HHS COMMITTEE #1A-1E
May 5, 2021

WORKSESSION

M E M O R A N D U M

May 4, 2021

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **FY22 Operating Budget: Department of Health and Human Services**
Creation of 3 Mobile Crisis Outreach Teams and Annualization 6 Therapist Positions
Community Based Homeless Court Program (Decriminalization of Homelessness)
Mobile Health Clinic Services
Healthcare for the Uninsured: Montgomery Cares, Care for Kids, and County Dental Program
Social Isolation of Seniors (request from Committee chair Albornoz)

PURPOSE: Worksession; vote expected

Expected for this session:

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services
Dr. Travis Gayles, Chief, Public Health Services and County Health Officer
Amanda Harris, Chief, Services to End and Prevent Homelessness
Dr. Tricia Boyce, Dental Director, DHHS
Dorne Hill, Manager, Crisis Center Services, DHHS
Dr. Chris Rogers, Health Policy Officer, DHHS
Jason Rundell, Budget Team Manager, DHHS
Lindsey Lucas, Office of Management and Budget
Deborah Lambert, Office of Management and Budget

A. Creation of 3 Mobile Crisis Outreach Teams and Annualization of Therapist II positions (New 6 FTEs $521,140 and $27,032 in motorpool; annualization of 6 FY21 FTEs $658,996)

The County Executive has included two items in the DHHS budget to continue to build the capacity of mobile crisis response and alternatives to a police response to a person having a behavioral health crisis. The first, 6 new positions to increase capacity to 6 new Mobile Crisis Outreach Teams (MCOTs) is consistent with the discussions that occurred last summer when the Council approved funding for 6 clinical positions. At that time, it was noted that the 6 clinical positions could create 3 new MCOTs, but could also be partnered with other positions, such as peer support specialists, that would result in a total of 6 teams. The second budget item annualizes the cost of the 6 clinical positions approved through the special appropriation.

DHHS has provided the following responses to questions from Council staff:

What types of positions will be hired with the new FTEs? How will they partner with the 6 clinical positions to create a total of 6 teams)?
In the proposed FY22 budget, six new positions are identified, four of them are peer support specialists (Behavioral Health Technicians) and two are behavioral health therapists. Peer support specialists are professionals who former consumers of services with lived experience and bring a unique ability to connect with persons experiencing a behavioral health crisis. The behavioral health therapists are the ones expected to take the lead during a crisis response due to their specialized clinical training. When a peer support specialist is assigned to a Mobile Crisis and Outreach Team (MCOT), they serve as the second person to compliment the behavioral health therapist. The six positions will allow for expansion of MCOTs from three teams for 16 hours a day, to 6 teams 16 hours a day. The 24/7 team will always be in place so that night shifts are also covered county-wide.

What is the expectation for when the new positions can be hired?
Approximately six months after the positions are funded.

Please provide an update on the hiring and deployment of the 6 clinical positions.
Three clinicians have been hired and have started to serve on MCOTs. Two other candidates have been selected and have accepted. They will start soon once starting dates have been identified. Interviews are being scheduled with one or two additional candidates for the final sixth position. All six positions are expected to be filled before the end of the fiscal year.

Have any of the new positions been deployed to Silver Spring (previously stated as the first priority area).
No new positions have been deployed to the Silver Spring District, which is a priority satellite location. In the meantime, the Crisis Center has started to deploy a second MCOT on certain days, and in certain shifts, based on need and staffing availability.

Progress is being made as three of the new clinical positions have been hired, allowing DHHS to deploy a second MCOT on certain days/shifts. The Department is not yet at capacity to base a team in Silver Spring, but also says that the six clinical positions should be hired by the end of the fiscal year.

Council staff recommendation: Approved as recommended by the County Executive. The Joint Public Safety and Health & Human Services Committee have asked for periodic updates on this effort as well as the overall progress to move forward with the Crisis Now model.

B. Community Based Homeless Court Program ($100,000)

In early 2020, the Interagency Commission on Homelessness (ICH) issued the report from the Committee on Decriminalization of Homelessness (1)-(14). The report highlights that a criminal record is a significant barrier to homelessness and that arrests and criminal citations can impose fines and fees that homeless people are often not able to pay. The Council most recently discussed this issue in its enactment of Bill 49-20, the Housing Justice Act, that prohibits certain inquiries into criminal histories as a part of the rental housing application and consideration of certain arrests and convictions in rental housing decisions.

