DHHS) 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.

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 is the action of doing work or providing assistance to someone.

Partnership is a state of working together in partnership.

Service in Partnership is a value that:

- Provides services that build on the strengths of our customers and the community
- Creates a seamless system of care within the Department, with public partners and public/private partners
- Responds to the changing needs of our community for improved outcomes, enhanced client experience and efficient use of resources

Strategic Theme 1: Service Delivery Transformation

Goal: *An integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.*

Objective One: Implement the Department's Integrated Services Practice Model.

High-Level Priorities:

1. Finalize the DHHS Integrated Services Practice Model.
2. Develop and implement an ongoing learning curriculum to ensure that all DHHS staff understand their role and expectations in the DHHS Integrated Services Practice Model. The training curriculum will include:
New Employee Orientation: Introduction to the Integrated Services Practice Model
Immersion Training for New Employees: Extensive training on the practice model and staff expectations and accountability.
Refresher Training for All Employees: Annual refresher training as well as training on any updates/changes to the practice model.
Staff Accountability: Performance metrics, aligned with the integrated services practice model and staff expectations, will be developed and included in DHHS staff performance evaluations.

Objective Two: Develop and deploy the Department's Process and Technology Modernization (PTM) Initiative Projects - Enterprise Integrated Case Management System (eICM).

High-Level Priorities:

1. Develop and deploy the DHHS eICM System.
This priority links directly to the Enterprise Integrated Case Management System Development and Deployment Project Plan.
2. Integrate the DHHS eICM System, the Electronic Health Records (eHR) and the Enterprise Content Management System (eCMS).
3. Develop an ongoing training curriculum and accountability structure to ensure full utilization of the eICM, eHR and eCMS Systems.

Objective Three: Implement a formal change management framework that ensures that employees have a clear understanding of all organizational changes; are engaged in the change process, and are prepared for the planned change.

High-Level Priorities:

1. Conduct a Change Management Maturity Audit to determine level of change readiness.
2. Identify what level on the Change Management Maturity Model we want to attain.
3. Develop strategies and action plans to achieve desired level on the Change Management Maturity Model.

Strategic Theme 2: Effective & Equitable Service Delivery

Goal: *Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.*

Objective One: Equip staff with the information and tools to provide the highest possible level of customer service.

High-Level Priorities:

1. Define DHHS customer service expectations, training, metrics and accountability.
2. Develop sustainable infrastructure that provides staff with basic information and understanding of DHHS programs and services.
3. Identify core program and services intersects: what are the top referrals in and from each program/service.
4. Develop a sustainable infrastructure that provides staff with an understanding of program requirements, referral process, eligibility guidelines, etc.

Objective Two: Develop a process that enables the Department to make decisions to divest and invest resources in the 'right' programs – using the budget development process and prioritizing grant applications and other funding opportunities.

High-Level Priorities:

1. Define and document the DHHS decision making process for development of the budget and investment and reduction decisions, using the Equity Discussion Guide.
2. Define and document the DHHS GO/NO GO process for grant applications and other funding opportunities.
3. Define data and metrics that track programs improving the health and well-being of our residents.

Objective Three: Utilize parallel planning processes, including environmental scans, Community Health Assessment, Community Needs Assessment, to enable the Department to proactively respond to external forces of change.

High-Level Priorities:

1. Ensure that client, system and population data is incorporated in practice, policy and budget decision making processes.
Determine:
 - what questions do we want to answer with data
 - what decisions do we want to inform with data
 - what data do we have and what data we need
 - how we do collect the data we do not currently have available (is it possible to collect this data – time and cost to collect, quality of data)

Strategic Theme 3: Capable & Engaged Workforce

Goal: *Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized and prepared for changing roles within the Department and representative of the community we serve.*

Objective One: Develop a strategic human capital plan that focuses on expediting the hiring process, candidate attraction, classification, rewards, benefits and recognition, engagement and development, management accountability tools, succession planning, and management of turnover.

High-Level Priorities:

1. Prioritize the strategic human capital issues using input from staff in Management Leadership Series (MLS), DHHS Excellence and Human Capital Management Focus Groups (conducted in Fall 2014) based on business need, ability to impact issue (is it a County process, regulation, etc.) and organizational reach.
2. Develop implementation strategies for each identified human capital issue, prioritized based on the greatest business need and impact.

Objective Two: Develop the skills and knowledge of our workforce to meet emerging and critical roles within the Department as well as the emerging and changing needs in the community.

High-Level Priorities:

1. Develop a DHHS learning infrastructure, for all DHHS staff, based on the 70:20:10 learning framework.
 - **70% Experience:** Experiential learning and developing through day-to-day tasks, challenges and practices
 - **20% Exposure:** Social learning with and through others
 - **10% Education:** Formal learning through structured modules, courses and programs
2. Use existing structure and tools to develop learning infrastructure:
Existing Learning Structure:
 - Senior Leadership Team: Experience and Exposure
 - Management Leadership Service: Experience and Exposure
 - HHS Excellence: Experience and Exposure
 - Service Area Meeting Structure: Experience and Exposure*Existing Learning Tools:*
 - Center for Continuous Learning: Education
 - Virtual Meeting Technology: Exposure and Education
 - Computer-Based Training: Education

Objective Three: Develop supervisors to enable them to effectively support their staff.

