

HHS COMMITTEE #1  
April 30, 2009

**Worksession**

**MEMORANDUM**

April 30, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst *Yama*  
Vivian Yao, Legislative Analyst

SUBJECT: **Worksession: FY10 Operating Budget – Department of Health and Human Services (DHHS) and provision for Housing First– Follow-up**

*Those expected for this worksession:*

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)  
Corinne Stevens, Chief Operating Officer, DHHS  
Trudy-Ann Hunter, Office of Management and Budget  
Pooja Bharadwaja, Office of Management and Budget

The purpose of this worksession is to review follow-up items. The full Council review of The Department of Health and Human Services is scheduled for May 11<sup>th</sup>. Joint ED/HHS issues are scheduled for the Council's Operating Budget Consent Calendar on May 5<sup>th</sup>.

**1. Cigarette Restitution Funds**

The Executive's March budget assumed that the County would receive \$1,050,900 for the Tobacco Prevention and Education Grant and \$883,450 Cancer Prevention, Education, Screening and Training Grant. In addition, \$1.26 million in Cigarette Restitution Funds have been shifted to the Alcohol and Drug Abuse Block Grant.

The State has reduced the \$1,050,900 for prevention and education efforts by 74% to \$271,000. The Department has provided an impact statement and summary of the plan it expects to submit to the State for approval (© 1-2). Key points are:

- **Personnel reductions** will include the abolishment of a vacant Manager III, a vacant Enforcement Officer that worked in Liquor Control, and a vacant Office Services Manager. One Program Specialist and ½ of a Program Manager will remain in the Department.
- **Operating expense reductions of \$449,340 will eliminate contractual outreach and education** including a contract prevention position in the Montgomery County Public Schools, an 80% reduction in the contractual positions working with the Minority Health Initiatives, and a 30% reduction in counseling through Washington Adventist Hospital.
- **Additional personnel costs will be charged to the Cancer Prevention grant.** This will result in \$108,210 less for contract nurse care management that is funded in the Cancer Prevention Grant.
- Culturally appropriate smoking cessation will be provided through the Minority Health Initiatives, smoking cessation will be provided in a hospital setting at Washington Adventist Hospital. Nicotine replacement therapy will be provided at all cessation programs.

**Given the current budget constraints, limited time for budget worksessions, and magnitude of the State’s reduction, Council staff suggests the Committee concur with the Department’s proposal but schedule a more in-depth review after budget to understand the impacts of reductions and discuss whether there may be alternative ways or sources of funding to continue some of the prevention efforts that were previously funded through these grants.**

## **2. Reproductive Health Programs and Phase-in for added capacity for STD/HIV Clinic Services**

The Committee requested additional information on reproductive health services currently provided by the Department and also a plan that would allow the County to phase-in increased capacity in HIV/STD clinic services.

The Department has provided a summary of current services at © 3-6. In addition, they have provided the following information on how to begin to increase capacity. Please note that it focuses on providing service in an up-county location.

### ***Proposal to Increase Capacity for STD/HIV Screening and Treatment (From DHHS):***

For the past two years, need for STD services has exceeded available Department resources and we have had to turn people away and then call again for a next day appointment. The STD Clinic currently turns away 300 clients per month. We only make appointments 24 hours in advance since we are dealing with acute symptoms and the need for immediate diagnosis and treatment. If clients are not able

to be seen within the week, we refer clients to other providers. However, Public Health does not charge for STD services and other providers will.

Given the need, we believe that STD services need to be located in an up-county location. To establish a clinic up county and to eliminate our current practice of turning clients away unserved if appointments are full, it would take several additional staff positions. The Executive did not put forth such a proposal given the ongoing costs involved. However, below is an itemized table of resource needs.

In order to address the waiting list/Capacity issue in STD/HIV services, the program would require the addition of the following staff:

STD	
	Personnel Costs
0.5 WY Nurse Practitioner (Grade 25)	\$55,300
1.0 WY Community Health Nurse II (Grade 23)	\$92,620
1.0 WY Community Health Clinic Technician (Grade 15)	\$53,210
1.0 WY Principal Administrative Aide (Grade 13)	\$46,190
	Operating Expense
Infrastructure - Furniture , ongoing phone costs	\$1,680
Other Operating –supplies	\$1,000
<b>Total Cost for STD/HIV Services</b>	<b>\$250,000</b>

The Department would also need to identify space and location up-county (which could add cost). An option may be to partner with providers already serving the up-county area.

**Council staff remains very concerned about the need for increased capacity in the STD/HIV Clinic and the TB and Immunization Programs, both of which are core public health services. The Committee will see in the Department’s comments regarding immunization that there may be some potential for additional State resources. The Committee may want to consider placing either the STD/HIV increased capacity or TB capacity on the reconciliation list. Or, since a new site must be identified for enhancing STD/HIV services, the Committee may want to ask the Department to explore where such a site might be (and whether a partnership with an existing provider might be possible) and then ask the Department to return to the Committee with a more complete proposal.**

### **3. Tuberculosis and Hepatitis B**

#### ***Impact of Reductions***

The Committee requested additional information on the impact of the reduction in the Hepatitis B Immunization Grant and the abolishment of a Community Health Nurse. The Department has provided the following response:

The Hepatitis B – Immunization Action Plan Grant was reduced by DHMH for FY10 by \$161,000 and could not support the current level of staffing. One full time Community Services Aide position was abolished. The loss of this position and the abolishment of the only county-funded Community Health Nurse in the Immunization Program will result in the following service/program reductions:

- Suspension of evening immunization clinics at Dennis Avenue and the Germantown Health Center,
- Suspension of the Adult Immunization clinics held weekly at Dennis Avenue,
- Reduction or elimination of large-scale flu clinics in the fall of 2009,
- Elimination of primary prevention community outreach and education activities targeted to at-risk populations (health fairs, public speaking engagements, collaboration with Latino health promoters).

The program will focus on meeting the grant requirements to include investigation of Vaccine Preventable Diseases (VPD), Community Outreach to private health care providers (record reviews for immunization compliance of 2 yr olds), and private school surveillance of immunization records. These efforts are all directed at improving the immunization compliance of children in the community. The Perinatal Hepatitis B program will continue to target pregnant women and their newborns as required by grant to prevent liver disease and cancer.