One recommendation of the ICH report is the creation of a "docket" to resolve certain misdemeanor criminal, traffic, and transit matters which could include open warrants for persons who are homeless or who have been homeless. (See (5)-(7) and (14)). The report includes a list of potential offenses that include non-DUI alcohol offenses, distribution of drugs, solicitation/prostitution, non-DUI traffic offenses, public urination, theft, trespass, and Metro citations.

In some jurisdictions, this is an actual court docket. However, the Montgomery County proposal is to have a community-based program to resolve these issues. A monthly afternoon docket would be held (initial location is proposed to be Progress Place) that would have representatives from the State's Attorney's Office and Office of the Public Defender. The State's Attorney would agree to put matters on the STET docket and then if the agreed-to engagement with services is meet for a time not to exceed 90 days, the charges would be nolle prosequi. DHHS has confirmed that the program is still a non-court program that will be in a non-courthouse location.

Interestingly, the pandemic has given the County more experience in finding alternatives to jail for minor offenses in order to prevent the spread of the coronavirus.

The ICH report estimated the cost of the program to be $50,000. The Executive is recommending FY22 funding of $100,000. The additional funding will support the start-up costs and will also increase the hours of the Program Coordinator who will oversee the program. There is no FTE associated with this initiative.

Council staff recommendation: Approve funds as recommended by the County Executive. Request a written update by October 1. It was expected that the docket could be initiated within the first quarter, but this may still depend on any restrictions due to COVID-19. The HHS Committee should also review the full ICH report in the fall when it reviews the update.

C. Mobile Health Clinic Services: ($620,859 in DHHS and $258,359 in motorpool NDA = total $879,218; 5FTEs)

This is a significant new initiative that is proposed as a way for DHHS to impact health disparities and improve health outcomes. DHHS has provided the following responses to questions from Council staff.

Provide an overview of the purpose for this mobile clinic: What is the expected outcome from implementing this new program?

The purpose of the Mobile Health Clinic (MHC) is to provide increased access to health and human services; help alleviate health disparities and improve health outcomes in hard-to-reach vulnerable populations and communities throughout Montgomery County.

The expected outcomes of implementing the MHC program will be to:

- Increase access to care and health equity by taking services to community residents where they live and work, to overcome barriers related to transportation, awareness, physical mobility etc.
- Decrease the spread of disease in the community and improve the health of community residents by providing:
    - Immunizations: COVID-19, Flu, TB, School Health, etc.
    - Testing: COVID-19, TB, HIV/STD, etc.
    - Preventive Screenings & Referrals: Oral Health, physical health and mental health.
    - Exams and Treatment: Maternal Health, Dental (sealants for children), HIV/STD, etc.
    - Assistance in accessing Human Services available through DHHS (shelter, rental assistance, State and Federal Benefits)
    - Health Education and Health Fairs on a range of health topics.
- Advance the County Executive's Priority of Thriving Youth and Families.
- Advance the DHHS mission of building a healthy, safe and self-reliant community.
- Advance the HHS Strategy of goal of improved Access to DHHS Services.
- Foster strategic and trusted relationships with community partners (e.g., Service Consolidation Hubs) to improve health and wellness, and address health disparities of vulnerable and underserved residents throughout Montgomery County.

The budget document says that it will provide healthcare services that will help address health disparities. Have any particular health conditions been identified through previous

surveillance studies that can be effectively implemented through this mobile clinic strategy?

The MHC will use community and public health surveillance data to prioritize zip codes and minority communities experiencing barriers to accessing COVID-19 testing and vaccines. The MHC will target these zip codes and communities to host strategic COVID-19 testing and vaccination pop-up events and home-based services.

According to a County press release, a 2019 PHS surveillance study titled *Report on Health Equity for Montgomery County* identified the following conditions in which there are health disparities that the MHC program will help to address, as noted above, by providing access to care and health education to the affected populations where they are in the community.

Current inequity status (non-Hispanic White as a reference group)
Non-Hispanic/Black: tuberculosis (TB) incidence, HIV incidence, firearm hospitalization, gonorrhea incidence, chlamydia incidence, syphilis incidence, diabetes emergency room (ER) visit, motor vehicle ER visit, late/no prenatal care, chronic lower respiratory disease ER visit, heart disease ER visit, infant mortality, diabetes mortality, behavioral health ER visit, substance abuse ER visit, preterm births, high blood pressure prevalence, heart disease mortality.

