HHS COMM #2&3
April 30, 2015

Worksession

MEMORANDUM

April 29, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Worksession:** FY16 Operating Budget: Department of Health and Human Services (including Montgomery Cares, Care for Kids, and Minority Health Initiatives)

A. Healthy Montgomery Behavioral Health Action Plan Update

At this session, the HHS Committee will receive an update on the progress of the Healthy Montgomery Behavioral Health Task Force. The Executive Summary from the Action Plan is attached at © 1-3. The Action Plan has three main areas:

1. Enhance information about the availability of mental health services.
2. Develop protocols that will facilitate the transfer of consumers from institutional settings to community based organizations and improve communication among providers regarding shared consumers and consumer linkages.
3. Convene a task force to formulate a framework to establish a coordinated system of care.

The Healthy Montgomery Behavioral Health Task Force has provided priority recommendations for FY16 (©4-6). All three: (1) the shared psychiatrist position and (2) the mobile crisis team for children and adolescents, (3) a Community Health Nurse position within Adult Behavioral Health Services to better use limited and costly adult psychiatric services, have been discussed by the Committee as they are included in the FY15 initiatives that the Executive is not starting in January 2016.

B. Montgomery Cares Behavioral Health Program

HHS Chair Leventhal in part asked for the Healthy Montgomery update so that it could be a part of the context for considering the request of the Montgomery Cares Advisory Board to provide $50,000 to expand the Montgomery Cares Behavioral Health Program to the Holy Cross Clinic in Aspen Hill.

PCC has indicated that the $50,000 requested will add 0.6FTE of a licensed clinical behavioral health specialist to expand coverage at the highest demand site. In FY14, 1,482 patients were provided with behavioral health services at 8 clinic sites. Other clinics provide services with clinic staff or through other contracts. As mentioned on April 13th the most prevalent diagnoses were depression and anxiety disorder. The HHS Committee has previously discussed advantages of providing behavioral health in a primary care settings, particularly for populations that might not seek behavioral health services separately. Such services are also part of the patient centered medical home model.

A table showing the services available (or not available) at all Montgomery Cares clinics is attached at © 8. The table shows that behavioral health services are available to all three Holy Cross Clinics but that there is only one staff person for 16 hours per week at the Aspen Hill site, which is less than is available at the other two Holy Cross Clinics. Because Holy Cross patient data is not broken down by clinic, staff cannot tell what the need is at Aspen Hill compared to the other two.

Council staff recommendation: Council staff recommends approval if Holy Cross will provide information on Montgomery Cares patient usage by individual clinic so that it can be shown that hours are allocated where there is the highest need.

C. Montgomery Cares

The following programs and grant requests were discussed by the HHS Committee at its April 13th worksession. As the Council had not yet held its public hearings, the HHS Committee deferred making recommendations at that time.

The County Executive is recommending a $500,000 dollar reduction in the funding for primary care encounters reflecting the decline in patients and visits that has occurred in FY14 and is projected in FY15. The table on the following page shows the recommended changes. Under the Executive's proposal, 75,217 primary care visits would be funded for an expected 29,254 patients.

The Montgomery Cares Advisory Board had its monthly meeting on April 22nd and the program report through March 2015 is attached at © 13-22. Through March 2015 (75% of the Fiscal Year), there were 20,688 patients in the Montgomery Cares program and bills had been

submitted for 50,006 visits. Projecting on a straight percentage basis, in FY15 there would be a total of 27,584 patients and 66,675 visits.

The following table shows the changes to the Montgomery Cares budget from FY12 and the proposed reduction for FY16.

MONTGOMERY CARES	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	$ Change FY15-16
Enrollment for Patients not served through Healthcare for the Homeless	28,000	32,250	32,250	32,250	29,254	(2,996)
Budgeted Number of Primary Care Encounters at $65 per visit ($62 before FY14)	75,000	85,625	85,625	82,707	75,217	(7,490)
Services Areas:						-
Support for Primary Care Visits	4,725,000	5,308,750	5,565,625	5,375,955	4,889,075	(486,880)
Community Pharmacy-MedBank	1,785,590	1,793,490	1,669,539	1,761,981	1,761,981	-
Cultural Competency	28,000	22,500	22,500	22,500	22,500	-
Behavioral Health	580,000	652,000	727,000	1,010,330	1,010,330	-
Oral Health	350,000	407,120	407,120	407,120	407,120	-
Specialty Services	486,790	732,303	1,132,304	1,184,045	1,184,045	-
Program Development	110,840	110,840	110,840	421,220	421,220	-
Information and Technology	315,360	415,360	415,360	415,360	415,360	-
PCC-Administration	507,621	502,774	517,860	945,373	932,253	(13,120)
HHS - Administration	478,186	495,608	377,171	392,736	392,736	-
Facility	67,040	67,040	67,040	67,040	67,040	-
Build-out new Holy Cross Clinic	75,000	75,000	-	-		-
Subtotal	**9,509,427**	**10,582,785**	**11,012,359**	**12,003,660**	**11,503,660**	**(500,000)**

Three additional items were funded in FY15 within existing appropriation:

$50,000	Build-out of Holy Cross Germantown Clinic
$45,000	Support for Muslim Community Clinic Dental Clinic
$35,000	Operating support for Mercy Clinic

Executive staff has indicated that an additional $50,000 will be provided to Holy Cross Hospital for the Germantown Clinic in FY16.

The following table shows the change in the number of visits (encounters) since FY09.

Mont Cares Visits	Visits	# Change	% Change
FY09	56,597		
FY10	71,480	14,883	26.3%
FY11	73,362	1,882	2.6%
FY12	77,162	3,800	5.2%
FY13	84,547	7,385	9.6%
FY14	76,596	(7,951)	-9.4%
FY15*	66,675	(9,921)	-13.0%

*Council staff projection. PCC projects 67,215 based on Feb 2015 data

FY15 Enhancements to Montgomery Cares

For FY15, the Council added $960,000 to Montgomery Cares for the following purposes:

Continued Support of Electronic Health Records	$260,000*
Community Pharmacy	$162,000
Behavioral Health	$306,000
Specialty Care	$ 81,000
Pharmacy Assessment	$ 21,600
Patient Satisfaction Survey	$ 54,000
Population Health	$ 54,000
Training for Medicaid Participation	$ 21,600

Council Staff recommended at the April 13th session that several of these items not be carried forward to FY16.

Support for Electronic Health Records	$ 80,000*
Pharmacy Assessment	21,600
Patient Satisfaction Survey	54,000
Population Health	54,000
Training for Medicaid Participation	21,600
TOTAL	$231,200

*DHHS and Council staff are in agreement that $180,000 is the FY16 requirement for the DHHS Montgomery Cares budget and that $260,000 is in the base recommendation.

The Primary Care Coalition has concerns about this recommendation and their letter is attached at © 29-30.

Population Health – PCC says that last year the Council added the $54,000 in funding to start a data warehouse and analytic resource. PCC further notes that building this infrastructure is underway and will come to a halt if not continued. Last year, the information provided was that the funds would be used to analyze Montgomery Cares data to identify health disparities, areas for improvement, and cost savings. Council staff had understood the request to be a study – perhaps a baseline study – but not the initiation of a data warehouse.

If the funding was for a study then Council staff continues to recommend that it can be eliminated in FY16. If it has been used to begin the funding of a technology improvement, information would be needed on the full cost of this data warehouse and what the impact is of discontinuing funding in FY16. The Committee should ask the Department for additional information.

Training for Medicaid Participation – PCC notes that they have provided technical support and assistance to the clinics regarding credentialing, billing, coding and notes that the clinics are at different places in their acceptance of Medicaid. Again, Council staff had understood that this funding was to assist the clinics in FY15 but that the clinics would support the needed

administrative efforts after that. The exception is Mercy Clinic that is just starting its transition and has made a separate request for assistance. **Council staff continues to recommend this item not be funded in FY16 – if the Committee chooses to continue funding it should be clear that it is only for FY16 and not built into the base.**

Patient Satisfaction Survey – As previously discussed, the FY15 funding was used to conduct a patient satisfaction survey. PCC says that to be truly meaningful, there must be continued monitoring and evaluation of the experience of patients to identify and address any areas where Montgomery Cares is failing to provide excellent patient experience. **Council agrees that monitoring patient satisfaction is important but continues to recommend that given the fiscal constraints of the budget this could be done every other year. FY16 funds could be eliminated.**

Council staff recommendation: Reduce the Executive's recommendation by:

Support for Electronic Health Records	$ 80,000
Pharmacy Assessment	21,600
Patient Satisfaction Survey	54,000
Training for Medicaid Participation	21,600
TOTAL	$177,200

Discuss the data warehouse/population health item to determine the budget requirements.

Number of Visits Assumed in FY16 Budget:

As previously noted, a straight percentage project based on visits through February would indicate that in FY15 there will be reimbursement for 66,675 primary care visits/encounters. The Primary Care Coalition, had projected 67,215 visits in FY15. The Executive is recommending 75,217 visits in FY16.

Council staff recommendation: Assume 28,500 unduplicated patients. This is slightly more than the FY14 actual number of patients. Using 2.6 visits per patient (the average from FY13-15), fund 74,100 primary care visits*. **At $65 per visit, the total cost would be $4,816,500, or $78,381 less than the Executive when indirect costs are included.**

*this is corrected from the April 13 packet that said 73,060

Requests of the Montgomery Cares Advisory Board and Primary Care Coalition

The Montgomery Cares Advisory Board (MCAB) has requested several enhancements to the Montgomery Cares Program (©23-24). The Primary Care Coalition (PCC) has generally made the same requests (© 25-28). A summary is on the next page. **Both MCAB and PCC recommend building the budget on 78,000 primary care visits.**

Item:	MCAB	PCC	Notes
Increase reimbursement to clinics from $65 to $68	-$71,955	-$52,455	The increase in per visit cost is offset by the reduction in the number of visits, resulting in a reduction to the FY15 base. $3 increase for 78,000 visits is $252,720.
Fund additional Specialty Care through Project Access	$80,000	$80,000	Project Access is fee for service. This would support services, not administration.
Fund additional Specialty Care through Catholic Charities Health Care Network	$15,000	$50,000	Catholic Charities is a support payment to help administer volunteer network
Expand Behavioral Health Capacity	$50,000	$50,000	MCAB specifies the Holy Cross Aspen Hill Clinic. PCC indicates it will expand coverage at the highest demand sites.
Increase Community Pharmacy to support cardiovascular and endocrine drugs	$150,000	$150,000	
Muslim Community Clinic Dental Clinic	$182,000	$182,000	
County Dental Clinic	$143,000	$0	
Spanish Catholic Center Dental Clinic	$98,000	$0	PCC notes that they support any expansion of dental services but are only requesting for MCC.
Eligibility and Enrollment	$0	$50,000	
Public Education	$120,000	$60,000	MCAB specifically requests $5,000 for each of 12 clinics and $60,000 for a Community Outreach Coordinator

Increase Reimbursement from $65 to $68 per visit.

Clinic representatives have discussed with the Advisory Board the increased costs for operations, including the ongoing cost of electronic health records. Clinic representatives have also discussed that the full cost a providing a primary care visit is much higher than the Montgomery Cares reimbursement. The reimbursement rate was last raised in FY14 when it increased from $62 to $65 per encounter.

Council Staff recommendation: Council staff understands the need for the clinics to address cost increases but notes that there are other contractors in the DHHS budget where no increase is recommended by the Executive. **Council staff recommends placing $160,056 on the reconciliation list for a $2 (3%) increase including indirect.** The cost of the additional $1 increase would be $80,028.

Specialty Care

PCC has indicated that about 24% of Montgomery Cares patients have a need for some type of specialty care. While previous increases in funding have reduced the gap between requests for specialty care services and provision of services, demand continues to exceed supply. Project Access coordinates specialty services and pays providers at a reduced rate when there are no volunteer specialists to perform procedures. Some of the most common are colonoscopy, endoscopy, general surgery, orthopedic surgery, and urology. In addition to Project Access, Catholic Charities Health Care Network (CCHCN) coordinates pro bono specialty care services, it does not pay providers or hospitals. Currently, Montgomery Cares contributes about $124,000 to CCHCN for administrative support.

Both the MCAB and PCC have recommended an additional $80,000 for specialty care through Project Access. MCAB has recommended an additional $15,000 for CCHCN and PCC has recommended $50,000. Both the MCAB and PCC request enhance what can be provided, but not an amount tied to a specific need or number of procedures.

Council Staff recommendation: Council staff recommends the HHS Committee place **$50,000 on the reconciliation list for Project Access and $25,000 on the reconciliation list for CCHCN.**

Community Pharmacy

Both MCAB and PCC have requested $150,000 in additional funding for the community pharmacy to address the need for cardiovascular and endocrine drugs. In FY14, funding for the Community Pharmacy (excluding Medbank) was $1,414.377. The Council added $162,000 in FY15 and this is carried forward to FY16, so FY16 funding should be $1,576,377. PCC conducted a pharmacy analysis which provided information on the drugs most used and the electronic health records system which should improve the analysis and management of prescriptions.

Council staff notes that as the number of Montgomery Cares patients has declined, the average amount of pharmacy funding per patient has increased. In FY14, about $50.50 per patient was included in the budget. In FY16, assuming 28,500 patients and $1,576,377, the average would be about $55.25. In addition to this, almost $5 million in drugs are obtained through MedBank and patients are asked to use low cost pharmacy programs for many common prescriptions.

Council staff recommendation: Do not increase funding for Community Pharmacy in FY16.

Dental Care (Montgomery Cares)

The HHS Committee has previously discussed the increasing evidence about the linkages between oral health and general physical health and prevention of disease. Montgomery Cares patients may get dental services through the Spanish Catholic Center, the County Dental Clinics, and the newly opened Muslim Community Clinic Dental Clinic. The HHS Committee has also previously discussed that many people who have Medicaid, Medicare or private health insurance are uninsured when it comes to dental care.

The MCAB has recommended an additional $98,000 for the Spanish Catholic Center, $143,000 for the County Dental Clinics, and $182,000 for the Muslim Community Clinic Dental Clinic. PCC has recommended the same amount of funding for the Muslim Community Clinic Dental Clinic. While the MCAB has estimated the number of visits these amounts would provide, dental has not been funded in a fee for service contract but rather through fixed contracts. For example, the proposed funding for the Muslim Community Clinic Dental Clinic would require them to see a minimum of 1,000 Montgomery Cares patients. The Council has received a letter from the Commission on Health supporting increases to Montgomery Cares dental and the County Dental Program (© 33)

Council staff recommendation: Place the $182,000 recommended for the new Muslim Community Clinic Dental Clinic on the reconciliation list so that it may continue to see Montgomery Cares patients. Do fund additional dental for Montgomery Cares patients. Council staff includes the County Dental Program later in this memo.

Eligibility and Enrollment

An effort is underway to have an enrollment process for Montgomery Cares. This is based on recommendations from a John Snow, Inc. report with recommendations for the future operations of Montgomery Cares in a changing healthcare environment. PCC is requesting $50,000 to cover the cost of analyzing eligibility data and preparing recommendations for improving data quality and IT requirements. This funding is not requested by MCAB.

Council staff recommendation: Do not fund. Implementing an enrollment process is indeed a priority of DHHS and so Council staff expects that it will either be funded through the Executive's recommendation or, like the John Snow, Inc. report, private funders that are partnering with DHHS and PCC on plans for Montgomery Cares 2.0.

Public Education and Outreach

The MCAB has requested $120,000 and PCC has requested $60,000 for public education and outreach. MCAB seeks $5,000 for each clinic and a Community Outreach Coordinator while PCC proposes a public outreach effort in multiple languages in order to reach the uninsured who are not accessing Montgomery Cares.

Council staff recommendation: Do not fund. This is not a recommendation against increased and improved outreach. It is clear that there are people who remain uninsured and many may participate in Montgomery Cares with better information. However, Council staff believes a serious effort must be made to use all the existing resources at hand, including the Public Information Office and the Minority Health Initiatives/Programs.

D. Council Grants Reviewed by the Montgomery Cares Advisory Board

For the past several years, the Council has asked the Montgomery Cares Advisory Board to review and provide comments on applications for Council and Executive grants for the Montgomery Cares clinics. The comments and recommendations of the Montgomery Cares Advisory Board are attached at © 34-35.

The following provides a summary of each grant, the MCAB recommendation, and the Council staff recommendation. If the HHS Committee concurs with an Executive recommended grant, no additional recommendation is needed. If the HHS Committee recommends funding a Council grant or an amount above the Executive recommendation, it must be placed on the reconciliation list.

Name	**Care for Your Health**
Amount	$29,473
Purpose	Enhance the home-based health program that supports seniors who are aging in place. Partners include HOC (Holly Hall), Washington Adventist, Adventist Home Healthcare, DHHS, and the Latino Health Initiative. Goals include preventing people from having to leave their permanent home, the percent of deaths that occur at home, and the number of patients who have home visits through an electronic medical system.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding** – This effort targets a Medicaid/Medicare population and not a Montgomery Cares population. The program has been underway at Holly Hall. The HHS Committee should schedule a briefing on the program after budget sessions to learn more about the experience.

