


HHS COMMITTEE #1
October 16, 2014

MEMORANDUM

October 14, 2014

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Meeting with Boards and Commissions**

The Health and Human Services (HHS) Committee will hold a roundtable discussion with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on policy priorities. Uma Ahluwalia, Director, Department of Health and Human Services has been invited to the worksession.

In a letter dated July 15, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1, with the Commission and Board responses beginning at ©2. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to speak for no more than three minutes. A chart listing each group, its chair(s) or designated representative, and the reference number for its response can be found on the following page. A joint statement from the chairs of all the advisory groups represented at the meeting is attached at ©27.

Presentations from the represented groups will be heard in reverse alphabetical order. The order of presentations rotates from alphabetical to reverse alphabetical order from year to year in an effort to be equitable to participating groups.

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
Judy Whiton	Victim Services Advisory Board	2
Lynda Honberg	Montgomery Cares Advisory Board	3
Celia Serkin	Mental Health Advisory Committee	4
Rose Marie Martinez Evelyn Kelly	Latino Health Initiative	5-6
Chandra Harris-Jackson	Community Action Board	7-8
Jerry Godwin	Commission on Veterans Affairs	9
Patricia A. Gallalee	Commission on People with Disabilities	10
Christopher Fogleman	Commission on Juvenile Justice	11-12
Ronald Bialek	Commission on Health	13
Riberta Rinker	Commission on Children and Youth	14
Michelle Green	Commission on Child Care	15
Judith Levy	Commission on Aging	16-19
Ronna Cook	Citizen's Review Panel Advisory Group	20
Emily Morales Santiago Ashok Batra	Board of Social Services	21
Nerita Estanpador	Asian American Health Initiative (AAHI)	22-23
Roni K. White	Alcohol & Other Drug Abuse Advisory Council	24-25
Pat Grant	African American Health Program	26



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

July 15, 2014

Ms. Judy Whiton, Chair
Victim Services Advisory Board
12337 Galesville Drive
Gaithersburg, MD 20878

Dear Ms. Whiton:

On Thursday, October 16, the Health and Human Services (HHS) Committee will hold a worksession from 8:15 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing the policy issues of concern for your board in FY15. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by Tuesday, October 7 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7989 (fax). Please limit your remarks to one page. Responses will be compiled and distributed during the worksession. These materials will also be available on the Council's website (www.montgomerycountymd.gov -- follow links to the County Council) by the evening of October 14.

The meeting will begin at 8:30 a.m. in the third-floor Board Room of the Rockville Memorial Library at 21 Maryland Avenue. Coffee and a light breakfast will be available at 8:15 am. To accommodate all groups and allow time for discussion, each board or commission spokesperson will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Parking for pay is available at the three city-owned Rockville Town Center Garages. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

A handwritten signature in black ink that reads "George L. Leventhal".

George L. Leventhal
Chair
Health and Human Services Committee

C: Nancy Navarro, HHS Committee Member
Craig Rice, HHS Committee Member
Uma Ahluwalia
DHHS Commission Staff

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*Health and Human Services Committee
Work Session on Policy Issues*

Date: 10/16/14
B/C/C: Victim Services Advisory Board (VSAB)
B/C/C Representatives: Judy Whiton/Sorell Schwartz/Sylvia Fisher

Policy Issue #1: Resolve Housing Issues For Domestic Violence (DV) Victims And Their Families

Permanent (long-term) housing for Domestic Violence (DV) Victims is a critical need, necessary to ensure continuity of safety and life stabilization for this physically and psychologically vulnerable population. DV victims are provided temporary shelter and appropriate wrap-around services at the Betty Ann Krahnke Center (BAK). The prescribed period of residence is 2 to 3 months but because of the unavailability of transitional and long-term housing, clients remain at BAK about 6 months. Those unable to transition from BAK to safe conditions are provided temporary hotel housing, which is expensive and wholly inadequate with respect to protection from abusers. Further, DV victims face significant challenges that place them at risk for negative outcomes including: (a) high cost of living in the county, (b) lack of education and vocational skills, and (c) physical/emotional effects of complex trauma. Through the efforts of the VSAB working with County offices, long-term housing program for at least two young female-headed households will be instituted at Fleet Street properties, county-owned property that has been reserved by the county for DV victims and their families transitioning out of BAK. Once these properties are refurbished, clients will be provided with case management services that will include trauma recovery, life skills support, and resolution of permanent housing needs. long term housing).

VSAB has met with Chuck Short, Special Assistant to the County Executive and members of county housing programs and housing advocacy groups to identify strategies to increase the availability of viable housing stock for DV victims and families in need of long-term housing. VSAB is currently examining the feasibility of these options to develop a strategy to reach the goal of securing more long-term housing space for DV victims and families in Montgomery County.

Policy Issue #2: Restore Trauma Services Staff to Previous Levels of Services

The **Abused Persons Program (APP)** and the **Victim Assistant and Sexual Assault Program (VASAP)** serve DV victims, and victims of other violent crimes, by providing assistance within the District and Circuit Courts, therapeutic intervention, rape victim support point-of-hospital service, and guidance in applying for victim compensation. Services of both the therapists and victim assistants have been critically compromised by budget cuts. VASAP has lost a total of 45 hours weekly of victim assistance services. Further, following the retirement of the Supervisory Therapist who, among other duties, oversaw much of the VASAP District and Circuit Court victim advocate functions, the position was moved out of VASAP. The consequences from loss of the Supervisory Therapist and victim assistants are: (1) delays in processing of compensation cases for crime victims; (2) severely reduced court coverage in both Circuit and District Courts where crime victims seek (a) immediate assistance and relief from their crime victimization; and (b) connections to ongoing clinical and victim assistance services.

Accordingly, VSAB is working to support the following goals to restore trauma services to previous levels of services: (1) *Abused Persons Program* - one additional *Full time Therapist II @ \$57,765, plus fringes* to provide care for a wait list of approximately 35 clients awaiting treatment; (2) *Victim Assistant and Sexual Assault Program* – Return *Supervisory Therapist* position to VASAP; restore victim assistant hours the estimated cost for which is \$59,000.



**Montgomery Cares Advisory Board
Position Statement
October 16, 2014**

Overview

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally supports the primary health care safety net for uninsured, low-income, adult residents of our County.

Fiscal Year (FY) 2014 was a unique and challenging year for the MCares program. Many of the MCares clinics engaged in transitional activities including adoption of an Electronic Health Record, becoming Medicaid providers, and implementation of the ACA. Thanks to the support of the County Council and County Executive, the program is enhancing its pharmacy and specialty care program, launching a patient experience survey, and expanding its behavioral health services in FY15.

