


HHS COMMITTEE #2
April 25, 2019

MEMORANDUM

April 24, 2019

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession:** FY20 Recommended Operating Budget
Department of Health and Human Services
Public Health Services (does not include School Health)

PURPOSE: Committee recommendations

Those expected for this worksession:

Vickie Buckland, Acting Director, Department of Health and Human Services (DHHS)
Dr. Travis Gayles, Health Officer, DHHS Public Health Services
Joshua Watters, Office of Management and Budget

Excerpt from the County Executive's Recommended Budget for Public Health Services is attached at © 1-6. School Health Services is reviewed by the joint Health and Human Services and Education & Culture Committee.

Public Health Services Overview

For FY20, Public Health Services is organized into 14 program areas. The County Executive is recommending a total of \$76,728,892 and 502.77 FTEs. The following table shows the change in dollars since FY16.

Public Health Services Expenditures in \$000's	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 REC	Change FY19-20
Comm Disease and Epidemiology	2,092	2,154	1,848	1,815	1,810	-0.3%
Tuberculosis Services	1,899	1,877	1,919	1,908	1,857	-2.7%
STD/HIV Prevention and Treatment	7,627	7,620	9,882	8,067	8,033	-0.4%
Public Health Emergency Prepared	1,181	1,110	1,003	1,285	1,241	-3.4%
Health Care & Residential Facilities	1,695	1,622	1,589	1,488	1,496	0.5%
Cancer and Tobacco Prevention	1,211	1,250	1,242	1,241	1,238	-0.2%
Women's Health Services	2,658	2,599	2,734	2,783	2,681	-3.7%
Chief Public Health	1,828	1,890	1,776	1,739	1,635	-6.0%
Health Care For the Uninsured	14,193	14,365	15,144	14,419	14,127	-2.0%
Community Health Services	4,730	4,712	4,892	4,774	5,450	14.2%
Dental Services	2,455	2,680	2,831	2,870	3,004	4.7%
Environ Health and Regulatory Svcs	3,604	3,528	3,439	3,698	3,718	0.5%
Health Promotion and Prevention	na	na	na	na	17	na
School Health Services	25,546	26,316	27,665	28,639	30,421	6.2%
TOTAL	70,719	71,723	75,964	74,726	76,728	2.7%

Description of Program Areas

The following provides a description of the 14 programs in this services area.

	FY20 Rec \$	FY20 FTEs
Communicable Disease & Epidemiology: Responsible for investigations, management and control of the spread of over 65 infectious diseases as specified in Maryland law and emerging pathogens. Surveillance efforts in collaboration with State agencies. Educational programs provided to groups of people at risk for infectious disease. Vital records administration. Immunization, outreach and education to residents, private medical providers, schools, childcare providers, and community groups.	\$1,809,971	15.6
Tuberculosis (TB) Program: Test persons for exposure to TB, treating active cases, identifying persons at risk of developing TB, performing contact studies and medication therapy. Treatment plans are developed and patients receive supervised medication therapy. Migrant Health Program is provided in compliance with Federal laws.	\$1,856,820	14.25
STD/HIV Prevention and Treatment Program: Diagnosis and treatment for persons who have contracted STDs. Confidential notification to contacts of infected people. HIV program provides primary care for people through all stages of HIV/AIDS. HOPWA housing program with HOC. HIV dental clinic provides services to HIV -positive clients.	\$8,033,163	42.4

	FY20Rec \$	FY20 FTEs
Public Health Emergency Preparedness & Response Program: Planning, readiness, and response activities for public health and bio-terrorism threat. Planning is in collaboration with County Emergency Management Group, Homeland Security, Fire and Rescue, Police, hospitals, and other County, State, and Federal agencies.	\$1,241,105	8.4
Health Care & Group Residential Services: Inspects and licenses nursing homes, domiciliary homes (large assisted living), and group homes for children, elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Responds to complaints and provides consultations to licensees to maintain high standards of care.	\$1,495,992	12.0
Career & Tobacco Prevention: Tobacco Use Prevention and Cessation Program and Cancer Prevention, Education, Screening, and Treatment Program that are funded with the State Cigarette Restitution Fund. Programs work collaboratively with community organizations, hospitals, and other public health partners.	\$1,238,375	5.4
Women's Health Services: Care coordination for women and children in the Medical Assistance-managed care program. Screening for early detection of breast cancer and cervical cancer through Women's Cancer Control Program to eligible women aged 40 and older.	\$2,681,176	21.25
Chief Public Health: Leadership and direction for administration of Public Health Services. Includes health planning and epidemiology and Community Health Improvement Process (Healthy Montgomery), oversight for medical clinical volunteers, Commission on Health, contracts, grants, and partnerships.	\$1,635,371	11.0
Health Promotion and Prevention: Provide health information to the community to help change attitudes and behaviors to improve population health. Provide health education materials that emphasize health literacy, early access to preventive care and screening, and raising awareness through special events and campaigns. Education kiosk to help clients access health information and a calendar of events.	\$16,800	0.0
Health Care for the Uninsured: Includes Montgomery Cares, Care for Kids, Maternity Partnership, and Healthcare for the Homeless, programs that provide care for low-income uninsured child and adult residents. Coordinate specialty diagnostic, medical, and surgical treatment for this population.	\$14,126,870	4.0

	FY20 Rec \$	FY20 FTEs
Community Health Services: Preventive health access services for uninsured and under-insured populations. Services include nurse case management and home visits. Support for immunizations clinics, STD services, pregnancy testing in regional health centers.	5,450,324	45.6
Dental Services: Dental services to promote oral health provided at 5 dental clinics. Services are provided to income-eligible County children, pregnant women, adults, and seniors.	\$3,003,959	17.0
Environmental Health Regulatory Services: Issues permits and inspects activities to protect public health and ensure sanitation standards. Enforces restrictions on trans-fat in food and enforces menu labeling. Includes inspections of food service and swimming pools. Enforces rat control ordinance and smoking restrictions.	\$3,718,205	30.5
School Health Services: Provides health services to students in Montgomery County Public Schools including first aid, emergency care, health appraisal, medication and treatment administration, referrals for medical and behavioral health problems, case management for students with acute and chronic conditions and for pregnant and parenting teens. Lead certification screening, immunizations, and TB screenings. School-based Health Centers and High School Wellness programs. Services to Head Start.	\$30,420,761	275.47

Specified Changes and Discussion Items

A. Communicable Disease & Epidemiology

1. Multi-Program Adjustments (\$4,547) and 1.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. An unfunded vacant position was moved into this program but there is no cost associated with the move.

Council staff recommendation: Approve as recommended by the County Executive.
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B. Tuberculosis (TB) Program

Attached at © 6-9 is an excerpt from the Department's Report on Infectious Disease 2013-2017 discussing TB in Montgomery County. The report notes that while the number of TB cases declined nationally, it increased in the County. The County has 17% of Maryland's population but about 30% of TB cases in 2017. There were 63 confirmed cases in 2017. The excerpt describes the treatment and services provided through the DHHS program.

1. Eliminate Long Vacant Medical Doctor Position (\$124,550) and (1.0)FTEs

DHHS reports that the medical doctor position has not been filled for a long time. The Department has been using two part-time physicians from the group position to manage coverage in conjunction with a full-time nurse practitioner. The model has been very successful, and this budget change does not have any impact since it reflects the existing situation the Department has been operating under for some time.

Council staff recommendation: Approve as recommended by the County Executive.

2. Multi-Program Adjustments \$72,970 and (1.75)FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. One of the FTEs that is reduced in this program is the vacant position that was transferred to Communicable Disease and Epidemiology. The 0.75 change is a technical adjustment associated with a group position.

Council staff recommendation: Approve as recommended by the County Executive.

C. STD/HIV Prevention & Treatment Program

Attached at © 9-12 is an excerpt from the Department's Report on Infectious Disease 2013-2017 discussing the STD/HIV Program. At ©13-15 is an April 17 e-mail from Dr. Gayles to the Council/Board of Health sharing the County will be receiving additional Federal funds to combat HIV. The County is 3rd in the State for the number of new cases in 2017, behind Prince George's County and Baltimore City. This newly announced funding is not included in the budget at this time.

**1. STD/HIV Grant Funds
(\$66,430) and 0.2FTEs**

This reduction to overall grant funding is a reflection of what has already occurred in FY19. There are large grants in this program and there are often adjustments between what was budgeted and what was actually received. There is no new impact in FY20

Council Staff Recommendation: Approve as recommended.

**2. Multi-Program Adjustments
\$32,244 and (1.0)FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

Council staff recommendation: Approve as recommended by the County Executive.

D. Public Health Emergency Preparedness and Response

**1. Multi-Program Adjustments
(\$44,390) and 0.0FTEs**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

Council staff recommendation: Approve as recommended by the County Executive.

E. Health Care and Group Residential Services

**1. Multi-Program Adjustments
\$7,610 and 0.0FTEs**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

Council staff recommendation: Approve as recommended by the County Executive.

Performance Measures – Nursing Homes with Actual Harm Deficiencies

The budget indicates that about 20% of nursing home have actual harm deficiencies. Council staff asked for a brief description of what constitutes a harm deficiency. What is the County's responsibility when deficiencies are found? What is the State's responsibility?

There are two types of harm deficiencies, actual harm and immediate jeopardy. An actual harm deficiency is non-compliance with the regulatory requirements that results in actual harm to residents. An immediate jeopardy deficiency is non-compliance with the requirements that has caused, or is likely to cause serious injury, harm, impairment or death to a resident receiving care in the facility.

When harm deficiencies are identified that do not rise to the level of immediate jeopardy, the County's responsibility is to confer with the state office, write the deficiency report, review the facility's plan of correction, then conduct a re-visit survey to ensure the deficiency has been corrected. The State's responsibility is to review the deficiency, send the final report to Centers for Medicaid Services (CMS) and the facility, then determine if civil money penalties are warranted and issue the penalty.

If the deficiency rises to the level of immediate jeopardy (has caused or is likely to cause serious harm or death), the County's responsibility is to confer with the State office, remain onsite until the facility takes action to correct the non-compliance, write the deficiency report, review the facility's plan of correction, then conduct a re-visit survey to ensure the deficiency has been corrected. The State's responsibility is to review the deficiency, send the final report to CMS and the facility, then determine if civil money penalties are warranted and issue the penalty.

F. Cancer and Tobacco Prevention

1. Multi-Program Adjustments (\$2,840) and 2.4FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. The FTEs are adjustments between the Grant Fund and the General Fund.

Council staff recommendation: Approve as recommended by the County Executive.
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G. Women's Health Services

1. State Reduction to Cancer Grant Funds (\$132,036) and (2.0)FTEs

This is the reduction to funds provided by the State. The proposed FY20 award for the Breast & Cervical Cancer grant is \$463,245 and the Early Detection & Control proposed award is \$441,719 for a total of \$904,964.

Council staff recommendation: Approve as recommended by the County Executive.
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2. Multi-Program Adjustments \$30,401 and 2.1FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. Adjustments have been made to FTEs based on changes in the assignment to different grants. There was no reduction to positions.

Council staff recommendation: Approve as recommended by the County Executive.

H. Chief Public Health

1. Health Department Accreditation Fee \$14,000 and (0.0)FTEs

The Department is in the final phases of accreditation by the Public Health Accreditation Board. A background summary from PHAB is attached at © 16-17. This item accounts for the ongoing fee associated with accreditation.