High-Level Priorities:

1. Develop a management and leadership development program for MLS and HHS Excellence based on the DHHS Responsibility and Expectations document.

Strategic Theme 4: Strong Collaborative Relationships

Goal: *Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes, and eliminating disparities.*

Objective One: Strengthen intra-departmental collaboration: Service Areas and supportive services.

High-Level Priorities:

1. Build a learning curriculum that incorporates the DHHS Integrated Practice Model and self-directed teaming.
2. Develop and implement performance evaluation metrics that address intra-departmental collaboration and accountability.

Objective Two: Strengthen inter-governmental collaboration.

High-Level Priorities:

1. Determine and prioritize the State-level and Montgomery County agencies with which DHHS needs to create or strengthen collaborative relationships.
2. Develop an action plan for each relationship:
 - what is purpose of the collaborative relationship
 - what approach will be used to develop the collaborative relationship
 - who is the lead and DHHS parties of interest

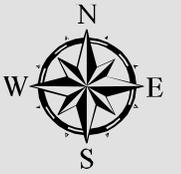
Objective Three: Reform the DHHS Contract Management processes and practices.

High-Level Priorities:

1. Identify efficiencies and process improvements, including:
 - changes required in policy, process, and personnel;
 - barriers that inhibit provider responsiveness to solicitations; and
 - training and capacity issues that exacerbate existing problems.
2. Engage the provider community in identifying potential solutions for efficiencies and improvements.
3. Identify opportunities to incorporate cultural and linguistic competency language into the Request for Proposal (RFP) process.
4. Validate the viability of solutions identified by DHHS personnel.

<p align="center">DHHS Strategic Roadmap: FY 2016 –FY 2018 GOALS</p>	<p align="center">Work in Progress to Achieve our Goals</p>
<p>Service Delivery Transformation: An integrated service delivery system supported by technology, which enables staff to share information and work collaboratively.</p>	<ul style="list-style-type: none"> • Integrated Service Delivery Practice Model Intensive Case Teaming • Process Technology Modernization: Enterprise Content Management System Electronic Health Records – NextGen Enterprise Integrated Case Management System • Confidentiality and Information Sharing Framework and Policy • Quality Service Review (QSR) • Integration of Eligibility Functions: Office of Eligibility and Support Services • Service Level Teaming, Staffings and Collaboration • DHHS, Child Welfare Services and MCPS Data Sharing Agreement
<p>Effective and Equitable Service Delivery: Align people and financial assets so that we are investing the necessary level of resources to ensure effective and equitable service delivery.</p>	<ul style="list-style-type: none"> • Equity Workgroup DHHS Equity Principles Equity Knowledge Workshop Development and Delivery Equity Discussion Guide: A Tool to Apply Equity Principles in Decision Making • DHHS Intranet Redesign • DHHS Online (searchable) Resource Guide • DHHS Customer Service Pledge • Site Based Quality Initiative: Customer Service Site Based Workgroups • Monthly Trends Report: Utilization Data • DHHS CountyStat Measures • Data to Enhance Effective Practice (DEEP) Team • Healthy Montgomery (Population Health)
<p>Capable and Engaged Workforce: Recruit, develop and maintain a workforce that is engaged, accountable, responsible, respected, recognized, and prepared for critical and emerging roles within the Department, and is representative of the community we serve.</p>	<ul style="list-style-type: none"> • Human Resources Focus Groups (Fall 2014): Input will be used to inform the development of the Human Capital Management Plan • Employee Recognition Committee • Center for Continuous Learning (CCL) Committee • Telework Policy & Pilot (January 2016)
<p>Strong Collaborative Relationships: Strengthen internal and external relationships to offer a full range of coordinated programs and services focused on reducing redundancy, improving client outcomes, and eliminating disparities.</p>	<ul style="list-style-type: none"> • Contract Management Reform Initiative • FIRM: Financial Reporting and Management Institute • Universities at Shady Grove: Integrated Practice Internship Program

HHS Facilities



- 1 MidCounty HHS Building
- 2 HHS Administrative Offices
- 3 TESS Center
- 4 Juvenile Assessment Center
- 5 Silver Spring Health Center
- 6 Childrens Resource and Referral Center
- 7 MidCounty Health Center
- 8 School Health Services Center
- 9 Silver Spring Center
- 10 Dennis Avenue Health Center
- 11 Upcounty Regional Services Center
- 12 Mid-County Regional Services Center
- 13 981 Rollins Ave

Map produced by: Montgomery County DTS-GIS

UPCOUNTY REGIONAL SERVICES CENTER

12900 Middlebrook Road
 Germantown, MD 20874

- Child Welfare Services
- Community Health Center
- Emergency Services--Prevention & Crisis Intervention
- Income Support Programs
- Maternity and Dental Clinic
- Service Eligibility Unit