Name	Chinese Cultural and Community Service Center, Inc.
Amount	$62,400
Purpose	Support a full-time Registered Nurse for clinical operations and to provide patient centered care navigation. Total cost for the proposed program is $101,400. CCACC will cover benefits for nurse and salary for a nurse aide. This is a part of FY16 clinic expansion.
MC Advisory Board Comments	**Recommend Funding.**
Council Staff Recommendation	**Recommend Funding.** After the expansion has taken place there should to sustain staff through other funding sources.

Name	Chinese Cultural and Community Service Center, Inc.
Amount	$50,000
Purpose	Expansion of Pan Asian Volunteer Health Clinic. Request is for $50,000 of the $120,000 needed for equipment and office furnishings.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding** – Holy Cross Hospital is receiving assistance with its expansion and so Council staff agrees that this is appropriate. This should be **a one-time only** grant.

Name	Community Ministries of Rockville
Amount	$71,372
Purpose	Support for a Nurse Practitioner, Nurse, Medical Assistance Staff and benefits.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding** – $71,372 was approved by the Council in FY15 for similar staffing. Council staff is concerned about sustainability of these requests but believes supporting this core medical staffing is critical to the clinic.

Name	Community Ministries of Rockville
Amount	$76,128
Purpose	Referral Coordinator/Patient Navigator – this person would assist in coordinating specialty care, breast and cervical cancer screening through other programs, patient follow-up, health education for diabetic patients, and respond to patient questions.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Fund $35,000.** The needs described could apply to any clinic, especially coordination of specialty care referrals. This funding would allow the clinic to start this position or hire a part-time position but it should be looking for ways to sustain this position without County funds.

Name	Community Ministries of Rockville
Amount	$22,391
Purpose	Funding for a part-time Healthcare Volunteer Coordinator. Kaseman Clinic has identified several more resources for potential volunteers and is looking for ways to recruit and manage and is need of a dedicated coordinator.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Do not fund.** Council staff believes that approving the funds to ensure the continuation of the Nursing and Medical Assistance staffing is a higher priority for County funding.

Name	Mary's Center for Maternal and Child Care, Inc.
Amount	$113,889
Purpose	One full-time Family Service Worker ($42,000), one full-time Life Cycle Health Educator ($42,000), benefits, indirect costs, and emergency assistance ($3,000)
MC Advisory Board Comments	**Do not Fund-** The grant request was not sufficient to warrant funding 3 items (should have been submitted separately). Mary's Center is a FQHC and eligible for federal and state grants and other special funds. 62% of Mary's Center patients are uninsured but positions would work with all clients.
Council Staff Recommendation	**Do not Fund.** Council staff concurs with the comments of the MCAB. The Council approved $96,914 for similar purposes in FY15.

Name	**Medstar Montgomery Medical Center**
Amount	$44,240
Purpose	Population Health ED Navigation Program to reduce hospital readmissions.
MC Advisory Board Comments	**Do not Fund** As a large hospital system they should invest dollars to keep people who need primary care out of the Emergency Room.
Council Staff Recommendation	**Do not Fund** – Concur with MCAB comments that the hospital should invest in keeping people out of its emergency department. Council funded $38,250 for FY15. At that time Council staff recommended this be a one-time start up grant. Medstar indicated that the program would be sustained through other funding.

Name	**Mercy Health Clinic**
Amount	$35,000
Purpose	Pharmacy Program. On-site pharmacy is a critical part of their program especially for patients suffering from chronic illness. Application notes that they work with the University of Maryland.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding.** This grant was funded in FY14 and FY15 and there is no evidence that there will be another source of funding in the future. However, medication management is critical and Mercy is leveraging assistance from the University of Maryland. Mercy gets allocation for medications through Montgomery Cares.

Name	**Mercy Health Clinic**
Amount	$60,000 request - **$45,000 Recommended by Executive**
Purpose	Fund a Nurse Practitioner to sustain capacity. Implementation of electronic health records has resulted in longer patient visits, reducing the number of patients that can be served – it is a particular challenge for volunteer providers. Total cost of position is $70,200.
MC Advisory Board Comments	**Recommend Funding $60,000**
Council Staff Recommendation	**Recommend Funding $60,000. This requires the HHS Committee to put $15,000 on the reconciliation list.**

Name	Mobile Medical Care (Mobile Med)
Amount	$50,000
Purpose	Diabetes Program – Support for Podiatrist and Optometrist to follow up with diabetic patients that are a part of Mobile Med's efforts to deliver point-of-care A1C testing and foot exam sensory tests for diabetic patients. Have been able to provide A1C testing to 85% of diabetic patients.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding at $25,000.** This will reduce the amount of specialty consults that can be funded with County dollars.

Name	The Muslim Community Center (Medical Clinic)
Amount	**$25,000 Recommended by Executive**
Purpose	Domestic violence awareness and prevention program. Outreach to more than 2,000 people. County programs are not able to reach part of the Center's population due to language and cultural barriers. The program advances healthy and peaceful families with well adjusted children. MCC Clinic social worker refers women and men to Family Justice Center.
MC Advisory Board Comments	**Recommend Funding.**
Council Staff Recommendation	The Committee does not need to make a recommendation as the Executive is recommending a Community Grant. This program received $25,000 in funding in FY13, FY14, and FY15.

Name	The Muslim Community Center (Medical Clinic)
Amount	**$25,000 Recommended by Executive**
Purpose	Fund shuttle van service, part-time driver, gas, insurance, etc. There is limited bus service to the clinic during the week and none on weekends. A large number of patients cannot afford private transportation and are unable to drive.
MC Advisory Board Comments	**Fund at $12,500** MCAB agreed that, based on grant information MCC can support a greater portion of the cost. MCAB supports the clinic's efforts to provide greater accessibility for clients.
Council Staff Recommendation	**Concur with MCAB – This would be a reduction of $12,500 to the Executive's recommended grants.**

Name	The Muslin Community Center (Medical Clinic)
Amount	$50,000 **Executive Recommends $25,000**
Purpose	Quality Assurance Program. The clinic has implemented an EMR, e-pharmacy and e-laboratory systems, robo-caller to remind patients of appointments, e-billing is being installed, started accepting Medicaid patients in December 2012. QA Manager will coordinate with PCC, DHHS and others to provide quality measure in order to implement best healthcare practices.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Concur with Executive's recommended level of funding of $25,000.** This level of funding was provided in FY15.

Name	Proyecto Salud Clinic
Amount	$48,552
Purpose	Patient Centered Medical Homes – program began with funding from CareFirst and works to improve the condition of patients with chronic conditions. Supports funding for a part-time Registered Nurse/Care Manager.
MC Advisory Board Comments	**Recommend Funding**
Council Staff Recommendation	**Recommend Funding –** but request additional information on outcomes.

E. Request from Mercy Clinic for Medicaid Transition Funds

Council President Leventhal has received a request from Mercy Health Clinic for assistance with the transition from a free clinic to a clinic that accepts Medicaid and other reimbursements (© 36-38). In order to make this transition, the clinic needs additional paid medical staff, so that there is more certainty of availability than with volunteers, help with obtaining Medicaid provider status, billing system set-up, off-hours coverage, among other things. The letter provides a three year transition. It asks for a total of $155,200 from the County in FY16.

A part of this funding is the funding for the Nurse Practitioner that was noted in the previous grant section.

Council staff recommendation: Council staff recommends a total of $155,200 ($110,200 on reconciliation list) to assist with the transition. The County has encouraged Mercy to transition and their transition is unique as they are the County's only free clinic. Council staff recommends the funding be directed to these purposes:

Nurse Practitioner:	$137,000
Obtain Medicaid Provider Status	$ 3,200
Billing System set-up	$ 5,000
Chart documentation set-up and training	$ 7,000
Front Desk Coverage	$ 2,300

The $45,000 grant from the Executive for the Nurse Practitioner would not be approved separately.
Council staff is concerned that the proposal calls for additional funding in Year 2 and Year 3 after which time, it is expected that revenues could cover the cost. **This recommendation is for Year 1 only.** Council staff hopes that there can be a decline, rather than an increase in Year 2.

F. Montgomery Cares – Healthcare for the Homeless

A component of Montgomery Cares is the Healthcare for the Homeless program. While homeless people can access any clinic, there are separate contracts that provide a level of service that is often needed for homeless people who have chronic conditions.

Healthcare for the Homeless	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Budget	FY16 CE	$ Change FY15-16
Budgeted Enrollment	500	500	500	500	500	-
Budgeted Primary Care Encounters	1,500	1,500	1,500	1,500	1,500	-
Direct Healthcare services (visits)	217,500	217,500	217,500	217,500	217,500	-
Specialty Care		25,000	25,000	25,000	25,000	-
Pharmacy		40,000	40,000	40,000	40,000	-
HHS Administration (includes hospital discharge planning)	266,140	262,139	236,280	245,134	171,994	(73,140)
Subtotal	**483,640**	**544,639**	**518,780**	**527,634**	**454,494**	**(73,140)**
						-

The Executive has not specified any change regarding this program; however, there is a $73,140 reduction in hospital discharge planning which is from turnover savings.

Council Staff recommendation: Approved as recommended.

G. Care for Kids

Care for Kids provides public health services and some dental services to uninsured children who live in Montgomery County in households with incomes below 250% of the Federal Poverty Level; however 62% of the children live in households earning below 100% of FPL and 96% below 185% of FPL. For FY15, the Council added $20,000 to this program after receiving information from the Primary Care Coalition about the increased demand for services. For FY15, the Care for Kids Program was projected to exhaust all its funding but the Executive asked the Council to increase the non-competitive contract amount and is using existing appropriation in DHHS to provide an additional $124,455. The program is serving children who are fleeing violence. There has been a particular need for specialty dentistry services for these children. PCC notes that they leverage pro bono medical services and funding from Kaiser Permanente.

The Executive has not included any additional FY16 funding for this program. Executive staff has said that should additional funding be needed, it will be managed within the DHHS budget.

FY13 Actual	FY13 Clients	FY14 Actual	FY14 Clients	FY15 Budget	FY15 Clients Projected	FY16 CE
605,486	2,770	630,873	3,024	650,873 now 755,328	3,250 now 4,000	650,873

PCC is seeking total County funding of $985,847 for FY16. This includes $42,000 to make technology upgrades that will streamline enrollment and recertification process. (© 39)

Council staff recommendation: Place $125,000 on the reconciliation list to ensure that at least as much funding is available in FY16 as in FY15. Place $42,000 on the reconciliation list for the technology improvements as it is important for children to be enrolled and receive services in a timely manner.

H. Dental Services

For FY16, the Executive is recommending $2,347,842 in funding for this program that provides oral health through six dental clinics. For FY16, the Executive is recommending only multi-program adjustments.

Because the Montgomery Cares Advisory Board and the Primary Care Coalition recommend increasing dental services, Council staff asked about the impact of increasing the County Dental Program by $100,000 or $200,000. Council staff received a response that DHHS was seeking a grant and that the Executive did not recommend providing additional funds.

Council staff now understands that the grant is for about $66,000 and, if received, only a portion would be for a general increase to the County Dental Clinic capacity.

The Council has received a letter from the Commission on Health both supporting the request for Montgomery Cares but also asking for $150,000 for the County Dental Program (©33). The letter notes that good oral health can prevent adverse health outcomes and that Medicaid and Medicare do not cover preventive dental services (they would cover an emergency room visit for a dental problem.)

As a part of the discussion with the Montgomery Cares Advisory Board on dental services, DHHS and PCC shared information that the Metro Court site would accommodate an additional .4FTE for a dentist and a .4 FTE for a hygienist. The Colesville site could accommodate an additional .2FTE dentist and .4 FTE hygienist.

Council staff recommendation: Place $100,000 on the reconciliation list to increase dentist and hygienist hours and associated supplies at the County Dental Clinics for the County Dental Program.

I. Minority Health Initiatives/Program

At the April 13th session the Committee received updates from each of the Initiatives as well as an update on the Leadership Institute for Equity and the Elimination of Disparities. The Committee has received requests related to each of the Initiatives.

African American Health Program

The testimony from the AAHP is attached at © 40-42. It emphasizes the need to continue to enhance data collection, improve awareness about mental health issues and prevention and early intervention programs for the communities targeted by the African American Health Program, and continue the work on the elimination of disparities and analysis of social determinants of health. In particular, they are working to identify clients without a primary care medical home.

1. Community Health Outreach Worker – SMILE Program

The Council has received a request from the Community Action Team of the Fetal and Infant Mortality Review Board asking for an additional $65,000 to hire a Community Health Outreach Worker to assist clients with non-medical/non-clinical needs so that the SMILE nurses can focus on recruiting, enrolling, and serving more people in the program. The request is attached at © 42B.

Council Staff recommendation: Place $65,000 on the reconciliation list for this position. If non-clinical staff can free up clinical staff to increase enrollment and provide services, this is an efficient way to grow the program. The Committee should get an update next year on the outcome of this funding if it is approved.

Latino Health Initiative

Testimony from the Latino Health Steering Committee is attached at © 43-46. They have three funding requests for FY16:

1. $20,000 for Asthma Management Program (replace a grant that was eliminated)

DHHS has provided the following information:

The Asthma Management grant funding was provided by DHMH for a period of seven years to supplement county funding for the program. Grant funds were utilized to partially cover the salary of the Asthma Program Coordinator. Specific deliverables of this grant included:

24 community interventions (educational sessions)
30 parents/caregivers **starting** the educational intervention.
20 parents/caregivers **completing** the educational intervention.
4 asthma outreach and community activities conducted
60 individuals reached during outreach and community activities

In December 2014, the LHI received notification from the Director of the Environmental Health Bureau at the Maryland Department of Health and Mental Hygiene informing LHI that, due to a cut in Center for Disease Control (CDC) funds, the State terminated all of the funded Asthma Program activities, including this grant.

Council staff recommendation: Place $20,000 on the reconciliation list to retain the total FY15 level of funding for this program.

2. Allocate $150,000 to support a demonstration project to deliver integrated interventions to address key social determinants that impact health and well-being

The project would identify key issues and social determinants, identify assets, and leverage support with new and private partners. The LHI would also build a robust service delivery strategy that is comprehensive, efficient, effective, and user friendly for the population being served

Council staff recommendation: Do not fund. Council staff believes that a more detailed proposal about the scope of the study should come forward before this amount of funding is approved. It will also be important to understand who will be responsible for completing this work (staff or consultant).

3. Welcome Back Center

The LHI is supporting the recommendation of the Advisory Council of the Welcome Back Center to replace a grants and to conduct a feasibility study to establish a revolving loan fund for financial assistance to participants. DHHS has provided the following information about the grant.

Council staff recommendation

The Welcome Back Center (WBC) was awarded a National Kaiser Permanente grant for two years which ended in August 2014. These funds were used to provide financial assistance to WBC participants (internationally-trained nurses and medical professionals) to cover costs associated with licensure or certification. These costs include ESL instruction, credentials evaluation, board exam preparation courses and fees, licensure or certification fees, and employment readiness trainings for jobs in the health field. The Kaiser grant also covered about 25% of a WBC staff salary.

The Latino Health Steering Committee requested $60,000 to replace the grant and $15,000 to be used toward planning for a revolving loan fund.

Council staff recommendation: Place $75,000 on the reconciliation list. As the Committee has already discussed, the Welcome Back Center is an important partner in the County's ability to increase diversity and language capacity in health professions.

Asian American Health Initiative

The Initiative shares that it is using current funding to develop strategies regarding mental health and expects to request a scale up of programs in the next budget year.

The AAHI has asked that $97,010 in funds be restored to the Patient Navigation Program and provides information on what they see as the negative impacts of the current level of service. This program area was discussed extensively when DHHS proposed consolidating several efforts within the Department and then issuing a solicitation for services. (©47-48).

DHHS has provided the following information:

A first round of RFP for the consolidated services went out for bid in 2010 that resulted in the selection of a vendor to provide the consolidated services. However, the awarding of the contract was stalled and tied up in a lengthy protest. In order to resolve the disagreement slowing the procurement process, the County Attorney and the Office of

Contract Procurement determined that the county should cancel the first round of RFP and rebid the service. The scope of the RFP was modified and a second round of RFP was administered by Procurement in November of 2013. The second round of RFP resulted in selection of two vendors, CASA de Maryland and Cross Cultural Info Tech (CCIT). The negotiation of the new contracts with the two vendors was completed in April 2015. New contracted services will begin July 2015. Because consolidated services have not yet been implemented under the new contract, it is unclear whether there will be additional service needs or to estimate the impact of additional funding.

The AAHI Steering Committee requested $97,000 to increase the amount for the services provided via CCIT whose target clientele are speakers of the Asian languages, primarily Chinese, Korean, Vietnamese, Hindi and Urdu.

