



Administration and Support

RECOMMENDED FY26 BUDGET

\$90,755,957

FULL TIME EQUIVALENTS

193.00

JAMES BRIDGERS PH.D., MBA, DIRECTOR

FUNCTION

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

PROGRAM CONTACTS

Contact Mark Hodge of the HHS - Administration and Support at 240-777-1568 or Deborah Lambert of the Office of Management and Budget at 240-777-2794 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Office of Community Affairs

This program oversees, supports, and implements the mission of the Office of Community Affairs, which is to lead the development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities. This Office takes a global view of equity and inclusion that transcends the mandate of individual service units and offices to ultimately drive for systems change.

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	583,604	4.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	54,155	0.00
FY26 Recommended	637,759	4.00

Admin - Office of the Chief Operating Officer

This Office oversees the administrative services that support direct service delivery and the day-to-day operations of the department including: budget development and expenditure analysis; management of the department's fiscal operations including payments, medical billing, Federal claiming, and State financial reporting; contract management; logistics and facilities support; information technology support and development; grant acquisition; and oversight of compliance activities such as internal audits and coordination of external audits. The Office also oversees the implementation of department-wide policies and procedures for

administrative functions and coordinates and facilitates service delivery practices to promote consistency across programs and to further the goal of integrated practice across the department.

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	37,693,429	100.50
Increase Cost: Increase in Security Services Rate at DHHS Programs	14,698	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,788,071	5.00
FY26 Recommended	39,496,198	105.50

☀ Admin - Office of the Director

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

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	10,990,202	31.63
Restore: One-Time Lapse Increase	3,898,261	0.00
Decrease Cost: Lapse Adjustment	(1,510,508)	0.00
Re-align: Remove ARPA Food Funding	(6,450,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	9,989,136	(2.13)
FY26 Recommended	16,917,091	29.50

☀ Community Action Agency

The mission of the Community Action Agency (CAA) is to use an equity lens to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy. Responsibilities include administration of Federal and State Head Start and Community Services Block Grant (CSBG) funding. In addition to Head Start, programs include the Takoma-East Silver Spring (TESS) Community Action Center, Volunteer Income Tax Assistance (VITA), the Community Action Board, and its Community Advocacy Institute. CAA staff and volunteers join with 30+ partners to deliver critical services that strengthen the social and economic assets of low-income communities.

Program Performance Measures	Actual FY23	Actual FY24	Estimated FY25	Target FY26	Target FY27
The number of residents who receive free tax preparation services through the CAA VITA program ¹	1,946	2,246	2,300	2,350	2,350
Total amount of Earned Income Tax Credit received by VITA clients ²	\$2,310,606	\$2,612,584	\$2,700,000	\$2,700,000	\$2,700,000
Number of Community Advocacy Institute Program graduates ³	21	14	20	20	20

¹ Demand increased between FY23 and FY24. Projections for FY25 and beyond reflect limitations to capacity with current staffing and location availability.

² The program continues upward trend of serving more clients, in turn increasing the amount of collective credit received. Individual tax law provisions are set to expire or change on 12/31/2025, so the program projects a similar amount of tax credit for coming years.

³ This is a new measure in FY24, with data included for prior years. The number of program graduates in FY24 was lower due to various

reasons. Program participants must attend most sessions and several participants were unable to complete the program due to changes in their employment, health concerns, or family obligations.

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	5,722,996	15.20
Shift: Transfer a Non-competitive Contract for Pop-Up Pantry Services from DHHS to the Office of Food Systems Resilience (OFSR)	(53,107)	0.00
Shift: Transfer Funding to the OFSR School-Based Food Assistance Program	(753,775)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	170,731	2.80
FY26 Recommended	5,086,845	18.00

☀ Equity and Language Access

Limited English Proficiency (LEP) is a barrier between customers, colleagues, and the community and equitable access to services designed to promote their health, safety, and self-sufficiency. The focus of the Equity and Language Access Program is to use principles of equitable access to guide how staff plans, implements, and evaluates activities that provide access to language. This program is charged with delivering an LEP Policy and Implementation Plan, department-wide, to fulfill an essential systemic strategy to create equitable access to services by mitigating language barriers and to comply with a Federal mandate for language access.