CHILDREN, YOUTH & FAMILY SERVICES

51 Monroe St., 17th floor
 Rockville, MD 20850

- Child & Adolescent Services
- Child Welfare Services
- Infants and Toddlers
- Linkages to Learning

CHILDREN'S RESOURCE AND REFERRAL CENTER

322 W. Edmonston Drive
 Rockville, MD 20852

- Child Care Referrals-LOCATE
- Children's Resource Center
- Commission on Child Care

MIDCOUNTY HEALTH CENTER

1335 Piccard Drive
 Rockville, MD 20850

- Asian American Health Initiative
- Commission on Health
- Community Health Center
- Dental Services
- Development Evaluation Services for Children (DESC)
- Juvenile Justice Services-Case Management
- Service Eligibility Unit

DHHS ADMINISTRATIVE OFFICES

401 Hungerford Drive
 Rockville, MD 20850

- Administrative Offices
- Aging and Disability Services
- School Health Services
- System Planning and Management (Core Service Agency)

COLESVILLE CENTER

14015 New Hampshire Avenue
 Silver Spring, MD 20904

- African American Health Program
- Dental Services

Co-located Partners:

- Adult Dental Clinic
- MANNA Food Bank
- Colesville Child Care
- C-4 Clothes Closet

MIDCOUNTY DHHS BUILDING

1301 Piccard Drive
 Rockville, MD 20850

- Abused Persons Program
- Child Welfare Services
- Crisis Center (24 hrs./7days weekly)
- Emergency Services—Prevention & Crisis Intervention
- Home Energy Programs
- Income Support Programs
- Rental Assistance Program
- Victim and Sexual Assault Program

DENNIS AVENUE HEALTH CENTER

2000 Dennis Avenue
 Silver Spring, MD 20902

- Birth and Death Records
- Disease Control Services
- Emergency Preparedness
- Foreign Travel Information
- HIV/AIDS Services
- Immunization Program
- Rabies Information
- Refugee Health Services
- Sexually Transmitted Disease Services
- Tuberculosis Control

THE TESS CENTER

8513 Piney Branch Road
 Silver Spring, MD 20910

- Abused Persons Program
- Health Counseling and Assistance
- Legal Aid Program

Co-located Partners:

- Health Choice Program
- Manna Food Distribution

SILVER SPRING CENTER

8818 Georgia Avenue
Silver Spring, MD 20910

- Child and Adolescent Mental Health Services
- Emergency Services --Prevention & Crisis Intervention
- Income Support Programs
- Resource Information Center

SILVER SPRING HEALTH CENTER

8630 Fenton Street
Silver Spring, MD 20910

- Child Welfare Services
- Community Health Center
- Dental Services
- Latino Health Initiative
- Service Eligibility Unit

AVERY ROAD CENTER

14701-14705 Avery Road
Rockville, MD 20853

- Detoxification Services
- Halfway House
- Residential Treatment

JUVENILE ASSESSMENT CENTER

7300 Calhoun Place
Rockville, MD 20854

- Court Evaluation Services (CAFES)
- ChildLink
- Child Welfare Services
- Commission on Juvenile Justice
- Juvenile Justice Services-Administration
- Screening and Assessment Services for Children and Adolescents (SASCA)

MID-COUNTY REGIONAL SERVICES CENTER

2424 Reddie Drive
Wheaton, MD 20902

- Adult Mental Health
- Community Action Agency
- Projecto Salud Health Clinic
- Women's Cancer Control

DHHS Offices

11 N. Washington Street, Suite 450
Rockville, MD 20850

- Community Support Network (Aging & Disability)
- Montgomery Cares (Public Health Services)

LAWRENCE COURT CENTER

1 Lawrence Court
Rockville, MD 20850

- Addiction Services-Halfway House

ADULT BEHVAORIAL HEALTH SERVICES

981 Rollins Avenue
Rockville, MD 20852

- Adult Drug Court
- Adult Mental Health Services
- Medication Assisted Treatment
- Outpatient Addiction Services
- Urine Monitoring (Drug Screening)

DHHS OFFICES

255 Rockville Pike, First Floor
Rockville, MD 20850

- Licensure & Regulatory Services
- Mental Health/Substance Abuse Screening/Referral

SCHOOL HEALTH SERVICES CENTER

4910 Macon Road
Rockville, MD 20852

- International Student Admissions
- Immunization Program

ADMINISTRATIVE OFFICES

401 Hungerford Drive, 5th Floor
Rockville, Maryland 20850

INFORMATION AND ASSISTANCE



www.montgomerycountymd.gov/311

For calls made outside of Montgomery County: 240-777-0311
240-773-3556 TTY

24 HOUR TELEPHONE AND WALK IN CRISIS CENTER

1301 Piccard Drive
Rockville, Maryland 20850
(240) 777-4000

www.montgomerycountymd.gov/hhs

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JoAnn Barnes, Chief, Children, Youth & Family Services
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Nadim S. Khan, Chief, Special Needs Housing

DHHS

MONTGOMERY COUNTY

Department of Health
and Human Services

Montgomery County Government

401 Hungerford Drive

Rockville, Maryland 20850

www.montgomerycountymd.gov/hhs