A description of the Medical Interpretation and Patient Navigation services provided by CCIT:
The program provides medical interpretation services to community members in Montgomery County with limited English proficiency (LEP). It is comprised of two components: (1) The Multilingual Health Information and Referral Telephone Line, which provides general health information and navigates callers through Montgomery County's extensive health and social services network and (2) Trained Multilingual Medical Interpreters who accompany clients to medical appointments, providing face-to-face interpretation and translation of medical forms. Interpretation is available in four Asian languages: Chinese, Hindi, Korean, and Vietnamese. Program staff complete rigorous training and certification in order to provide high quality services to the County's Asian Americans in need.

Council staff recommendation: Do not add the requested funds. Council staff recognizes the importance of these services but believes the new contracts must be allowed to function as negotiated to determine if services are adequate. In addition, Council staff believes the additional funds could not simply be added to either or both of these contracts, so it is unclear that the funds could be used to achieve the desired outcomes. The Committee should receive an update next February on the first 6-months of experience.

D. Lapse

The HHS Committee had an overview discussion of the Executive's recommendation to increase the personnel lapse savings in DHHS by $2.2 million.

Council staff has brought to the Committee's attention several areas where there are currently vacancies that may not be able to be filled in FY16 and the programs where vacancies are likely to occur and then remain vacant because of the need to meet the lapse target. These areas include License and Regulatory (inspections), child protective services, income supports, and therapy services (trauma services and child and adolescent clinic services).

The Committee has also heard Executive staff reiterate the Executive's conclusion that the Department of Health and Human Services will be able to appropriately manage this increased lapse, given historical personnel lapse savings.

Council staff recommendation: Based on the information provided to the HHS Committee during its worksessions, Council staff no longer recommends the Committee add any lapse to the reconciliation list. Council staff recommends that the HHS Committee receive and update on Department vacancies as of December 1, 2015 so that it may monitor the programmatic impacts of Executive's budget.

F:mcmillan/FY16OpBud/DHHS Follow-up April 30 2015.docx

Executive Summary

In June, 2012 the Healthy Montgomery Steering Committee (HMSC) convened the Behavioral Health Action Planning Work Group (BHWG) and charged it with developing recommendations to improve the overall behavioral health of county residents, including mental health and substance abuse, with a focus on leveraging existing assets and capabilities in the County. The group moved immediately to achieve two objectives: to expand the BHWG membership to include key stakeholders from additional related systems such as services for the homeless and substance abuse treatment, and, to more narrowly define the action planning scope to reduce it to a feasible scale with recommendations that could be realistically achieved. In doing so, the BHWG elected not to single out each of the many groups that have a need for behavioral health services but rather to focus on those with the most serious problems. BHWG members discussed the specific needs of many groups including diverse racial and ethnic populations, seniors, children and adolescents, college students, and persons involved in the criminal justice system. The BHWG considered all of these groups in its planning but the group determined that the Plan would have the greatest impact if action strategies focused on the broader behavioral health system.

In developing the strategies described in this Action Plan, the BHWG was also mindful of its directive from the HMSC to explore ways of supporting and expanding existing efforts, collaborations and strengths, and to create efficiencies and identify opportunities to better serve Montgomery County residents *utilizing existing financial and other resources*. Consequently, the work group determined the most effective approach would be systems-based. More specifically, it involves developing strategies to increase access to information about publicly available behavioral services in the County (*info*Montgomery). Additionally, improving providers' ability to communicate among themselves about their consumers to assure warm handoffs and coordinated services for consumers was also a priority of the BHWG. The BHWG believes this systems approach will have a broad impact, including improved outcomes for those individuals within the groups, mentioned above, who have specific needs.

Through a series of meetings held across the County, the BHWG reached consensus on three Local Health Issue Areas (**LHIAs**) with corresponding goals, objectives, and strategies to resolve those issues.

- **LHIA 1.** There is a need for consumers, families, referral agencies, and behavioral health providers to have ready access to basic information about treatment protocols, the full range of available services, payment mechanisms and how to access services;
- **LHIA 2.** There is a need to develop improved mechanisms for providers to communicate among themselves regarding shared consumers and to create effective linkages for consumers (warm hand-offs) as they move between providers or levels of care;
- **LHIA 3.** There is a need to explore the creation of a coordinated system of care or other formal partnership-based business agreement to meet the needs of individuals with more serious behavioral health conditions.

The BHWG ultimately determined there are three actionable strategies to recommend for immediate implementation, one for each of the LHIAs. The work group identified additional longer-range strategies that should be considered for action after progress is made on the initial actionable strategies.

Actionable Strategies

The **first actionable strategy** is to use existing technology and expand *info*Montgomery to enhance information about the availability of behavioral health services to the public and to referral agencies and include basic and useful advice on how to use the information. For example, a parent whose child has had a sudden and unexplained change in behavior may need some general guidance on potential causes and how to

get an evaluation and professional assistance. The group proposed that a task force work to build upon the *info*Montgomery site managed by the Collaboration Council on Children, Youth, and Families. While this does involve financial resources, the consensus was that it would be at a moderate level for which, once defined, funding sources could be identified. Two other strategies, developing printed (hard copy) and telephone-based versions of *info*Montgomery, are recommended as follow-on activities.

The **second actionable strategy** was derived from extensive discussion of the current behavioral health resources available in the County. While many consider Montgomery County to be rich in behavioral health resources, it is sometimes "systems poor." There was agreement that many people enter the behavioral health system but subsequently get lost through transfer from inpatient to community-based services, failure to connect following a referral from another setting such as primary care, schools, or corrections, and because of the person's inability to navigate the system without intensive community-based case management support.

Problems in the system derive from two significant sources. One was identified as the inability of people to mobilize their personal resources to deal with a problem, a common issue with mental health and substance abuse consumers, hence the need for case management. The other source identified was the lack of full connection among the providers who constitute the service network of the County. This latter source has an organizational component with many providers in the system, a technological barrier relative to electronic records, and a legal hurdle in terms of releases and shared behavioral health information. The concern about connectivity among providers consumed much of the discussion.

The BHWG identified two viable strategies to address the lack of full organizational connection. First, establish a task force to develop protocols that will facilitate transfer of consumers from institutional settings (in-hospital, emergency departments, detention centers, schools, etc.) to community behavioral health organizations. This is immediately actionable and can be achieved without major new resources. Second, establish adequate mechanisms for providers communicating among themselves regarding shared consumers and consumer linkages. This requires further definition of the project and costing-out the funding requirements.

The **third actionable strategy** is to convene a task force to formulate a framework to establish a coordinated system of care in Montgomery County, identify grant funding source(s), and submit a grant proposal to develop such a system. This third actionable strategy is intended to achieve a higher state of success, building upon the linkages created in the strategies recommended to address LHIA 2. Essentially, in better connecting community resources for the good of the consumer, there could then be a move toward a virtual coordinated system of care based more on values than on specific financial risk for consumer health outcomes. In brief, providers in the system would assume some collective responsibility to manage a consumer's full array of services. This would include agreeing to a joint approach to measuring improvement in key areas such as inpatient utilization, employment, recovery from substance abuse, and improvements in functions of daily life while dealing with the symptoms and consequences of living with one or more behavioral health issues. On a consumer and provider level, this might translate into a shared care management plan that can be viewed and used across agencies. Providers would agree to collectively evaluate system issues and take responsibility for closing gaps or improving certain aspects of the community system to function more efficiently within the limits of available resources.

Implementing the Behavioral Health Action Plan

To ensure implementation of these actionable strategies, the BHWG is proposing that an advisory board oversee development and management of three task forces that will plan and execute the implementation of the strategies. Existing BHWG members would provide leadership and continuity in the implementation of the strategies by being placed on the advisory board and/or on one or more of the task forces. The Healthy

2

Montgomery Steering Committee will serve as the Advisory Board and, as such, may require some additional affiliations determined to be critical to implementation of the Plan (including representatives of Montgomery County Public Schools, Montgomery College, public safety (police, sheriff, fire rescue, and corrections) and representatives of the workforce and housing fields). Consistent with the existing HMSC membership, representatives from additional affiliations should be in positions that can affect change.

Healthy Montgomery Behavioral Health Task Force

Co-Chairs: Kevin Young, Adventist Behavioral Health and Thom Harr, Family Services, Inc.

The Healthy Montgomery Behavioral Health Task Force (BHTF) membership includes public and private behavioral health service providers (including mental health and substance abuse) from throughout Montgomery County who treat adults and children in institutional and community settings. Also represented are the County's minority health initiatives and programs, the four County hospital systems, County councils and commissions, academia, family and consumer advocates, and Montgomery County emergency services, police, and corrections. The BHTF's purpose is to carry out the strategies defined in the Healthy Montgomery Behavioral Health Action Plan which can be found at: (http://assets.thehcn.net/content/sites/montgomery/FINAL_Behavioral_Health_Action_Plan_Report_3_10_14_2014_0403085504.pdf)

BHTF Subcommittee Leadership: Stefan LoBuglio, Montgomery County Department of Corrections and Rehabilitation; Jennifer Pauk, Primary Care Coalition; Arlene Rogan, Family Services, Inc.; Stephanie Rosen, NAMI Montgomery County; Celia Serkin, Montgomery County Mental Health Advisory Board; and Celia Young, Montgomery College.

BHTF Priority Recommendations FY2016

1) **The Healthy Montgomery Behavioral Health Task Force recommends immediate action to:**
   A. **Preserve the existing infrastructure of behavioral health providers serving the highest risk population by insulating them from state cutbacks in reimbursement rates** and
   B. **Ensure that the County fulfills its FY2015 commitment to fund and implement three vital elements of improved behavioral health services:**
      - A pediatric psychiatric position shared among providers and programs;
      - A pediatric mobile crisis team; and
      - A Community Health Nurse position within Adult Behavioral Health Services to better utilize limited and costly adult psychiatric services and to better integrate somatic health needs for adults with serious mental health needs.

2) **The Healthy Montgomery Behavioral Health Task Force recommends a one-year planning grant/process which will result in a well thought out plan to develop a coordinated system of care and/or restoration center. This plan will address the needs of individuals who frequently use high cost services in Montgomery County by improving quality of services and care, the patients' experience of the system of care, and will ultimately save tax dollars by integrating services across multiple sectors, improving efficiency and eliminating duplication of services.** BHTF members should be involved in the planning process. Task Force members represent public and private behavioral health service providers (including mental health and substance abuse) from throughout Montgomery County who treat adults and children in institutional and community settings and have taken a lead on this issue through an action planning initiative of Healthy Montgomery, the County's Community Health Improvement Process.

3) **The Healthy Montgomery Behavioral Health Task Force recommends a one-year planning grant/process which will result in a well thought out plan to develop an integrated system that will prevent costly behavioral health conditions through early intervention, education, and outreach to the entire population.** BHTF members should be involved in the planning process. Task Force members represent public and private behavioral health service providers (including mental health and substance abuse) from throughout Montgomery County who treat adults and children in institutional and community settings and have taken a lead on this issue through an action planning initiative of Healthy Montgomery, the County's Community Health Improvement Process.

Healthy Montgomery is Montgomery County's Community Health Improvement Process, an ongoing, collaborative effort that works to improve the health and well-being of all Montgomery County residents. Healthy Montgomery's goals are to improve access to health and social services, achieve health equity for all residents and enhance the physical and social environment to support optimal health and well-being and reduce unhealthful behaviors.

Healthy Montgomery Behavioral Health Task Force

April 1, 2015

The Honorable George Leventhal, Co-Chair, Healthy Montgomery Steering Committee
Ms. Sharan London, Co-Chair, Healthy Montgomery Steering Committee
Ms. Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services

Dear George, Sharan, and Uma:

As s Co-Chairs of the Healthy Montgomery Behavioral Health Task Force, we are pleased to transmit to you the Task Force's recommendations for FY16. While we believe they are clear there is some need to provide background on how the group arrived at these suggestions.

First and foremost, we collectively believe that the current system cannot be allowed to slip further backward in level of resources. There are multiple factors in play that include a shortage of providers, underfunding, and a rapidly growing level of need. The Montgomery County Core Service Agency (CSA) reports there are now 12,000 people in the public mental health system of this county. However, as we know, this remains a relatively small percentage of the total mental health issues facing the people in our community. Poverty populations exhibit anxiety and depression disorders at roughly three times the level of households not faced with economic distress. Unfortunately, as the Brookings Institute study on the "Suburbanization of Poverty" indicated, this is one of the most rapidly growing segments of our population. These are conditions that correlate very directly with underperformance in school, reduced productivity at work, and a negative impact on overall health status.

For those whose illness is more severe, the consequences for the individual and the community are similarly very costly. For example, persons with behavioral health disorders represent a significant component of the people who frequently use hospital emergency rooms and also have frequent hospital admissions. An Emergency Department visit has a minimal cost of $500 and a single admission averages $13,000 to $15,000, driving up costs for all payers. Notably, the total allocated cost of all short term, 30-day, re-admissions in ten major diagnostic categories is about $800,000,000 per year in Maryland alone. Nationally it is over $40 Billion!

Likewise, the Montgomery County Department of Corrections (MCDOC) reports significant behavioral health issues for those being incarcerated and a cost of approximately $10,000 for each individual in the first few days of processing and placement in confinement. MCDOC staff also note a significant need for treatment for those being released. Obviously recidivism compounds the cost for handling a case.

Given the above and far, far more indications that we are not doing enough to combat the impact of behavioral health problems we want to emphasize the pressing need to fund areas that have already been identified as needs in the current year's budget. At the same time, we recognize that

much of the funding for mental health comes from the State. We often hear about Montgomery Counties efforts in advocacy for school construction or transportation dollars, but have not heard a similar effort in the area of behavioral health. While supportive funding provided locally is always welcome, the need to encourage State leaders to treat behavioral health as a key component of its responsibilities is equally important.

The final two recommendations of the Task Force really grow out of the first and recognize that in an environment with a shortage of resources the optimal use of those that are in place is critical. More services are needed but if poorly coordinated they will have only a minimal impact. People, individuals and families, are complex and the community systems that support them often reflect that complexity. In recent years we have learned through research that the largest impact on health status comes from social determinants. In short, medical treatment alone is often not sufficient, particularly in the management of chronic conditions. As we begin to look at the whole person and the ability of each person to function within our safety net system we begin to see the gaps and flaws that must be addressed. For example, the concept of "sequential intercept" being discussed by the Department of Corrections translates fairly logically into catching people in the early stages of a downward spiral that may end with incarceration and providing services at that point that divert the individual from an expensive and possibly unnecessary period in jail or prison.

That same concept can be broadened to the community as a whole. During the recent "great recession" there was a nation-wide spike in suicide among people facing eviction or foreclosure and loss of their home. We responded by funding housing programs and housing counselors to assist those at risk but perhaps we should have been providing some level of behavioral health assistance within those housing programs. Workforce is another prime example. The loss of a job can fuel anxiety and depression, making it even more difficult to gain new employment.

Child and adolescent behavioral health is a clear example where we have already recognized the need to act early. Linkages-to-Learning is a great addition to the community safety net for youth and yet last year 1,300 children were taken from our classrooms directly to the crisis center. How did they get to that stage? Perhaps the simple answer is "we can't be everywhere." Not only is that true but it is equally true that many of the behavioral twists and turns of growing up are necessary parts of maturing and moving into adult-hood with a set of coping mechanisms that helps each and every one of us get through the inevitable challenges of life. Nevertheless, the ability of the people within a system to distinguish between a young person's reactions to the difficult experiences of life and the onset of symptoms that indicate illness is critical.

The Behavioral Health Task Force recommends an additional one year to work on improvements in the functionality of our current system of care, indeed to provide a truly coordinated system, and also to actually flesh out what that system would look like when fully deployed in the community. We are looking at not only what we need to fill the gaps, a "restoration center" similar to the one that has been created in Texas is a prime example, but also at what it takes for optimal functioning, for example, the relationship of discharged hospital patients with behavioral health issues to behavioral health and other providers in the community. We all recognize that we don't often catch people early enough and that those who do use the many resources of the community still get lost as they fail to navigate the system we have.

It has been a remarkable experience to bring so many fine and committed people together in the effort to strengthen our community and support its residents. We urge the Healthy Montgomery Steering Committee to support and promote the recommendations attached. We hope these recommendations can be shared quickly with other Committee members as we know our next full steering committee meeting will not occur early enough for the budget cycle. Thank you for the opportunity to present this and for your understanding in including this in County Council deliberations and in advocacy with the State.

Sincerely,

Thomas Harr
Executive Director
Family Services, Inc.