As the second year of the ACA enrollment begins, MCares is refining its role in the health care environment. While many County residents have access to health insurance coverage, MCares helps ensure that accessible care for low-income uninsured residents is affordable, appropriate (without cultural and linguistic barriers) and available. The clinics have demonstrated their ability to effectively serve diverse, multi-cultural communities and are in the process of improving clinic operations, management, and practice in order to ensure their viability in the changing environment.

As we look toward the future, the MCAB will work with other stakeholders to prioritize key components of Montgomery Cares 2.0 which incorporates the Triple Aim principles of improving population health, patient experience, and reducing costs.

Policy Priorities

The Montgomery Cares Advisory Board has identified two policy priorities for the future:

1. **Shaping the Future Direction of Montgomery Cares:** The MCAB is working with stakeholders to strengthen the MCares network and expand capacity to continue to meet the needs of the uninsured population. This includes:
 - Assure “no-barrier” access for consumer enrollment in Montgomery Cares and policies on directing patients eligible for other insurance programs.
 - Reinforce the patient-centered medical homes concept for all MCares patients;
 - Strengthening and sustaining a high quality network of safety-net providers;
 - Establishing linkages to community-based social and support services in order to start to build an integrated health system.

2. **Comprehensive Services and Quality of Care:** The MCAB would like to continue to expand access to ancillary services and ensure consistent performance across all clinics. This would include the following:
 - Provide equitable access to diabetic care, specialty care and oral health for all MCares patients.
 - Monitor use of the expanded behavioral health resources to ensure equitable access for all MCares patients.
 - Utilize appropriate and accurate measurement to monitor quality, costs, and patient outcomes, including patient satisfaction.



**Mental Health Advisory Committee's Top Two Priorities for FY15
Submitted to
County Council's HHS Committee
Work session on October 16, 2014**

The Montgomery County Mental Health Advisory Committee (MHAC), mandated by the State of Maryland, is committed to evaluate and monitor the development of mental health services and to work collaboratively with our community partners to monitor, advise and advocate for a comprehensive mental health system of care for all persons in Montgomery County.

The following are MHAC's two top priorities for FY15.

- 1) Identifying ways to expand the Crisis Center's capacity and resources and to improve the process of community re-entry and step-downs from higher levels of care so they are streamlined, flexible, and responsive to individual needs

School referrals to the Crisis Center reached over 1000 for the 2013-2014 school year. There has been a 33% increase in Crisis Center usage from July 2013 to June 2014. The Core Service Agency (CSA) reports that the Crisis Center has been used to provide emergency treatment and medication for clients on the waiting lists for psychiatric treatment, thus stretching the capacity of the Center in general. In addition, the CSA indicated that there is an increase in the acuity levels of youth needing outpatient and in-home services.

Consumers stepping down from higher levels of care to the community encounter many barriers and gaps in services. Because of these barriers and gaps, consumers often end up homeless and cycle back into higher levels of care. For example, because the majority of admissions to Springfield Hospital are court ordered, the courts are sometimes releasing patients into the community before the hospital staff deems them psychiatrically stable and before community services can be secured. Since the Assisted Living Unit closed, there have not been enough community services to fill the gap to help consumers at Springfield transition to the community. They sometimes re-enter the hospital when they really need a step-down between the hospital and the community or they return to the community and end up homeless.

- 2) Studying jail diversion programs in the juvenile justice and criminal justice systems to support a comprehensive plan which includes diversionary practices along the continuum.

The Mental Health Advisory Committee continues to support decriminalization efforts in both the juvenile justice and criminal justice systems. There can be little dispute that, at least with respect to nonviolent crimes, much of what the criminal justice system addresses through incarceration and fines, in seeking not just deterrence but also, at least as importantly, justice itself, is better addressed by a diversionary adjunct that offers a therapeutic alternative to punishment. In Montgomery County, an estimated 22 percent of the inmates at Montgomery County Correctional Facility and Montgomery County Detention Center are men and women with mental health disorders. Nearly 75% of these inmates are likely to have a co-occurring substance abuse disorder.

Our Committee will study various models of diversionary programs that range from pre-booking programs to Behavioral Health Courts to post-booking programs. We will engage in ongoing dialogues with the County Council and the judicial system to support the planning and initiation of a comprehensive plan that addresses the spectrum of criminal involvement so that there is a systematic response to the decriminalization of mental health disorders to include an effective use of resources.



October 7, 2014

The Honorable George Leventhal
Health and Human Services Committee
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Dear Honorable Councilmember Leventhal:

On behalf of Latino Health Steering Committee (LHSC) of Montgomery County, we are presenting our following top Policy Priorities for Fiscal Year 2015.

Full Integration of Latino Youth into Montgomery County

The Latino Youth Collaborative report, *A Generation of Youth Hanging in the Balance* (2010) and the *Latino Youth Collaborative Oversight Workgroup Final Report* (2014) reported that the capacity of most agencies was stretched beyond capacity as they struggled to respond to the needs of County Latino youth. The recent arrival of larger numbers of unaccompanied children from Central America, compounded by the needs that they bring, has the potential of overwhelming the systems and capacity of these agencies programs. The LHSC requests the support of the HHS Committee in continuing to build the capacity of both county and community based agencies in order to strengthen our current infrastructures to meet the additional needs of our youth.

Health Care for All

Despite the monumental passage of the Affordable Care Act and current implementation efforts underway, millions of residents in the United States will still go without coverage. In Maryland alone, more than 17% of the population will remain uninsured due to their immigration status according to estimates calculated by the Robert Wood Johnson Foundation, a reality experienced by thousands of residents of Montgomery County, host of the largest Latino population in the state.

In response to this gap, the LHSC aims to work with diverse stakeholders and partners across the County, State and regionally to create a model for universal health care coverage in the state of Maryland. Moreover, we will seek to learn from and partner with those that have already implemented and are currently proposing successful and innovative models of universal health care access in other jurisdictions around the country. Innovative models such as the DC Healthcare Alliance Program in Washington, DC and The California Universal Healthcare Act, a recent proposal making its way through the legislative process in California. Our goal is to work collaboratively to address the greatest health disparity endured by our community, inequitable

Latino Health Steering Committee of Montgomery County

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access to affordable, quality health care and finally create an equitable system that provides access to all. The LHSC, requests that the HHS Committee support and contribute to the design of this universal health care model.