Council staff recommendation: Approve as recommended by the County Executive.

2. Multi-Program Adjustments (\$117,456) and (1.0)FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. The FTE that staff Healthy Montgomery was transferred from the Chief's Office in FY19.

Council staff recommendation: Approve as recommended by the County Executive.

3. Commission on Health recommendation for Epidemiologist Staff

The Commission on Health sent a letter to the HHS Committee (© 18-19) highlighting the recent "Zip Code Ranking" report on health disparities. The letter discusses the need for a strong epidemiologist staff and the Commission's assessment that compared to other jurisdictions, Montgomery County does not have enough staff. The National Association of County and City Health Officials indicates that local health departments serving populations of serving one million or more residents have a median of 6 FTEs in role of epidemiologist/statistician. The Commission recommends additional staff.

DHHS has recently issued significant reports, such as the "Zip Code" report and The Report on Infectious Disease. The Committee should hear from Dr. Gayles about the capacity he has, but also any challenges he sees regarding the ability to analyze health data. The ability to analyze data is a critical component of any equity program.

Council staff is hesitant to recommend any additional staffing until there is both an opportunity to discuss this with the new permanent director of DHHS and to understand whether the County Executive is going to develop any centralized capacity as a part of the racial equity initiative.

I. Health Promotion and Prevention

1. New Program Area (\$16,800) and (0.0)FTEs

DHHS says that the new Health Promotion and Prevention Program aims to improve health by preventing the onset of chronic disease and promoting healthy behaviors. Budget for the program will be used to raise public awareness on various health topics by hosting special events, launching health campaigns associated with national health observances, increasing client access to health information through utilization of an educational kiosk, and developing health education materials.

Council staff recommendation: Approve as recommended by the County Executive. Council staff suggests the Committee ask the Department what their vision is for coordinating this effort with other health promotion efforts, like those in the minority health initiatives. During the recent HHS and E&C Committee discussion of children fleeing violence and new immigrant families the issue of health promotion and outreach was raised and there was a question about whether there should be an effort to explore how best to create a linguistically and culturally diverse group of health promoters to engage people in the healthcare system.

J. Community Health Services

1. New Babies Born Healthy Grant \$200,000 and 1.0FTEs

The following is the description of this grant from the State website:

While the statewide infant mortality rate has decreased 32% since 1990, infant mortality rates among Black non-Hispanic births are consistently more than double the rates among White non-Hispanic births. A 59% reduction in the Black non-Hispanic infant mortality rate is needed to eliminate this racial disparity. The MDH Maternal and Child Health Bureau (MCHB) conducted a Perinatal Periods of Risk (PPOR) analysis which suggests the leading contributors to excess fetal and infant deaths in Maryland are related to maternal health and maternal health care in Black non-Hispanic women. The largest numbers of infant deaths occur in the largest jurisdictions and the highest infant mortality rates are observed on the eastern shore.

In response, the Babies Born Healthy (BBH) Program targets resources to the seven jurisdictions with the highest numbers and highest rates of infant deaths, which include Anne Arundel, Baltimore, Charles, Montgomery, Prince George's and Wicomico Counties and Baltimore City. These jurisdictions accounted for 78% of infant deaths in Maryland from 2012 through 2016. Community Health Workers work with nurses to target care coordination and navigation services to high-risk neighborhoods to link at-risk pregnant women to essential services that have been associated with improved birth outcomes. This approach was informed by input from the BBH programs and by the understanding that pregnancy is an important and opportune time to engage women in their health and health care.

Council staff recommendation: Approve as recommended by the County Executive. Dr. Gayles has previously discussed the Department's effort to bring this grant to the County.

2. Multi-Program Adjustments \$476,284 and 2.0FTEs

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

Council staff recommendation: Approve as recommended by the County Executive.

K. Healthcare for the Uninsured

Healthcare for the Uninsured includes three programs: Care for Kids, Montgomery Cares, and Maternity Partnership. In addition, the Montgomery Cares Advisory Board also considers the County Dental Clinic program. The County Dental Clinic serves low-income uninsured residents, but also serves low-income residents who have medical, but not dental coverage, and certain special populations. Healthcare for the Homeless is now in Services to End and Prevent Homelessness.

The Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition ("the Group") have presented a request for \$1,128,100 in enhancements to these programs, including Healthcare for the Homeless. Council staff asked the Group if they would provide a prioritized set of recommendation. The full request is attached at © 20-27. The prioritized list is attached at © 28.

Care for Kids

Care for Kids provides medical and dental services to children who are not eligible for other health or dental program. It is provided through a network of private physicians, School Based Health Centers, Kaiser Permanente, and the County Dental Clinic. The following table shows the continued demand for this program. Because Kaiser Permanente generously serves Care for Kids clients at no cost to the County and because some children are served through School Based Health Centers, the budget in this program may not have to change at the same rate as the growth in clients. Care for Kids leverages over \$1.5 million in pro-bono primary care through its partnerships with Kaiser and 19 independent practices.

At the recent HHS and E&C Committee session on Children Fleeing Violence and New Immigrant Families, the Joint Committee discussed the increase in the number of international enrollments and Unaccompanied Minors that have been processed through the Office of Refugee Resettlement. This is reflected in the enrollment of new children in Care for Kids. The Montgomery Cares Advisory Board has also been told that many children need specialty dental care as a part of their medical care.

Fiscal Year	Children Enrolled	Visits	Kaiser Enrolled	SBHC Enrolled	Physician Network
2012	2,812	4,664			2,812
2013	2,770	4,410			2,770
2014	3,024	4,735			3,024
2015	3,919	2,508	739	868	2,312
2016	4,824	6,496	539	1,000	3,285
2017	5,670	4,992	890	1,134	3,646
2018	5,531	4,612	900	1,123	3,508
2019*	4,799	2,935	620	1,213	2,966
*as of February					

The Executive has not recommended any changes to the funding for Care for Kids for FY20. The table on the next page provides the budget history.

	FY16 Approved	FY17 Approved	FY18 Approved	FY19 Approved	FY20 REC
Personel Contractual	318,642	348,642	362,834	370,091	370,091
Medical Providers	336,179	428,129	521,129	584,563	584,563
Behavioral Health			72,929	72,929	72,929
Other Operating	60,380	60,380	53,970	55,047	55,047
Indirect Cost	59,362	69,412	83,902	92,372	92,372
Total Care for Kids Contract	774,563	906,563	1,094,764	1,175,002	1,175,002
DHHS Operating	1,310	1,310	1,310	1,310	1,310
Total Care for Kids Budget*	775,873	907,873	1,096,074	1,176,312	1,176,312
*Does not include children served by school based health centers or Kaiser Permanente					

The information shows that most of the children are seen through the private provider network. The Group is very concerned that these providers have not seen a change in rates since 2008.

The Group recommends an increase of \$117,000 to raise the rates so that they will be 85% of Medicaid rates. In response to a request from Council staff, they have shared that this could be placed on the Reconciliation List in two increments: \$59,000 and \$58,000, with the \$58,000 a "Tier 2" Priority.

The Group also recommends funding to implement quality frameworks across all programs; but recommends starting with Care for Kids. This would develop health outcome and other measures, make sure data can be collected around these measures, and analyze the data to see where improvements can be made. The Group estimates that \$70,000 would allow this effort to be fully implemented, but it can be separated into increments of \$40,000 and \$30,000.

Council staff is concerned about the adequacy of the budget for medical and dental care given the recent increase, which is most likely to continue.

Council staff recommendation: Place \$59,000 on the Reconciliation List to begin to increase the rates to private providers. Council staff is not recommending putting the Tier 2 amount of \$58,000 on the Reconciliation List but instead recommend that this is approached over two years.

Place increments of \$40,000 and \$30,000 on the Reconciliation List for the Care for Kids Quality Framework effort. Montgomery Cares has long standing Clinical Performance Measures which has allowed robust discussion of how to improve patient outcomes.

Council staff recommends putting \$100,000 on the Reconciliation List for the Medical Providers category to help with expected demand for medical and dental. While this is not in the MCAB recommendation, the surge in international enrollments is recent and the MCAB recommendations have been under development for several months.

Montgomery Cares

The Executive is recommending funding of \$11,644,662 for the Montgomery Cares program which provides access to medical services to low-income, uninsured adult County residents (©30). This is net reduction of \$190,577 – however – the bulk of this is a reduction to DHHS Administration Costs. There are no reductions to the lines for direct services.

The Group has requested funding to increase the number of primary care visits by 2,000; increase the encounter rate by \$4; provide essential adult immunizations; and increase funding for Specialty Care (Project Access and the Catholic Charities Health Network.) Again, in response to Council staff they have provided Tier 1 and Tier 2 priorities

	Original	Tier 1	Tier 2
Add 2,000 encounters to keep up with projected FY19 participation.	\$161,400	\$161,400	\$0
Increase the encounter reimbursement rate by \$4 (72,000 visits)	\$311,900	\$233,900	\$78,000
Provide essential adult immunizations	\$230,000	\$100,000	\$130,000
Increase Specialty Care funding	\$125,000	\$55,000	\$70,000

As of March, Montgomery Cares had 20,727 patients and had provided 47,717 primary care encounters; a 2% and 3% increase respectively over the same time last year. It is projected to exceed the FY19 budget for visits by about 2,000 visits. At this time, some funding has been internally reallocated to make sure that there is funding for primary care visits.

Council staff recommendation: Place \$161,400 on the Reconciliation List for an additional 2,000 primary care encounters. In Council staff's view, this is the highest primary.

Place four increments of \$77,975 on the Reconciliation List to allow up to a \$4 dollar increase in the encounter rate. The Group notes that the \$4 increase would bring the rate to \$78.40. This is below the rate of \$89.46 that would be in place if the original formula if 77% of Maryland Medicaid rate was used.

Place \$100,000 and \$130,000 increments on the Reconciliation List for immunizations.

Place increments of \$55,000 and \$70,000 on the Reconciliation List to increase Specialty Care.

Background on Immunizations

Funds would be used to allow clinic to increase access to two vaccines: pneumonia and TDaP. The Primary Care Coalition was able to secure a grant to provide funding for vaccines in FY18 and the percent of patients vaccinated rose substantially; from about 5% to 25%. The following is detail on these two vaccines. A letter from the clinics emphasizing the public health benefits of immunizations is attached at © 31.

Pneumococcal Pneumonia

With the funding from Maryland Physicians Care 570 doses of Pneumovax and 940 doses of Prevnar 13 were purchased and distributed to Montgomery Cares participating clinics throughout fiscal year 2018. To be fully immunized for pneumococcal pneumonia patients must receive a dose of Pneumovax and Prevnar 13 within a specific timeframe. The Montgomery Cares formulary has had limited dollars for Pneumovax which provides partial protection but patients are not fully immunized. Pneumococcal disease is a serious disease that causes significant illness and fatality. A study conducted by Social Capital Valuations (commissioned by PCC) found that the total savings to the medical system of providing immunizations for 660 older adults is \$390,000. The productivity losses prevented would be \$80,000. Resulting in a total savings of \$470,000 in expected social value.