Kevin Young
President
Adventist Healthcare Behavioral Health & Wellness Services

MCARES - Behavioral Health Program (MCBHP)

Clinic	Access to Behavioral Health Program?	Total Montgomery Cares Patients FY 14 (As of 6/30/2014)	Patients Receiving Behavioral Health Service FY 14	MCares Patients Receiving Behavioral Health Service (FY 15 midyear as of 12/31/2014)	Is screening provided to all Montgomery Cares Patients? *	On site Behavioral Health Provider and number of hours per week	Access to Psychiatric Consult?	Access to Psychiatrist
Care for Your Health	No	77	0	0	Yes	No	No	No (Exploring collaboration with MCBHP psych consultation and services)
Chinese Cultural and Community Center (CCACC)	CCACC Staff/Volunteer	374	N/A	N/A	No	No	No	Yes (volunteer)
Community Clinic (CCI) - Gaithersburg	FQHC-CCI Staff				N/A		N/A	Yes
Community Clinic - Silver Spring	FQHC-CCI Staff				N/A		N/A	Yes
Community Clinic - Takoma Park	FQHC-CCI Staff	2847	N/A	N/A	N/A	Yes (4 BH therapists)	N/A	Yes
Community Ministries of Rockville	MCBHP	2027	N/A	136	Yes	yes (1 staff)- 40 hours	Yes	Yes
Holy Cross - Aspen Hill	MCBHP				Yes	yes (1 staff)-16 hours	Yes	Yes
Holy Cross - Silver Spring	MCBHP				Yes	yes (2 staff)- 1 BH clinician x40 hours; 1 Family Support Worker x16 hrs	Yes	Yes
Holy Cross - Gaithersburg	MCBHP	6165	751	409	Yes	yes (2 staff)- 1 BH Clinician x32 hours; 1 Family Support Worker x24 hrs	Yes	Yes
Mary's Center	FQHC-Mary's Center Staff	1136	N/A	N/A	Yes	Yes	N/A	N/A (Exploring linkage to MCBHP psychiatric consultation and services)
Mercy Health Clinic	MCBHP	1685	238	129	Yes	yes (2 staff) 1 BH clinician x35 hours and 1 Family Support Worker x 20 hours;	Yes	Yes
Mobile Medical (MM)	MM Contract with ASPIRE	4656	N/A	N/A	Yes	Yes - 2 BH staff, 1 Family Support Worker	N/A	Yes (volunteer)
Muslim Community Center Clinic**	MCBHP	2407	15	26	Yes	yes (1 staff) 1x16 hours	Yes	Yes
Proyecto Salud - Olney	MCBHP				Yes	yes (1 staff)-16 hours	Yes	Yes
Proyecto Salud - Wheaton	MCBHP	4823	458	394	Yes	yes (3 staff) 1x40 hours; 1x24 hours; 1x24 hour	Yes	Yes
Spanish Catholic Center (SCC)	SCC Staff	1142		N/A	Yes	Yes (1 BH staff)	No	No (Exploring linkage to MCBHP Psych consultation and psychiatric services)
People's Community Wellness**	MCBHP	672	20	24	Yes	yes (1 staff) 1x24 hours	Yes	Yes

to screening is available to all patients in those clinics marked as "yes", not all patients are as yet receiving screening for all disorders. As part of its Quality Assessment efforts, PCC is assessing screening levels criteria.

ces began mid-April 2014

Appendix E:
Montgomery Cares Behavioral Health Program Expansion Update (Q1 and Q2 FY2015)

Prepared by:
Rosemary Botchway, Senior Manager
Barbara Raskin, Montgomery Cares Program Manager
Deepa Achutuni, Montgomery Cares Program Assistant

(Extracted from Montgomery Cares Program Report Second Quarter FY 2015
Presented to Montgomery Cares Advisory Board on January 28, 2015)

During the first half of fiscal year 2014 the Montgomery Cares Behavioral Health Program (MCBHP) began expansion efforts following an infusion of funds to expand access to behavioral health services. The MCBHP is working with participating clinics to increase the visibility of the program and ensure that all patients at participating clinics are receive a behavioral health screening and are referred for services when appropriate.

MCBHP Highlights

Behavioral Health Reporting

- MCBHP established quality measure related to depression screening at the MCBHP partner clinics.
- Clinical outcome metrics for treatment of depression are being established.
- MCBHP developed a behavioral health documentation template in eClinicalWorks to insure uniform data collection and reporting.

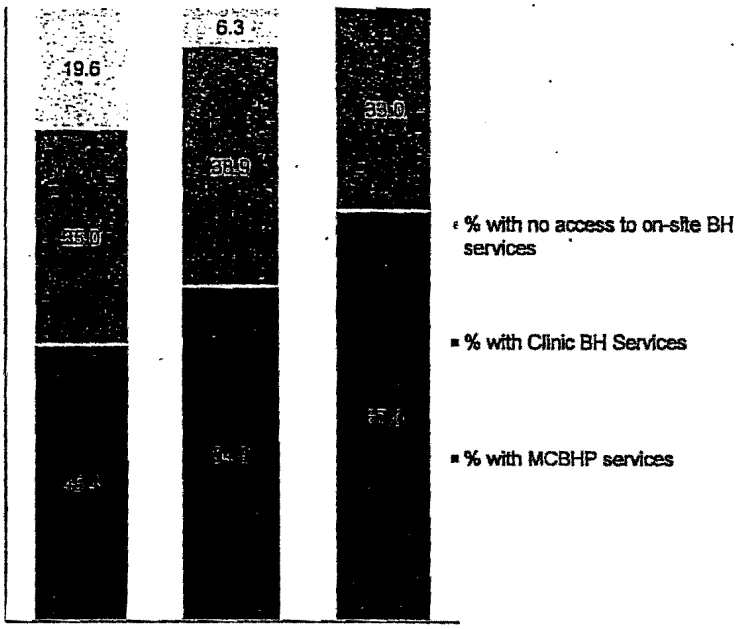
MCBHP Psychiatry services expansion

- MCBHP began providing psychiatry clinic at Holy Cross Health Center - Silver Spring twice a month.
- Training and simulation of telemedicine visits across the Holy Cross Health Centers was done to prepare for utilization of telemedicine.
- MCBHP will begin to have a psychiatry clinic 1-2 times a month at MCC Medical Clinic.

Training

- MCBHP is conducting a two-day Motivational Interviewing training for clinic staff in February 9-10, 2015.

Percent Montgomery Cares Patients With Access to Integrated Behavioral Health Services



(9)

Number of Unduplicated Behavioral Health Patients and Percent of Clinic Patients Receiving Behavioral Health Services

Clinic Site	Q1 Number of Patients Receiving Services	Q2 Number of Patients Receiving Services	YTD Patients Receiving BH Services	YTD Number of Clinic Patients	Percent Clinic Patients Receiving BH Services YTD
Holy Cross Health Centers	272	251	409	3,748	11%
Proyecto Salud	250	261	394	3,128	13%
Mercy Health Clinic	94	103	129	1,029	13%
Muslim Community Center Medical Clinic	14	17	26	1,451	02%
The People's Community Wellness Center	16	16	24	322	07%
Mansfield Kaseman Clinic	n/a	136	136	1,112	12%
Total	646	784	1,118	10,790	10%

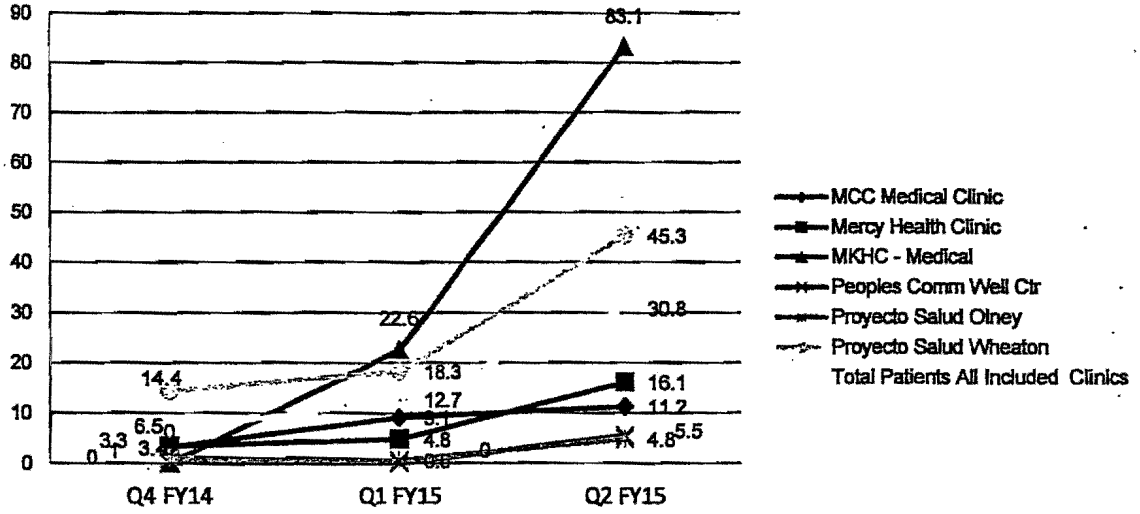
Behavioral Health Services Provided
(More than one service can be provided in a visit)

Service*	Q1	Q2	Totals
Initial Screen	54	113	167
Case Review with Psychiatrist	220	277	497
Medication Education and Management	319	339	657
Reassessment	416	422	838
Referrals *(Social services, addiction services, outside counselors)*	227	309	536
Evaluation	180	212	392
Therapy	90	121	211
Psychiatrist Visit	15	33	48
Crisis Intervention	14	11	25

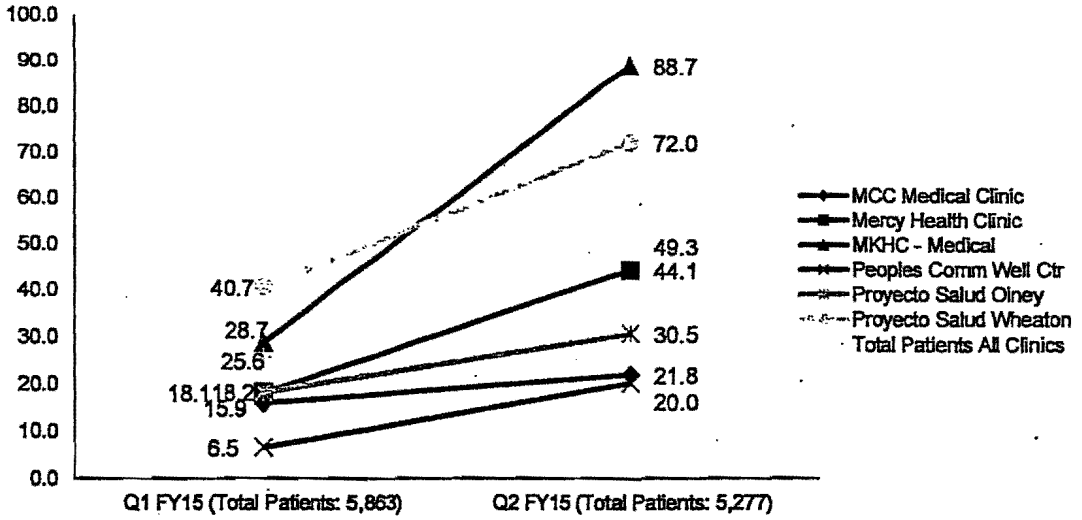
Behavioral Health Quality Measures

During the first half of fiscal year 2014 the Montgomery Cares Behavioral Health Program (MCBHP) began expansion efforts following an infusion of funds to expand access to behavioral health services. MCBHP expanded services to Kaseman Clinic in October. The MCBHP is working with participating clinics to increase the visibility of the program and ensure that all patients at participating clinics receive depression screening and are referred for services when appropriate. MCBHP also completed the first phase of development of outcome measurements that focus on rates of screening for depression and will complete additional reporting measures in the remainder of the year. MCBHP increased access to psychiatric consultation and direct psychiatric services. MCBHP provided training in clinical care for diagnosis and treatment of behavioral health disorders to medical providers, Motivational Interviewing to medical and behavioral health providers and sponsored and IHI Web & Action Behavioral Health Integration workgroup

#1: Percent of primary care and specialty care visits that administer a screening for depression using either the PHQ-2 or PHQ-9. Goal: 75% of PCV and SCV include a depression screen.



#2: Percent of patients who received an annual screen for depression (PHQ-2 or PHQ-9). Goal: 90% of patients receive an annual depression screen.



- Results for both screening indicators show progress over time for all clinics.
  - Percentage of patients with annual screen increased from 25.6 to 49.3 in a three month time period.
  - Percentage of PCV/SCV visits screened increased from 5.7 to 27.9 in six month time period.

- Holy Cross Health Center data is not available at this time; Holy Cross Health Centers have a well-established screening protocol.
- Clinics with low results may be a result of incorrectly entering screening data into the electronic medical record. PCC and the clinics are addressing data entry related to depression screening.

MCBHP Expansion

- MCBHP is establishing a referral process with Care For Your Health (C4YH) so that patients can access behavioral health care at other locations convenient to them.
- MCBHP is working with MCC to increase productivity and hours of service at this site.
- Three Montgomery Cares clinics have established behavioral health services:
  - CCI and Mary's Center both received grants from HRSA to integrate behavioral health services and primary care.
  - Mobile Medical Care contracts with ASPIRE to provide integrated services that are provided by behavioral health clinicians and psychology students.
- MCBHP will provide access to psychiatric evaluation and treatment to Montgomery Cares patients served at these sights, as well as consultation to behavioral health specialists and primary care providers as needed.

Access to Integrated Behavioral Health Services for Montgomery Cares Patients

Clinic	Source of On-Site Behavioral Health Services	Access to Psychiatry Consultation and Psychiatric Services
Holy Cross Health Centers (SS, AH, G)	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Mercy Health Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics; volunteer psych ½ day a month
Proyecto Salud (Wheaton and Olney)	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
The People's Community Wellness Center	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Muslim Community Center Medical Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
CMR – Kaseman Clinic	MCBHP	MCBHP psychiatry consultation and psychiatry clinics
Care for Your Health	None	Exploring linkage to MCBHP in FY 2015 and FY 2016
Community, Clinic Inc.	FQHC - CCI Staff	n/a
Mary's Center	FQHC Mary's Center Staff	n/a
Mobile Medical Care	MM Contract With ASPIRE	Mobile Med has a volunteer psychiatrist, and is exploring collaboration with MCBHP psychiatric consultation
Spanish Catholic Center	SCC Staff	Exploring linkage to MCBHP psychiatry consultation and clinics in FY15
CCACC - PAVHC	CCACC Staff/Volunteer	CCACC has volunteer psychiatrist on staff

Montgomery Cares Program Report
April 22, 2015

Rosemary Botchway, Senior Manager
Barbara Raskin, Montgomery Cares Program Manager
Deepa Achutuni, Montgomery Cares Program Assistant

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YTD Patients and Encounters – March 2015

Year to Date	FY15 Unduplicated Patients			FY15 Encounters			Reimbursement
Clinic	FY15 Projected Patients	FY15 Unduplicated Patients	FY15 % of Projection	FY15 Projected Encounters	FY15 YTD Encounters	FY15 % of Target Met	MCares Payment $65/Visit*
CCACC-PAVHC	200	216	108%	600	390	65%	$25,350
Community Clinic, Inc.	3,200	2,344	73%	8,960	4,697	52%	$305,305
CMR - Kaseman Clinic	2,100	1,226	58%	6,002	2,934	49%	$190,710
Holy Cross Hospital Health Centers	6,700	4,826	72%	17,742	9,541	54%	$620,165
Mary's Center	1,200	709	59%	2,760	1,488	54%	$96,720
Mercy Health Clinic	1,793	1,190	66%	5,200	4,042	78%	$262,730
Mobile Med	5,200	3,073	59%	14,100	8,602	61%	$559,130
Muslim Community Center Medical Clinic	3,000	1,796	60%	7,500	4,715	63%	$306,475
Proyecto Salud - Wheaton & Olney	5,700	3,835	67%	17,100	10,473	61%	$680,745
Spanish Catholic Center	1,322	942	71%	3,438	2,088	61%	$135,720
The People's Community Wellness Center	1,200	403	34%	2,760	860	31%	$55,900
General Medical Clinic Sub-totals	31,615	20,560	65%	86,162	49,830	58%	$3,238,950
Montgomery Cares FY15 Budget	32,250		64%	82,707		60%	$5,375,955
CCI - Homeless*	300	82	27%	495	102	21%	$6,630
CMR - Kaseman Clinic - Homeless*	100	46	46%	230	74	32%	$4,810
Homeless Medical Clinic Sub-totals	400	128	32%	725	176	24%	$11,440
Medical Clinic Totals	32,015	20,688	65%	86,887	50,006	58%	$3,250,390

*Homeless encounters are reimbursed at $143 per visit. Homeless Medical Clinic reimbursements are a separate budget line item. Reallocated $25,000 to Mantoni Mobile Dentistry

Year to Date

Clinic	Patient Panel	Encounters YTD	Payments YTD
Care For Your Health*	46	58	$8,618