The Department Director and our Public Health Officer have been in contact with the Deputy Secretary of the State Department of Health and Mental Hygiene to communicate our grave concerns regarding immunization efforts in our County. Given the recent measles outbreak there is recognition at the State that Montgomery County, with its very diverse foreign born populations, needs a different strategy around immunization. The State has committed to work with us and to potentially target some ARRA competitive grants to address our needs.

***What resources would we need to address the waiting list issue in TB?***

The wait list in TB is for persons needing "prophylactic treatment" i.e. those who have a positive PPD, but a negative chest x-ray. These persons are at risk of developing active TB disease at some point in their lives. The wait listing began in January 2008; currently 536 patients are on the list.

The TB Program has approximately 40,000 patients per year. The program encompasses clinical, case management, Directly Observed Therapy (DOT), surveillance, contact investigations, and Refugee Health.

The Community Health Nurses (8FT, 1PT, 8.5 WYs) in this program are responsible for the administration and interpretation of TB skin tests, providing treatment for latent TB infections, administration of treatment and case management of active TB cases, patient education, HIV counseling and testing to determine co-infection, and nursing support to the Medical Director.

The Community Health Nurse is required to conduct timely Epidemiological contact investigation, tracking and evaluation of known contacts for active TB cases that are at risk of developing active disease. The Community Health Nurse is required to deliver services in multiple locations including home visits, work site, correctional facilities, and other areas to meet the client's needs.

The Executive recognized the urgency of these needs but given additional resources he needed he did not put this request forward. However, in order to eliminate the waiting list with this population, the TB Program would require the following additional staffing:

TB	
	Personnel Costs
.50 WY Community Health Nurse II (Grade 23)	\$49,810
1.0 WY Principal Administrative Aide (Grade 13)	\$46,190
0.5 WY Medical Doctor - IV Physician (H4)	\$125,630
	Operating Expense
Infrastructure - Furniture , ongoing phone costs	\$1,260
Other Operating – supplies, mileage	\$2,500
<b>Total Cost for Tuberculosis Program</b>	<b>\$225,390</b>

***Reallocation of Funding***

The Department was asked how they might reallocate expenditures from the Minority Health Initiatives or other areas, or if additional State dollars might be found, to reduce the reduction in the Hepatitis B immunization program and reduce the wait list for the Tuberculosis program. The Department has provided the following:

The Committee has asked for an analysis to better understand minority health programs and how they support public health functions. The analysis below will provide clarity to the distinct roles and functions of the staff and contractors within the minority health initiatives and how they support public health activity. The impact of the minority health initiatives is far reaching into communities that have many disparate outcomes and struggle mightily with access to care issues. Any re-direction of these funds would result in significant setbacks to the Department's efforts in being able to outreach deeper into the community to support access to care and address disparities in health outcomes.

**Other than providing direct preventative services to reduce health risks, the essential roles for the three minority health programs are:**

1. To raise awareness through outreach and education around diseases that disproportionately affect minority groups;
  - In FY 08, multiple special outreach efforts were conducted and 15 sub-groups of Asian Americans received health prevention information.
  - Health promoters were sent to day employment work sites to reach African immigrant workers.
  - The Latino Health promoters gave out information and talked to 6,164 people at different community events.
  - 247 women were reached in Women's empowerment program on HIV; 205 men were reached in the Man to Man HIV peer education program; 20 inmates were reached in the WIGO (When I Get Out) classes at the Detention Center.
  - 1000 dental health kits distributed

- Overall, the three programs outreach efforts put important health educational materials in the hands of thousands of residents

2. To make critical connections for minority communities to services provided by the government and other sources;

- In FY 08, in the African American community, where infant mortality is a persistent health disparity, 188 clients were case managed, 1,075 home visits were conducted, 459 referrals were made for additional services; 74 students in 11 classes for teens on reproductive health, preconception and well baby care.
- 3,062 health screenings were conducted at the Ama Tu Vida event.
- 205 referrals to breast cancer screenings were made as a result of outreach in the African American community.
- 147 people participated in year-long diabetes self-management classes.
- 242 people tested with oral HIV tests.

3. To help navigate the complex system of health and social services by providing interpretation and translation services.

- In FY 08, 7,184 calls were made to the English/Spanish Bilingual Health Hotline and requests for medical interpreters;
- In FY 09, thus far, 4000 calls came into the new navigation line providing information, referral, medical interpreting in the top Asian languages

4. To create awareness among policy makers, politicians and program managers on the special needs and barriers of the communities;

- 905 participants came to various expert presentations organized by the Latino Health Initiative on topics ranging from "how to deal with Latino Data", to "how to set up culturally competent Asthma Intervention program for Latino patients."
- As part of the regular practice, the three minority health programs engaged policy makers, politicians, residents and counterparts on a regular basis through focus groups, special presentations and such to solicit their input and expertise as well as include them in development of programs and priority areas.

5. To advocate for resources and policies that will help break down those barriers not merely to services but improving the quality of services.

- The advisory committees supporting the three programs plus many other volunteers put in thousands of hours in educating and advocating for the needs in the communities. For example, one committee alone logged in 1,575 volunteer hours in FY08 in meetings, workgroups, and testimonials on behalf of the community.

The education, facilitation and connection roles of the three minority health programs are critical to the premise of preventative health and reduction of health disparities. Any cut back in the minority health programs will greatly diminish the ability to connect the communities to services and will further exacerbate barriers in access and quality of care.

It is important that the minority health initiatives continue their outreach and health promotion efforts and refer children and un-immunized adults to our immunization

program and safety net clinics. Their health promoters can reach their respective communities and provide trusted messages to encourage those with cultural and/or language barriers to seek preventive care. The American Recovery and Reinvestment Act has funding for immunizations but it is unclear what portion of those funds coming to Maryland will reach the local jurisdictions. We are exploring the possibilities with the State at this time. One must keep in mind that this would be one-time funding for two years only.