Tetanus, Diphtheria & Pertussis (TDaP)

In fiscal year 2018, 880 doses of the TDaP vaccine were ordered and distributed to Montgomery Cares participating clinics. The CDC recommends that adults receive one initial of TDaP followed by a booster every ten years. While the likelihood of an adult contracting any of the three diseases in the United States is relatively low, the CDC notes that, "sporadic cases of tetanus continue to occur in adults who did not get all the recommended tetanus vaccinations. This includes people who have never received a tetanus vaccine or adults who don't stay up to date on their 10-year booster shots." ^[1] The risk is high for workers on construction sites, landscaping, and other outdoor employment. Furthermore, remaining up to date with this immunization is important to maintain herd immunity and prevent resurgence of devastating diseases.

Maternity Partnership

The Executive is recommending a reduction of \$102,000 to the Maternity Partnership program to reflect historical spending. As of March, 960 women had enrolled during FY19. This is a decline of 8% from the same time period in FY18. Unlike the other programs for the uninsured, the maximum income for Maternity Partnership is 185% of Federal Poverty Level, rather than 250%.

The Group is requesting \$62,800 to allow women with household incomes up to 250% of FPL to enroll in Montgomery Cares. This will provide consistency across the programs. It can be problematic if a woman is a patient in Montgomery Cares but then cannot be referred to Maternity Partnership when she is pregnant.

Council staff recommendation: Place \$62,800 on the Reconciliation List to change the eligibility policy. This item cannot be broken into increments.
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L. Dental

1. Multi-Program Adjustments \$133,658 and 1FTEs

The multi-Program adjustments identify the addition of 1FTE. This is associated with a Dental Assistant that was loaded into Dental Program budget in error. The funds and FTE are for a Dental Assistant in the HIV/AIDS program. This will be corrected before the budget is approved.

Council staff understand that the new Dentist/Dental Program Director is very close to being filled. The expectation is that once this person is on board, there will be an examination of how to improve the efficiencies of operation to increase the number of people who can be seen. The Council has approved funding through the Reconciliation List in FY16 (\$100,000), FY17 (\$230,000), and \$161,906 for the Dentist/Dental Director position in FY18.

Council staff recommendation: Approve as recommended by the County Executive. Receive and update from Dr. Gayles on the hiring of the Dental Director and his expectations for review of operations. Council staff also suggests that as the County review Dental Services is also reviewing how the non-profit dental clinics (Muslim Clinic, Catholic Charities) operate, their capacity, and their cost of service.

The Montgomery Cares Advisory Board has responsibility for community review of dental as a part of its charge. They have not recommended any additional funding for the County Dental Program as they are also waiting for the work that will take place once the Dental Director can proceed.

M. Environmental Health and Regulatory Services

1. Multi-Program Adjustments \$19,706 and (0.5)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

Council staff recommendation: Approve as recommended by the County Executive.

2. Workload Measures

This section is responsible for a range of inspections and programs. Council staff asked for information regarding the number of restaurant and swimming pool inspections. Council staff also asked about short-term rental complaints/inspections, but information is pending.

	Restaurants			Swimming Pools
FY16	5,883		FY16	2,151
FY17	6,378		FY17	2,049
FY18	6,667		FY18	2,112
FY19 (half)	2,953		FY19 (half)	1,083



Public Health Services

RECOMMENDED FY20 BUDGET
\$76,728,892

FULL TIME EQUIVALENTS
502.77

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

FUNCTION

The functions of the Public Health Services programs are to protect and promote the health and safety of County residents. This is accomplished by monitoring health status and implementing intervention strategies to contain or prevent disease (including bio-terrorism and emerging diseases); fostering public-private partnerships, which increase access to health services; developing and implementing programs and strategies to address health needs; providing individual and community level health education; evaluating the effectiveness of select programs and strategies; and licensing and inspecting facilities and institutions affecting public health and safety.

PROGRAM CONTACTS

Contact Travis Gayles of the HHS - Public Health Services at 240.777.1211 or Joshua Watters of the Office of Management and Budget at 240.777.2768 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Communicable Disease & Epidemiology

Communicable Disease and Epidemiology is responsible for investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis; and Lyme disease. Emerging pathogens, such as Zika, are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as long-term care facilities, are implemented to prevent further spread of diseases to others. Educational programs are provided to groups that serve persons at risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital records administration and birth/death certificate issuance. Immunizations, outreach, and education are available to residents, private medical providers, schools, childcare providers, and other community groups.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease ¹	100	100	100	100	100

¹ The data reported are for the calendar year (CY) and represent year to date (YTD) as of the date of the report.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,814,518	14.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(4,547)	1.00
FY20 Recommended	1,809,971	15.50

✱ Tuberculosis Program

This program includes: testing persons for exposure to tuberculosis (TB), treating active cases, identifying persons at risk of developing TB,

performing contact studies to determine who may have been exposed to an infectious person, and medication therapy. A treatment plan is developed for each diagnosed patient and the patient receives supervised medication therapy. Special programs are provided to high-risk populations such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of clients with active infectious tuberculosis that receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen	96	97	97	97	97
FY20 Recommended Changes	Expenditures			FTEs	
FY19 Approved	1,908,400			17.00	
Decrease Cost: Eliminate a Long-term Vacant Medical Doctor Position	(124,550)			(1.00)	
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	72,970			(1.75)	
FY20 Recommended	1,856,820			14.25	

☼ **STD/HIV Prevention & Treatment Program**

The Sexually Transmitted Diseases (STD)/Human Immunodeficiency Virus (HIV) Program provides diagnosis and treatment to those who have contracted STDs. Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, and a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS program. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-positive clients.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	8,067,349	43.20
Decrease Cost: STD/HIV Grant Funds	(66,430)	0.20
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	32,244	(1.00)
FY20 Recommended	8,033,163	42.40

☼ **Public Health Emergency Preparedness & Response Program**

This program is responsible for the planning, readiness, and response activities of a public health emergency or bio-terrorism threat. Planning efforts are made in collaboration with the County Emergency Management Group; the Office of Emergency Management and Homeland Security; the Department of Fire and Rescue Service; the Police Department; hospitals; and a variety of other County, State, regional, and Federal agencies. Efforts are targeted at training and staff development, communication strategies, emergency response drills, partnerships, resources and equipment, the establishment of disease surveillance systems, mass immunization clinics, medication dispensing sites, and readiness.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Public Health Services (PHS) programs with Continuity of Operations (COOP) plans that have been reviewed and updated within the past 12 months	100	100	100	100	100
FY20 Recommended Changes	Expenditures			FTEs	
FY19 Approved	1,285,495			8.40	
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(44,390)			0.00	
FY20 Recommended	1,241,105			8.40	

☼ **Health Care & Group Residential Services**

This program inspects and licenses nursing homes, domiciliary homes (large assisted living facilities with less intensive care than nursing homes), and group homes serving children, elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations.

Staff responds to complaints and provides advice and consultations to licensees to maintain high standards of care.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of nursing homes with actual harm deficiencies	13	20	20	20	20
FY20 Recommended Changes			Expenditures		FTEs
FY19 Approved			1,488,373		12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.			7,619		0.00
FY20 Recommended			1,495,992		12.00

☼ **Cancer & Tobacco Prevention**

The Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two programs funded through the State Cigarette Restitution Fund. State funding supports coordination activities among community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community-based organizations, hospitals, and other existing resources that work collaboratively to implement either tobacco-control programs or the statewide goal of early detection and elimination of cancer disparities.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,241,218	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(2,843)	2.40
FY20 Recommended	1,238,375	5.40

☼ **Women's Health Services**

This program provides care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Screening for early detection of breast cancer and cervical cancer including gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case management services are offered through the Women's Cancer Control Program to eligible women aged forty years and older.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,782,811	21.15
Reduce: State Reductions to Cancer Grant Funds	(132,036)	(2.00)
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	30,401	2.10
FY20 Recommended	2,681,176	21.25

☼ **Chief Public Health**

This program area provides leadership and direction for the administration of Public Health Services. Service area administration also includes Health Planning and Epidemiology, the Community Health Improvement Process (Healthy Montgomery) and Special Projects, as well as oversight for medical clinical volunteers, the Commission on Health, contracts, grants, and partnership development.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	1,738,827	12.00
Increase Cost: Health Department Accreditation Fee	14,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(117,456)	(1.00)
FY20 Recommended	1,635,371	11.00

Health Promotion and Prevention

The program's mission is to provide health information to the community to help change attitudes and behaviors to improve the population health. The program develops and distributes health education materials and information to County residents, including HHS clients, that helps them prevent the onset of chronic diseases, and to practice healthy behaviors and lifestyles. The emphasis is on health literacy, early access to preventive care and screening, and raising awareness through special events and campaigns. The program features an educational kiosk to help clients access health information, a calendar of health observances, printed materials, social media posting, and targeted outreach events.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	0	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	16,800	0.00
FY20 Recommended	16,800	0.00

Health Care for the Uninsured

This program area includes the Montgomery Cares, Care for Kids, and Maternity Partnership programs. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children, adults, pregnant women, and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals, along with other health care providers. This program area also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical, and surgical treatment.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of vulnerable populations that have a primary care visit - Children ¹	61	71	71	71	71
Percent of vulnerable populations that have a primary care visit - Adults ²	27	44	44	44	44
Percentage of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	97	96	96	96	96

¹ Changes in the number of uninsured children accessing health care are unpredictable due to the influx of unaccompanied minors and potential changes to the Federal policies for MCHIP.

² Changes in the number of people accessing health care are unpredictable due to the unknown impact and potential changes to the Federal policies for obtaining coverage through Medicaid, Medicare and other insurance through ACA.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	14,419,500	5.00
Re-align: Adjust Funding for Maternity Partnership Program to Reflect Service Demand	(102,050)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(190,580)	(1.00)
FY20 Recommended	14,126,870	4.00

Community Health Services

Community Health Services provides preventive health access services to uninsured and underinsured populations, using a family-centered approach. Services include nurse case management and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, and pregnancy testing in regional health centers.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of Infants At Risk (IAR) referrals that received a follow-up visit within 10 days by Community Health Service (CHS) nurse ¹	82	95	90	90	90

¹ Based on the implementation of the electronic health record and the resultant improved data collection, FY17 should be considered the new baseline year and is not comparable with prior years.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	4,774,040	42.60
Add: New Babies Born Healthy Grant Funds	200,000	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	476,284	2.00
FY20 Recommended	5,450,324	45.60

Dental Services

This program provides dental services to promote oral health in five dental clinics. Services include instruction in preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults, and seniors.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Dental Services - Percentage of children that complete their dental treatment plan ¹	46	32	32	32	32

¹ Some reasons for the low percentage include: (1) There is a 2-3 month wait to get a dental appointment; (2) Parents cancel appointments or do not show for a variety of reasons; (3) Rampant caries in our child population often necessitate 6 or 7 appointments to complete treatment (average number of visits to complete is three); and (4) A small number (about 200) are completed at a specialist's office and are not reflected in the statistic.