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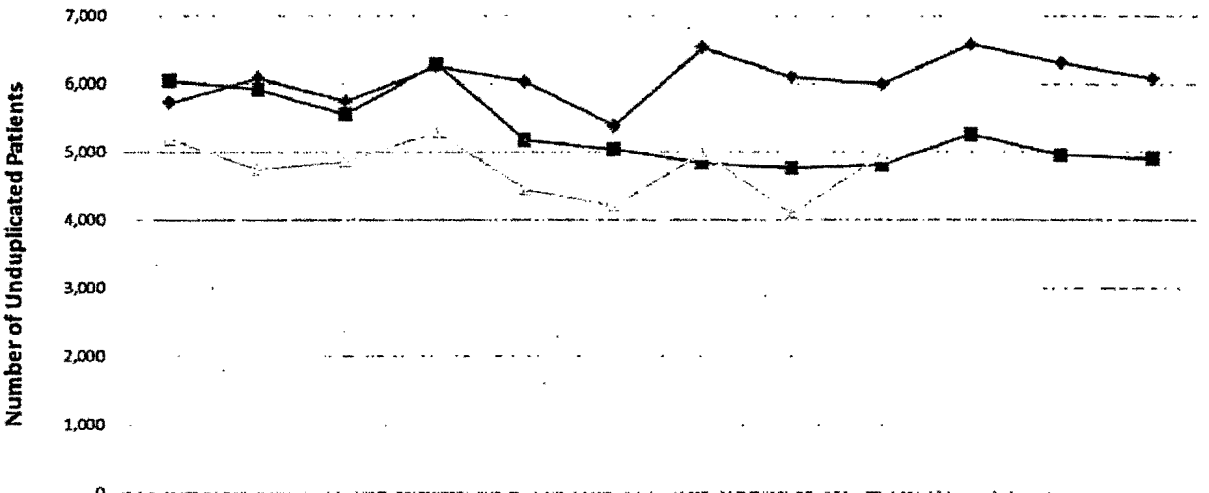
Unduplicated Patients FY 2013 – FY 2015 YTD



	July	August	September	October	November	December	January	February	March	April	May	June
FY13	5,719	6,080	5,735	6,254	6,024	5,375	6,528	6,094	5,984	6,571	6,303	6,075
FY14	6,044	5,913	5,540	6,286	5,168	5,037	4,846	4,767	4,810	5,246	4,963	4,907
FY15	5,184	4,743	4,870	5,294	4,453	4,208	4,992	4,096	4,957			

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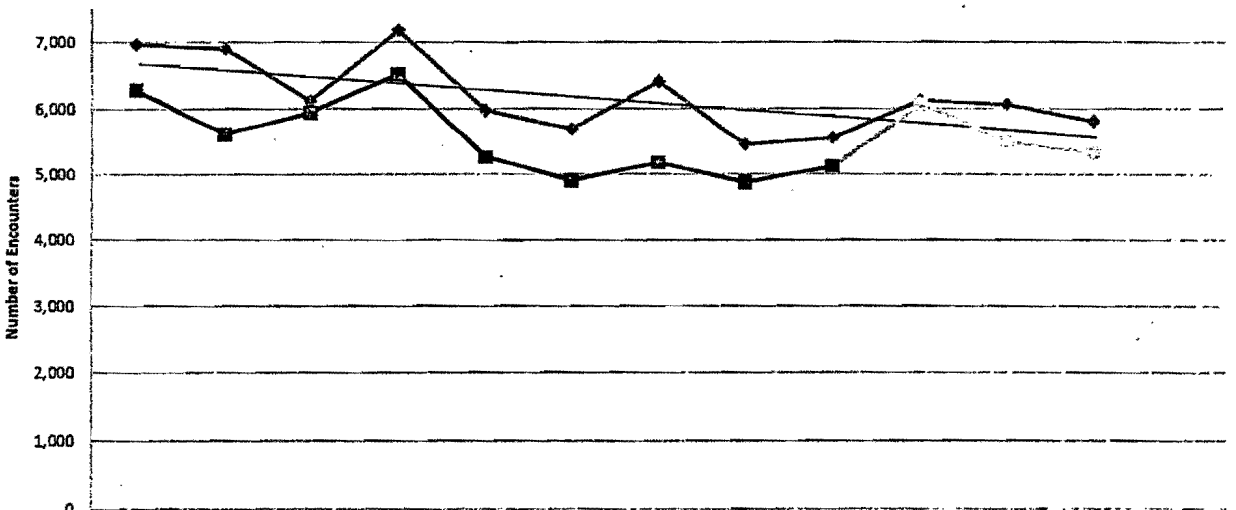
Growth Trends: FY14 vs. FY15 Projections



	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FY14	6,958	6,895	6,109	7,173	5,968	5,690	6,406	5,451	5,560	6,119	6,060	5,804	74,193
FY15	6,268	5,587	5,930	6,501	5,250	4,895	5,167	4,863	5,115	6,062	5,510	5,324	66,473

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Montgomery Cares March 2015 Performance

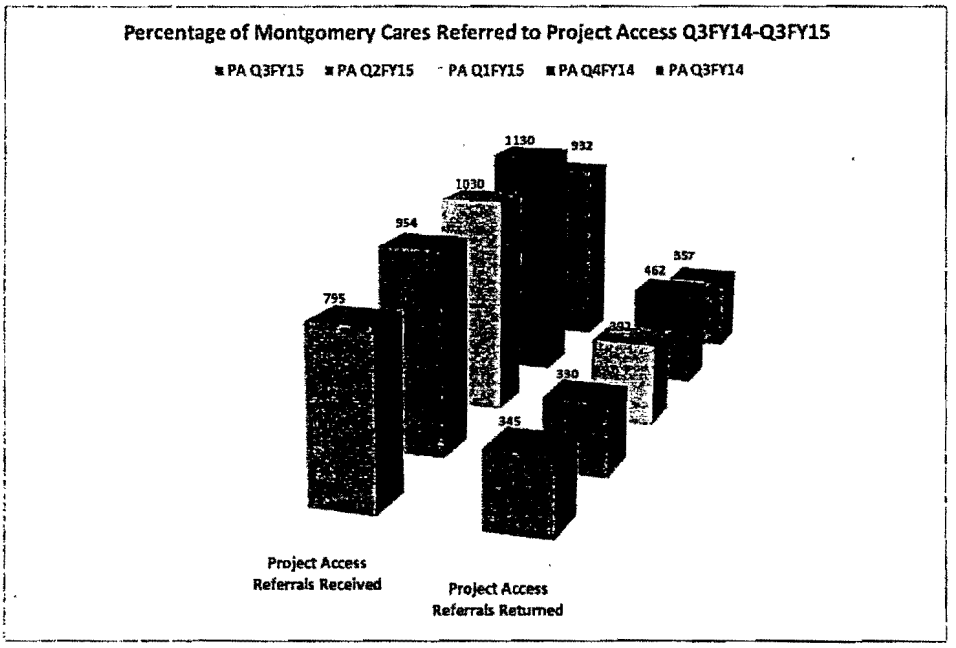
The benchmark for March is 75%.

- Clinics have served 65% of the projected number of unduplicated patients within the first nine months of the fiscal year, and have reached 58% of their projected number of encounters
- 60% of the budget for clinic visits has been expended
- Care For Your Health, which is reimbursed on a capitated basis, has a patient panel of 46 Montgomery Cares eligible patients; 42% of its 110 patient target

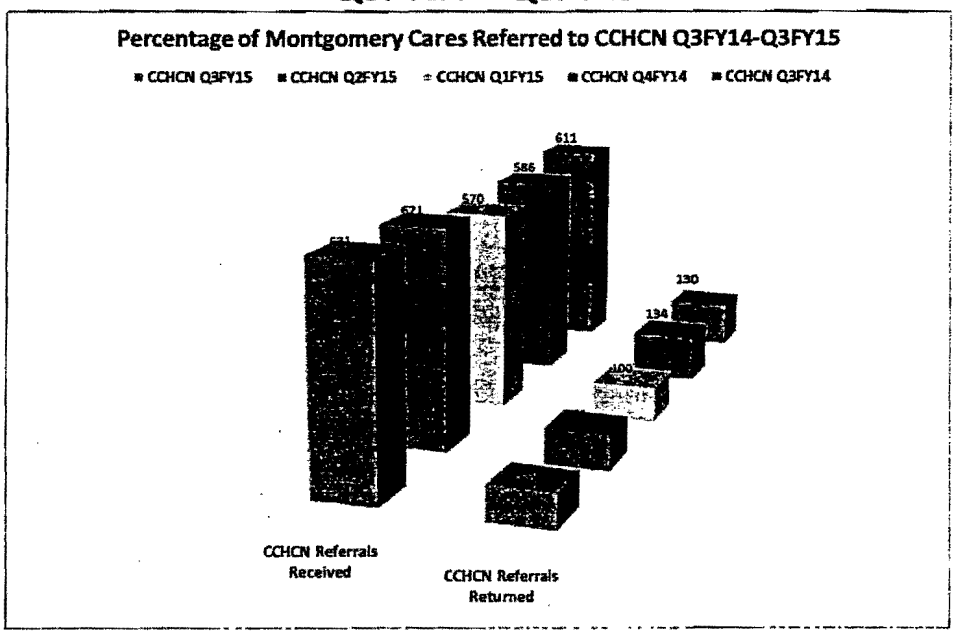
Length of Time to Next Appointment for New Patients

- Mansfield Kaseman Clinic, Proyecto Salud in Olney and Wheaton, and Spanish Catholic Center can see patients within two days
- Care for Your Health, Holy Cross Aspen Hill, Mobile Med, Muslim Community Center Medical Clinic, and The People's Community Wellness Center can provide appointments within 1 week
- CCACC, Mary's Center, and Mercy Health Clinic can provide appointments within 2 weeks
- Community Clinic Inc. and Holy Cross Gaithersburg, and Holy Cross Silver Spring can provide appointments within 3 weeks

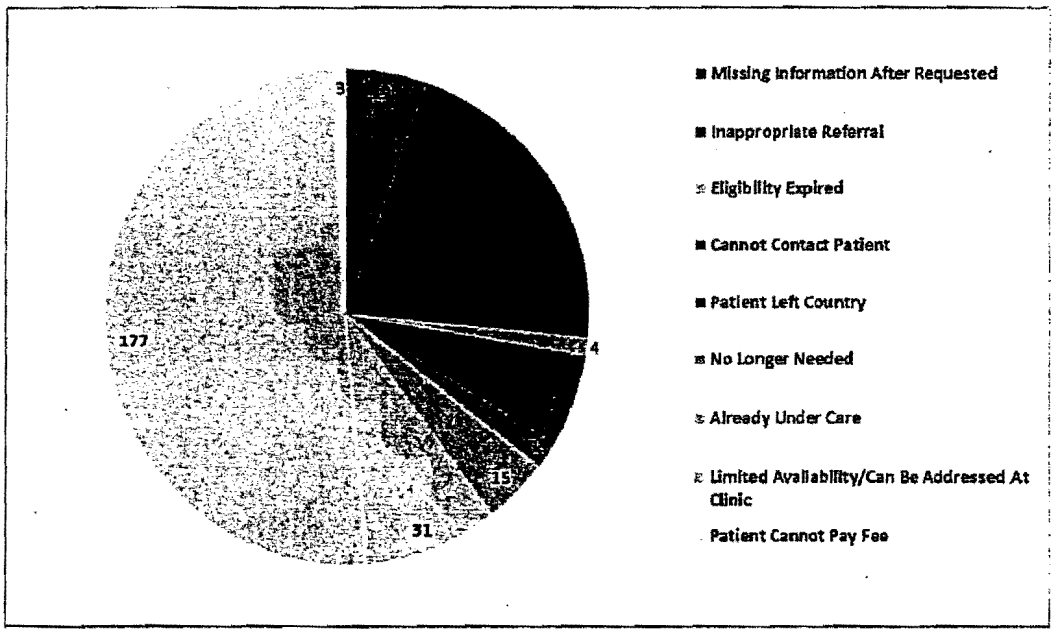
Project Access Referral Requests Q3FY14 – Q3FY15



CCHCN Referral Requests
Q3FY14 – Q3FY15



Project Access Reason For Return Q3FY15



16

Specialty Care Updates: Q3FY15

Project Access

- Reason for returned referrals were tracked this quarter, providing better insight into areas requiring improvement or increased resources.
- Quarterly Specialty Care meetings with Adventist Healthcare System were established this quarter.
- Increased resources and recruitment efforts in nephrology and oncology began at the end of Q3FY15.

CCHCN

- Recruited 3 new specialists this quarter and 6 in Quarter 1, exceeding the annual goal of 12 new specialists.
- Increased recruitment in the areas of endocrinology, rheumatology, dermatology, and neurology are focus areas for the next quarter.

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Community Pharmacy Expenditures Q3 FY 2015

Category	FY15 Budget Allocation	Q1	Q2	Q3	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	$1,000,500	$189,874	$186,332	$225,851	$602,057	61%	$398,443	39%
Diabetic Supplies/ H. Pylori	$262,936	$52,507	$88,007	$46,109	$186,623	71%	$76,313	29%
Behavioral Health	$75,122	$1,672	$9,045	$9,201	$19,918	27%	$55,204	73%
Vaccine	$89,412	$83,757	$5,655	$0	$89,412	100%	$0	0%
Bradley	$3,000	$44	$0	$0	$44	1%	$2,956	99%
Total	**$1,430,970**	**$327,854**	**$289,039**	**$281,161**	**$898,054**	**63%**	**$532,916**	**37%**

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17

Montgomery County Medbank
Q3 FY 2015

	Q1	Q2	Q3	Q4	Total
Value of Medications Received	$443,906	$777,135	$860,961		$2,082,002
• Applications Processed	606	743	791		2,140
• Active Patients	1,009	1,084	1,153		
• New Enrollees (captured in active patient volume)	44	75	69		188
• Assisted with Health Coverage Enrollment	64	37	15		116

Pharmacy Update

Community Pharmacy

Clinics are beginning to express concern that their current budgets will not cover their needs through the end of FY15 especially since supplemental funds will not be available at the end of this fiscal year.

Staff is assessing opportunities to shift dollars across the network to accommodate shortages.

Medbank

Request for medication through Medbank dropped in Q1 of FY 2015 as individuals made adjustments for health coverage in 2014. Medbank enrollment has increased 7% in Q2 and 6% in Q3 over Q1 enrollment.

Beyond Access

The PCC will conduct an oral presentation on Medication Therapy Management at the MD Inaugural Chronic Disease Conference in September.

Behavioral Health Services

Service*	Q1	Q2	Q3		Totals
Initial Screen	54	113	94		261
Case Review with Psychiatrist	220	277	251		748
Medication Education and Management	319	339	374		1,032
Reassessment	416	422	574		1,412
Referrals	227	309	304		840
Evaluation	180	212	177		569
Therapy	90	121	84		295
Psychiatrist Visit	15	33	17		65
Crisis Intervention	14	11	10		35

*Please note that more than one service can be provided in a visit.

MCBHP Number of Unique Patients

Program Site	Q1	Q2	Q3	Q4	YTD
Holy Cross – Aspen Hill	43	42	100		124
Holy Cross - Gaithersburg	103	98	123		212
Holy Cross – Silver Spring	139	125	184		283
Mercy Health Clinic	94	108	122		161
Proyecto Salud - Olney	64	55	60		111
Proyecto Salud - Wheaton	186	204	250		396
MCC Medical Clinic	14	17	15		26
The People's Community Wellness Center	15	16	15		32
Mansfield Kaseman Clinic	n/a	136	83		156
Totals	658	801	952		1,501

Behavioral Health Program Update

Behavioral Health Reporting

- MCBHP established quality measure related to depression screening and outcomes at the MCBHP partner clinics
  - Technical specifications finalized; will be presented to QHIC April 30, 2015

MCBHP Psychiatry Services Expansion

- Spanish Catholic Center Social Worker beginning to participate in Georgetown University psychiatric consultations

Training

- As a result of Behavioral Health Web and Action sponsored by PCC, CCI and HCHC became sites for state SBIRT Grant (Screening, Brief Intervention and Referral to Treatment)
  - 2 hour training on smoking cessation interventions in primary care will be offered by UMBC at PCC in May

Montgomery Cares Cancer Screening

FY 2015		Screenings Performed					
Cancer Screenings	FY 2014	FY 2015 Available	Q1	Q2	Q3	Q4	Total
Mammography	1,811	3,400	580	568	541		1,689
Colonoscopies	80	150	24	36	20		80

Mammograms are being provided by Community Radiology Associates, Holy Cross Hospital, Shady Grove Adventist Hospital and Washington Adventist Hospital at reduced rates.

Mammograms – most clinics are on target for meeting their FY 2015 mammogram screening goals. The number of screening mammograms performed in FY 2015 increased 37% over the first 3 quarters in FY 2014.

Colonoscopies – In the third quarter 20 colonoscopies were referred from 8 clinics. At Q3 the YTD colonoscopy screening represents 53% of target for screening.