#### **4. Licensing and Inspection Fees**

The Committee discussed that the Executive decided not to recommend any changes to licensing and inspection fees because he did not want to place an additional financial burden on businesses at this time of economic downturn. The Committee asked for a listing of the current fees. Attached at © 7 is a table showing both the current fee and the fee proposed to, but not accepted by, the County Executive.

The Department has noted that they realize any review of fees necessitates a fair distribution of costs to avoid a disproportionate impact on licensees. Licensing and Regulatory has looked at the current fee schedule for Food Service Facilities which has three primary categories for restaurants and markets, based upon the number of seats (restaurants) or square footage of floor area (markets). The Swimming Pool Fee Schedule has one fee amount for all pools and spas. The Department's analysis and proposal is based on the following:

- A new fee category for food establishments which would be introduced in response to the increased size of some restaurants and markets (the Big Box Store phenomenon). As the number of these "mega facilities" has increased the time needed to conduct inspections has also increased. The cost to conduct inspections at these larger facilities should be reflected in the fee schedule.
- A review of the Swimming Pool fee schedule reveals opportunities to revise fees. Separate fees would be introduced for large pools sized at 100,000 gallons or greater, and for wading (baby) pools to reflect the cost of administering and enforcing the pool program for these pools.

#### **5. Moving Community Grants into the DHHS Base Budget**

The Executive is recommending that a number of contracts that have previously received funding as community grants be moved into the DHHS base. The HHS Committee asked for additional information on the criteria used by the County Executive for determining which items should be moved into the base budget, how many years the organizations have received the grant awards, and information on other organizations receiving community grants through the Non-Departmental Account for multiple years.

Name	Purpose	Amount	DHHS Service Area
Latin American Youth Center	Maryland Multicultural Youth Centers	\$140,000	CYF
Asian American LEAD	After School academic enrichment for low-income Asian Americans	\$125,000	CYF
Community Bridges, Inc.	Leadership and empowerment programs for immigrant and low-income girls	\$117,600	CYF
Alzheimer's Disease Related Disorders Asso., National Capital Chapter	Program for frail seniors, families, and caregivers	\$92,200	ADS
Maryland Vietnamese Mutual Association	Support to the Vietnamese community	\$70,000	CYF
Washington Youth Foundation	Afterschool and mentoring services	\$70,000	CYF
Mental Health Association, Inc.	N*Common multicultural mental health initiative	\$60,000	BHCS
Potomac Community Resources	Persons with developmental disabilities	\$60,000	ADS
Top Banana Home Delivered Groceries, Inc.	Food for vulnerable adults	\$51,740	ADS
Food & Friends	Clinical nutrition to residents living with HIV/AIDS, cancer and other life challenging illnesses	\$20,000	ADS
Bethesda Cares	Eviction/utility shut off prevention program	\$15,000	SNH

Executive staff has responded that the contracts moved to the base provide services that (1) have been in existence for a long period of time; (2) have been fully integrated into the County's service delivery system, and (3) provide an efficient and productive use of resources.

Executive staff has also noted that placing an appropriation in a department's base budget implies that the service should be ongoing, not that the vendor will be the permanent provider. The Department annually reviews non-competitive contracts to determine if a competitive solicitation should be undertaken for the service. Thus, Executive staff has concluded that including these grantees within the FY10 base budget is in the best interest of the County. Finally, Executives staff has reported that it will conduct a comprehensive review in the future to determine if other grants for services meet the stated criteria.

Executive staff also provided at © 8-10 a list of FY10 Community Grants and the items to be funded in the Department base and the years that these organizations have been included in the Community Grants NDA going back to FY01.

Council staff notes that:

- The length of time on the Community Grants NDA for organizations/ programs recommended to be included in the Department's base ranges from 2 to 7 years (or as much as 5 consecutive years).

- The length of time on the Community Grants NDA for organizations/ programs recommended in the FY10 Community Grants NDA range from 1 to 6 years (or as much as 5 consecutive years).
- A number of the organizations/programs recommended in the FY10 Community Grants NDA have provided services for a longer period than some recommended for inclusion in the base. Moreover, the length of time that some of these programs have been included in the Community Grants NDA would suggest that they also satisfy the criteria of being in existence for a relatively long period of time, being fully integrated into the County's service delivery system, and providing an efficient and productive use of resources.

**If the Committee is concerned that, given the fiscal constraints for FY10 and FY11, it is not a good time to move a grant (which is specified as a one-year commitment) into the DHHS base, it may want to move all these contracts back to the Non-Departmental Account.** Under either scenario there is a non-competitive contract that will have to be executed.

Council staff notes that there may be one or two other places in the budget (not DHHS) where the Executive has recommended moving a contract into the base.

The Committee also asked whether Food & Friends might have a response regarding the compensation for their Chief Executive Officer. A response is attached at © 11-12.

## **6. Reimbursement Rate for Montgomery Cares**

The Committee requested further information on how the \$62 per encounter reimbursement rate for Montgomery Cares was developed. DHHS has provided the following:

At the start of FY09, the Montgomery Cares Program changed their method of payment from a "per user" to a "per encounter" basis. Initially, the Department looked at the Medicaid encounter rate, determined to be \$69 per encounter. We then took the available resources for primary care visits and then determined that the rate we could pay would be \$62. Therefore, the \$62 per encounter rate was established by dividing the FY09 budget for clinic-based encounters by the estimated number of encounters projected for that year. Montgomery Cares staff suggested a range of fees based on type of visit (new patient, returning patient, specialty care visit), but the Clinic Directors chose to keep it simple and have a flat rate for all types of patient encounters. This \$62 rate is approximately 80% of the Medicaid rate.

## **7. SAMHSA grant proposal for the Behavioral Health Pilot**

The Department has responded that: this grant proposal is not actually part of Montgomery Cares or the Behavioral Health Pilot. DHHS is collaborating with

community based mental health providers on a SAMHSA grant proposal to get somatic health services into the mental health clinics. The grant proposal is due on May 27.