Demonstrated differences in inequality over time (non-Hispanic/White as a reference group)
Hispanic: TB incidence, gonorrhea incidence, firearm hospitalization, HIV incidence, chlamydia incidence, motor vehicle ER visit, late/no prenatal care, diabetes ER visit, infant mortality, chronic lower respiratory disease ER visit, syphilis incidence, preterm births, diabetes mortality, heart disease ER visit.

Asian/Pacific Islander: TB incidence, syphilis incidence, late/no prenatal care, firearm hospitalization.

Also, PHS' 2018 *Zip Code Ranking Project* identified specific County zip codes experiencing the greatest health disparities which the MHC can address by targeting services to those areas.

The most recent Community Health Needs Assessment for Montgomery County called for increased focus on social determinants of health (SDOH) that have a major impact on people's health, well-being, and quality of life. SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Addressing SDOH in Montgomery County's most vulnerable communities by using the MHC to take social resources to their neighborhoods will improve health and address health disparities.

What medical issues will it be equipped to address?

It is anticipated that the MHC vehicle will be equipped with (at a minimum) an exam room suitable for general health, maternal health and oral health, hand washing station, workstation(s), computers, WiFi, health education materials and the necessary medical supplies and equipment to provide the intended services to address the following medical issues which include but are not limited to:
COVID-19
Influenza
HIV/STD
Maternal Health
Oral Health
TB
Diabetes
Human Service Consults.
Hypertension
Behavioral Health

What type of positions are included in the 5 FTEs and what is the cost of the new personnel? What is the assumption for when they will be hired? What is the annualized cost of the new positions?

Positions and Annual Cost

Community Services Aide III	1	$ 79,783
Community Services Aide III	1	$ 79,783
Social Worker III	1	$101,147
Nurse Practitioner	1	$109,774
Administrative Aide (Driver)	1	$ 64,854
Total	**5**	**$435,341**

It is assumed the positions will be hired during the second quarter of FY22.

What is the expectation about language diversity for these new positions?

Hiring preference will be given to a Nurse Practitioner, Social Worker, and at least one Community Services Aide bi-lingual in English and Spanish or one of the other most common non-English languages spoken in Montgomery County.

What is the expectation for linking those seen through this mobile program with other healthcare services or social services/supports?

The MHC has an expected outcome to address upstream factors – usually unrelated to health care delivery – impacting health through the provision of socioeconomic resources to improve

health and reduce health disparities. This will be accomplished by having the Community Services Aides' (CSAs) screen every client encountered for unmet health and social needs. Clients with unmet health or social needs will receive warm referrals to culturally appropriate community and county resources to meet identified needs. Residents requiring more follow-up with ongoing/complex health and social needs will be offered and provided navigation support.

Council staff recommendation: Council staff is recommending approval of this funding and initiative but voices two concerns:

The response regarding outcomes is rather vague. *"The MHC has an expected outcome to address upstream factors – usually unrelated to health care delivery – impacting health through the provision of socioeconomic resources to improve health and reduce health disparities."* Council staff believes that it will be important to report on clear improvements, such as increases in certain immunizations (are we immunizing people who have a history of not having basic or annual immunizations) or increases in HIV/STD testing and success in reaching people who might not come to Dennis Avenue Health Center. Will there be follow-up to keep data on the success of referrals? For example, if a resident has no medical home and is uninsured, did they end up enrolled in Montgomery Cares and linked to a provider? In addition to these specific health outcomes, it will also be important to try and determine whether those screened through the mobile health clinic did connect with food, housing, or other resources based on their needs. Will the mobile health clinic have flexible hours so it can reach people who have had difficulty connecting to services Monday to Friday from 9 to 5?

The work of the Consolidated Service Hubs and the Minority Health Program/Initiatives over this past year have shown the importance of bringing services to communities, especially to those communities where people rely on mass transit or need service outside normal workday hours. The mobile health clinic has potential build on these lessons learned.