20

Oral Health Program FY 2015 YTD

Provider	Unduplicated Patients	Encounters	Ratio
Spanish Catholic Center	1,299	4,004	3.08
DHHS Adult Dental Services - Metro Court	513	965	1.9
DHHS Adult Dental Services - Colesville	103	208	2.0
Muslim Community Center Medical Clinic - Dental	546	903	1.6
Total	2,461	6,080	2.5

- Spanish Catholic Center has a 3 month wait time for new patient appointments.
- Muslim Community Center Medical Clinic – Dental has a one week wait time for new patient appointments. They are now providing dental services four days per week.
- DHHS Metro Court and Colesville locations have a 2 week wait time for new appointments.
- CCI and Mary's Center offer dental services on a sliding fee schedule based on income.

IT Projects

Reporting

- Increase in ad hoc report requests from the clinics for their grants.

Laboratory Interface

- Working with Adventist Health Care to get a connection for integrating lab results in eCW. (Mercy Health Clinic and Mobile Medical Care) This has been significantly delayed due to amount of work and time required by Adventist. Tentatively scheduled for the fall.
- Community Radiology scheduled to be up before June 30, 2015

eCW Messenger

- Messenger is a feature that allows phone calls or text messaging to patients. Currently most clinics are using this for appointment reminders. We are working with Care For Your Health and Muslim Community Center to enable the campaigns feature for preventive health campaigns.

Insurance Billing

- Continue to work with clinics who want to use eCW to bill insurance. (Proyecto Salud, Mobile Medical Care)
- PCC is providing training and technical support.

Declining Montgomery Cares Encounters

Clinic Reported Factors Impacting Montgomery Cares Encounters

Factors Reported	Clinics Priority Ranking of Factors			
	CCI	Mobile Med	Mercy Health	Holy Cross
Change in Eligibility Status	1	1	2	1
Profile of Individuals Who Remain (Increase in individuals from Prince Georges)	2			2
Impact of EHR Conversion			1	4
Clinic Capacity/Work Force		2	3	3
Environmental Factors		4		
Non Reimbursable Encounters		3	5	
Reports		5	4	

Factors are ranked on a scale of 1-5; one being the highest.

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Montgomery Cares Advisory Board
Position Statement
Fiscal Year 2016

Overview

The Montgomery Cares (MCares) network has grown in capacity and complexity each year since the program's inception in 2006. Montgomery Cares has an exceptional record of providing high-quality primary care to low-income, uninsured residents of Montgomery County.

As the second year of the ACA enrollment is underway, MCares is redefining 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 twelve (12) clinics, which are geographically dispersed, have demonstrated their ability to effectively serve diverse, multi-cultural communities. They are currently in the process of improving clinic operations, practice management, and clinical guidelines in order to ensure their viability in the changing environment.

As the Montgomery Cares Advisory Board (MCAB) looks toward the future, we will collaborate 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.

FY16 Budget Priorities

With the County's current fiscal challenges, the MCAB has identified two budget priorities for FY16 for a **total net increase of $766,045** to the MCares budget:

Priority #1: Enhance Access to Comprehensive Services -- $646,000 (net increase following reduction in primary care encounters)

The MCAB is requesting an increase of $646,000 to improve access to comprehensive services by offering MCares clinics and patients increased support in primary care, medication costs, specialty care, behavioral health and oral health services. This would include the following:

- The MCAB recommends an increase in the Montgomery Cares per-visit encounter rate of **$3**, changing the rate from **$65 to $68 per visit**. This request adjusts for inflationary costs of providing health care to the most vulnerable residents in the County. Based on current utilization, we are recommending a reduction in patient encounters from the FY15 budget of **82,707 to 78,000**. At a rate of **$68 for 78,000 encounters**, this **decreases** the base budget for primary care by **$71,955**.
- The demand for specialty care continues to exceed the availability of care through Project Access, the Catholic Charities Health Care Network, and the volunteer networks organized directly by the clinics. The MCAB is requesting increased funding of **$95,000** to serve additional patients and support the specialty care infrastructure.
- The Montgomery Cares Behavioral Health Program currently provides access to behavioral health services for 54% of the Montgomery Cares population. MCAB is requesting **$50,000** in increased funding to provide expanded behavioral healthcare coverage.
- To ensure equitable and timely access to medications the Community Pharmacy Program requires increased funding in the amount of **$150,000.** Based on the pharmacy utilization study, the greatest need for medications is cardiovascular and endocrine drugs. The pharmacy program encourages and supports cross utilization with local retail pharmacy but additional funds would increase access to medications for patients most needy with multiple, chronic conditions during their clinic visit.
- To ensure that the MCares program is providing equitable oral health services, the MCAB is requesting **$423,000** to provide expanded capacity at the County supported dental clinics and MCares dental locations. Of this amount:

- **$182,000** for Muslim Community Dental Clinic providing additional 1400 visits.
- **$143,000** for County Dental clinics providing an additional 1100 visits
- **$98,000** for Spanish Catholic Dental clinic providing an additional 750 visits.

Priority #2: Improve Outreach and Education - $120,000

The MCAB is requesting **$120,000** to capture the estimated 60,000 adults in Montgomery County remaining without health care coverage. The MCAB is encouraging clinics to grow and participate in Medicaid to offset operational costs and thereby utilize Montgomery Cares funds to provide direct patient care only.

- The MCAB recommends **$60,000** to assist MCares clinics in their outreach efforts. This will help support the individual outreach efforts of the clinics and maintain an updated brochure that all clinics will utilize.
- MCAB is requesting **$60,000** to support a Community Outreach Coordinator. Their role is to increase the number of patients by raising public awareness and educating eligible County residents. This position would also create linkages to community-based partners such as the minority health initiatives and hospitals creating a centralized point to access MCares information.

Budget Summary

A summary of the FY16 budget request from the Montgomery Cares Advisory Board is as follows:

Priority #1: Enhance Comprehensive Services	
Primary Care • Increase reimbursement from **$65 to $68** per encounter allotting 78,000 encounters for FY16. • This would reduce the current budget – **FY15 $5,375,955** – by **$71,955.** Total Budget Reduction	-$71,955
Oral Healthcare • MCC Dental Clinic .....$182,000 • County Dental Clinics .....$143,000 • SCC Dental Clinic .....$98,000 Total	$423,000
Specialty Care	$95,000
Behavioral Health	$50,000
Community Pharmacy	$150,000
Subtotal:	**$646,045**
Priority #2: Improve Outreach and Education	
Patient Outreach and Education • Support MCares clinic outreach and education..... $60,000 • Support a Outreach Coordinator ..... $60,000 Total	$120,000
Subtotal:	**$120,000**
Total (Priority #1 and #2)	**$766,045**

Montgomery County Can Lead the State in Improving the Health of its Population

FY2016 Advocacy Statement of the Primary Care Coalition

The United States is experiencing the greatest transformation in health care since the implementation of Medicaid in 1965. The Affordable Care Act (ACA) has extended health coverage to 26 million people across the country. In Maryland alone, 376,850 people obtained Medicaid and 81,000 enrolled in Qualified Health Plans through the Maryland Health Connection. In Montgomery County, an estimated 60,000 residents enrolled in Medicaid or a Qualified Health Plan (QHP).

Although the ACA has increased access for many, an estimated 60,000 of the most medically and socially vulnerable Montgomery County residents will remain uninsured for the foreseeable future.

Many lawfully present working immigrants are not eligible for Medicaid and cannot purchase affordable health insurance. The 'dreamers'—teens eligible for the Deferred Action for Childhood Arrivals program—are not eligible for Medicaid or QHPs. Recently, a significant number of children fleeing violence in Central America have come to Montgomery County to be with their families; they too are not eligible for Medicaid.

Montgomery County's Approach

Montgomery County aspires to be the healthiest county in the nation; providing **universal access** to health care for all of its residents. It is the only county in Maryland that has invested in an expansive health care safety-net that ensures low-income people have access to high quality, culturally competent health services.

To move to universal access, the County-funded Care for Kids program must expand to address the health needs of recent arrivals and provide access to specialty care, behavioral health, and oral health services for all children served. Montgomery Cares, a highly successful public-private partnership, now serving 28,000 low-income uninsured adults must connect with the remaining uninsured and establish public awareness and enrollment process to engage those without coverage.

The Montgomery Cares network of providers has significant cultural and linguistic competencies which can serve Montgomery County's diverse low-income communities regardless of insurance status. Health services for the uninsured should be comparable to health services available to insured populations, and continuity of care should be preserved for consumers regardless of the payer.

To do so, Montgomery County's health safety net must:

1) Build stronger relationships with the County's 6 hospitals and develop effective care coordination models to improve access to appropriate care.

- Strengthen relationships among hospitals, community based health care providers, and social service providers.
- Improve care coordination with a focus on improving not just health care but health.

2) Promote sustainability of Montgomery Cares clinics and prepare to participate in value-based payment reforms being implemented in Maryland.

- Support sustainable business models and diversified revenue streams at safety-net clinics.
- Strengthen network services and provide opportunities for partnerships and shared purchasing.

3) Expand Montgomery Cares essential services, improve network efficiency, and support the analysis of population health data.

- Build a specialty care network that provides timely access to services comparable to a Medicaid managed care organization.
- Increase access to affordable oral health services in the community.
- Complete Behavioral Health Program expansion to achieve access to behavioral health services for all Montgomery Cares enrollees.
- Coordinate enrollment for Montgomery Cares, Care for Kids, Medicaid, and QHPs to reduce administrative burden on patients and ensure Montgomery County only subsidizes care for those ineligible for state programs.
- Measure improvements in population health and reduce health disparities.

4) Achieve universal access to high quality, culturally competent primary and behavioral health care for low-income, uninsured children.

- Increase the capacity of Care for Kids to 4,800 by July 2016.
- Address the complex medical, behavioral health, and social service needs of immigrant children by December 2016.

5) Implement a public education campaign to raise awareness of health care coverage and services available through County health programs, Medicaid, and the Maryland Health Connection.

- Develop a public information campaign to help consumers identify the most appropriate health resource for them.
- Conduct outreach and enrollment activities for County safety-net programs targeting underserved populations including newly arrived children, and African and Asian communities.
- Promote health insurance literacy so that consumers can make the most appropriate health coverage choices.

Montgomery Cares Program Value Statement

Access

- Provided health care home for **28,000 low income adults** not eligible for other health coverage
- Services available at **38 locations** county wide

Services include:

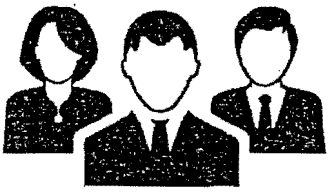
- Primary care
- Specialty care
- Medicine access
- Behavioral health care
- Oral health services

Quality

- Provides quality medical care that reaches or exceeds national benchmarks for select diabetes and hypertension measures
- 95% of patients would recommend their clinic to a family member or friend

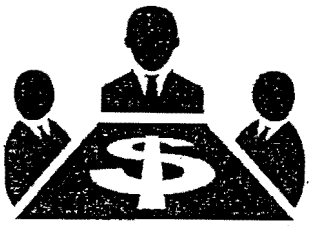
Collaboration

- Engaged 12 independent safety net clinics and all hospital systems in the county to provide direct services to vulnerable patients
- Enlisted more than 750 individuals as volunteers in service to the underserved
- Partnered with more than 100 physicians and practices to deliver pro-bono or reduced cost specialty care
- 11 partnerships with faculty and departments at institutions of higher learning



Return on Investment

- Employed 175 FTE health professionals to care for the uninsured
- $ 4.9 million worth of free medications for 1,800 patients
- $1.2 million in donated hospital services in FY2014
- $85,000 worth of pro-bono specialty care
- Leverages at least $2.30 in private funds for every County dollar invested.



Primary Care Coalition **2/18/15**

Montgomery Cares FY16 Budget Request

	Budget Category	Current	FY16 Requested Increase	FY16 % Increase	Line Item Totals
Essential Services	**Specialty Care:** Expand specialty care to serve 800 additional patients and strengthen specialty care network infrastructure. • Project Access Direct Services $80,000 • Catholic Charities Health Care Network $50,000	$783,565	$130,000	17%	$913,565
	Oral Health Services: Provide services to a minimum of 1,000 Montgomery Cares patients at MCC Dental Clinic in FY16. **Recognizing the overwhelming need for dental services for Montgomery Cares patient, PCC supports any requests that would expand access to oral health services in addition to this request to provide services to 1,000 unduplicated patients at MCC Dental Clinic.*	$407,120	$182,000	45%	$589,120
	Community Pharmacy: Cover costs to supply cardiac and endocrine medications.	$1,761,021	$150,000	9%	$1,911,021
	Behavioral Health Care: Continue behavioral health expansion by adding coverage at a partially covered site.	$1,008,520	$50,000	5%	$1,058,520
	Primary Care: • Reduce the number primary care encounters from 82,707 to 78,000 at current $65 reimbursement rate. • Increase reimbursement rate by 5% to adjust for inflationary costs of providing health care.	$5,375,955	- $305,955 +$253,500 - $52,455	- 1%	$5,323,500
Population Health	**Eligibility and Enrollment:** Define and standardize eligibility determination & enrollment processes at clinic level.	-0-	$50,000	100%	$50,000
	Public Education: Increase number of patients by raising awareness of Montgomery Cares among eligible residents. Develop linguistically appropriate outreach materials for use by minority health initiatives, clinics and other community-based outreach partners.	-0-	$60,000	100%	$60,000
Montgomery Cares Total Request		**$9,376,661**	**$569,545**	**4.5%**	
Sum of Budget Items Not Affected By FY16 Requested Increase		$3,154,631			
Montgomery Cares Total Budget		**$12,531,292**	**$13,100,837**		

Montgomery Cares FY16 Budget Request (Aligned)

	Budget Category	Current	FY16 Requested Increase	FY16 % Increase	Line Item Totals
Essential Services	**Specialty Care:** Expand specialty care to serve 800 additional patients and strengthen specialty care network infrastructure. • Project Access Direct Services $80,000 • Catholic Charities Health Care Network $15,000	$783,565	$95,000	12%	$878,565
	Oral Health Services: • Provide services to a minimum of 1,000 Montgomery Cares patients at MCC Dental Clinic $182,000 • Increase minimum number of unduplicated Montgomery Cares patients treated at SCC Dental Clinic to 1,800 $98,000	$407,120	$280,000	69%	$687,120
	Community Pharmacy: Cover costs to supply cardiac and endocrine medications.	$1,761,021	$150,000	9%	$1,911,021
	Behavioral Health Care: Continue behavioral health expansion by adding coverage at a partially covered site.	$1,008,520	$50,000	5%	$1,058,520
	Primary Care: • Reduce the number primary care encounters from 82,707 to 78,000 at current $65 reimbursement rate. • Increase reimbursement rate by 5% to adjust for inflationary costs of providing health care.	$5,375,955	- $305,955 +$253,500 - $52,455	- 1%	$5,323,500
Population Health	**Public Education:** Increase number of patients by raising awareness of Montgomery Cares among eligible residents. Develop linguistically appropriate outreach materials for use by minority health initiatives, clinics and other community-based outreach partners.	-0-	$60,000	100%	$60,000
	Community Outreach: Provide $ 5,000 to each Montgomery Cares participating clinic to expand community outreach efforts such as attending health fairs.	-0-	$60,000	100%	$60,000
Montgomery Cares Total Request		**$9,376,661**	**$642,545**	5.1%	
Sum of Budget Items Not Affected By FY16 Requested Increase		$3,154,631			
Montgomery Cares Total Budget		**$12,531,292**	**$13,173,837**		

primary care coalition
of Montgomery County, Maryland

making
health care
happen

8757 Georgia Ave.
10th Floor
Silver Spring, MD
20910

T: 301.628.3405
F: 301.608.2384

April 24, 2015

Council President George Leventhal
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear Council President Leventhal:

Thank you for your leadership on health care issues in our community. You are a champion for improving access to high quality health care for all Montgomery County residents, and low income, vulnerable residents in particular.

The United States is experiencing the greatest transformation in health care since the implementation of Medicaid in 1965. Over the last few years, in anticipation of this transformation, efforts are underway to align Montgomery Cares with state and national health reform and to work toward achieving the Triple Aim goals of improving population health and patient experience while reducing overall health care costs. We have made progress in these areas; however, some of the cuts proposed on page 4 of the HHS Council PHS briefing from April 13th would jeopardize this progress. We are particularly concerned about areas categorized in this briefing as "one-time" funding that PCC had understood would be ongoing. We respectfully request that the HHS Committee recommend continued funding for the following areas:

Population Health. Last year the Council added $54,000 to start a data warehouse and analytic resource to gather and analyze population health data, measure return on investment for the Montgomery Cares program, and provide the Council and Dept. of Health and Human Services with additional insights into program changes to meet the Triple Aim goals. This building of this infrastructure is underway, but will come to a halt if funding is not continued.