Leadership Institute for Equity and Elimination of Disparities (LIEED)

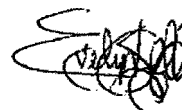
As a result of a 22 month process, members of the LHSC along with representatives from the Caribbean American, Continental African, African-American, Middle Eastern, and Asian-American communities and the DHHS Director with her Senior Staff, have continued to work on developing the infrastructure and supporting the implementation of activities related to LIEED. The goal of LIEED is to develop a strategy to enhance Departmental practice, policy, and infrastructure to best serve racially, linguistically and ethnically diverse communities including emerging populations. For 2015, the LHSC respectfully requests the support of the HHS Committee in ensuring that the resources to cover the basic infrastructure requirements needed for the successful operation of the LIEED continues to be provided so that identified priorities, initiatives, and activities can be executed. Some of the accomplishments of LIEED in 2014 include strengthening the ties among members of the LIEED Advisory Committee and between committee members and DHHS; creating an operating framework for the LIEED Advisory Committee in order to define its purpose, responsibilities, membership and structure and electing the new Chair and Co-Chairs Elect; identification of key areas of action such as better data collection efforts in the County (e.g. needs assessment and disaggregated demographic data); and involvement in specific projects such as the outreach for the Affordable Care Act and the development of a Behavioral Health Workforce Diversity project within the Welcome Back Center model.

We hope to count on the support of the HHS committee to continue our work and build upon our successes in this next fiscal year as we concentrate on our infrastructure, key priority areas, and advocacy efforts for our communities.

Sincerely,



Rose Marie Martinez
Co-Chair LHSC



Evelyn Kelly
Co-Chair LHSC

CC: The Honorable Nancy Navarro, Health and Human Services Committee,
Montgomery County Council
The Honorable Craig Rice, Health and Human Services Committee,
Montgomery County Council
Uma Ahluwalia, Director, Department of Health and Human Services
Betty Lam, Chief, Office of Community Affairs, DHHS
Sonia Mora, Manager, Latino Health Initiative, DHHS
Susan Seling, Special Assistant to the Director, DHHS

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Montgomery County Community Action Board's
County Council HHS Committee Roundtable Testimony

Thursday, October 16, 2014

Chandra Harris-Jackson
Community Action Board Vice-Chair

Thank you, and the members of the HHS Committee, for inviting us to share our FY15 priorities. The Montgomery County Community Action Board advises you about poverty, and oversees Community Action's programs, which reduce poverty and improve the self-sufficiency of low-income residents: This includes Head Start, and the agency's Community Services Block Grant, which supports services at the Takoma-East Silver Spring Center (TESS), VITA and its monitoring of contracts to nonprofits, some of which are funded through the Council grant process. We are interested in having a designated role in advising you about County grants, since we hear about community changes and needs. We also hope to have an active role regarding the Agency's next home, before its move from the Wheaton Metro.

Thank you for your support of VITA through the budget, for raising the minimum wage and for fully restoring the County's EITC. Last year VITA prepared almost 2,000 tax returns, helping families to access about \$4 million in refunds, including over \$1.4 million in Earned Income and Child Tax Credits. We ask for your ongoing support of VITA, and that you follow up on our previous request to fund the Self-Sufficiency Standard, last produced in 2012.

Priorities:

TESS: Last year, the TESS Center served 8,800 “walk in” customers requesting social service, case management and resource assistance. Staff connected customers to public agencies and nonprofits. Working with Maryland Hunger Solutions, MCPS, and partners, TESS started serving Summer Meals to up to 60 children a day, including “Judy Center” families. A “Neighborhood Opportunity Network” site, TESS staff and partners provided access and outreach for DHHS programs, and enrolled residents in the ACA. We need additional staff for this program, especially speakers of Amharic and French to serve rising numbers of African immigrants

Universal Prekindergarten: Child care costs in Montgomery County are the highest in the state at \$25,290.ⁱ While the County’s Head Start Program and PreK Program offer high-quality early childhood education to children in low-income families, space is limited and many children are left without a spot in these programs. The 648 Head Start spots and 2,100 MCPS PreK spaces are not enough to meet the full need. We need additional support to add additional spots to the County’s PreK program and expand the current classes to full-day programs.

On behalf of our Board members we thank you for this opportunity to share our priorities and recommendations. We hope that you and the rest of the County Council will consider implementing these suggested policies as you continue your work to address the needs of the most vulnerable members of our community.

ⁱ Maryland Family Network Child Care Demographics 2014
<http://www.mdchildcare.org/mdcfc/pdfs/demographics/2014%20Demographics/Maryland.pdf>

MONTGOMERY COUNTY COMMISSION ON VETERANS AFFAIRS
MEETING WITH THE HEALTH AND HUMAN SERVICES COMMITTEE, COUNTY COUNCIL
The Commission's Top Two Policy Issues for Fiscal Year 2015 (FY15)

Jerry Godwin, Chair - Dan Bullis, Vice-Chair

October 16, 2014

On behalf of the Commission on Veterans Affairs, we want to thank you for your efforts on behalf of the County's almost 50,000 veterans. Here are the Commission's top policy issues for FY15:

1. The Council work with us to increase access in the County to health care for veterans. The County needs to encourage veterans and their families to enroll them in the VA health care system and we ask that information be provided on County Ride On buses as to how to enroll. The County needs to continue to press to build more collaborative relationships with the VA Medical Center in D.C., with the ultimate goal of establishing a Community Based Outpatient Clinic in the county. This could include asking the DCVAMC to have a shuttle to Montgomery County.

2. The Council work with us to increase outreach to the general veteran population regarding programs, services and recognition events; and this includes supporting veterans at Montgomery College and the Universities at Shady Grove. We are working to increase VA presence in the county. The Commission achieved a major goal in having a full-time Veterans Service Officer funded by the Maryland Department of Veterans Affairs stationed at Montgomery College to help veterans with their benefits, but the county's relationship with the VA medical system is still very limited. Now the Veterans Service Officer has resigned and they are in the hiring process

We continue to encourage cooperation, coordination and collaboration among all agencies and non-profits that serve veterans so that everyone works together to provide the best services possible to veterans and their families.

We will be asking the County Executive to designate 2015 as "The Year of Montgomery County Veterans and their Families." If there is one thing that military service teaches you, it's the importance of teamwork – standing shoulder to shoulder with the Solider, Marine, Airman, Sailor or Coast Guardsman next to you. Our veterans and their families stood shoulder to shoulder for us; we must now stand shoulder to shoulder for them. They deserve no less.

Thank you.

MONTGOMERY COUNTY COMMISSION ON PEOPLE WITH DISABILITIES
MEETING WITH THE MONTGOMERY COUNTY COUNCIL HEALTH AND HUMAN SERVICES COMMITTEE
Patricia Gallalee, Chair - Charlie Crawford, Vice-Chair
October 16, 2014

The Commission on People with Disabilities recommends that:

- 1) The County Council take all necessary steps to ensure the provision of quality resource coordination for people with developmental disabilities.