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	2,870,301	16.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	133,658	1.00
FY20 Recommended	3,003,959	17.00

Environmental Health Regulatory Services

This program issues permits for and inspects a variety of activities to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and waterborne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans-fat in foods and menu labeling regulations. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, and a variety of other facilities used by the public are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations. The County's rat control ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of swimming pools found to be in compliance upon regular inspection	93	92	90	90	90

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	3,698,499	31.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	19,706	(0.50)
FY20 Recommended	3,718,205	30.50

School Health Services

This program provides health services to students in Montgomery County Public Schools (MCPS). These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation, and education; referral for medical, psychological, and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens; and hearing, vision, and Lead Certification screenings. Immunizations and tuberculosis screenings are administered at School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided to students enrolled at one of the County's School Based Health Centers or High School Wellness Centers. Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, MCPS, and contracted

community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of students that return to class and are ready to learn after a health room visit	87	88	87	87	87

FY20 Recommended Changes	Expenditures	FTEs
FY19 Approved	28,637,867	269.89
Enhance: Funding for School Health Room Staff for New School Facilities	456,287	4.79
Add: Implementation of Atticus Act (Vision and Hearing Screening for Children)	71,339	0.62
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,255,268	0.17
FY20 Recommended	30,420,761	275.47

PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
Cancer & Tobacco Prevention	1,241,218	3.00	1,238,375	5.40
Chief Public Health	1,738,827	12.00	1,635,371	11.00
Communicable Disease & Epidemiology	1,814,518	14.50	1,809,971	15.50
Health Care & Group Residential Services	1,488,373	12.00	1,495,992	12.00
Health Promotion and Prevention	0	0.00	16,800	0.00
Public Health Emergency Preparedness & Response Program	1,285,495	8.40	1,241,105	8.40
STD/HIV Prevention & Treatment Program	8,067,349	43.20	8,033,163	42.40
Tuberculosis Program	1,908,400	17.00	1,856,820	14.25
Women's Health Services	2,782,811	21.15	2,681,176	21.25
Health Care for the Uninsured	14,419,500	5.00	14,126,870	4.00
Community Health Services	4,774,040	42.60	5,450,324	45.60
Dental Services	2,870,301	16.00	3,003,959	17.00
Environmental Health Regulatory Services	3,698,499	31.00	3,718,205	30.50
School Health Services	28,637,867	269.89	30,420,761	275.47
Total	74,727,198	495.74	76,728,892	502.77

Tuberculosis Control

Tuberculosis (TB) is a disease caused by *Mycobacterium tuberculosis* (*M. tuberculosis*). It typically affects the lungs and can affect any other part of the body such as lymph nodes, bones and joints, the brain and other organs. TB can be spread through the air when a person coughs, laughs, sneezes or sings. If treated effectively, most people can be cured of TB; If not treated properly, people can develop drug-resistant forms of TB or it can lead to death. TB remains one of the globe's deadliest diseases with an estimate of infection in one third of the world's population.

Although TB has consistently declined in the United States over the past several years, it is still a problem. TB control efforts must be maintained. A strong public health infrastructure and commitment will support overall TB control and elimination efforts. Latent TB infection, in addition to TB disease cases, is reported to the Maryland Center for Tuberculosis Control and Prevention (CTBCP) for surveillance as mandated by Code of Maryland Regulations (COMAR) effective July 2018.

Montgomery County accounts for approximately 32.6% of the foreign-born population in the state of Maryland. It is estimated that 20% of the county population comes from countries with a high prevalence of tuberculosis resulting in the unique demographic of tuberculosis among county residents. While the number of TB cases has decreased at the national level, Montgomery County continues to have fifty or more cases annually. While Montgomery County accounts for approximately 17% of Maryland's population, it accounts for approximately 30% of the state's cases 2017. In calendar year 2017 there were 63 confirmed cases of TB in Montgomery County, approximately 97% of whom were foreign-born. This is equivalent to an incidence rate of 6.0 cases per 100,000 population. In comparison, Maryland had an incidence rate of 3.4 per 100,000 in 2017 [8].

About the Program

Role

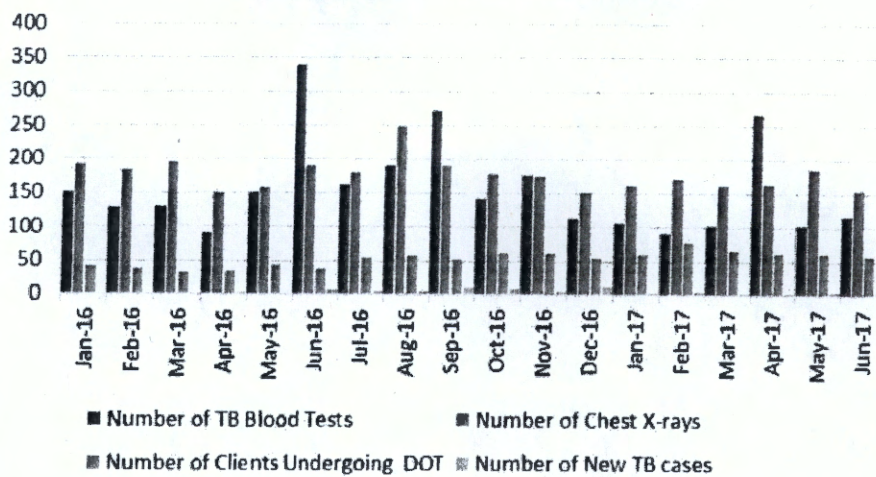
1. Early identification and treatment of TB disease cases in Montgomery County
2. Prevention of future TB cases by providing prophylaxis treatment for TB infection

Services

1. Oversight of TB disease cases in Montgomery County
2. Diagnosis, treatment and case management of active TB and TB infection.
 - Ongoing medical evaluation and management
 - Ongoing nursing assessment and case management

- Each client is assigned to a physician, registered nurse and community service aide
 - On-site radiography (digital imaging)
 - On-site and external radiography interpretation and reporting
 - On-site phlebotomy services
 - On-site negative pressure exam and sputum specimen collection rooms. Negative pressure is an infection control technology that is used to minimize the risk of disease transmission in clinical settings.
3. Medication dispensing
 4. Directly Observed Therapy (DOT) (onsite, community, video)
 - Standard of care
 - Individuals with TB take medication daily for at least six months. In most cases, a TB program staff member observes them taking their medication daily to ensure medication adherence and observe for response to treatment. This can be done in the clinic, worksite, home, community setting and electronically.
 - Individuals are closely monitored for problems or side effects related to the medication.
 5. Targeted testing and screening (identification of TB infection)
 - Individuals at high risk to develop TB disease are screened and tested. People at high risk include those who share the same breathing space with someone who has TB disease, people born in countries where a lot of people have TB, people who live in congregate settings such as correctional facilities and nursing homes, people with certain medical conditions and those with weakened immune systems.
 6. Consultation with community health facilities and providers.
 7. Close screening and evaluation of persons with TB disease to active TB cases.
 8. Onsite and collaborative community contact screening and evaluation (i.e. long-term care facilities and schools).
 9. Community referrals

Fig 52. Client Services, TB Control, 2016-17



Intake Referrals

The Tuberculosis Control Program receives patient referrals from the following types of health care providers and situations:

- Hospitals
- Community health care facilities
- Community providers
- CDC notification of suspect TB cases, known as “Class B waivers”. These involve persons new to the U.S. with abnormal chest X-rays, previous history of treatment, being HIV positive, a recent TB contact or having a latent infection prior to entry.
- Self-referrals. Montgomery County residents with questions and concerns about tuberculosis symptoms, exposure and general information may contact the program for assistance.

Montgomery County TB Program at a Glance: 2017

- ☐ 63 confirmed TB disease cases.
- ☐ 37 cases were the pulmonary form, meaning that the lungs were affected, 16 cases extrapulmonary tuberculosis was diagnosed, meaning the infection was found outside the lungs. In 10 cases the infections were categorized as pulmonary/extrapulmonary, meaning the infection was in both the lungs and other parts of the body. This is important because the site of infection affects how easily it is spread to others, treatment, and other considerations. Over the past five years, approximately half of tuberculosis cases have had pulmonary involvement.

- ☐ Two hundred latent TB infections were identified during TB Program clinic screenings. This is significant because the identification of latent infections is important in decreasing the reservoir of potential future cases of active disease. Providing prophylaxis (medicine that prevents active disease) to individuals with latent infection may significantly reduce the chance for progression to TB disease. Because persons with TB are at special risk for also having HIV, HIV testing is offered to all patients placed on TB drugs.
- ☐ 100% of TB cases were placed on Directly Observed Therapy (DOT).
- ☐ The TB Program participated in a Video Directly Observed Therapy study in 2015. Our program is one of the first two jurisdictions to successfully implement asynchronous vDOT for TB treatment in Maryland and 30% of clients receiving treatment for active TB received vDOT since its implementation. With the use of vDOT a public health worker no longer has to physically be with a TB patient to ensure compliance, thus freeing large amounts of resources that can be used in other public health efforts.
- ☐ Two hundred latent TB infections were identified during clinic screenings. This is significant because the identification of latent infections is important in decreasing the reservoir or potential future cases of active disease. Providing prophylaxis (medicine that prevents active disease) to individuals with latent infection may significantly reduce the chance for progression to TB disease.
- ☐ 1391 TB blood tests were performed
- ☐ 1763 chest x-rays were performed
- ☐ 260 homeless shelter clearances were provided
- ☐ Over 6,120 individuals were served (school and immigration as well as medical consultation, treatment for latent TB infection (TLTBI), DOT and treatment of active TB).

Sexually Transmitted Disease and HIV Program

HIV Program

Montgomery County's HIV Program provides a comprehensive system of care that includes primary medical care and essential support services for residents, 18 years and older, living with HIV who are uninsured, underinsured or with Maryland Medical Assistance insurance plans.

The HIV Program has been in operation since 1991 with Ryan White funding through the U.S. Senate enactment of The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, which since 2009 is known as the Ryan White HIV/AIDS Treatment Extension Act. This Federal legislation was enacted to address the unmet health needs of People Living with HIV/AIDS (PLWHA).

Montgomery County's HIV Program has adopted the primary goals of the Nation's HIV/AIDS Strategy for the United States: Updated to 2020. These are: 1. Reducing New HIV Infections; 2. Increasing Access to Care and Improving Health Outcomes for People Living with HIV; 3. Reducing HIV -Related Disparities and Health Inequities.

Montgomery County has adopted the following Vision Statement of the Maryland Department of Health:

Montgomery County, Maryland will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

With the addition of Ryan White funding in 1991, Montgomery County's HIV Program, in operation since 1988, has expanded to its present level of 32 staff representing seven professional disciplines to provide state-of-the-art medical care, case management and support services to the indigent, uninsured and under- insured residents of suburban Maryland living with HIV/AIDS. To date Montgomery County has provided services to over 3600 county residents living with HIV/AIDS. Montgomery County's HIV Program is the only program in the county which provides expert HIV/AIDS care to indigent residents and continues to initiate care for approximately 120 new and returning to care clients each year.

The HIV populations we serve in the program are vulnerable county residents with multiple medical and psychosocial needs. Our expert and culturally competent staff address the needs of our diverse and predominately foreign-born population through a comprehensive, multidisciplinary model. Lack of adequate care can lead to drug resistance, illness and increased risk of transmission of the virus, posing a real public health threat.