Training for Medicaid Participation. Last year, the Council added $21,600 for Training for Medicaid participation. The Primary Care Coalition has provided technical assistance to support interested clinics in accepting Medicaid. Support has included Medicaid MCO contracting and credentialing, billing and coding training, and electronic billing support. Some Montgomery Cares clinics are just starting on the path to Medicaid participation. Other clinics are accepting Medicaid but creating billing infrastructure. To ensure Montgomery Cares is the health care option of last resort, it is in the county's best interest that all Montgomery Cares clinics accept Medicaid. This will ensure continuity of care for patients as they move between insurance statuses, and provide Montgomery Cares clinics with sustainable business models through diversified revenue streams.

Patient Satisfaction Survey. Last year the Council allocated $54,000 to conduct a patient satisfaction survey. The survey was implemented using the national standard Consumer Assessment of Healthcare Providers and Systems (CAHPS). For the first time we can evaluate how Montgomery Cares patients perceive their experience of care provided, and compare this to national benchmarks. The survey has provided important insights, but to be truly meaningful we must continue to monitor and evaluate the experience of Montgomery Cares patients to identify and

address any areas where Montgomery Cares is failing to provide an excellent patient experience of care.

Under your leadership, Montgomery County has led the state in providing access to health care for all of its residents. It is the only county in Maryland that has invested in an expansive health care safety net that provides quality medical care that reaches or exceeds national benchmarks for select diabetes and hypertension measures, and that 95% of patients would recommend. This is a remarkable achievement, but it is only through the Council's investments data collection, monitoring, and evaluation that we are able to make this statement.

Sincerely,

Leslie Graham
President and CEO

CC:
Linda McMillan, Senior Legislative Analyst, Montgomery County Council
James T. Marrinan, Chair, Primary Care Coalition External Affairs Committee
Stephen Gammarino, Chair, Montgomery Cares Advisory Board
Wilbur Malloy, Chair, MCAB Advocacy Workgroup
Agnes Saenz, Chair, Health Centers Leadership Council
Tara Clemons, Montgomery Cares Program Manager, Dept. Health and Human Services

MobileMed
Mobile Medical Care, Inc.

PROUD MEMBER OF United Way
#8157

Bethesda MAGAZINE
"The Guide to Giving"

April 9, 2015

Councilmember George Leventhal
Council Office Building
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear George:

Montgomery County has led the state in providing access to health services for low-income, uninsured residents. Thank you for your leadership in ensuring healthcare access and health equity for Montgomery County's most vulnerable community members. On behalf of the Board of Directors of MobileMed, we respectfully urge you to reverse the proposed $500,000 decrease to the Montgomery Cares budget for FY2016 and to invest additional funds to ensure that the program can provide essential services comparable to those available through Medicaid and subsidized insurance plans.

For over 45 years, MobileMed has improved the health of low-income County residents who face the greatest barriers to care access. We serve over 5,000 disadvantaged patients annually at multiple fixed and mobile sites. MobileMed is proud to be among 12 Montgomery Cares participating clinics that together served more than 28,000 low-income, uninsured adults last year. Over the past ten years, Montgomery Cares has grown considerably and has demonstrated its value to the community. In addition to supporting the delivery of high quality primary care services that meet or exceed national benchmarks for certain clinical measures, Montgomery Cares sustains clinic employment, provides on-the-job training opportunities for the healthcare workforce of the future, and has proven effective in reducing hospital emergency department visits.

We must continue this forward momentum by promoting the sustainability of Montgomery Cares clinics so that we can continue to deliver high quality primary care to our vulnerable neighbors. We ask that you support an additional $766,000 for the program. The first part of the request is for a modest rate increase from $65 to $68 per patient visit in primary and specialty care services. This would represent only the second increase since 2007, even as the complexity of a primary care practice rises. Second, we ask you to invest in essential complementary services, including specialty care, behavioral health, oral health care, medications, and patient outreach. Although these services have been available on a limited basis for some years, there is considerable unmet need:

- 93% of Montgomery Cares patients (more than 26,000 individuals) do not have regular access to oral health services. Dental disease is highly preventable with good nutrition, oral hygiene, and regular dental check-ups. Yet, left untreated, tooth decay and gum infections can have serious health consequences.
- 41% of specialty care referrals received by Montgomery Cares in FY2014 could not be accommodated (nearly 4,000 cases). Patients who do not receive timely access to specialty care may suffer complications requiring more extensive care or hospital admission.
- Each year, there is a considerable shortfall in essential point-of-service medications, including cardiovascular drugs and insulin. Without access to critical cardiovascular and endocrine drugs, patients are unable to control their chronic conditions. As a result, their health deteriorates and the cost of their care goes up.

As an organization deeply concerned about the health of our community, MobileMed urges the Council to restore Montgomery Cares funding to the FY2015 funding levels and support a rate increase from $65 to $68 per patient visit in primary and specialty care services.

Sincerely,

Connie Lierman
Board President

Peter F. Lowet
Executive Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

April 22, 2015

George Leventhal, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Leventhal:

This year, the Montgomery County Commission on Health (COH) has focused its efforts on addressing the substantial gaps in oral health care that exist for County residents. With the pressing need to begin filling these gaps, the COH recommends approval of the Montgomery Cares Advisory Board's request to increase the Montgomery Cares Program's oral health services budget by $423,000. The COH also recommends an additional $150,000 to support the Montgomery County Dental Program, which is not restricted to Montgomery Cares Program patients. Funding both of these programs will help the County improve access to basic dental services to help low-income County residents who lack dental insurance.

Oral health is important to prevent adverse health outcomes such as infection, chronic disease and even death.[1] Improving access to preventive oral health care is a top national health priority as it is one of the leading health indicators for *Healthy People 2020*. Closing the gap in the number of County residents who receive oral health care requires additional resources to both reach and provide access to low-income County residents. While greater access to health insurance is available due to Medicaid expansion in Maryland and the Maryland Health Benefit Exchange, many Montgomery County residents still remain uninsured and many more lack access to dental insurance. Both Medicare and Medicaid do not cover preventive dental services for adults, leaving low-income seniors and adults in the County without sufficient access to care. This is why Montgomery County oral health programs are so crucial.

We appreciate your consideration of these funding recommendations as the Council considers the County's Fiscal Year 2016 Budget. If you have any questions please do not hesitate to contact us.

Sincerely,

Ron Bialek

Ron Bialek, MPP, CQIA
Chair, Commission on Health

Cc: Isiah Leggett, County Executive
Uma Ahluwalia, Director Montgomery County DHHS
Dr. Ulder J. Tillman, County Health Officer

[1] Bensley L, VanEenwyk J, Ossiander EM. Associations of self-reported periodontal disease with metabolic syndrome and number of self-reported chronic conditions. Prev Chronic Dis 2011;8(3):A50. http://www.cdc.gov/pcd/issues/2011/may/10_0087.htm. Accessed April 17, 2015.

MONTGOMERY CARES ADVISORY BOARD

March 31, 2015

FY16 County Council Grants Recommendations

1. Care for Your Health - Home Based Health Program - $29,473
    a. The MCAB **recommends** funding for this grant at the requested amount of $29,373

2. Chinese Culture and Community Service Center, Inc. – Full Time Nurse Assistance - $62,400
    a. The MCAB **recommends** funding for this grant at the requested amount of $62,400.

3. Chinese Culture and Community Service Center, Inc. – Pan Asian Volunteer Health Clinic Expansion - $50,000
    a. The MCAB **recommends** funding for this grant at the requested amount of $50,000.

4. Community Ministries of Rockville – Nursing and Medical Assistance Staffing - $71,372
    a. The MCAB **recommends** funding for this grant at the requested amount of $71,372

5. Community Ministries of Rockville – Referral Coordinator/Patient Navigator - $76,128
    a. The MCAB **recommends** funding for this grant at the requested amount of $76,128

6. Community Ministries of Rockville – Volunteer Coordinator - $22,391
    a. The MCAB **recommends** funding for this grant at the requested amount of $22,391

7. Mary's Center for Maternal and Child Care, Inc. – Family Support Worker, Life Cycle Health Educator, and Emergency Participant Assistance - $113,889
    a. The MCAB does **not recommend** any funding for this grant.
    b. MCAB members agreed that
        1. The grant request was not detailed enough to warrant funding for the three different positions. A suggestion was made stating three different grant applications should have been submitted for the three different positions
        2. 62% of Mary's Centers patients are uninsured. The requested grant positions would work with all their clients. As an FQHC, Mary's Center is eligible for federal and state grants and other special funds. MCAB members believe the clinic could tap into other methods of funding to support the positions.

8. Mercy Health Clinic – Pharmacy Program - $35,000
    a. The MCAB **recommends** funding for this grant at the requested amount of $35,000.

9. Montgomery General Hospital, Inc. – Population Health - $44,240
    a. The MCAB does **not recommend** any funding for this grant.
    b. MCAB members agreed that
        1. As a hospital part of a large system, they should invest dollars to keep people who need primary care out of the Emergency Room.
        2. This grant was funded in FY15. Based on Council Staff Recommendations, it was noted that funding be for one year only and the hospital should sustain this project after the start-up period.
        3. The hospital participated in a similar state grant and MCAB believes their efforts are to sustain outside funding for this position.

10. Mobile Medical Care, Inc. – Diabetes Program - $50,000
    a. The MCAB **recommends** funding for this grant at the requested amount of $50,000.

11. The Muslim Community Center: Medical Clinic – Domestic Violence - $25,000
    a. The MCAB **recommends** funding for this grant at the requested amount of $25,000.

12. Muslim Community Center: Medical Clinic – Quality Assurance - $50,000
    a. The MCAB **recommends** funding for this grant at the requested amount of $50,000.

13. Muslim Community Center: Medical Clinic – Shuttle Van Services - $12,500
    a. The MCAB **recommends partial funding** for this grant at $12,500.
    b. MCAB members agreed that
        1. Based on the grant information, the Medical Clinic can support a great portion of the cost. Overall, MCAB supports the work of the clinic and its efforts to provide greater accessibility for clients.

14. Montgomery County Language Minority Project: Proyecto Salud – Patient Centered Medical Home - $48,552
    a. The MCAB **recommends** funding for this grant at the requested amount of $48,552

Mercy Health Clinic

April 1, 2015

George Leventhal
President, Montgomery County Council
Chair, Health and Human Services Committee
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear Council President Leventhal:

The board of directors of Mercy Health Clinic has made a strategic decision to embrace the vision of Montgomery Cares 2.0, including service to Medicaid patients. The Board reached this decision last Fall after considerable deliberation following discussions with DHHS leadership, PCC leadership, yourself and funders. Montgomery County was clear in its desire for Mercy Health Clinic to increase our payor mix and accept Medicaid, as part of Montgomery Cares 2.0. The Board responded to the County's overtures and is committed to enhancing patient care, increasing healthcare access and diversifying its funding.

This represents a significant shift for Mercy Health Clinic, which has been an all-free clinic since its founding over 14 years ago. In order to make this transition, the Clinic seeks 3-year transition funding from Montgomery County to provide Medicaid preparation and staffing support during the transition. A budget was proposed to DHHS Director Ahluwalia in November, followed by numerous meetings and discussions with county officials and staff. Attached is a revised budget with lower costs.

Benchmarks
Year 1: The focus of Year One is preparations to accept Medicaid, including submission of a completed application to become a Medicaid provider. The budget for year one includes consultants to assist with the application process and other preparations.
Year 2: By the end of Year Two the goal is for MHC to be serving Medicaid patients, representing approximately 6% of the Clinic's total patients.
Year 3: By the end of Year Three the goal is to increase the number of Medicaid patients served to 8% of all MHC patients.
This time frame and these goals reflect the experiences of other clinics that have transitioned to serving Medicaid patients.

The largest budget item is for a transition to primary care providers who are paid staff. Currently the Clinic relies heavily on volunteer providers. Year One includes 1.5 FTE nurse practitioners, increasing to 1.75 FTE in Year Two. and to 2.0 FTE in Year Three. All nurse practitioners would be part-time. This shift to paid primary care providers is important for

increasing continuity of care, to serve Medicaid patients, and for sustainability as the number of volunteers declines and with new volunteers more difficult to recruit. Mercy Health Clinic has a long and proud history of utilizing volunteer providers and this will continue, particularly in the area of specialty care. MHC is unique among other clinics in that its staffing has relied so heavily on volunteers. MHC now seeks to transition to a model in which most of the primary care is provided by paid providers, with volunteers supplementing this care and also offering specialty care. MHC is currently able to offer nearly 20 specialties on site, which is a great benefit to patients and also relieves pressure on Project Access and the Catholic Charities Health Care Network. Mercy Health Clinic's specialty care thus enables more Montgomery Cares patients throughout the entire program to access specialty care.

Our proposal includes shared funding support from the County, from private foundations and from Mercy Health Clinic. The proposal also includes support for a development position, which would be funded by Mercy Health Clinic. This is an investment in the Clinic's future sustainability beyond the 3-year transition period. In order to raise additional revenue on an annual basis to support paid providers and operations, MHC requires this additional development staffing. This will ensure that the County's investment during the 3-year transition period will continue for years afterwards.

Mercy Health Clinic values the public-private partnership with Montgomery County to provide access to health care for all residents. The Clinic is making a commitment to the vision of Montgomery Cares 2.0 and is responding to the desire of the County for MHC to serve Medicaid patients. However, we need the financial support of the County during this crucial period of transition for our organization.

Thank you for your consideration of this proposal and for your tremendous commitment to provide accessible and affordable healthcare for those most in need. I appreciated the opportunity to discuss this with you in person this week and I look forward to answering any questions you or your staff may have.

Sincerely,

John Kleiderer
Executive Director

Enclosure: 3-year budget proposal

Mercy Health Clinic
Medicaid Transition Proposal
Revised March 2015

	Year 1 FY2016	Year 2 FY2017	Year 3 FY2018	*Notes* *County fiscal years 2016-2018*
Assumptions				
Total Annual visits	6120	6840	7560	*1,800 specialty care visits/yr*
Total Primary Care Visits	4320	5040	5760	
Anticipated Medicaid Visits	0	151	403	
% Medicaid Utilization	0%	3.0%	7.0%	*6% by end of year 2; 8% by end of year 3*
Expected Medicaid payment per visit	$ 87	$ 88	$ 89	
Part-time front desk/insurance verification staff	0.15	0.50	0.50	
Nurse practitioners (FTEs)	1.50	1.75	2.00	
Expense Increase				
Nurse Practitioner	$ 137,700	$ 174,960	$ 210,600	*gradual increase from 1.5 to 2.0 FTE*
Front Desk Coverage	$ 6,000	$ 20,000	$ 20,000	*PT administrative/insurance verification*
Development Director	$ 50,000	$ 96,000	$ 96,000	
Off-hours coverage	$ -	$ 7,000	$ 7,000	*Patient access to care 24/7 (phone)*
Medical Director & NP Malpractice Insurance	$ 1,300	$ 12,600	$ 13,500	
Strategic Consulting Services	$ 3,000	$ 2,000	$ -	
Obtain Medicaid provider status	$ 3,200	$ 1,600	$ -	
Chart Documentation set-up and training	$ 7,000	$ 4,000	$ -	
Billing system set-up and contract initiation	$ 5,000	$ 3,000	$ -	
Billing fees (8% of collections)	$ -	$ 1,064	$ 2,871	
Legal Fees	$ 2,000	$ -	$ -	
Total expense increase	$ 215,200	$ 322,224	$ 349,971	
Funding Support				
County Executive	$ 45,000	$ 187,918	$ 192,186	
County Council	$ 110,200			
Foundation funding support	$ 20,000	$ 25,000	$ 25,000	
Mercy Health Clinic investment	$ 40,000	$ 96,000	$ 96,000	
Medicaid payment (90% collection rate)	$ -	$ 13,306	$ 35,885	
Total funding support	$ 215,200	$ 322,224	$ 349,071	
County Funding Request	$ 155,200	$ 187,918	$ 192,186	*$535,304 total County funding request over 3 years*

Care for Kids FY16 Budget Request

	Budget Category	Current	FY15 Requested Supplement	FY16 Requested Increase*	FY16 % Increase	Line Item Totals
Essential Services	**Medical services** to support increased enrollment of 800 additional children in FY16. ** CFK leverages nearly $1 million in pro-bono medical services from Kaiser Permanente and School Based Health Centers. Caps on pro-bono services are expected to be reached before FYE2015.*	$247,218	$88,416	$156,585	47%	$492,219
Program Capacity	**Operating Expenses:** Client services and supplies to support program operations in light of increased enrollment.	$352,010	$26,395	$73,223	19%	$451,628
Population Health	**Streamline Enrollment:** Technology upgrades to increase prompt and consistent access to care by implementing technology upgrades to enrollment processes.	-0-	-0-	$42,000	100%	$42,000
Care for Kids Total Request		**$599,228**	**$114,811**	**$271,808**	35%	
Sum of Budget Items Not Affected By FY16 Requested Increase		$50,335				
Care for Kids Total Budget		**$649,563**	**$764,374**	**$1,036,182**		

*FY16 Request for Care for Kids assumes FY15 supplemental request is approved and becomes core funding.