## **8. Housing First – Budget Resolution Provision**

The joint PHED/HHS Committee recommended the following regarding the HIF:

- Charge \$249,000 in Rental Assistance Program (RAP) rental subsidies to the HIF to maintain FY09 program capacity of 1,767.
- Charge \$120,000 in Housing Initiative Program (formerly SHRAP) rental subsidies to the HIF to maintain FY09 program capacity of 225.
- Reserve additional Housing Initiative Funds for Housing First in order to provide flexibility for housing the homeless and preventing homelessness in order to respond to the current economic downturn and assist the County in moving forward with the Housing First Implementation Plan.
- Allocate \$1.890 million in Recordation Tax revenues that are appropriated to the HIF to the Housing Opportunities Commission for the Rent Supplement Program.
- Allocate \$1.157 million in Recordation Tax revenues that are appropriated to the HIF to emergency assistance administered by the Department of Health and Human Services.

### ***Language regarding the Housing First and the HIF***

The PHED Committee discussed and agreed to the following language for the Operating Budget Resolution regarding the Housing Initiative Fund. Council staff told the PHED Committee that it would be discussed with the HHS Committee at this session. The \$5.9 million reserve is a total of the \$4.5 included in the Executive's proposal, the additional \$400,000 to sustain RAP and HIP at their FY09 capacity and \$1 million in additional reserve to allow flexibility for responding to the needs as they present themselves.

### ***Suggested language:***

The Department of Housing and Community Affairs must reserve \$5.9 million of the non-revolving program appropriation to the Housing Initiative Fund for continued implementation of the Housing First Plan. The Housing First model helps chronically homeless and hard to serve individuals and families to access and sustain permanent, stable housing and has been shown to be more cost effective than short term housing solutions such as the use of motels. These funds may be used to fund costs associated with any element of the Plan but must be used in conjunction with funds appropriated to

the Department of Health and Human Services to continue capacity of at least 1,767 clients in the Rental Assistance Program and 225 clients in the Housing Initiative Program (formerly known as SHRAP). The Department of Housing and Community Affairs and Department of Health and Human Services may use these reserve funds to increase capacity in these programs or other programs in the Housing First Initiative in order to move households quickly into permanent housing and reduce the reliance on motels and shelters. The allocation of this reserve does not limit the amount that may be spent from the Housing Initiative Fund or other sources for homeless persons or persons at risk of homelessness, and does not impose any limit on projects that may be funded with the revolving Acquisition and Preservation Program. If the Department of Housing and Community Affairs and Department of Health and Human Services determine that expenditure of \$5.9 million is not needed in FY10 these funds may be reallocated for other priority affordable housing purposes after written notice is provided to the Council.

**Impact Statement**  
**Montgomery County's CRF Tobacco Use Prevention Program,**

For FY10, the state has reduced the Tobacco Prevention & Education Grant by 74%, from \$1.05M to \$271K. The Tobacco Use Prevention program provides education, outreach, and prevention services for youth, minorities and adults to reduce tobacco use disparities. In 2008, Montgomery County educated 13,031 people on the harmful effects of smoking, trained 255 community leaders; educated 100,783 K-12 students; and the Enforcement Officer educated and checked 2, 018 merchants on Youth Access Law and Product Placement.

**Personnel Cost Impact (-\$221,380)**

- Abolish a vacant Manager III (1.0WY) position – Program over site will be assumed by the remaining Program Manager I position
- Abolish a vacant Enforcement Officer (1.0WY) position in the Department of Liquor Control – enforcement activities will be provided at a reduced level by the Program Specialist I position
- Abolish a vacant OSC position (1 WY)

**Operating Expense Impact (-\$449,340)**

- Contractual Outreach and Education programs for youth, adults and minorities will be eliminated
- Contractual prevention position in Montgomery County Public Schools- School Based Program will be eliminated.
- Funding for special projects including need assessments and surveys, and other operating expenses such as language appropriate materials, and meeting translations will be eliminated.
- Funding for contractual outreach and smoking cessation positions for the Minority Health Initiatives will be reduced by 80%.
- Contractual smoking cessation counseling through Washington Adventist Hospital will be reduced by 30%; a part time contractual cessation counseling position will be eliminated.

**Other Personnel Impacts (-\$108,210)**

- A total of 1.0WY will be shifted from the Tobacco Prevention & Education Grant to the Cigarette Restitution Fund Grant (CRF - Cancer) - .50WY of the Program Manager I, and .50WY of the Program Specialist II position (this position had been split funded between the two grants). This increase to the personnel costs on the CRF-Cancer grant will result in the elimination of a contractual Nurse Case Management position in that grant.

**Proposed Program FY10 Tobacco Use Prevention Grant (\$271, 970)**

**(Pending approval of the State)**

**Personnel Costs (\$121,530)**

- Program Manager I (.50WY) will be responsible for administrative oversight, monitoring and management of the tobacco program contracts. This includes fiscal monitoring and working with the HHS contract, fiscal and budget teams to ensure program budgets and expenditures are on track. This person will also be responsible for any RFPs, scopes of service negotiation and subcontractor budgets.
- Program Specialist I (1.0WY) will be responsible for enforcement activities- education and monitoring merchants on youth access placements.

**Operating Costs (\$150,440)**

- Part Time Contractual Tobacco Coordinator - will be responsible for day-to-day coordination and programmatic oversight of the Tobacco Program. This position is responsible for coordinating the cessation programs including providing individual cessation support and facilitating group cessation services to the

uninsured and medically underserved in the community. This position will also be responsible for coordination of the Tobacco Free Coalition and the submission of all quarterly and annual reports.

- Culturally Appropriate Tobacco Cessation - Latino Health Initiative (LHI), Asian American Health Initiative (AAHI), and African American Component (GOSPEL) will provide group and individual counseling.
- Washington Adventist Hospital Cessation will provide smoking cessation counseling to patients in a hospital setting.
- Nicotine Replacement Therapy - According to recommendations by the CDC, counseling combined with nicotine replacement therapy (NRT) increases the chances for a successful quit attempt. Therefore, NRT will be provided through all cessation programs.

## **Summary of the Reproductive Health Programs April 20, 2009**

Below please find a listing of reproductive health programs in our department. Although we do provide various services in reproductive health, the demand for these services, exceeds our available resources.