Ryan White Care Act Funding Sources

District of Columbia Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

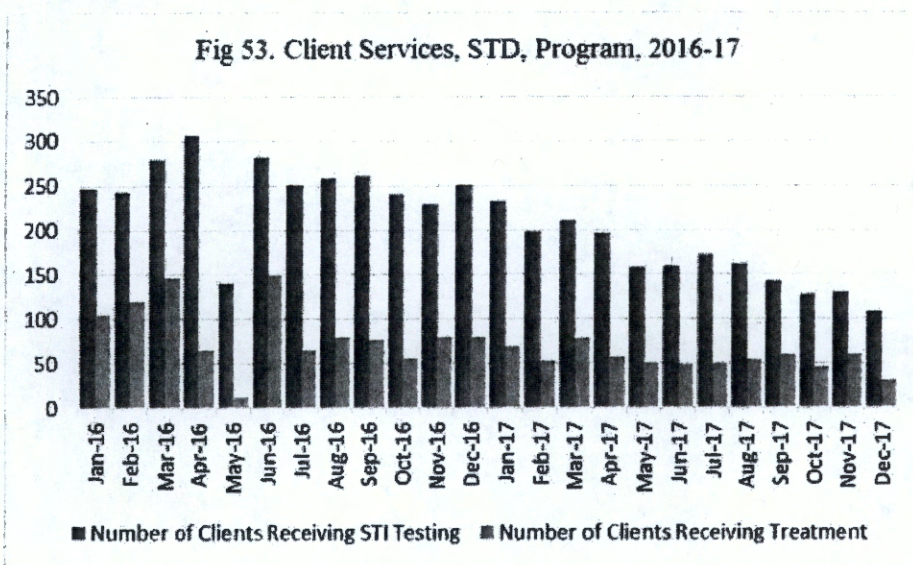
Prince Georges County Health Department, Suburban Maryland Ryan White Part A Administrative Agency

Maryland Department of Health, Prevention and Health Promotion Administration, Infectious Disease Prevention and Health Services Bureau

STD Services

In 1985, the County's STD Clinic relocated to the Dennis Avenue Health Center in Silver Spring where a combined HIV/STD Program was established. HIV Testing, HIV Partner Notification, and linkage to care for positives became part of STD Services.

Clinical services for testing and treatment of STD's include HIV testing and linkage to care, Pre-exposure Prophylaxis (PrEP) care and treatment, HIV/STD Prevention Services, Education and HIV testing in non-clinical settings, partner services for reportable STD's and Data to Care to support linkage to care for persons deemed out of care by MDH surveillance



Screening Tests

Gonorrhea

Chlamydia

Syphilis

HIV

Hepatitis B

Herpes culture only

PrEP Clinic

Screening and related treatment visits: \$60

Sliding scale fee available

Maryland Medical insurance plans accepted

No cost for Rapid Testing

No cost for individuals under 21

No cost for testing and treatment for contacts

Immunization Program

The Immunization Program in partnership with the Maryland Vaccines for Children (VFC) Program provide all routinely recommended vaccines, free of cost, to children 18 years old and younger who are uninsured, under-insured or Maryland Medicaid eligible. Immunization clinics are located throughout the County in community health centers, school-based health centers, and the Montgomery County Public Schools (MCPS) International Enrollment Center. Vaccines are administered according to CDC's Advisory Committee on Immunization Practice (ACIP) recommendations; under the direction of the Montgomery County Health Officer.

The Immunization Program has a robust influenza prevention plan for county residents and DHHS employees. Partnerships include School Health Services, Universities at Shady Grove (USG), and the Montgomery County Office of Occupational Medical Services (OMS).

- ☐ School located seasonal flu vaccine clinics for children age 18 and under.
- ☐ Mass vaccination seasonal flu vaccine clinics at USG; all ages welcome. The clinic model uses nursing students and pharmacy students as vaccinators; 72 vaccinators administer 600 flu shots in 3.5 hours. Many in the community look forward to this annual family event.
- ☐ A mandatory employee flu shot policy for Public Health Services employees working in certain clinical settings.

The Immunization Program is dedicated to keeping Montgomery County infants and toddlers on track with their immunizations. The Immunization Program in partnership with Women, Infants and Children (WIC) review participants' immunization records, send reminders, and provide education to help babies stay up-to-date with all age appropriate immunizations.

The Immunization Program provides outreach to county residents and health care providers with education materials about vaccine facts vs. myths.

McMillan, Linda

From: Gayles, Travis A.
Sent: Wednesday, April 17, 2019 10:00 AM
To: Buckland, Victoria; Milo, Deborah
Subject: Release: HHS and CDC visit Maryland Health Department to discuss national initiative - Ending the HIV Epidemic: A Plan for America

Good morning Councilmembers (Board of Health)—

I am providing this update to you all as the Board of Health. The attached press release highlights recent efforts from the federal Department of Health and Human Services to combat HIV. As brief background, following the President's call for ending the epidemic in his State of the Union address, HHS has identified the leading jurisdictions (48 out approximately 3100 counties, plus DC and Puerto Rico) that contribute half of new yearly cases. Montgomery County is one of 3 Maryland jurisdictions (Prince George's County and Baltimore City) that are included in the list. While we rank towards the bottom end of the list (our 2017 new cases were 164, compared to 231 in Baltimore City, 320 in Prince George's County and 368 in DC), it underscores the need for enhanced infrastructure and preventive outreach. Per the release below, there will be additional federal funds through a formal RFP process (details to be released by CDC soon). There will also be additional funds provided to the regional Centers for AIDS Research (CFAR) for capacity building projects; I have been in touch with the Director of the DC CFAR, and the decision has been made to combine regional resources with the Baltimore CFAR and promote building an integrated regional system to assist local jurisdictions in our efforts; we have not met formally to discuss the logistics.

We are currently in the process of identifying key stakeholders to include in the larger framing of our Ending the Epidemic plan, as well as reviewing our current internal efforts to combat HIV. We have commitments from representatives from the Maryland Department of Health, GWU CFAR, University of Maryland, Johns Hopkins, and local health care provider community. If you or anyone on your team would like to be a part of those discussions, please let me know and we will be sure to include. We will provide relevant updates as we move ahead and appreciate your support in this effort.

Should you have any questions regarding this plan, do not hesitate to contact me.

Sincerely,

Travis Gayles, MD, PHD
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From: brittany.fowler@maryland.gov <brittany.fowler@maryland.gov> **On Behalf Of** News MDH -MDH-
Sent: Wednesday, April 03, 2019 1:05 PM
To: Brittany Fowler -MDH- <brittany.fowler@maryland.gov>
Cc: Deidre McCabe -MDH- <deidre.mccabe@maryland.gov>
Subject: Release: HHS and CDC visit Maryland Health Department to discuss national initiative — Ending the HIV Epidemic: A Plan for America



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

April 3, 2019

Media Contact:

Brittany Fowler, Deputy Director, Office of Communications, 410-767-1368

Deidre McCabe, Director, Office of Communications, 410-767-3536

HHS and CDC visit Maryland Health Department to discuss national initiative — *Ending the HIV Epidemic: A Plan for America* *State and local health officers review strategies to reduce new HIV cases*

Baltimore, MD — Maryland health officials today were joined by Adm. Brett P. Giroir, M.D., Assistant Secretary for Health for the U.S. Department of Health and Human Services (HHS), and Robert R. Redfield, M.D., Director of the Centers for Disease Control and Prevention (CDC), for an overview of the new national initiative, ***Ending the HIV Epidemic: A Plan for America***.

Maryland Department of Health (MDH) Secretary Robert R. Neall and Deputy Secretary of Public Health Services Frances B. Phillips, along with local health officials, shared updates on decreasing new HIV cases in Maryland. In 2017, Maryland had fewer new HIV diagnoses than any time since 1986.

"So much progress has been made in recognizing and controlling infectious diseases, thanks in huge part to HHS's strong, science-based leadership and assistance," said Neall. "The progress in the nation, and in Maryland, regarding HIV/AIDS is a prime example. In the 1980s, AIDS was regarded as a nearly universally fatal disease. Stigma and fear were pervasive. Now, we have the knowledge and means to provide compassionate and effective treatment to people with HIV and to reduce the number of new infections."

"Our bold initiative to end the HIV epidemic in America will focus on impacted communities to ensure they have the technical expertise, support, personnel and prevention and treatment resources they need," said Giroir. "This must be a 'whole of society' initiative. It is crucial to work with state and local officials, faith-based partners and others to establish public-private collaborations."

"We have an unprecedented, once-in-a-generation opportunity to end the HIV epidemic in Maryland and across the U.S.," said Redfield. "To accomplish this, CDC will accelerate work with state and local health departments, and most importantly the community. We will listen to Marylanders living with HIV and learn from their experiences so we reach those in greatest need. This truly is an initiative tailored to the community, by the community, and for the community."

In addition to Giroir's and Redfield's presentations about the national initiative, Phillips described the HIV/AIDS situation in Maryland and local health officers discussed the epidemic in their home counties. The presentations, held at MDH headquarters on West Preston Street in Baltimore, were followed by a roundtable discussion regarding strategies to eliminate new cases.

"We have employed a variety of approaches in Maryland to attack this epidemic and reduce the number of new cases — through state and local planning partnerships, along with support for prevention, treatment and other care services," said Phillips. "Our declining case counts show that we are moving in the right direction, and this extra support from the CDC will boost our efforts to end the epidemic."

Despite progress, Maryland still ranks 5th in the nation in terms of HIV diagnosis rates. At the end of 2017, there were more than 31,000 Marylanders diagnosed with HIV. About three-fourths of those diagnosed are receiving medical care averaging \$23,000 per person each year, resulting in about \$550 million annually in medical costs. And these figures do not include other economic costs or address the tremendous burden on individuals, families and communities.

Baltimore City Acting Health Commissioner Letitia Dzirasa, M.D., Montgomery County Health Officer Travis Gayles, M.D., and Prince George's County Acting Health Officer Ernest Carter, M.D., reported on the status of HIV/AIDS in their jurisdictions, still considered "hot spots" for new cases. The national initiative will focus on these three areas in Maryland.

The HHS plan will accelerate progress in eliminating new HIV infections by directing new funds to communities most impacted. The multi-year program will target 48 counties, Washington, D.C. and San Juan, Puerto Rico, as well as seven states with substantial rural HIV burden, providing them with additional expertise, technology and needed resources.

Data from across the United States was analyzed to identify counties with the highest number of new HIV diagnoses, states with the heaviest rural HIV burden and the territorial area most impacted by the epidemic. These areas have accounted for more than 50 percent of new HIV diagnoses in recent years.

For more information about ***Ending the HIV Epidemic: A Plan for America***, go to www.HIV.gov/ending-hiv-epidemic.

###

The Maryland Department of Health is dedicated to protecting and improving the health and safety of all Marylanders through disease prevention, access to care, quality management and community engagement. Stay connected at <http://www.twitter.com/MDHealthDept> and <http://www.facebook.com/MarylandDHMH>.

Marylanders in need of treatment for substance use disorders can locate treatment facilities at <http://goo.gl/nlfGm0>. Individuals can call 211 and press 1, or text their zip code to 898-211, to speak with crisis call specialists. For information related to fighting addiction in Maryland, visit <http://goo.gl/KvEzQw>.

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Public Health Department Accreditation Background

The 2003 *Institute of Medicine* (IOM) report, *The Future of the Public's Health*, called for the establishment of a national Steering Committee to examine the benefits of accrediting governmental public health departments.