- 2) The County Council to take all necessary steps to end the waiting list for residential and other services through the State Developmental Disabilities Administration (DDA). This may mean working with intergovernmental affairs to have State legislation introduced to end the DDA waiting lists. As DDA determines service eligibility, they are the limiting service in resource coordination and delivery.. Most serious, residential services for persons with developmental disabilities require the parents be quite elderly (i.e., 75 years or older) near 80, the caretaker to have died, or some other serious crisis situation.

The Commission requests the County amend the current Commission's enabling legislation to give authority to advocate/lobby directly with the State/Federal Government, with approval of the Montgomery County Office of Intergovernmental Relations. This would place the Commission on People with Disabilities on par with Commission on Veteran Affairs.

In addition, the Commission recommends that the County recognize people with disabilities (i.e., people with physical, developmental, cognitive, psychiatric and sensory disabilities) as a targeted group for Health Disparities Outreach. A member of the Commission attends the Commission on Health meetings and is working to see that all County health clinics are accessible and make necessary reasonable accommodations.

Thank you for your continued support of people with disabilities and for your leadership on these important issues.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-15

In FY-15, the Commission on Juvenile Justice (“Commission” or “CJJ”) is focusing on the first year of its work-plan. Every year, the Commission holds its annual retreat in May. During this retreat, the CJJ comes up with its priorities and work plan for the coming year.

The Commission’s first priority is to focus on intervention and prevention efforts for high need youth, including disproportionate minority contact, gender specific, and re-entry issues. Our work-plan for this priority includes the following steps:

- Monitor, report on, and make recommendations regarding relevant proposed legislation.
- Advocate for Commission budget recommendations.
- Gather and report on relevant information obtained from community stakeholders.
- Disseminate to community stakeholders relevant information obtained from other sources.

The Commission’s second priority is to monitor and track the quality of care provided to Montgomery County youths in community placements or residential facilities, which may also be located outside of the County. The Commission’s primary duties include the examination of mental and physical health care, education, programming, and transportation offered to youth in the Montgomery County juvenile justice system. Our work plan for this priority includes the following steps.

- Work with agency partners and community organizations to assess the needs of high-need youth in the County, focusing specifically on high-risk areas, as well as identifying the particular needs of children of immigrant parents.
- To explore *Restorative Justice (RJ)* intervention and prevention processes and best practices as they relate to current programs that serve *high-need* youth in Montgomery County. Report conclusions and make recommendations for continued improvement of current programs, utilizing *RJ* practices, to support young offenders, or otherwise *high-need youth*, as well as the communities that embrace them.

Commission on Juvenile Justice

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

- Explore the possible effect of community re-entry programs to support young offenders in Montgomery County Maryland. This will be accomplished by working with Montgomery County Council members interested in pursuing and strengthening such programs. Community Re-Entry programs involve implementing a comprehensive strategy to ensure the safety of the community and the reduction of youth crime and recidivism through careful selection and preparation of high need youth offenders to return to the community into a critical array of support services, offender accountability, and structure reintegration.
- Increase the Commission's awareness of juvenile justice issues within the County Council and arrange a Commission meeting with Council members involved in juvenile justice issues.

Commission on Juvenile Justice

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 **Montgomery County Commission on Health**

**Fiscal Year 2015 Policy Recommendations
Health and Human Services Committee Work Session
October 16, 2014**

Good morning Mr. Leventhal, Ms. Navarro, Mr. Rice and my fellow boards and commission chairs. My name is Ron Bialek, Chair of the **Commission on Health (COH)**. Thank you for this opportunity to briefly share with you priorities that the COH will be focusing on in FY15.

During FY14, the COH focused on researching several important public health issues and developing recommendations for the County Executive, County Council, and the Montgomery County Department of Health and Human Services (MCDHHS). After extensive research involving presentations by and discussions with experts on national public health accreditation, and analysis of data and literature on the uninsured, chronic diseases, and preventive services, the COH is recommended actions be taken by MCDHHS, the County Executive, and the County Council in three areas:

- Public Health Accreditation
- Access to health insurance and needed health services by underserved populations in the County
- Food security for all County residents

Specifically, the COH recommends the following related to the priority areas:

- The County Council encourage MCDHHS to move forward becoming accredited by the Public Health Accreditation Board.
- MCDHHS complete an assessment of its readiness for accreditation and identify the necessary resources to proceed with the process.
- MCDHHS identify one or more staff members to serve as Accreditation and Quality Improvement Coordinator(s) to help lead the department's accreditation effort; MCDHHS should determine if this role can be filled by an existing staff member or a newly created position, with appropriate funding.
- Additional funding be provided for behavioral health access and treatment through the Montgomery Cares Program and other healthcare providers.
- Additional funding be provided for dental health access and treatment through the Montgomery Cares Program and other healthcare providers.
- Montgomery County advocate for State of Maryland legislation to increase Maryland cigarette taxes.
- Montgomery County advocate for State of Maryland legislation to increase the age a person can legally purchase cigarettes from age 18 to 21.
- MCDHHS monitor access to care for underserved and newly insured populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities increase during Affordable Care Act (ACA) implementation.
- The County Executive and County Council continue to support Montgomery Cares, the Care for Kids and Maternity Partnership programs as well as other MCDHHS programs that provide necessary health care for uninsured County residents.
- The County Executive and County Council work with the State of Maryland to ensure that MCDHHS has the flexibility to enroll individuals in both health insurance and social services at the same time.
- MCDHHS facilitate seamless enrollment by residents into all health and social services County programs for which they are eligible, including those related to the ACA.
- Educate County government employees, residents and health care providers about no-cost preventive health services available as a result of the ACA and encourage use of these benefits. Education can be through individual departments, supervisors, Human Resources and others.

The COH sent recommendation letters to the County Executive and County Council on January 28, April 24, May 16, and June 24, 2014. The COH was also given the opportunity to present testimony to the County Council seated as the Board of Health on October 14, 2014 on the public health accreditation recommendations and presented the FY14 Annual Report.

During our annual retreat later today (October 16, 2014), we will begin working on our **FY15 priorities**. This includes researching oral health needs of County residents and developing recommendations for consideration by the County Executive, County Council, and MCDHHS; and continuing to work on issues related to health insurance and access to care for the underserved, public health accreditation, data needs and food security.

As always, thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents.

MONTGOMERY COUNTY COMMISSION ON CHILDREN AND YOUTH

Top Two Policy Priorities Submitted to the County Council Health and Human Service Committee

October 16, 2014

The Commission on Children and Youth (CCY) promotes the well-being of Montgomery County's children, youth, and families so that all young people may realize their full potential and become contributing, productive adults.

Our top priority is to support policy and budget decisions that promote the safety and well-being of children and youth, and, furthermore, work to ensure children and youth have access to successful futures.