### **Reproductive Health and Family Planning Program**

The DHHS Reproductive Health Program provides clinical reproductive health services, including family planning, through three contractual clinic providers, for 4,954 teenage females and uninsured women who have family incomes equal or less than 100% of the federal poverty level (FPL). The three reproductive health contractors also provide services, without County reimbursement, to additional low income uninsured women, up to 250% FPL, on a reduced sliding fee schedule. Clinic services include a physical examination, pelvic exam, Pap smear, breast exam, STD screening, family planning counseling and provision of birth control products.

A request for proposals (RFP) process was recently completed, resulting in the awarding of three contracts. The FY 10 funds available for these services come from a combination of general funds (\$175,000) and grant funds (\$370,000) which total \$545,000 and will be added to each contract as follows:

- |                                                              |           |
|--------------------------------------------------------------|-----------|
| • Teen and Young Adult Connection, Inc. (TAYA):              | \$327,000 |
| • Planned Parenthood of Metropolitan Washington, D.C., Inc.: | \$185,000 |
| • Mary's Center for Maternal and Child Care, Inc.:           | \$ 33,000 |

The funding for contractual services comes from a combination of County General Funds for Women's Health and the DHMH Reproductive Health/Family Planning Grant. The Reproductive Health Family Planning Grant, expected to be level funded in FY 10, totals \$545,163. In addition to contractual services, the grant also covers personnel, operating and indirect costs for one full time merit Office Services Coordinator and a contractual Program Assistant.

### **Montgomery Cares Clinics**

Seven Montgomery Cares clinics provide pelvic exams, Pap tests and breast exams, and five of the Montgomery Cares clinics provide family planning services including birth control methods for those who choose them. The Montgomery Cares program funds the clinics \$62 per patient visit. The Montgomery Cares program spent approximately \$20,000 from July 2008 through March 2009 on contraceptives. Sixty-eight percent of all patients served by the Montgomery Cares program are women. In FY08 the program served 10,725 uninsured, low income adult women. (This is all women served and cannot be broken down into women who received reproductive or women's health services.)

## **Teen Pregnancy Prevention and Parenting Programs**

School Health Services (SHS) Teen Pregnancy Prevention efforts are funded by \$30,000 general fund plus \$15,000 MEAD grant funds to cover the costs for the Interagency Coalition on Adolescent Pregnancy (ICAP) coordinator; training and outreach materials for school nurse prevention and case management of pregnant and parenting teens. (ICAP) is a coalition of over 60 public and private agencies in Montgomery County committed to collaborating to prevent teenage pregnancy and support pregnant and parenting teens to have healthy babies and achieve academic success. School Health Nurses spend a portion of their time on Teen Case Management and Teen Parent Support Teams for pregnancy and parenting teens; health promotion for at risk teens; Parent and Children Talking training for parents.

Northwood High School Wellness Center provides an array of primary health care, social and mental health services in a youth development model which seeks to promote healthy lifestyles and avoid risky behaviors including those resulting in teen pregnancy. Nurses provide counseling to students regarding reproductive health services and refer to community providers. Well woman exam services are provided on site if requested or needed by a student.

Number served:

- School Nurse Case Management of Pregnant and Parenting Teens FY09 through April 15: Pregnant teens – 76 Parenting teens – 118 Total – 194
- ICAP -60 agencies; 110+ offer case management services, counseling, Reproductive health services, positive youth development activities, health information and education, mentoring to thousands of Montgomery County teens each year
- 125+ teens/students and 140 adult professionals attended 14th annual 125+ Teen Parent Conference.

## **DHHS STD Program**

The DHHS STD/HIV Clinic program, located at 2000 Dennis Avenue in Silver Spring, sees approximately 1982 females annually. Services include diagnostic testing, exams and treatment of STD's and epidemiological follow up. Males are also screened and treated. Free, anonymous and confidential HIV testing is also offered. All persons tested for HIV receive pre-test and post-test counseling. Services are provided by County staff and costs of operating the STD/HIV program and clinic are covered by both general fund and Ryan White grant funds.

## **Breast and Cervical Cancer Screening**

The Women's Cancer Control Program (WCCP) provides mammograms, breast exams, pelvic exams and pap smears through contracts with medical providers. Women with abnormal results are case managed for further diagnosis and linked with the state's program for treatment if necessary. Approximately 2100 County women were served by this program in FY 08. The WCCP's grant-funded budget for FY 10 for personnel and contractual services is expected to be \$835,000.

## **Maternity Partnership Program**

The County's Maternity Partnership Program provides comprehensive prenatal care through three hospital sponsored prenatal clinics for an estimated enrollment of 2286 women and an annual cost

of \$1,794,510 to the County, in FY 10, to reimburse the hospitals \$785 for each woman for the prenatal care. The pregnant woman is asked to pay the hospital a co-pay of \$450 for her prenatal care. The hospitals also subsidize a portion of this care. Services provided at the prenatal clinics include routine obstetrical clinical services following accepted medical standards and multiple visits for prenatal care through a post partum exam. Routine lab work is included. Care and appropriate referrals for high risk pregnancies are also included. Some diagnostic tests, including sonograms, may be billed to the patient at a reduced fee.

The County Project Deliver Program covers the cost of the delivery of the babies in the Maternity Partnership Program. The County reimburses the participating obstetrician, if they submit the required documents and are registered with the Project Deliver Program. The County is able to bill Emergency Medical Assistance to recover the costs. Therefore, this program is budget neutral. The FY10 budget for Project Deliver is 851,780.

County Dental services are provided for approximately 500 Maternity Partnership participants in their first or second trimester to treat pre-existing conditions and educate clients on oral conditions that might affect their pregnancy outcome. The FY10 Budget for Maternity Dental is \$387,596.

## **Community Health Nurse Case Management**

Community Health Nurse case management services were provided to 3591 pregnant women in the Maternity Partnership Program in FY 08. Maternity Partnership participants currently receive a series of orientation sessions which include first/second and third trimester prenatal classes. Community Service Aides conduct these orientation groups in both English and Spanish. Case management also is provided for infants at risk referred by the hospitals. Case management services will be reduced in FY 10 due to loss and reassignment of a number of nurse and CSA positions to other duties.