Within its 2004 *Futures Initiative*, the Centers for Disease Control and Prevention identified accreditation as a key strategy for strengthening public health infrastructure. Several states manage statewide accreditation or related initiatives for local health departments. Within this context, the Robert Wood Johnson Foundation in 2004 convened public health stakeholders to determine whether a voluntary national accreditation program for state and local public health departments should be explored further. The consensus was to proceed, and the Exploring Accreditation project was launched in 2005.

The goal of the *Exploring Accreditation* project was to develop recommendations regarding the feasibility and desirability to implement a national public health accreditation program or some other method for achieving a systematic approach for public health improvement. To achieve that goal, the Exploring Accreditation Steering Committee and its workgroups designed a proposed model program and vetted it through public health officials. Based on the feedback, changes were made to the proposed model in winter 2006. At that time, the Steering Committee concluded that it was both desirable and feasible to move forward with establishing a voluntary national accreditation program that:

- Promotes high performance and continuous quality improvement;

- Recognizes high performers that meet nationally accepted standards of quality and improvement;

- Illustrates health department accountability to the public and policymakers;

- Increases the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a stronger constituency for public health funding and infrastructure; and

- Clarifies the public's expectations of health departments.

PHAB, a 501(c)(3) organization, was formed as the non-profit entity to implement and oversee national public health department accreditation. Program development began in May 2007 with the incorporation of PHAB. The accreditation process was developed by the PHAB Assessment Process Workgroup, which included state and local public health professionals, representatives from state-based accreditation programs, representatives from other national accreditation programs, and other technical experts. The standards and measures were the products of months of development by the PHAB Standards Development Workgroup, which included state and local public health professionals, national and federal public health experts, public health researchers, and other technical experts. The initial standards and measures were subject to an "alpha" field test with a small group of local and state health agencies, resulting in multiple revisions.

In February 2009, PHAB released the initial accreditation process and a set of draft standards and measures for public comment for a period of three months. During that time, PHAB received over 4,000 individual

comments, as well as other comments through online surveys and group feedback forms. The PHAB Standards Development Workgroup carefully reviewed each comment, and proposed changes to the documents based on the feedback. The next set of standards and measures was released in July 2009 for use in the beta test.

The PHAB beta test took place from fall 2009 through the end of 2010, at which time 30 public health departments (19 local, eight state, and three Tribal) throughout the United States participated in a test of the national public health department accreditation process. The 30 beta test sites were selected from a pool of 148 applications. To ensure that the test sites represented a diverse cross-section of health departments, PHAB carefully selected health departments that varied in size, structure, population served, governance, geographic region, and degree of preparedness for accreditation. Throughout the beta test, the sites worked through the accreditation process and provided valuable feedback on the process, materials, and tools.

PHAB recognized the unique and critical role of Tribal governments in informing the development of national public health department accreditation. The Tribal Standards Workgroup was created to make adaptations as needed to ensure the standards and measures, required documentation, and guidance were relevant to Tribal health departments. After a public vetting period, the Tribal Standards Workgroup developed an eligibility definition and a set of Tribal standards, measures, and interpretation guidance that is relevant, contextually appropriate, and culturally sensitive to Tribes and Tribal health departments. The workgroup also made recommendations and identified references in the PHAB state and local health department measures where there could be collaboration between all health departments.

In spring 2011, the Assessment Process Workgroup and Standards Development Workgroup came together one last time to review all of the comments received and to finalize the official standards and measures and process for the launch of national public health department accreditation. Upon approval of the PHAB Board of Directors, Version 1.0 of the PHAB Accreditation Standards and Measures and the Guide to National Public Health Department Accreditation were released to the public in July 2011. National public health department accreditation launched on September 14, 2011.

For more information on the background of accreditation, please see the Journal of Public Health Management and Practice, January/February 2014, Volume 20, Number 1. Other background publications and reports that helped inform the development of PHAB are available here.



Montgomery County Commission on Health

April 15, 2019

Councilmember Alborno
Chair, Health and Human Services Committee
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Mr. Alborno:

On behalf of the Commission on Health, we are recommending that the County Council consider providing additional funding to increase Montgomery County Public Health Services' (PHS) capacity for collecting and analyzing health data. State-of-the-art data collection and analysis capability is needed for Montgomery County to be able to better understand the health of residents throughout the community and target interventions more effectively. Specifically, we recommend at least two positions dedicated to planning specialty and epidemiology to strengthen the capacity of the County.

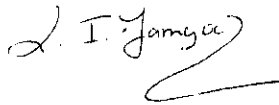
PHS has recently released several reports that provide critical information about the health of the County, including the Status of Health Reportⁱ and reports focusing on infectious diseaseⁱⁱ and maternal and child health.ⁱⁱⁱ The Zip Code Ranking Project Report further highlighted disparities among different geographic areas of the County.^{iv} These findings inform the work of the health department, in partnership with Healthy Montgomery, governmental agencies, and community-based organizations to map out steps to enhance the health of the County. This underlines the importance of having access to and being able to dig deeply into the data to understand: (1) which parts of the county might be underserved, and (2) where it is necessary to invest in programming and policies to ensure all County residents have an equitable opportunity to be healthy.

Strong internal capacity is necessary to continue these and future efforts. Although PHS has built strong relationships with local universities, it is essential that the agency has dedicated and experienced staff to support further health data collection and analysis. There are currently two staff in the epidemiology/data team for Montgomery County with its population of over one million residents. In contrast, we have learned that Prince George's County has 6 staff positions with its population of just under one million residents, and Anne Arundel County has 3 staff positions with

a population of approximately 570,000 residents. In addition, the National Association of County and City Health Officials 2016 Profile indicates that local health departments serving one million residents or more nationwide have a median of 6 FTEs in the role of epidemiologist/statistician.^v

One of the greatest assets of Montgomery County is its rich diversity. Strong epidemiologic capability is required for PHS to lead Montgomery County in understanding the health status and the determinants of health as well as the health disparities among the different populations that reside here. It will allow for data-informed strategic planning and more efficient allocation of resources within the County as we strive for greater health and health equity in our communities. For this reason, we respectfully recommend additional planning/epidemiological staff resources to enhance PHS' data collection and analysis.

Sincerely,



Lenna Israbian-Jamgochian, PharmD
Chair, Commission on Health

Cc: Montgomery County Council Health and Human Services Committee

ⁱ <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/PopHealthReportFINAL.pdf>

ⁱⁱ https://www.montgomerycountymd.gov/HHS/Resources/Files/Infectious%20Disease%20Report_10-15-18_FINAL.pdf

ⁱⁱⁱ <https://www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf>

^{iv} <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/Zipcode%20Ranking%20Final%20Results.pdf>

^v http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf



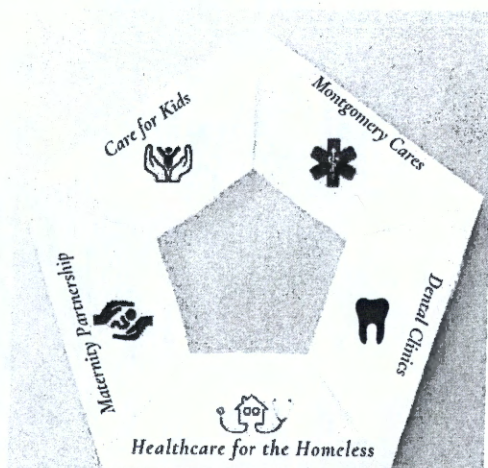
HEALTH CARE FOR THE UNINSURED

Joint Advocacy Statement : Fiscal Year 2020
Health Centers Leadership Council and Primary Care Coalition. Supported by
Montgomery Cares Advisory Board

The portfolio of **5 Health Care for the Uninsured programs** has produced a system of care that ensures access and equity across all parts of the life cycle. This system of care combines existing capacity in the community with public and private funding. Today, we face significant challenges to the Affordable Care Act and deep uncertainty about what the future holds for the Medicaid program, particularly for foreign born residents.

IN CHALLENGING POLITICAL AND ECONOMIC TIMES, IT IS THE MOST VULNERABLE WHO SUFFER MOST.

We must preserve and strengthen our local health safety-net by investing the necessary resources to continue the high standard of care for our most vulnerable neighbors.



Fiscal Year 2020 Budget Priorities

As you develop the FY2020 operating budget, we respectfully request you consider the following priorities that affect the health and health care of our most vulnerable residents.

- Add funds for specialty care to ensure timely access to treatment for patients with specialty needs
- Provide funds for immunizations, which are a cornerstone of public health
- Recognize the rising costs associated with delivering health care
- Align eligibility means test across all five programs
- Ensure all five programs have a robust quality framework, including the appropriate care improvement resources

HEALTH CARE FOR THE UNINSURED

Access

Provide a health home for 26,000 adults and 5,500 children.

- Primary and preventive care
- Behavioral health care
- Specialty medical care
- Oral health
- Pre-natal care
- Medicine access
- 40+ primary care access points county wide

Collaboration

Engages 10 safety-net health centers, 5 health systems, and local government to serve vulnerable patients.

- >24,700 Volunteer service hours
- Partners with 8+ institutions of higher learning
- 28 internships & rotations to help train the future workforce

Leverage

\$18M

Pro-bono specialty care provided

\$5M

Free brand name medications

\$3.3M

Patient fees and co-pays

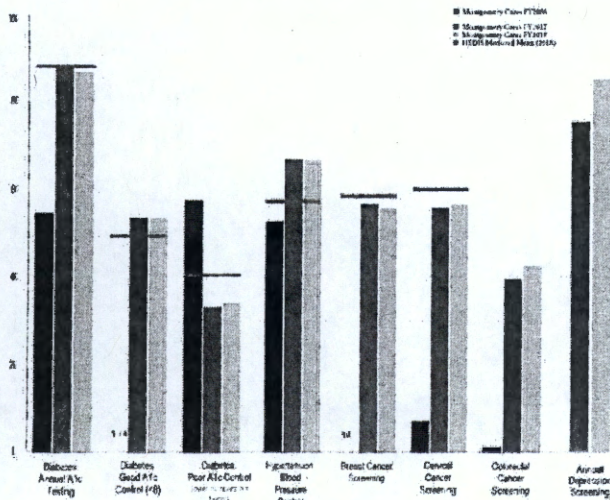
>\$2.42

leveraged from every County dollar invested

Quality

Medical care that exceeds national benchmarks for diabetes and hypertension

(Montgomery Cares Adult Primary Care Only)



A Community Asset Delivering Essential Services to Vulnerable Populations

5,570

Patients connected to specialty care

1,420 pediatric cases
4,150 adult cases

1,360

Low income patients received needed brand name medications

Insulin and behavioral health medications among the most needed brand name medications among our patients and among the most expensive and difficult to obtain.

1,770

Adults received integrated behavioral health counseling.

95% of all Montgomery Cares patients are screened for depression annually. Those who need it can access behavioral health counseling integrated in the primary care setting. Care

1,330

Children with complex needs received case management

940 cases were for short term needs. 390 cases required long-term case management from the CFK Specialty Nurse Case Manager.