Program Performance Measures	Actual FY23	Actual FY24	Estimated FY25	Target FY26	Target FY27
Total number of interpretations provided over the phone by thephone interpretation vendor to DHHS staff in order to serve clients with limited English proficiency ¹	28,239	30,835	31,900	33,495	35,170
Number of referrals made for Multilingual Health Navigation Line/Interpretation Services ²	33,362	30,515	29,040	29,105	29,220
Percent of clients able to access services upon referral ³	87%	93%	90%	90%	90%
Percent of clients satisfied with services for Multilingual Health Navigation Line/interpretation services ⁴	99%	100%	89%	89%	89%
Percent of participants of Equity Workshop who will be able to apply behaviors learned ⁵	98%	98%	98%	98%	98%

¹ The program saw increased demand in clients seeking services at DHHS service centers, including Silver Spring, Middlebrook, Fenton, Germantown, and Piccard Drive. When demand for services grows, there is an expected corresponding rise in requests for interpretation services. Projections reflect an estimated 5% increase per year.

² In FY24 there were 8,770 unique clients served by the Multilingual Health Navigation Line, and 1,776 unique clients served through interpretation services. The decrease from FY23 to FY24 stems mostly from the decrease in clients served by the health navigation line: medical needs and in turn demand for interpretation services decreased post-pandemic.

³ Two contractors provide services in this program, CASA and Cross Cultural Infotech. Among CASA clients, the most pressing issues were food insecurity and housing. With limited housing funds, it was not always possible to meet clients' housing needs. Among Cross Cultural Infotech clients, 96% of clients were successful in accessing at least one county service that they needed.

⁴ Metric reflects satisfaction with services provided by CASA (contract with Latino Health Initiative) and Cross Cultural Infotech (contract with Asian American Health Initiative). In FY24, there were 1,265 survey respondents across both programs. FY25-FY27 projection/targets account for 80% minimum standard set in contract with vendors.

⁵ Based on 190 responses. In FY24, 327 county employees, the majority from DHHS, participated in various activities and workshops offered both in-person and virtual.

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	6,004,391	7.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	111,078	0.00
FY26 Recommended	6,115,469	7.00

☀ Head Start

This program oversees the Federal Head Start funding that the County receives to provide a comprehensive child development program for income-eligible families with young children ages three through five. Montgomery County Public Schools serves as the Head Start delegate agency and the Department of Health and Human Services provides health services to eligible Head Start children through the School Health Service program.

Program Performance Measures	Actual FY23	Actual FY24	Estimated FY25	Target FY26	Target FY27
Number of children in full-day program ¹	540	563	571	571	571
Percent of 3-year olds with demonstrated school readiness ²	83%	72%	85%	85%	85%
Percent of 4-year olds with demonstrated school readiness ³	83%	81%	85%	85%	85%

¹ The maximum full-time capacity for program is 540, but FY24 data is higher due to attrition throughout the year. Please note the Head Start federal grant enters re-competition in FY26. Projections for FY26 and FY27 are tentative and dependent on grant.

² Fluctuations in percentages due to changes in MCPS school readiness curriculum for more rigorous instruction.

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FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	4,754,762	2.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(87,836)	(0.80)
FY26 Recommended	4,666,926	2.00

☀ Minority Programs

The three minority programs - the African American Health Program (AAHP), the Latino Health Initiative (LHI), and the Asian American Health Initiative (AAHI) - support department-wide efforts to eliminate disparities in delivery of health services and others and continue to achieve equitable delivery of population-targeted programs and services. The knowledge, expertise, and experiences of incumbent personnel in racially, ethnically, and linguistically diverse communities informs department-wide program, policy, and budget decisions.