Case management is integrated for approximately 150 pregnant teens in a typical year, between School Health Nurses and Community Health Nurses to reduce incidence of repeat pregnancies, to facilitate the student's completion of high school, and to provide case management coverage over the summer months.

DHHS's three area health centers provided 2435 pregnancy tests in FY 08 and made referrals to prenatal programs or Reproductive Health contractors.

## **African American Health Program's SMILE Project**

The African American Health Program's SMILE (Start More Infant s Living Equally healthy) is a home visiting case management program targeted to African American/Black residents to address the significant disparity in infant mortality, pre-term birth and low birth weight between the target population and the other population groups in the County. Funding for the SMILE project is \$267,680. SMILE is expected to serve 135 pregnant/parenting women and up to 90 infants per years. In addition, approximately 500 residents are served through outreach educational activities per year.

## **Outreach, Education and Care Coordination**

The Improved Pregnancy Outcome Grant Program funded by a \$139,540 DHMH grant, coordinates the Fetal and Infant Mortality Review Board and its Community Action Team to research and identify systemic issues and solutions to improve birth outcomes. The two committees, made up of community experts and interested volunteers, review medical cases and provide health outreach and education activities for teens, women and medical providers, working collaboratively with other stakeholders including the African American Health Program, ICAP etc.

Public Health staff at three Service Eligibility Units provides eligibility determination for pregnant teens and women with Medical Assistance, and/or refers them to appropriate services such as the Maternity Partnership Program and the Reproductive Health Program, for those not eligible for Medical Assistance. Public Health nurses and Community Service Aids provide care coordination services to assist teens and pregnant women in successfully navigating the Medical Assistance system to assure they receive the referrals, information and care they need.

<b>Environmental Health Regulatory Services</b>				
<b>Revenue Source</b>	<b>Sub Object</b>	<b>Revenue Type</b>	<b>Current FEE</b>	<b>Dept Proposed - NOT ENACTED</b>
Hlth Insp - Restaurant	L750	Food - Type A - Carryout or <25 seats or 3000 sq ft	365.00	410.00
Hlth Insp - Restaurant	L751	Food - Type B - 26 to 75 seats or >3000 but <10,000 sq ft	405.00	455.00
Hlth Insp - Restaurant	L752	Food - Type C - currently >76 or >10,000 sq ft with new category >76 to 124 seats or >10,000 but <50,000 sq ft	440.00	490.00
Hlth Insp - Restaurant	NEW	Food - Type C2 - >125 seats or 50K sq feet	440.00	650.00
Hlth Insp - Restaurant	L753	Food - Type G	130.00	130.00
Hlth Insp - Restaurant	L754	Food - Non-Profit	100.00	100.00
Hlth Insp - Restaurant	L755	Food - Non-Profit<14 Days	30.00	30.00
Hlth Insp - Restaurant	L756	Food - Other than Non Profit (hosp, nursing homes)	115.00	130.00
Hlth Insp - Restaurant	L757	Food - For Profit 14	175.00	175.00
Hlth Insp - Restaurant	L758	Food - For Profit 14	65.00	70.00
Hlth Insp - Restaurant	L759	Food - For Profit <14 days	40.00	40.00
Hlth Insp - Restaurant	L760	Food - Resident Farmer	25.00	25.00
Hlth Insp - Restaurant	L761	Food - Resident Farmer	25.00	25.00
Hlth Insp - Restaurant	L762	Food - Resident Farmer	45.00	45.00
Hlth Insp - Restaurant	L763	Food - Resident Farmer	75.00	75.00
Hlth Insp - Restaurant	L764	Food - Plan Review T	140.00	240.00
Hlth Insp - Restaurant	L765	Food - Plan Review T	165.00	330.00
Hlth Insp - Restaurant	L766	Food - Plan Review T	300.00	600.00
Hlth Insp - Restaurant	L767	Food - Plan Review M	55.00	55.00
Hlth Insp - Restaurant	L768	Food - Plan Review E	70.00	160.00
Hlth Insp - Restaurant	L769	Food - Manager	45.00	50.00
Hlth Insp - Restaurant	L770	Food - Misc Reinspection	100.00	140.00
Hlth Insp - Swimming Pool	L780	Pool - Operating Permit-currently all pools - with new categories <100,000 gallons	650.00	650.00
Hlth Insp - Swimming Pool	NEW	Pool - Operating Permit->100,000 gallons	650.00	760.00
Hlth Insp - Swimming Pool	NEW	Pool - wading pools - New FEE	-	75.00
Hlth Insp - Swimming Pool	L781	Pool - Plan Review	115.00	480.00
Hlth Insp - Swimming Pool	L782	Pool - Equipment	115.00	260.00
Hlth Insp - Swimming Pool	L783	Pool - Operator One Yr	30.00	40.00
Hlth Insp - Swimming Pool	L784	Pool - Operator Two Yr.	60.00	70.00
Hlth Insp - Swimming Pool	L785	Pool - Operator Three Yr.	90.00	90.00
Hlth Insp - Swimming Pool	L786	Pool - Operator Exam	30.00	40.00
Hlth Insp - Swimming Pool	L787	Pool - Management Co.	50.00	55.00
Hlth Insp - Swimming Pool	L788	Pool - Misc	100.00	100.00