The Commission is working to affirm the needs, aspirations, and achievements of all the County's young people through its three subcommittees.

1. **Access to Mental Health Services**– Allow youth greater access to resources to improve their mental health.
2. **Life Skills Training for Youth** – Ensure that life skills training is accessible to the youth of Montgomery County.
3. **School Discipline and Suspension Policies** – Utilize diverse stakeholders related to school disciplinary/suspension policies to create a proactive approach to culturally competent policies.

Additionally, in order to advance its mission, the CCY will host its annual Youth Having a Voice Roundtable on Wednesday, December 10, 2014. This will be our 8th gathering of teens from across the County to discuss issues that are important in their lives. Not only do youth have the opportunity to talk, but adults – members of the County Council, Board of Education, HHS senior leadership and others – have the chance to hear, learn, and act on the concerns of the youth.

This year's Roundtable will focus on needed life skills training for youth and how students experience cultural competence in schools. We hope you will join us for this important event.

The Commission is committed to its mission and appreciates your support in our efforts. We look forward to working with you this year. Please feel free to contact us to inform us about how we may best support your efforts and partner to benefit the County's children and youth.

Montgomery County Commission on Child Care

Top Two 2014-2015 Priorities

Enhance the Working Parents Assistance Program (WPA)

The cost of child care is continuing to increase yet funding to support child care has remained relatively flat or been cut. Parents of virtually all income levels are struggling to afford child care, with more and more families at the lower end of the spectrum left with no options other than to resort to unregulated and/or substandard child care options for their children. The Commission is urging that the Working Parents Assistance Program (WPA) be revised and enhanced. The income guidelines must be changed to reflect the increased cost of living in Montgomery County and the amount of subsidy payments must be increased to a level that represents a meaningful contribution toward the total cost of care per child. As currently administered, many parents with an income level low enough to qualify for the WPA program cannot afford to pay the difference between the WPA stipend and the actual cost of child care. We must act now to reduce the out-of-pocket child care expenses paid by low income families in Montgomery County and increase the overall number of families served.

Improve the Child Care Delivery System in Montgomery County

The child care delivery system in Montgomery County is a patchwork of businesses, organizations, and family run operations of many different configurations including nonprofits, for-profits, single and multiple sites, in-home and center- or school-based, independent and subsidized providers. Similarly, child care providers are governed by a series of disparate real estate and licensing guidelines from Montgomery County Public Schools (MCPS), Health and Human Services (HHS), Parks and Recreation and the Office of Community Use of Public Facilities (CUPF). The overwhelming feedback from child care providers is that the processes for leasing and managing the use of public space for child care are not transparent, well-funded or well-managed. The Commission urges the County to immediately work to better align the standards and processes that govern preschool and school age care in public space.

Money spent on child care and early care and education is an investment in the County's social and economic future. Access to quality child care is one of the greatest barriers toward self-sufficiency for families. The availability of quality, affordable child care is also critical to building a productive workforce and a vibrant climate for employers. Montgomery County should continue its strong track record of investing for the future by actively enhancing and prioritizing its focus on early care and education and the child care delivery system.



MONTGOMERY COUNTY COMMISSION ON AGING

October 7, 2014

The Honorable George L. Leventhal
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

The Commission on Aging believes that Montgomery County can become a Community for a Lifetime as adopted by the Montgomery County Council resolution in 2012 and continues concern itself with the quality of life for older adults. In recent times we advocated with much support and success from the County Executive and the County Council to include adoption of the Senior Agenda, Senior Fellow positions in transportation, housing and care giving. In addition the County now has a Transportation Coordinator and a Village Coordinator. We have also appreciated the funding of other recommendations from FY15 including increase in Adult Day Care Subsidies, an increase in rates for Foster Care Small Group Homes and return of funding for one position in the Long Term Care Ombudsman Program.

For FY16, the Commission continues to focus on key policy and budget measures to help attain the vision of a Community of a Lifetime. We are supporting and monitoring gradual implementation of the Senior Agenda, following the recommendations of our Summer Studies, and planning for the FY16 budget cycle.

Our top policy priorities for FY16 are Health/Mental Health, Protecting Vulnerable Adults and programs concerning Aging in Place.

1. Health/Mental Health

Each year, the Commission on Aging selects high priority needs of older residents for in-depth study and recommendations during the summer. The growing population of multi-generational diverse and low-income families in the County increasingly find themselves caring for their older parents and grandparents. For the second year in a row, the Commission selected a study on caregiving services and supports to identify solutions to the challenges and unmet needs of caregivers in Montgomery County. We continue to find that many caregivers are unaware of the services the County provides to assist them and their families, including the availability of adult day care and also respite care services.

- a. Provide Additional Subsidies for Respite Care and Medical Adult Day Care

Respite Services for Older Adults

The Commission on Aging recommends a funding increase for the Montgomery County Respite Services Program to provide additional respite services for individuals who are caring for older adults in Montgomery County. Even though many families take great joy in providing care to their loved ones at

home, the physical, emotional and financial consequences for the family caregiver can be overwhelming. These caregivers need physical breaks to tend to their own needs. They also need emotional breaks so they can return to their care giving duties rested and refreshed. Respite has been shown to help sustain family caregiver health and well being, avoid or delay out-of-home placements, improve long-term family stability, and reduce the likelihood of abuse and neglect. It is noteworthy that the majority of the Montgomery County Respite Program's current funding is used for to aid younger individuals and children, not older adults. Recommendation: \$100,000

Medical Adult Day Care

Medical Adult Day Care Programs are critical in supporting caregivers by providing day time services that allow family members relief from the continuous needs of care giving for an individual with a chronic disease as well as providing a therapeutic environment. The Commission on Aging is grateful that the County Council and County Executive supported this critical service and increased funding for the adult day care subsidy last year. Despite the increase in funding, there is still a waiting list for the adult day care subsidy program and the adult day care subsidy reimbursement, at \$56.00 per day, remains significantly lower than reimbursement from other programs including Medicaid and the State's Senior Care Funds Program. In addition to supporting caregivers, Medical Adult Day Programs allow individuals to age-in-place while receiving medical oversight and support in an interdisciplinary healthcare setting that provides social stimulation. FY 16 Recommendation: \$100,000

b. Increase Funding for a Full-Time Caregiver Supports Coordinator

The Commission on Aging greatly appreciates the funding granted last year for a temporary part-time senior fellow to develop and staff a Caregiver Supports Coalition. However, based on the tremendous need of family caregivers who reside in the County and the extensive scope, duties, and responsibilities assigned to this position including playing a leadership role in strengthening collaboration amongst service providers, increasing outreach to family caregivers, assimilating and analyzing data, and facilitating actions to address and correct specific problems and issues related to County programs and initiatives, the Commission on Aging recommends funding a **full-time permanent** Caregiver Supports Coordinator position. Recommendation: Additional \$40,000

2. Protecting Vulnerable Seniors and Adults

A vulnerable adult is often an individual who due to a mental or physical disability is not able to defend themselves. However, it can also be someone who trusts and needs a friend. Sometimes it is someone who is depressed or grieving and believes the offender is trying to help them. And because every year the number of those turning 65 years of age continues to increase, so do the crimes against them. In recent major studies, the National Center for Elder Abuse states up to 10% of the study participants stated experiencing some form of abuse in the prior year that did not include financial abuse. And financial abuse is a very serious problem accounting for financial loss in our country of more than \$2.5 million each year.