Program Performance Measures	Actual FY23	Actual FY24	Estimated FY25	Target FY26	Target FY27
Number of individuals served by the African American Health Initiative ¹	27,693	33,826	35,000	40,000	40,000
Percent of clients satisfied with services provided by the African American Health Program ²	96%	98%	96%	96%	96%
African American Health Program: Percent of clients who improved A1C blood sugar level test at 3-month follow up (diabetes management/prevention) ³	75%	85%	90%	90%	90%
Number of individuals served by the Asian American Health Initiative ⁴	70,184	195,676	195,000	185,250	175,998
Percent of clients satisfied with services provided by the Asian American Health Initiative ⁵	93%	98%	90%	90%	90%
Asian American Health Initiative: Average percent of respondents who expressed increased confidence due to community capacity building activities ⁶	86%	92%	90%	90%	90%
Number of individuals served by the Latino Health Initiative ⁷	71,209	73,075	70,000	70,000	70,000
Percent of clients satisfied with services provided by the Latino Health Initiative ⁸	98%	96%	96%	96%	96%
Latino Health Initiative: Average percent increase in wages from time participants entered program until hired as health professionals ⁹	161%	167%	160%	160%	160%

¹ The program saw an increase in people encountered at community outreach events and health fairs in FY24, alongside increased participation in the SMILE program and Chronic Disease and Wellness programs. Further, the program added substance abuse programming, prevention, and screenings.

² Data reflect satisfaction across all African American Health Program initiatives. The slight increase in FY24 can be attributed to AAHP's

commitment to ensuring participants receive culturally competent services from skilled staff.

³ Increase in FY24 due to the percentage of those enrolled who reduced their A1C at three, six, and nine months.

⁴ Due to a funding increase in FY24, the Asian American Health Initiative provided \$1.5 million in grants through Healthy Communities Fund (HCF) and \$101K in grants through Asian American Center of Excellence Micro-grants (AACE). There were 191,383 people served through HCF, 122 through AACE, and 4,171 through various outreach activities and the AAPI heritage month celebration. Projections are based on an anticipated decrease in funding from the Maryland Department of Health.

⁵ Asian American Health Initiative contractors collect satisfaction levels across all programs. FY24 performance is based on 331 responses.

⁶ Based on average results across three types of programs -- those administered by Asian American Health Initiative (AAHI) staff, those administered by AAHI contractor, and those administered by AAHI Health Communities Fund grant recipients. Overall performance in FY24 based on 1,622 responses.

⁷ In FY24, the Latino Health Initiative saw a small increase compared to previous years, largely due to the inclusion of individuals reached through outreach events and community health fairs. In line with this, LHI increased the number of clients served in the climate and health program and piloted a new substance use prevention program. Over 52,000 individuals were served through 883 outreach activities and events.

⁸ In FY24, the Latino Health Initiative improved its survey methodology to ensure it is sampling across all of its programs. Performance based on 3,475 survey responses.

⁹ Average increase in wages was calculated using the wage of the two Registered Nurses (RN) who secured employment during FY24.

FY26 Recommended Changes	Expenditures	FTEs
FY25 Approved	17,781,873	27.00
Decrease Cost: Reduce Latino Health Initiative Primary Care Coalition Media Relations Contract for Public Service Announcements No Longer Provided	(50,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	103,796	0.00
FY26 Recommended	17,835,669	27.00

PROGRAM SUMMARY

Program Name	FY25 APPR Expenditures	FY25 APPR FTEs	FY26 REC Expenditures	FY26 REC FTEs
Admin - Office of Community Affairs	583,604	4.00	637,759	4.00
Admin - Office of the Chief Operating Officer	37,693,429	100.50	39,496,198	105.50
Admin - Office of the Director	10,990,202	31.63	16,917,091	29.50
Community Action Agency	5,722,996	15.20	5,086,845	18.00
Equity and Language Access	6,004,391	7.00	6,115,469	7.00
Head Start	4,754,762	2.80	4,666,926	2.00
Minority Programs	17,781,873	27.00	17,835,669	27.00
Total	83,531,257	188.13	90,755,957	193.00

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