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
African American Festival of Academic Excellence	To provide for the Festival site	Yes	-	Yes	-	Yes	Yes	Yes	-	-	Yes
African Immigrant and Refugee Foundation, Inc.	To support the expertise and staff time for diversity training in Montgomery County	-	-	-	-	Yes	Yes	Yes	-	Yes	Yes
Asian Pacific American Legal Resource Center, Inc.	To support legal service, outreach, and education programs for low-income Asian Americans of MC	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Big Brothers Big Sisters of the National Capital Area	To provide support to Mentor Development Center and programs	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Caribbean Help Center, Inc.	To support operating expenses	-	-	-	Yes	Yes	Yes	-	-	Yes	Yes
CASA de Maryland, Inc.	Social Services, information and referral for low-income immigrants at Silver Spring center	Yes	-	-	-	-	-	-	Yes	-	Yes
Catholic Charities of the Archdiocese of Washington, Inc.	To support immigration legal services outreach workshops and pro bono trainings	-	-	-	-	-	Yes	-	-	Yes	Yes
Child Center & Adult Services, Inc.	Healthy Mothers, Healthy Babies program	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Circle of Rights, Inc.	To support vital Hispanic Outreach	-	-	-	-	-	-	-	-	-	Yes
College Tracks, Inc.	To provide operating expenses for program to improve college access for students at Wheaton High School	-	-	-	-	-	-	-	-	Yes	Yes
Crossway Community, Inc.	To provide help with operating costs	Yes	-	-	-	-	-	Yes	Yes	-	Yes
Crossway Community, Inc.	To provide reimbursement for emergency provisions to help families in crisis	-	-	-	-	-	-	-	-	-	Yes
Crossway Community, Inc.	To provide salary for an intervention services coordinator	-	-	-	-	-	-	-	-	-	Yes
Family Learning Solutions, Inc.	To provide services to at-risk African-American and immigrant youth via Family Learning Connections program at the Gilchrest Center for Cultural Diversity	-	-	Yes	Yes	-	-	-	Yes	Yes	Yes
Family Services Agency, Inc.	To match the funds from the City of Gaithersburg for Brothers program	-	-	-	-	-	-	-	-	-	Yes
First African Methodist Episcopal Church	Provides food program for low income families	-	-	-	-	-	-	-	Yes	-	Yes
Gandhi Brigade Youth Media	To support at-risk youth community engagement by outfitting a community media center in Silver Spring with technology	-	-	-	-	-	-	-	-	-	Yes
GapBuster Learning Center, Inc.	Provides services for teen and young adult activities	-	-	-	-	-	Yes	-	Yes	Yes	Yes
Identity, Inc.	To provide case management funding to low-income Latino youth and families	-	-	Yes	Yes	-	Yes	Yes	Yes	-	Yes
IMPACT Silver Spring, Inc.	To support Neighbors Supporting Neighbors campaign	-	-	Yes	Yes	-	-	Yes	Yes	Yes	Yes
Institute for Family Development, Inc. d.b.a. Centro Familia	To provide training, business development and home visiting for Listos para Escuela/Ready for School program and Career Ladder for latino Family Childcare Providers	-	-	-	Yes	-	Yes	Yes	Yes	Yes	Yes
Inter-Faith Community Against Domestic Violence	To support the initial offering of the training program Clergy as Domestic Violence First Responders	-	-	-	-	-	-	-	-	-	Yes
Jewish Federation of Greater Washington	To provide emergency services funding	-	-	-	-	Yes	-	-	-	-	Yes
Jewish Federation of Greater Washington	To purchase emergency generator	-	-	-	-	-	-	-	-	-	Yes
Jobs Unlimited, Inc.	To hire a part-time Outreach Coordinator	-	-	-	-	-	-	-	-	-	Yes
Jubilee Association of Maryland, Inc.	To support the autism initiative for individuals with high functioning autism spectrum disorders	-	-	-	-	-	-	-	-	-	Yes

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Korean Community Service Center of Greater Washington, Inc.	Provides support to the operation of the KAMMSA Health Clinic	-	-	-	-	-	-	-	-	-	Yes
Korean Community Service Center of Greater Washington, Inc.	Provides support to the Keystones Domestic Violence Prevention Program	-	-	-	-	-	-	-	Yes	Yes	Yes
Liberty's Promise	To provide help to at-risk youth immigrant population, internship and civic education programs for low-income youth immigrants	-	-	-	-	-	-	-	Yes	Yes	Yes
Lt. Joseph P. Kennedy Institute, Inc.	To provide for a specialized after-school program for children with developmental disabilities (Community Companions)	-	-	-	-	Yes	Yes	-	-	-	Yes
Manna Food Center, Inc.	To provide moving costs and improvements to build refrigeration and shelving units	-	-	-	-	-	-	-	Yes	Yes	Yes
Mental Health Association, Inc.	To support the Military Mental Health Initiative	-	-	-	-	-	-	-	-	Yes	Yes
Metropolitan Community Development Corporation	To provide after school enrichment program for low-income and immigrant children ages 3-13	-	-	-	-	Yes	-	-	Yes	-	Yes
Montgomery County Collaboration Council	To support Advancing Youth Development training for Out-of-School time program staff	-	-	-	-	-	-	-	-	-	Yes
Montgomery County Muslim Foundation, Inc.	To hire an Administrative Assistant	-	-	-	-	-	-	-	-	-	Yes
Nonprofit Roundtable of Greater Washington Partnership for Jewish Life and Learning	To support the nonprofit sector to adapt to serve through nonprofit partnerships and collaborations; cost savings in contract and procurement processes; impact of the nonprofit sector in Montgomery County	-	-	-	-	-	-	-	-	Yes	Yes
Partnership for Jewish Life and Learning	To provide Capital security enhancements	-	-	-	-	-	-	-	-	-	Yes
Passion for Learning, Inc.	To continue academic after school programs for at-risk students in Montgomery County Public Schools	-	-	-	-	-	-	-	-	Yes	Yes
St. Ann's Infant and Maternity Home	Teen Mother-Baby program	-	-	-	-	-	-	-	-	-	Yes
St. Camillus Church	To provide assistance to low-income individuals, families and children with basic living needs.	-	-	-	-	-	-	-	-	-	Yes
Supported Employment Enterprises Corp. (SEEC)	To provide for emergency housing costs for adults with developmental disabilities	-	-	-	-	-	-	-	-	-	Yes
Supported Employment Enterprises Corp. (SEEC)	To provide for dental expenses for adults with developmental disabilities	-	-	-	-	-	-	-	-	-	Yes
The Cambodian Buddhist Society, Inc.	To establish an employment center at the Cambodian Buddhist Temple	-	-	-	-	-	-	-	-	-	Yes
Women Who Care Ministries, Inc.	To rent a food pantry, which also includes office space	-	-	-	-	-	-	-	-	Yes	Yes
Women Who Care Ministries, Inc.	To hire a Food Services Coordination Manager	-	-	-	-	-	-	-	-	-	Yes