In our County, the Adult Protective Services program (APS) has seen a 10% increase in one year, with investigations at 709 in FY13 to 776 in FY14. These numbers include financial exploitation due to the State legislation requiring reporting by financial institutions. There has been an increase in financial

exploitation cases from FY13 at 138 to FY14 at 203, thus financial exploitation now represents almost 25% of APS cases in our locality. The Commission is asking to expand the capacity of APS, Police and State Attorney's Office to meet the increased demand to protect older and vulnerable adults from abuse and financial exploitation and to intervene for protection and redress within current legislation and the justice system with three positions. (3 positions, one for each agency , 3x \$90,000) \$270,000

3. Aging in Place

The COA conducted a 2014 Summer Study on "The Need to Improve Advocacy for Older Adults in Montgomery County Planning." This summer study was informed by outstanding expert panelists, especially related to (1) needed enhancements to the Planning Department/Planning Board decision-making related to older adults in Master Plans and Sector Plans and (2) consideration of the features critical to making Montgomery County an Age-Friendly County. In addition we continue to support the expansion of Villages and other services to the senior population aging with dignity.

The FY16 recommendations for Aging in Place include the following:

- a) Implementation of the World Health Organization (WHO) checklist for an Age-Friendly City in the Maryland National Capital Park and Planning Commission (MNCPPC) processes for master plan development. WHO "Age-Friendly City" goals, checklist, data and information provide Montgomery County with an international collaborative database and standards to help us to fulfill the Montgomery's County objectives set forth in the Senior Agenda to become a Community for a Lifetime.
- b) Add a section in each MNCPPC Master Plan addressing Communities for a Lifetime required criteria.
- c) Create a MNCPPC staff position with requisite expertise to ensure that Age-Friendly community features are incorporated in the work of the MNCPPC for Montgomery County planning efforts \$90,000.
- d) Create a small pool of funds to assist with the start-up operating costs in developing new Villages in low income and diverse communities in the County A&D/HHS \$10,000.
- e) Increased funding in FY16 to fund Year Two of a multi year effort to increase payment rates for providers of Small Group Homes in the Adult Foster Care program. The approved FY15 increased budget allocation of \$153,180, (or \$175 per person, per month) was a beginning attempt to increase the Adult Foster Care reimbursement rate, in order to reduce the gap between the County and State subsidy rates for small assisted living homes. The care providers remain hopeful that the reimbursement would continue to take into account the fact that subsidy rates remained flat for more than 20 years. Additional increases are necessary in order to begin to address the financial challenges of housing, care and supervision for our most vulnerable residents. \$153,180

A summary of the budget implications of the Commission on Aging's policy priorities follows:

Commission on Aging FY 16 Budget Priorities-Summary

The Commission on Aging believes that Montgomery County can become a Community for a Lifetime. The Commission supports policy and budget measures to help attain that goal.

1. Health/Mental Health

- a. Provide Additional Subsidies for Respite Care and Medical Adult Day Care. FY 16 Recommendation: (\$100,000 for each program) \$200,000 .
- b. Increase Funding for a Full-Time Caregiver Supports Coordinator. FY 16 Recommendation: \$40,000

2. Protection for Vulnerable Adults

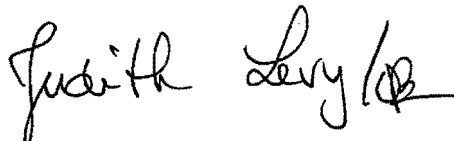
Expand the capacity of APS/Police and State Attorney's Office to meet the increased demand to protect older and vulnerable adults from abuse and financial exploitation and to intervene for protection and redress within current legislation and the justice system with three positions. FY16 Recommendation: 3x \$90,000 = \$270,000

3. Aging in Place

- a. Create a MNCPPC staff position with requisite expertise to ensure that Age-Friendly community features are incorporated in the work of the MNCPPC for Montgomery County planning efforts. FY 16 Recommendation: \$90,000.
- b. Create a small pool of funds to assist with the start-up operating costs in developing new Villages in low income and diverse communities in the County. FY 16 Recommendation: \$10,000.
- c. Increase Rates for Adult Foster Care Small Group Homes which represents a multi year effort to increase payment rates for providers of Small Group Homes. FY 16 Recommendation: \$153,180

We thank you for your ongoing support and for the opportunity to present our priorities.

Sincerely,



Judith Levy
Chair
Commission on Aging

CC: Nancy Navarro, HHS Committee Member
Craig Rice, HHS Committee Member
Isiah Leggett, County Executive
Uma Ahluwalia, Director, HHS Department
Jay Kenney, Chief, Office of Aging and Disability
Odile Brunetto, Director, Area Office on Aging

CITIZEN'S REVIEW PANEL FOR CHILDREN

Created: Montgomery County Code Section 27-49A, effective 4/23/01

Priority Statement for Meeting with

Montgomery County Council Health and Human Services Committee

October 16, 2014

The Citizens Review Panel examines the extent to which the County agency effectively implements the child protection standards and State plan under 42 USC section 5106a(b). The Panel also reviews other criteria it considers important for the protection of children.

The Panel believes that it is our responsibility to ensure that maltreated children receive the services and support they need. In past years the Panel has focused on providing input to improve mental health services for children who have been maltreated and on the training and support that foster parents receive in caring for maltreated children. Our review explored how the agency can improve recruitment, retention and training for foster parents. Last year we focused on the basic skills training and housing needs of youth transitioning from foster care. Housing is such a critical issue, we will continue our efforts to obtain housing opportunities for these youth and we want to reinforce the importance of this issue with you.

We ask you to think about the young adults you know between the ages of 18-21 and their readiness to live independently. Many of those in foster care do not have family or other social supports to help them make this transition – consider how difficult this transition is.