<u>Assumptions</u>

- CFK projects 800 new enrollees in FY16, the average cost of care per child is $225 (including primary, specialty and dental care).
- At current rate of enrollment caps on pro-bono medical care are expected to be reached prior to FYE2015, therefore all new FY16 enrollees will require paid medical services.
- Although the rate of children entering the county is slowing the rate of enrollment into Care for Kids is expected to remain high because:
    - CFK enrollments have been delayed during open enrollment for Medicaid and Qualified Health Programs, therefore many children who entered the county in FY15 will not be fully enrolled until FY16.
    - CFK is open to all low-income children who reside in Montgomery County and are not eligible for any state or federal health coverage programs, including children fleeing violence. Of the children fleeing violence who enroll in CFK, only a portion were detained at the border, therefore CFK projections are higher than numbers reported by INS or U.S. DHHS.

African American Health Program

County Council HHS Hearing
April 13, 2015
Presenter: Pat Grant, Chair, AAHP Executive Committee

Thanks for the opportunity to speak before the County Council HHS Committee.

AAHP continues to focus on health disparities, specifically focusing on disease prevention, health promotion and wellness.

The African American Health Program Executive Committee is looking at the following:

1. **Data:** This continues to be a critical issue for AAHP. We thank you for the additional funding for this fiscal year and are pleased that AAHP was able to secure a consultant that is focusing on improving the current data collection, management, and reporting processes. We feel that this was much needed. However, this will be a consistent need, which may require more permanent focus.

   We need data:
   a. To understand who lives in our community — their race, ages, their socioeconomic statuses, their lifestyles.
   b. To delineate the health issues most prominent in our community and where disparities exist.
   c. To identify those who are "high users" of our services.
   d. To assess how successful — or unsuccessful — our strategies for AAHP are.

   We think it's important that:
   - A high priority should be placed in ensuring that data collection for the AAHP priority areas is based on the use of objective data;
   - It is critical that performance measures are included that will reflect expected outcomes for AAHP priority areas;
   - In order to keep all informed on the prevalence of health disparities, as well as, the progress being made to decrease/eliminate health disparities, a user-friendly Health Disparities Report for the AAHP community should be produced.

   We feel that data is critical for identifying adverse underlying neighborhood factors and developing strategies (population health) to improve care and outcomes for at-risk populations. For example, looking at zip codes in the county will be helpful in statistically identifying those areas with the highest rates of premature death and preventable hospitalizations, which can prove worthy of focus. This will help us to better develop strategies to improve care and outcomes for at-risk

populations, more prevention strategies, and eventually eliminate the many disparities that plague the target communities that AAHP serves. We need to get to a better breakdown of our data by race so that we can understand how to better serve the community that AAHP serves.

2. **Mental Health:** Thanks also for the additional funding for planning for mental health focus for AAHP, which we received for this current fiscal year. A significant step is laying the groundwork to look at mental health as a cross-cutting approach linking it to each of AAHP's existing priority areas. For example, each priority area may be linked to a mental/behavioral health issue:
   a. Infant Mortality and postpartum depression
   b. Chronic diseases (i.e., diabetes, cardiovascular, etc.) and depression
   c. Chronic diseases (i.e., HIV, cancer, etc.) and suicide.

   Black males continue to experience racial profiling, which can have an effect on mental health.

   In Montgomery County, there is a disproportionate representation of mental health issues related to Black youth in the child welfare, juvenile justice, and criminal justice systems.

   Much have been reported about mental health issues in the African community as it relates to war-related post-traumatic stress disorders amongst combat veterans and those who have sought asylum in the US. In addition, there is a high rate of depression and anxiety.

   According to the CDC, an understanding of racial and ethnic groups and their beliefs, traditions and value systems have not been historically factored into mental health research since Caucasian and European based populations have been used as a benchmark. Therefore, as a way to improve utilization of mental health services in the African American and African communities, culturally competent care is essential.

   Currently, the African American Health Program does not have a Behavioral Health focus. It is important to provide focus in order to raise awareness about mental health and ensure that prevention and early intervention programs tailored to the targeted community the African American Health Program serves are in place.

3. **Social determinants of Health:** We continue to be concerned about the factors attributing to the social determinants of health (i.e., poverty, homelessness, circumstances to which we are born, social policies, economics, etc.). We would like to ensure that all in the community, especially those that AAHP serves, are ensured through Medicaid, QHP, etc. We have requested that all AAHP programs identify clients without a Primary Care Medical Home (PCMH) and will ensure entry into a PCMH in Montgomery County as part of the entry process into an AAHP Program. As defined by US Department of HHS, Agency for Healthcare Research and Quality, "*the primary care medical home is accountable for meeting the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers. This team might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, and care coordinators*".

We are concerned with the large number of Black males that are homeless. We are also concerned with the high use of temporary homeless shelters for Blacks versus more long-term transitional housing.

4. **Health Disparities:** Many feel that we should not just solely focus on health disparities. We feel that it's important to continue to do so. We have not eliminated the many health disparities that plague our community. The disparities rates still remain high for our target community. However, we feel that we've made great strides. NIH has established an institute dedicated to leading "scientific research to improve minority health and eliminate health disparities". Montgomery County is ranked as the healthiest county in Maryland. We feel that what AAHP is doing and has been doing is also contributing to making a huge difference, especially outreach and awareness; wellness and prevention strategies; nurse case management in our SMILE program; diabetes training and counseling, STI/HIV/AIDS testing, and other areas.

As reported in our AAHP annual report, this year, the Executive Committee has worked diligently to expand our reach into the community in order to obtain additional community input, resources, and support for the AAHP program areas along with our operational and advocacy efforts. We've created an ancillary Executive Coalition, a dynamic and diverse group of volunteers from the community and service and community-based organizations. With the Executive Coalition, we have seen an increase in membership and the spawning of a number of key committees that we call collaboratives; Infant Mortality, STI/HIV/AIDS, Behavioral/Mental Health, Diabetes, and Black Male Health and Wellness. We are also looking at one for our Senior community.

Again, thanks for the opportunity. We hope to see each of you on Saturday, April 18th at AAHP Community Day 2015, which is being held at the Silver Spring Civic Center.

AAHP SMILE PROGRAM BUDGET REQUEST FOR 2016,

SUPPORTED BY THE FIMR COMMUNITY ACTION TEAM

THE REQUEST: The Community Action Team (CAT) of the County's Fetal and Infant Mortality Review (FIMR) Board requests an additional $65,000 for the SMILE Program of the African American Health Program, to expand the program by hiring a Community Health Outreach Worker/ Navigator to assist clients with the many non-medical/non-clinical needs that they encounter in the community. This would enable the program's three nurses to recruit and enroll a larger number of pregnant women into the program.

THE ROLE OF THE FIMR AND THE FIMR-CAT: The state-mandated FIMR reviews possibly preventable fetal and infant deaths, a disproportionate number of which occur among African Americans. The most frequent recommendation of the FIMR Board to its Community Action Team (FIMR-CAT) is to increase referrals of pregnant African American women to the SMILE program. The FIMR-CAT looks for ways to implement the recommendations of the FIMR.

THE SMILE PROGRAM: The goal of the SMILE Program- Start More Infants Live Equally healthy - is to reduce the number of premature and low-birth-weight babies born to African American women and women of African and Caribbean descent and to reduce infant mortality. African American women and women of African and Caribbean descent are far more likely to have poor birth outcomes than women of other races. This work is an integral part of the African American Health Program (AAHP).

SMILE OUTCOMES: The SMILE program, following a proven effective community nurse-family partnership model, has succeeded in improving the odds for survival and good health among Black infants born into the program. Birth weights are superior to those of other African American infants and infants of African and Caribbean descent in the County and the State, and the rates of initiated and continued breast feeding (a health protective factor) far exceed those of the Country as a whole.

EXPANSION OF THE SMILE PROGRAM: In order to expand the program with the existing three nurses, the program can benefit from the additional resources of a Community Health Outreach Worker/ Navigator, whose role would include the following: provide additional health education for expectant families (i.e. healthy pregnancy, breast feeding principles, parenting skills, integrating fathers in parenting role); review child development milestones and education; assist with health promotion disease prevention education and topics such as preconception and inter-conception education; offer information about nutrition, physical activity, stress management; make referrals to WIC; provide warm hand-offs to medical and behavioral health services; provide care coordination that assists families in accessing and navigating the health care system.

Ann Jordan, MSN, RNC
Program Mgr, Women's Health
Kaiser Permanente, Mid-Atlantic States

James Rost, MD
Director, Neonatology Unit
Shady Grove Medical Center, AHC

Latino Health
STEERING COMMITTEE
MONTGOMERY COUNTY, MD

Montgomery County Council FY2016 Budget Hearing
Latino Health Steering Committee of Montgomery County Testimony
April 14, 2015

Good evening President Leventhal and other distinguished members of the Council. My name is Evelyn Kelly and I am Co-Chair of the Latino Health Steering Committee of Montgomery County (LHSC). On behalf of the LHSC, I want to thank the Council for the opportunity to testify on the FY16 budget for the Latino Health Initiative.

The Latino Health Steering Committee (LHSC) is an independent group of volunteer professionals and community leaders, working with county government to address Latino health concerns in Montgomery County. Attached to this testimony is a roster of our members. The LHSC provides expert guidance and technical assistance to the Department of Health and Human Services and acts as the planning body for the Latino Health Initiative. In addition, the LHSC advocates on behalf of the Latino community.

For the past 14 years, the Latino Health Initiative has been providing state-of-art, innovative and culturally and linguistically appropriate programs to the low-income immigrant community in Montgomery County. Each year, the LHI reaches over 20,000 individuals through an array of programs aimed at improving health and wellness and increasing access to health care. In addition to providing critical programs and services to the community, the LHI also provides major support to key Department of Health and Human Services' initiatives such as the Leadership Institute for Equity and the Elimination of Disparities (LIEED), the Equity Project and Healthy Montgomery.

During the recent economic recession, which spanned over four years, the Latino community served by the LHI was negatively impacted due to significant cuts (close to 30%) to the LHI's budget. During the past couple of years, thanks to the leadership of the Council minor restorations to the LHI's budget ($45,000) have been provided. Although the LHSC is grateful for the allocation of these funds, the restored amount is only a small fraction of the overall cuts, which amounted to over $287,000 excluding personnel cuts. Given the tremendous growth of the Latino community in Montgomery County, now estimated at over 185,000 individuals, the current allocation is not sufficient to meet the tremendous demands for culturally and linguistically appropriate services.

Hence, for FY16 we urge the Council to **increase by $170,000** the County Executive's level funding recommendation of $1,297,759 to the LHI. The additional funds would be used as follows:

A. Restore $20,000 to the Latino Asthma Management Program - This Program works to reduce health disparities related to childhood asthma among Latino children ages

4 to 11, but it has spillover effects for all county children with asthma. The aim if the program is accomplished by empowering Latino parents and caregivers to appropriately self-manage their children with asthma and increasing awareness and utilization of pediatric clinical services. A more recent component of the program teams up parents and school personnel to identify and reduce asthma triggers in schools. The Program conducts its work in partnership with Linkages to Learning and MCPS at elementary schools with a high percentage of children with asthma.

The requested $20,000 would offset the impact caused by the elimination of a FY16 grant from the Maryland Department of Health and Mental Hygiene. The cut will affect approximately 26 children with asthma at an estimated cost to the health care system of $31,478 per year in emergency room visits and hospitalizations related to asthma. Data from the Maryland Youth Risk Behavior Survey show that Latino adolescents (27.6% in 2013) are significantly more likely to have asthma than white adolescents. (22.9%)[i]

B. Allocate $150,000 to support a demonstration project to deliver integrated interventions to address key social determinants that impact health and well-being. Addressing social determinants of health is a primary approach to tackling health inequities. According to the World Health Organization health inequities are types of unfair health differences closely related with social, economic, or environmental disadvantages that negatively affect groups of individuals. In the past years, the Centers for Disease Control and Prevention (CDC) has encouraged local jurisdictions to identify and address social determinants of health and improve these conditions through environmental changes to improve health. Building on the past experiences of the LHI and utilizing promising models such as "*Poder es Salud (Health is Power)*" identified by CDC, the requested funds would be utilized to develop and implement a demonstration project aimed at enhancing health outcomes and addressing health inequities in a targeted community in the County. The demonstration would include the use of popular methodology techniques to identify key issues and social determinants, identify assets in the targeted community, and support grassroots leadership to take necessary action. Working with the targeted community and leveraging support from current and new public and private partners, the LHI would also build a robust service delivery strategy that is comprehensive, efficient, effective, and user friendly for the populations being served. Services such as health education and health promotion, navigation to needed services, culturally relevant family preventive mental health services, and linkages to existing job development services and civic engagement programs would be integral parts of the demonstration effort.

In addition, we ask for your support of the funding request from the Advisory Council of the Welcome Back Center (WBC) of Suburban Maryland of $75,000. The WBC, a former program of the Latino Health Initiative, is a nationally-recognized model for the integration into the health workforce of internationally-trained health professionals from all corners of the world including Africa, Asia, Europe, the Caribbean, and Latin America. The requested allocation would cover a shortfall in funds related to a grant that ended in FY15 and would allow the Center to conduct a feasibility study to establish a revolving loan fund to provide a sustainable pool of financial assistance to participants.

Given the current economic climate and recognizing the fiscal challenges the County is facing, we support your approach to providing for the needs of all County residents, particularly those who are most vulnerable, while increasing self-sufficiency. We are confident that, as in past years you will continue to support the efforts of the Latino Health Initiative and the Welcome Back Center.

Thank you.

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[i] http://phpa.dhmh.maryland.gov/cdp/Documents/2013MDH-Summary-Tables-HS.pdf

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Asian American Health Initiative
Steering Committee

Testimony at County Council – Support to 2016 AAHI Budget

April 13, 2015

Behavioral Health and Hepatitis B are the lead programs for the Asian American Health Initiative (AAHI). Behavioral Health brings some unique challenges for the Asian population which is markedly different from the African American or Latino population. Primary data related to the target population is almost non-existent mostly because of cultural values. The use of available mental health resources by Caucasian and Latino population is about 16 times more than by Asians. On the other hand in certain age brackets the Asian population has the highest rates of suicide across all racial groups. The social and cultural stigma is responsible for this. The AAHI Mental Health is in the process of addressing this through community outreach, creating photo novels and video clips to open up and uncover this segment of the population. We thank the Health Committee and Council for the $100,000 granted last year and we think the best use of it is being made and the results will merit a scale up of budget in the next fiscal year.

While we thank you for this there is a situation which has come up as of prime importance, a neglect of which threatens the stoppage of the very successful Patient Navigator Program – PNP.

Asian Americans comprise of 13.9% of Montgomery County's population, which is 45% of Maryland State's total Asian American population. Of those, 72.1% are foreign born with 81.5% speaking a language other than English at home.[4]

Restore Budget - Patient Navigator Program - PNP

Language has been a traditional barrier to access to health care for first generation immigrants. Accordingly in 2008 the Patient Navigator Program was contracted out by the Dept. of Health & Human Services with a budget assignment of $400,000. The current provider has been providing the services since then.

The program involves the training of multi-lingual staff to function as medical interpreters to assist low-income, uninsured clients face to face during medical appointments. The specific services that are offered by the PNP are:

- Scheduling appointments at County Safety Net Clinics or at other clinics/doctor's offices
- Providing on-site, face-to-face medical interpretation during appointments
- Assisting with information over the phone
- Assisting with translating patient education materials, patient registration, scheduling follow-up appointments, and explaining medical procedures as needed
- Explaining a medical condition, empowering patients to understand their diagnosis and treatment options
- Assist clinics in the evening hours attending to patients who come there referred by other community based organizations

In **2010** there occurred a **34%** cut in the budget for this program bringing it down by **$97,010.** This cut was a brutal blow to this program which had become highly effective and highly acclaimed in the Asian community.

The 34% cut in the operating budget of this provider affected negatively in the following way:

- **32%** loss in **service hours** and **63%** reduction in **managerial hours**
- Only **53%** of linguistically challenged patients who need help are being served with about **400** plus needy people who are not being served. Most of these people land up in the ER which is contrary to one of the fundamental positives of the PNP. These facts are known because many of these patients call back and complain about their situation – the helplessness - there is no other alternative for them
- The budget cut resulted in restricted mileage for the interpreters. Thus the service area had to be restricted to Silver Spring, Germantown and Rockville. Far away areas had to be sacrificed
- The total number of personal interpretations which went up to **2329** in **2009-2010** fell by more than 50% to **1099** in **2011**
- Resources being stretched beyond limits phone interpretation was resorted to which does not carry the same effect
- Finally, the resources stretch has gone to the extent where the owner of this provider is putting her own money to sustain the AAHI's Patient Navigator Program. This is not sustainable; this is unfeasible it smacks shame on us.

On behalf of Asian American Health Initiative I plead with the respected Council Members to consider this serious situation and **Restore the Budget Cut.**