9

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
<b>Entity Included in the Base Budget</b>											
Washington Youth Foundation	Positive youth development program targeting Korean immigrants and at-risk youth and their families	-	-	-	-	-	-	-	-	Yes	Yes
<b>Entity *Included in the Base Budget by County Executive in DHHS</b>											
Asian American LEAD	Provides after-school academic enrichment programs to low-income Asian Americans of MC	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Alzheimer's Disease Related Disorders Association, National Capital Chapter, Inc.	Program for frail seniors, families and caregivers						Yes	Yes	Yes	Yes	Yes
Bethesda Cares, Inc.	To provide eviction/utility shut off prevention program (to prevent homelessness)	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Community Bridges, Inc.	Leadership and empowerment programs for immigrant and low-income adolescent girls	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Food & Friends, Inc.	To provide clinical nutrition to residents living with HIV/AIDS, cancer and other life-challenging illnesses	-	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes
Latin American Youth Center, Inc.	To support Maryland Multicultural Youth Centers	-	-	-	-	-	Yes	-	Yes	Yes	Yes
Latin American Youth Center, Inc.	To maintain safety and security for at-risk youth	-	-	-	-	-	-	-	Yes	Yes	Yes
Maryland Vietnamese Mutual Association, Inc.	To support Vietnamese American Community	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Mental Health Association, Inc. N*Common	To support N*COMMON Multicultural Mental Health Initiative	-	Yes	-	Yes	-	Yes	Yes		Yes	Yes
Potomac Community Resources, Inc.	To serve persons with developmental disabilities	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Top Banana Home Delivered Groceries, Inc.	To provide food, protects the health of vulnerable adults	-	-	Yes	Yes	-	Yes	Yes	Yes	Yes	Yes

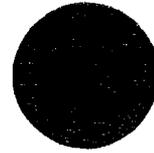
\* The above eleven grants were requested by the entities through the County Executive community grants -NDA. Washington Youth Foundation did not apply for a community grant.

10

**Guthrie, Lynn**

**From:** Andrews' Office, Councilmember  
**Sent:** Tuesday, April 28, 2009 1:59 PM  
**To:** Montgomery County Council  
**Subject:** FW: Food & Friends: A Request for Your Attention to an Important Matter

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04/28/09 11:09:27  
 04/28/09 11:09:27

-----Original Message-----

**From:** Robert Hall [mailto:rhall@foodandfriends.org]  
**Sent:** Tuesday, April 28, 2009 1:44 PM  
**To:** Andrews' Office, Councilmember  
**Subject:** Food & Friends: A Request for Your Attention to an Important Matter

Dear Council President Andrews,

For nine years, Food & Friends has partnered with Montgomery County to provide life-sustaining meals to critically ill children and adults. As the board chair of Food & Friends, it has come to my attention that Councilmember George Leventhal has recently raised some concerns regarding our Executive Director's compensation, concerns that may jeopardize our partnership.

This year we will provide 81,000 specialized meals, along with nutritional counseling, to some of Montgomery County's most seriously ill residents. The costs of those services will exceed \$630,000. Of that amount, only \$56,440 will be local public dollars if the County Council supports the Executive's proposed FY10 budget. Food & Friends will raise approximately \$10 for every \$1 appropriated. It is only fair that the County government continue to share in this expense.

The County dollars represent a very small portion of the total expense. It cannot be reasonably said that this modest contribution represents a significant payment toward executive compensation. It is worth noting that all of the administrative expense of the organization represents 23% of expenditures with 77% going directly to program services.

The Board of Directors has twice retained a nationally recognized independent consultant to assess our Executive compensation package and to guide us toward a competitive salary for Mr. Shniderman. James E. Rocco Associates, New York, NY, undertook an extensive compensation analysis. The Board took into account the Rocco findings which reflect as well Mr. Shniderman's 26 years experience as an Executive Director including 14 years leading Food & Friends. The process of determining compensation was transparent and thorough. Like many organizations in today's economic climate, our Board has not approved any salary increases for the current year, including that of the executive director.

The issue of setting compensation is complex and must take into account many factors. The performance of the executive (or other staff member under consideration); length of service with the organization; years of professional experience; professional education and credentials; specific duties, including fundraising; size of budget; number of personnel, paid and volunteer; geographic region served; volume of service and other considerations. The board of directors of Food & Friends and the Rocco firm took all of these into account. I should add that it is not appropriate to consider only local organizations in setting compensation.

We were surprised to learn of Mr. Leventhal's concerns only yesterday. I am troubled that the issue of

4/28/2009

compensation was not disclosed early in the process. At no time were we informed of the criteria for "acceptable" compensation. In fact, we still do not know whether Mr. Leventhal or others have established such criteria and if so, what they are. What is the threshold and is it being applied across all organizations? Who determines what is or is not acceptable? Were other organizations advised as to this issue and if so, when? What other organizations will be affected?

The Council should not let this complex matter derail the provision of services that are urgently and immediately needed. A careful study of this matter may be helpful in alleviating concerns without risking care of vulnerable residents. Community input as well as professional advice is required in a matter such as this.

We are deeply disappointed that the handling of this issue does not reflect the County government's commitment to objectivity, openness and an orderly process. The report on Food & Friends from the County Council's Grants Advisory Group lauds the management and services of our organization, describing it as "extremely organized and well run" with "strong community partnerships and collaborations" serving a "highly vulnerable population in high need" (please see attached). This view was ratified by the independent national charity evaluator, Charity Navigator, awarding Food & Friends its highest rating, 4 stars, in 2008.

Food & Friends has broad based community support. Of our 13,000 volunteers in 2008, 2,070 were Montgomery residents. Additionally, 4,305 County residents are current financial donors and six business and professional leaders are members of our Board of Directors. These individuals and many others, including a multitude of faith based groups, count on the County government's support of our organization.

As a matter of fairness and so as to ensure the well-being of critically ill County residents, I request that Mr. Leventhal's committee and the Council ratify the County Executive's proposed funding.

Sincerely,

Robert Hall III, President