Each year, approximately 20 young adults in Montgomery County age out of the foster care system by their 21st birthday. All monetary and social work support from the child welfare agency stops. **One of the greatest needs** in preparing transitioning youth to live independently and to become productive members of society is finding and obtaining affordable, low-income housing. This is critical for young adults to be able to enroll in job training programs, pursue higher education, or seek employment. Recently the federal Housing and Urban Development (HUD) and Health and Human Services (HHS) signed a joint letter encouraging collaboration of housing and child welfare resources to address the housing needs of youth transitioning out of foster care. As a panel we are exploring several avenues and reaching out to other commissions, counties, and agencies. We urge the Montgomery County Council to work with us to seek out creative opportunities for available housing options for these vulnerable young adults in foster care. It will require a community solution.



Montgomery County Board of Social Services

Priority Statement for Meeting with
George Leventhal, Chair of the Health and Human Services Committee
Montgomery County Council
October 16, 2014

Purpose:

The Montgomery County Board of Social Services (BSS) provides advisory oversight to social services programs within Montgomery County funded by state Department of Human Resources (DHR) dollars. These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to assure that those individuals in our community who have the greatest challenges and least resources receive the support they need. Below are two key priority areas where the Board is focusing:

Key Priorities:

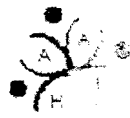
- **Culturally Sensitive Child Mental Health Services:**

The primary goal of Child Welfare is to achieve a permanent, safe and stable family connection that enhances well-being of children. The reduction of traumatic stress and other mental health concerns are addressed. Interventions are more likely to be effective in the context of permanency planning family members and/or other significant adults whom the youth see as meaningful in their lives. Given the unique experiences of minority children in the child welfare system, including African American and Latino/ Hispanic children, it is significant to address the specific needs of these populations. As staff manages an increased number of cases which are in need of culturally sensitive mental health services, the Board is hopeful that more services such as training and professionals are available to meet the needs of our youth.

- **Office of Eligibility and Support Services Offices (OESS):**

The staff engaged in the delivery of income support services for the County have faced multiple years of increased demand, accountability, and complexity of customer challenges with limited resources. The Board acknowledges and is thankful for the actions of the County Council to provide four additional staff in this area in FY14. This past year, the Board had the opportunity to meet with several staff members from different locations that perform eligibility determination. The Board was impressed at the level of commitment that they exhibit in spite of their volume and the changing landscape with the first open enrollment for the Affordable Care Act. After hearing their frustration regarding the condition of the offices in which they work, Board members visited the OESS Office located at 8818 Georgia Avenue, Silver Spring and observed less than desirable conditions including worn and torn carpets, areas in need of repair, evidence of leaks and rodents. The Board would like to be assured that the work and services provided to our needy families is done in an environment that shows that we respect and value both the staff and the customers that visit these offices. The Board hopes that the County will provide the resources necessary to improve conditions in the offices located at 8818 Georgia Avenue, 1301 and 1335 Piccard Drive in Rockville.

The Board greatly appreciates the support that has been provided by the County Council to the residents of the County.



**Asian American
Health Initiative**
Steering Committee

Fiscal Year 2016 Policy Priorities

Montgomery County Council Health and Human Services Committee Work Session
October 16, 2014

The Honorable George L. Leventhal
Vice President, Montgomery County Council
Chair, Health and Human Services Committee

Dear Council Vice President Leventhal,

Mental and Behavioral Health

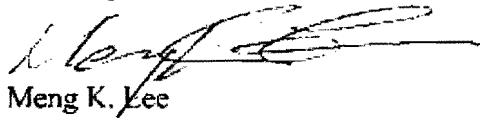
Mental and behavioral health continue to be top priorities for the Asian American Health Initiative (AAHI). In Fiscal Year 2016 (FY16), we hope to expand our efforts to not only work with the community to increase awareness and education but also develop partnerships with behavioral health providers. According to the 2001 U.S. Surgeon General's Report, low utilization of mental health services among Asian American Pacific Islander (AAPI) subgroups is due to a number of cultural values such as avoidance of shame and stigma as well as the lack of bicultural and bilingual providers. These cultural and language barriers prevent Asian Americans from using existing services. This results in behavioral health problems not being recognized until it is too late. Asian American females ages 15-24 have the highest suicide mortality rates across all racial/ethnic groups and older Asian American women have the highest suicide rate of all women over age 65 in the US. In FY16, AAHI hopes to continue to address behavioral health stigma through community outreach activities by working with bilingual Health Promoters. AAHI will also create a database of bilingual behavioral health providers. Upon the completion of the database, it will be shared with the Behavioral Health Taskforce of Healthy Montgomery. The database will assist AAHI, Healthy Montgomery, consumers, providers, and other social services agencies in referring and connecting community members to behavioral health services. By engaging community leaders and providers, AAHI will build partnerships that can help support the behavioral health needs of the Asian American community in Montgomery County.

Hepatitis B Prevention

Hepatitis B has been one of AAHI's core topics since its inception. According to the Centers for Disease Control and Prevention, hepatitis B affects 1 in 12 AAPIs and most do not know they are infected. AAPIs make up less than 5% of the US population, but account for more than 50% of Americans living with chronic Hepatitis B. In response to this health disparity, AAHI has created a hepatitis B prevention project model with four components: education, screening, vaccination, and treatment referral. To date, AAHI has worked with community-based organizations to screen over 1000 community members and vaccinate over 200 community members for hepatitis B. In FY16, AAHI will continue to provide technical support to community-based organizations to offer Hepatitis B education, screening, vaccination, and treatment referral. AAHI and its Steering Committee will also explore opportunities to share the hepatitis B prevention project model to larger medical networks such as Montgomery Cares.

In addition, AAHI hopes to continue to work with community and professional leaders to support and develop the Leadership Institute for Equity and the Elimination of Disparities (LIFEED) to address social determinants of health, with the goal of eliminating disparities and achieving equity.

Sincerely,



Meng K. Lee

Chairperson

Asian American Health Initiative Steering Committee

CC: Craig Rice, President, Montgomery County Council
Nancy Navarro, Montgomery County Council HHS Committee
Uma Ahluwalia, HHS Director
Betty Lam, Chief, Office of Community Affairs
Members of AAHI Steering Committee

Roundtable discussion with Chairs of Health & Human Services Advisory Boards, Committees & Commissions on Policy Priorities, October 16, 2014

AODAAC Statement

Good morning, Council President Rice, Councilmembers Leventhal, Navarro, and Director Ahluwalia.

AODAAC thanks you for this time to present our priorities for FY2015 and accomplishments of FY2014.