1,450

Healthy babies delivered

Thanks to prenatal care provided by the Maternity Partnership. Out of 1,500 total mothers served in FY18

Requested Increases		Requested Increase	CE Proposed	FY20 Line Item Total	% Change
Quality	Impliment a Comprehensive Quality Framework across all five health care for the uninsured programs (Phase In over 3 years)				
	Phase One: Care for Kids continuous Quality Improvement	\$70,000	-0-	\$70,000	100%
Care for Kids	Ensure Care for Kids program sustainability and quality				
	Increase CFK Primary Care fee schedule to align with Medicaid	\$117,000	\$373,913	\$490,913	31%
Maternity Partnership	Align income based eligibility criteria with Montgomery Cares and Care for Kids				
	Increase eligibility ceiling from 185% FPL to 250% FPL resulting in 80 more cases being served annually	\$62,800	\$1,234,020	\$1,296,820	5%
Health Care for Homeless	Provide home health support to frail elders living in shelters or permanent supportive housing.				
	Fund home health aides to assist frail people in permanent supportive housing with activities of daily living.	\$50,000	-0-	\$50,000	100%
Montgomery Cares	Ensure sustainability of Montgomery Cares system and continue to provide access to high quality, comprehensive health services.				
	Add 2,000 encounters to keep up with program FY19 projected participation*	\$161,400	\$5,252,853	\$5,726,153	9%
	Increase the encounter reimbursement rate by \$4 (72,000*4 + 8.3%)	\$311,900			
	Provide essential adult immunizations	\$230,000	\$89,412	\$319,412	257%
	Increase available funds to provide needed specialty care to patients	\$125,000	\$414,790	\$539,790	30%

Total Requested Increase

\$1,128,100

Requested increases include fringe and indirect expense as applicable.



"We never could afford this treatment without you. I have no words to express the thanks for what you have done for my family."

- Maria, Mother of a CFK Participant

Axel and Maria

Three years ago, when Axel was 15 years old, he and his mother began to notice small bald patches on his head. At first, they thought nothing of it, but before long other children started to bully him because of the hair loss. The family called PCC's Nurse Case Manager for the Care for Kids program who arranged for Axel to see a dermatologist. Thanks to the treatment arranged by Care for Kids the hair loss improved dramatically. Axel found coping strategies like keeping his hair short and incorporating hats into his wardrobe. He feels like a normal teenager again and Axel's mom is enjoying watching her son grow into a strong and confident young man.

Care for Kids

Care for Kids provides affordable primary and specialty care to the children from low-income families in Montgomery County who are not eligible for other state or federal health insurance programs. Care for Kids serves children from birth to age 19.

In FY18, Care for Kids served 5,530 children.

Comprehensive Quality Framework

Phase One Request (FY20): \$70,000 to implement a continuous quality improvement program in Care for Kids. Funds support 0.5 FTE Quality Improvement Manager and 0.1 FTE Data Analyst.

Among the five programs that provide health services for uninsured County residents there is significant inconsistency in their overall approach to quality improvement and quality assurance. Advocates recognize the importance of a comprehensive quality framework across all five programs and propose a multi-year phased in approach starting with implementation of a continuous quality improvement program in Care for Kids.

According to the Health Resources and Services Administration, Quality Assurance means compliance measured against certain established standards. Quality Improvement is a continuous process focused on ongoing system improvements. Both are necessary components of a comprehensive quality framework.

Care For Kids Provider Reimbursement

\$117,000 to increase Care for Kids primary care fee schedule to align with Medicaid.

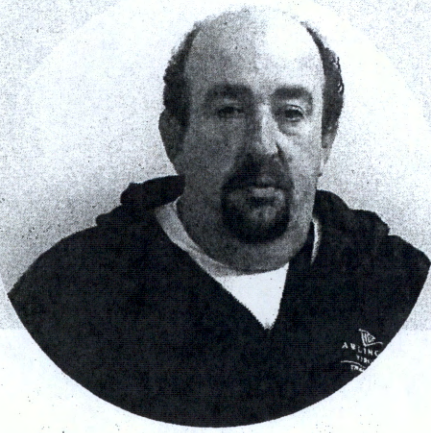
Care for Kids does not use a flat per encounter fee for primary care visits. Instead a simplified fee schedule of five families of CPT codes is used. CFK rates have not been updated since 2008. The table below reflects the budget impact to increase the number of visits to match projected demand in FY20 and align the reimbursement rate with that of Medicaid.

Proposed New CFK Rates - 100% of Medicaid

Using average cost through all acute CPT codes rates

CPT Codes	Current rate	100% Medicaid Rate	FY20 Charges (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$121.13	186	\$22,530.18	\$13,020.00	\$9,510.18
99211-99215	\$80.00	\$78.99	1878	\$148,343.22	\$112,680.00	\$35,663.22
99381-99385	\$80.00	\$123.78	690	\$85,408.20	\$55,200.00	\$30,208.20
99391-99395	\$70.00	\$109.98	707	\$77,755.86	\$49,490.00	\$28,265.86
99354	\$106.79	\$130.73	174	\$22,747.02	\$18,581.46	\$4,165.56
			Total			\$107,813.02
					(8.3% Indirect Expense)	\$8,948.48
					Total	\$116,761.50

4



Manuel

After suffering two heart attacks, Manuel lost his ability to walk and lost his job. As his medical and financial situation grew increasingly dire, Manuel fell into a deep depression. His doctor connected him to behavioral health services offered by the Montgomery Cares Behavioral Health program. Although Manuel is still experiencing medical and financial challenges, with the support of his counselor and the entire behavioral health team, he feels emotionally equipped to handle it.

Montgomery Cares

Montgomery Cares is a public-private partnership, administered by the Primary Care Coalition, that provides health care to adults who live in Montgomery County, have limited resources, and cannot get health insurance.

Ten independent safety-net health centers participate in Montgomery Cares as primary medical care providers. Specialty care, medicine access, and behavioral health services are also provided through partnerships with local hospitals, pharmaceutical companies, Catholic Charities Health Care Network, and the Primary Care Coalition's Project Access program.

In FY18, Montgomery Cares served nearly 26,000 patients in 72,500 encounters.

"Without this program, I would not have survived!"

- Manuel, Montgomery Cares Patient

Montgomery Cares Encounters

\$161,400 added to cover 2,000 additional encounters keeping up with projected participation in FY19. (\$74.50 x 2,000) plus 8.3% indirect expense)

Montgomery Cares expects to provide between 72,000 and 73,000 primary care encounters in FY19. This request would bring the budgeted number of encounters in FY20 to the most conservative projected close in FY19.

\$311,900 to increase the provider reimbursement rate by \$4.00 per encounter. (\$4 x 72,000) plus 8.3% indirect expense)

The flat per-encounter reimbursement for Montgomery Cares was established in 2008 using a formula that aligned Montgomery Cares reimbursement with 77% of Maryland Medicaid. Reimbursement has not kept up with inflation. Using the same formula as established at the start of the program MCares reimbursement should be at \$89.46. This request is to bring the reimbursement rate to \$78.40 a \$4 increase.

CPT Code	MA Reimbursement
99204 (new patient visit)	\$166.09
99214 (established patient visit)	\$108.50
Calculating weighted average	2019
40 percent: 1 new visit and 2 established visits (\$166.09 + \$108.50*2)	\$383.09
60 percent: 3 established visits (\$108.5*3)	\$325.50
Blended average reimbursement/patient based on 3 visits per year	\$348.54
Medicaid per visit reimbursement, based on above assumptions	\$116.18
77% based on original County commitment (116.18*77%)	\$89.46

\$230,000 to provide immunizations for Pneumococcal Pneumonia and Tetanus, Diphtheria and Pertussis

Immunizations are a cornerstone of public health. Montgomery Cares standards for essential services recommend providing adult immunizations according to the CDC immunization schedule, if funding is available. Yet the Montgomery Cares pharmacy formulary provides only limited immunizations leaving much of the population without this vital service. Montgomery Cares Medical Directors have identified the top six immunizations most important for the Montgomery Cares patient population. This request is for the top two most vitally need immunizations.

Immunization	Product	Qty	Unit Cost	Cost
Pneumococcal Pneumonia*	Pneumovax 23	660	\$81.59	\$53,849
	Prenar 13	660	\$169.10	\$111,606
Diphtheria, Tetanus, Pertussis (TDAP)	Adacel	1400	\$32.17	\$45,038
Subtotal				\$210,493
PCC Indirect 8.3%				\$17,471
				\$227,964

624



Maternity Partnership Program

The Maternity Partnership Program provides prenatal care, routine lab tests, prenatal classes, and dental screening for pregnant women and teens who cannot get health insurance. 1560 families were served by the program in FY18.

Health Care for the Homeless

The Maternity Partnership Program provides prenatal care, routine lab tests, prenatal classes, and dental screening for pregnant women and teens who cannot get health insurance

Maternity Partnership Program

\$62,800 to cover projected increased cases that result from aligning the income eligibility ceiling at 250% FPL consistent other health care for the uninsured programs.

The income ceiling for Maternity Partnership is currently set at a different level to other programs serving low-income, uninsured county residents. DHHS anticipates aligning the eligibility criteria would result in 80 additional women being served in the program at a cost the the county of \$785 per person.

Healthcare for the Homeless

\$50,000 to provide assistance with activities of daily living for frail elderly individuals living in permanent supportive housing.

As with the rest of the population, the formerly homeless population in Montgomery County is aging. This combined with the physical and emotional stress of having lived on the streets means a growing number of residents in permanent supportive housing are experiencing frailty and need assistance to continue to live independently. **\$50,000 will provide access to home health aides to assist elderly formerly homeless individuals with activities of daily living.**

Montgomery Cares Specialty Care

\$125,000 to provide needed specialty care to low-income, uninsured patients

Montgomery Cares patients may receive specialty care through one of three avenues depending on their condition and needed specialty:

- Catholic Charities Health Care Network (CCHCN) operates a pro-bono specialty care referral network
- Project Access is a specialty care referral network that is a mix of pro-bono and contracted providers that have agreed to reduced rates
- Some clinic organizations have volunteer specialists

Project Access contracted providers are paid reduced rates based on a percentage of Medicare or Medicaid. Project Access works to build a balanced network that compliments that of CCHCN. Nevertheless, 200 to 300 referrals each year are clinically appropriate, but cannot be accommodated due to budget and network limitations. **\$102,855 additional funding would permit more of these referrals to be served (\$95,000 plus 8.3% indirect expense).**

CCHCN is a pro-bono specialty care networks and an important partner in the Montgomery Cares system providing consultations, procedures, and surgeries in 40 specialty areas. While CCHCN is a regional network, 55% of unique patients are referred from Montgomery Cares.

Recruiting and retaining specialty practices and managing the network requires staffing capacity. **\$21,660 of this request would go to CCHCN to bolster their capacity and thereby be able to serve more referrals (\$20,000 plus 8.3% indirect expense).**



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Care For Kids FY18 Patient Population by County Council District

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Miles

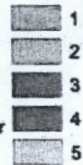


District 1 - 88 patients Andrew Friedson
District 2 - 1,005 patients Craig Rice
District 3 - 1,299 patients Sidney Katz
District 4 - 1,776 patients Nancy Navarro
District 5 - 1,236 patients Tom Hucker

At Large Gabe Albornoz
Evan Glass
Will Jawando
Hans Riemer

Total: 5,531 patients *

- ◆ OECS Offices
- ✚ Hospitals
- ☆ All Day Medical Care
- ☆ CCI Health & Wellness
- ☆ Catholic Charities Medical Clinic
- ☆ Kaiser Permanente
- ☆ Mary's Center
- ☆ Milestone Pediatrics
- ☆ School Based Health Center
- ☆ School Based Wellness Center
- ☆ Watkins Mill Wellness Center
- Patients



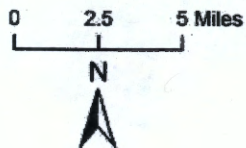
* Addresses for 127 patients could not be mapped.