AODAAC seeks information from various entities throughout the county to gain a better perspective of the heartbeat relating to awareness, treatment, and services for county residents regarding alcohol and other drugs. We strive to inform the council on matters that create blockage and are in need of repair. Currently Montgomery County has one prevention specialist and no longer has a unified prevention program in MOCO public schools. We strongly encourage the county to support effective prevention efforts to strategically impact the need for services later to reduce the currently overburdened financial and human resources providing these services.

Our FY15 priorities are:

- 1) Evaluate and improve substance abuse prevention programs aimed at youth in the County and those who care for youth;
- 2) Collaboration with the Department of Correction and Rehabilitation to understand service needs of the inmate population. Additionally, explore and promote programs that offer alternatives to incarceration for individuals charged with drug and alcohol abuse related crimes;
- 3) Identify programs and promising practices that offer significant mental health and overall wellness related services including those that support the successful transition from inpatient treatment programs back to the community.
- 4) Collaboration with other HHS Boards to identify and work together on overlapping concerns.

The accomplishments and highlights experienced in FY14 have been onsite visits to treatment facilities such as Avery Road Treatment Center which lead to county action to address facility needs; learning gaps and needs in services from presentations by community providers, collaborating with the Mental Health Board for the 2014 Spring Forum. After appealing to MCPS we now have a representative from MCPS on our advisory council. The sole prevention employee for MOCO, Ben Stevenson has successfully organized two Drug Take Back Days in MOCO. He has also collaborated with Many Voices of Smart Choices and MCPS to provide information on drug and alcohol awareness for parents to receive during Back to School Night as well as provide 31 Facts for middle and high schools

to read each school day in October. AODAAC has been supportive of the Overdose Prevention Plan including the Naloxone roll out, and the Overdose Fatality Review Program.

We look forward to informing you on our results from our efforts this year to highlight the overwhelming need of prevention programs in Montgomery County to make informed budget recommendations. Our county and the residents of Montgomery County stand in need of effective programs to address alcohol and other drug abuse.

Respectively,

Roni K. White, MS

Co-Vice Chair



African American
Health Program

October 7, 2014

The Honorable George L. Leventhal
Chair, Health and Human Services Committee
Montgomery County Council
Stella B. Werner Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Mr. Leventhal:

On behalf of the African American Health Program (AAHP) Executive Committee, we would like to thank you and the members of the County Council's HHS Committee for the invitation to join in a discussion on furthering the County's policy priorities. We look forward to attending the October 16th worksession.

As requested, we have identified two of our top policy priorities, which are as follows:

1. Continue emphasis on the reduction and elimination of health disparities that AAHP focuses on. This will be facilitated by capturing relevant data that pertains to the population that AAHP serves and keeping abreast of external factors (i.e., legislation, collaborations, etc.) that will enhance the delivery of services that AAHP has in place or plans to implement. By doing so, AAHP will be able to incorporate better strategies and will have a better grasp on how to enhance our services to the communities that AAHP serves, which includes the African American, African, and Caribbean populations. According to USA Today (2014), when there is a major emphasis on eliminating health disparities, people are healthier and hospital visits/health costs are reduced. It was reported by the U.S. Office of Minority Health that health disparities between blacks and whites in 2011 resulted in approximately \$767 million additional hospital costs (2014). Based on information provided by the Maryland Department of Health and Mental Hygiene, "Minority Health Disparities cost Maryland between 1 and 2 Billion Dollars per year of direct medical costs" (2014).
2. Develop plans for a new Behavioral/Mental Health Program Area for AAHP, which will provide focus on raising awareness about mental health and ensuring that prevention and early intervention programs tailored to the targeted community the African American Health Program serves are in place. In addition, having a Behavioral/Mental Health program area will help AAHP to help its targeted community to understand the signs and symptoms of specific illnesses like stress, anxiety, depression, schizophrenia, bipolar disorder, eating disorders, and addictions. This focus is aligned with Healthy Montgomery's priority areas.

We appreciate all of the efforts and commitment of the County Council's HHS Committee and of the Director, DHHS and her staff in ensuring a healthier Montgomery County for all residents. If you have questions or need additional information, feel free to contact me on 301.460.7546 or via email (patsvqm@gmail.com).

Again, thank you for the opportunity to be a part of this discussion.

Sincerely,



Pat Grant
Chair, AAHP Executive Committee

cc. Members of AAHP Executive Committee
Heather Ross, AAHP Program Manager, DHHS

Roundtable discussion with Chairs of Health & Human Services Advisory Boards, Committees & Commissions on Policy Priorities, October 16, 2014

Opening Statement

Good morning, Council President Rice, Councilmembers Leventhal and Navarro and Director Ahluwalia.

As you know, today you will have the opportunity to hear from the Chairs of 18 different Advisory Boards, Committees and Commissions that are actively involved in matters affecting the quality of life in Montgomery County. In their reports you will hear about the many ways that these dedicated groups of volunteers and experts engage to advance the health and human experiences for residents in Montgomery County.

While you will hear about many different types of priorities and initiatives, one common thread that we hope to weave throughout our reports this morning is the importance of Prevention. Everyone here today cares about getting in early and getting it right. We understand, as you do, that Ben Franklin's adage, "an ounce of prevention is worth a pound of cure," still rings true – particularly when considering the issues challenging our county residents; especially those who are most at risk or in need. Whether we are discussing mental health, juvenile justice, foster care, victim services, poverty, disabilities, physical health, veterans or children and families – getting engaged in preventing issues before they increase in size and scope is critical to ensuring that we are strong stewards of the County's precious human and financial resources.

Many of the groups here today will be talking to you about what must be done to prevent and break cycles – cycles of violence, poverty, homelessness, substance abuse, education, joblessness and mental and physical health. The overlap and connection between and among these issues is dizzying. You will also likely hear about the impact prevention can have in reducing the high demand for auxiliary services if an issue can be addressed upfront and early. What we are sure will be clear from everything you hear today is that a comprehensive and coordinated prevention approach is critical to ensuring that the County's network of basic and wrap around services and supports deliver a comprehensive system of outreach that will ensure the highest possible quality of life and experiences for Montgomery County residents.

The financial crisis of 2008 had a significant impact on the County's ability to increase its health and human services footprint. As budgets were shrinking and departments and programs were working to do more with less, the need for County services did not stop. In fact, the County's population and its needs have continued to diversify and become more complex. As a group of Boards, Commissions and Committees, we are deeply appreciative of the County Executive's, County Council's and HHS Director's ongoing efforts to restore funding and continue to build a framework and infrastructure for services that will meet the growing needs of the citizens of Montgomery County.

Our collective efforts and collaborations are having an impact and we must boldly continue to strive to do everything possible to support our residents. We share in the County's mission to pursue the common good by working for and with Montgomery County's diverse community members and we are delighted to have the opportunity to talk with you today about our top policy priorities.

Thank you.