DISCLAIMER:
This map was created and assembled by Primary Care Coalition of Montgomery County for informational, planning reference and guidance only. The depiction and use of boundaries or geographic names are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by PCC.



primary care coalition

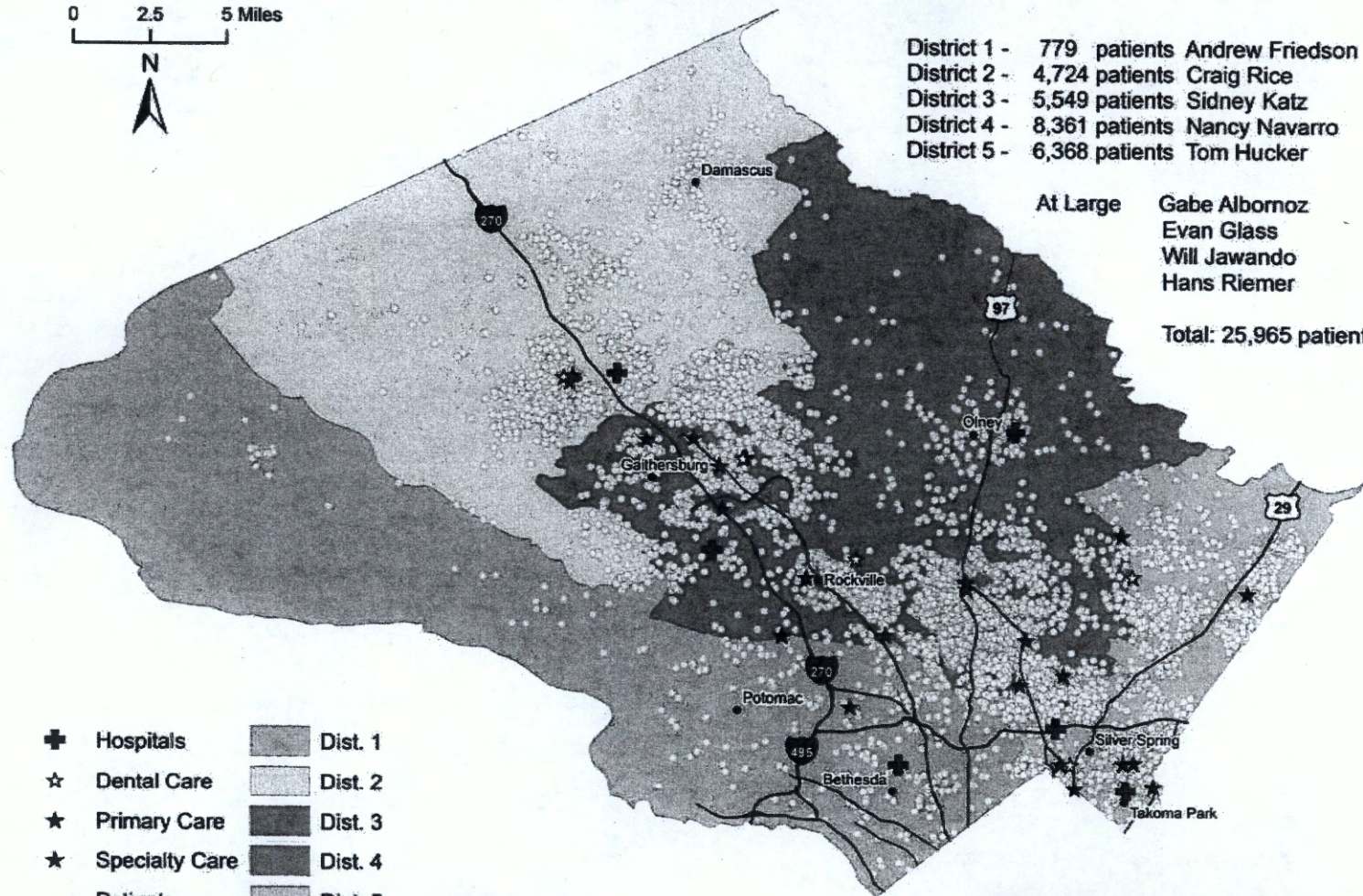
Montgomery Cares FY18 Patient Population by County Council District



- District 1 - 779 patients Andrew Friedson
- District 2 - 4,724 patients Craig Rice
- District 3 - 5,549 patients Sidney Katz
- District 4 - 8,361 patients Nancy Navarro
- District 5 - 6,368 patients Tom Hucker

At Large Gabe Albornoz
Evan Glass
Will Jawando
Hans Riemer

Total: 25,965 patients*



- ⊕ Hospitals
 - ☆ Dental Care
 - ★ Primary Care
 - ★ Specialty Care
 - Patients
- Dist. 1
 - Dist. 2
 - Dist. 3
 - Dist. 4
 - Dist. 5

* Map includes data from 11 Montgomery Cares-participating clinics.
Addresses for 184 patients could not be mapped.

DISCLAIMER:
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Requested Increases		Teir 1	Teir 2
Quality	Implement a Comprehensive Quality Framework across all five health care for the uninsured programs (Phase In over 3 years)		
	Care for Kids component of comprehensive quiality framework	\$40,000	\$30,000
Care for Kids	Ensure Care for Kids program sustainability		
	Increase CFK Primary Care fee schedule to align with 85% of Medicaid	\$59,000	\$58,000
Maternity Partnership	Align income based eligibility criteria with Montgomery Cares and Care for Kids		
	Increase eligibility ceiling from 185% FPL to 250% FPL resulting in 80 more cases being served annually	\$62,800	
Health Care for Homeless	Provide home health support to frail elders living in shelters or permanent supportive housing.		
	Fund home health aides to assist frail people in permanent supportive housing with activities of daily living.	\$25,000	\$25,000
Montgomery Cares	Ensure sustainability of Montgomery Cares system and continue to provide access to high quality, comprehensive health services.		
	Add 2,000 encounters to keep up with projected program growth	\$161,400	
	Increase the encounter reimbursement rate by \$4	\$233,900	\$78,000
	Provide essential adult immunizations	\$100,000	\$130,000
	Increase available funds to provide needed specialty care to patients	\$55,000	\$70,000
Total Requested Increase		\$737,100	\$391,000

Requested increases include fringe and indirect expense as applicable.

MONTGOMERY CARES	FY13 Budget	FY14 Budget	FY15 Budget	FY16 Budget	FY17 Budget	FY18 Budget	FY19 Budget	FY20 REC
Enrollment for Patients not served through Healthcare for the Homeless	32,250	32,250	32,250	28,500	25,770	25,770	25,770	25,770
Budgeted Number of Primary Care Encounters at (\$73 for FY18)	85,625	85,625	82,707	74,100	67,000	68,000	70,000	70,000
Services Areas:								
Support for Primary Care Visits	5,308,750	5,565,625	5,375,955	4,957,630	4,772,040	4,897,028	5,168,428	5,215,000
Community Pharmacy-MedBank	1,793,490	1,669,539	1,761,981	1,739,421	1,666,571	1,666,571	1,666,571	1,666,571
Cultural Competency	22,500	22,500	22,500	22,500	22,500	22,500	22,500	22,500
Behavioral Health	652,000	727,000	1,010,330	1,060,330	1,010,331	1,010,331	971,831	971,831
Oral Health	407,120	407,120	407,120	589,120	589,120	589,120	589,120	589,120
Specialty Services	732,303	1,132,304	1,184,045	1,258,565	1,138,565	1,138,565	1,064,020	1,064,020
Program Development	110,840	110,840	421,220	343,184	343,184	413,579	343,184	343,184
Information and Technology	415,360	415,360	415,360	335,360	335,360	295,360	295,360	295,360
PCC-Administration	502,774	517,860	945,373	945,373	884,534	915,125	907,193	932,642
HHS - Administration	495,608	377,171	392,736	378,923	518,783	725,774	739,992	477,394
Facility	67,040	67,040	67,040	67,040	48,040	67,040	67,040	67,040
Build-out new Holy Cross Clinic	75,000	-	-	-	-	-	-	-
TOTAL Montgomery Cares	10,582,785	11,012,359	12,003,660	11,697,446	11,329,028	11,740,993	11,835,239	11,644,662

April 23, 2019

Council Office Building
100 Maryland Avenue, 5th Floor
Rockville, MD 20850

Dear Montgomery County Council Members:

With this letter we are writing to ask for this Council to continue to support the health care for the uninsured programs and to invest in the health care safety-net system that serves vulnerable.

We, the clinical leadership of safety net clinics participating in Montgomery Cares, are writing to register our support for adding adult immunizations as a Montgomery Cares core service.

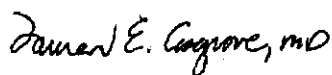
Immunizations are one of the safest and most effective ways of protecting individuals and communities from serious and potentially fatal diseases. Currently, Montgomery Cares does not provide recommended immunizations beyond an annual flu shot and only one of the two pneumococcal pneumonia vaccines, both of which are required for the patient to be fully immunized. Providing immunizations is a proven cost effective way of improving community health and economic productivity. A study commissioned by the Primary Care Coalition and conducted by a 3rd party research firm found that immunizing 660 older adults fully for pneumococcal pneumonia would yield \$470,000 in savings from avoided health care expenses and lost productivity.

The Centers for Disease Control and Prevention (CDC) recommends fourteen immunizations for adults aged 19 years or older¹. Once completed, many of these vaccines will provide immunity for the rest of the patient's life, and do not need to be repeated. Together, we have reviewed the immunization schedule and identified two immunizations that are the highest priority for the Montgomery Cares population:

- Pneumococcal pneumonia (Pneumovax 23 and Prevnar 13)
- Tetanus, Diphtheria, and Pertussis (TDAP)

We strongly urge you to support the joint request of the Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition to add \$230,000 for immunizations to the Montgomery Cares base budget.

Sincerely,



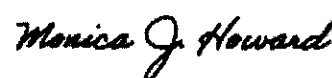
Lauren Cosgrove, MD
Medical Director
Mercy Health Clinic



Rashid Chotani, MD, MPH
Executive Director
Muslim Community Center Clinic



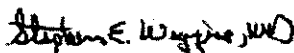
Maria Gomez, RN, MPH
Executive Director
Mary's Center



Monica Howard, MD
Medical Director
Proyecto Salud



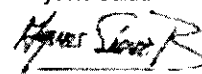
Kathleen Knolhoff, MPH
Chief Executive Officer and
President
CCI Health and Wellness



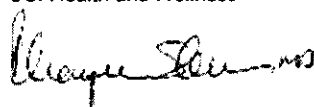
Stephen Wiggins, MD
Medical Director
Mobile Medical Care, Inc.



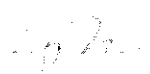
Sue Pankratz, MD
Medical Director
Catholic Charities Medical Center



Agnes Saenz
Executive Director
CMR Kaseman Clinic



Rhonique Shields, MD
Physician
Holy Cross Health Centers



Yao Yao Zhu, MD
Medical Director
Pan Asian Volunteer Clinic

¹ Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2017
<https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule-bw.pdf>