The Executive has proposed using American Rescue Plan Act (ARPA) funding for the $620,859 in personnel and operating expenses in DHHS. It is expected that in the next year the mobile crisis clinic will help with the continued response to COVID and so Council staff agrees this should be eligible for ARPA funds. However, this is a major initiative and is eventually going to have to funded with general funds. Council staff is concerned about being able to make such a transition in FY23. **Council staff recommends the Committee put $500,000 on the Category #1 list to reserve some funding for FY23. This will still require a portion of the FY23 costs to be paid for with general funds would help make sure funding can continue.**

D. Health Care for the Uninsured

The County Executive's recommended FY22 budget does not identify any substantial changes to the two programs that are in this program area: Care for Kids and Montgomery Cares. In addition to these two programs, the Maternity Partnership Program and Healthcare for the Homeless programs also serve the uninsured and are not recommended for any substantial

changes. The County Dental Program serves both the uninsured but also low-income residents who may have some health insurance but do not have dental coverage. The dental program also provides extensive pediatric dental services including to Care for Kids clients.

Enrollment and encounters/visits, operations, and budgets for each of these programs has been impacted in many ways by the pandemic.

Care for Kids

Care for Kids provides medical and dental services to children who are not eligible for other healthcare programs. The following tables show enrollment and budget for the past several years and information on new enrollees and the total number of children service is also at (21)-(24). New enrollments are down significantly this fiscal year but have started to increase in February and March. School is one significant way families learn about this program and so enrollments likely will increase as children return to in-person school.

The first table also shows that children receive services through three provider networks, Kaiser Permanente (which serves children at no cost to the County), the School Based Health Centers, and through a private physician network. School based health and wellness centers are just reopening and this will allow in-person visits to resume.

Care for Kids					
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	5,580	5,580	628	1,373	3,580
2020	6,230	6,685	428	1,442	4,360
2021(Jul - Mar '21)	6,095	3,582	471	1,270	4,354

Care for Kids	FY17	FY18	FY19	FY20	FY21	FY22 Rec
Personnel Contractual	348,642	362,834	370,091	370,091	388,817	388,817
Medical Providers	428,129	521,129	584,563	690,080	675,333	677,333
Behavioral Health		72,929	72,929	72,929	69,472	69,472
Other Operating	60,380	53,970	55,047	55,047	52,377	52,377
Indirect Cost	69,412	83,902	92,372	98,158	100,454	105,494
Total Care for Kids Contract	906,563	1,094,764	1,175,002	1,286,305	1,286,453	1,293,493
DHHS Operating	1,310	1,310	1,310	1,310	1,162	1,258
TOTAL	907,873	1,096,074	1,176,312	1,287,615	1,287,615	1,294,751
Does not include cost for children services in school based health centers or through Kaiser						

The Montgomery Care Advisory Board (MCAB) in the Joint Advocacy Statement[1], discusses the increase in the number of children in Care for Kids in the last five years and the expectation that as we come out of the pandemic enrollments will increase. In addition, this program will serve the new arriving migrant and asylum-seeking children that are expected to come to Montgomery County. The Joint Advocacy Statement is attached at (33)-(46).

MCAB recommends two positions to assist with managing enrollment and care referral:

Client Service Specialist $64,574
Medical Assistant Case Manager $64,574

Council staff agrees that the capacity of this program must be enhanced not just because of current workload but because of the expectation of newly arriving children. Council staff recommends that each of these positions be added to the Category #3 items.

In addition, Council staff recommends that the HHS Committee place a $100,000 item on the Category #3 list to increase the funding for Medical Providers. This will provide some additional resources for the children that the County is expecting to welcome. This program will need to be monitored and is included in the programs that the DHHS steering committee for migrant and asylum-seeking children is including in its workplan. Montgomery County has had a long-standing policy of not turning any child away from this program due to budget constraints and the Council has previously indicated that it should be notified if supplemental funding is needed.

Montgomery Cares

The Montgomery Care programs provides medical care, referrals to specialty care, behavioral health, and assistance with certain pharmacy cost for uninsured adults. The table on the

[1] Joint Advocacy Statement of the Health Centers Leadership Council and Primary Care Coalition Supported by the Montgomery Cares Advisory Board. Council staff will refer to these as recommendations of MCAB.

following page shows that approximately $12.2 million is allocated for this program. Services are provided through a system of community-based partner clinics.

The graph at (18) shows that both patients and encounters have increased substantially starting in February. As the Committee has previously discussed, the pandemic required a pivot to telehealth and, just like private physician, visits were below historical levels. In March, 60% of visits were in-person and 40% were through telehealth. **While it is unlikely that Montgomery Cares will reach 72,000 visits this fiscal year, Council staff agrees that it is reasonable to maintain funding at this level for FY22.**

Montgomery Cares	FY18 Budget	FY19 Budget	FY20 Budget	FY21 Budget	FY22 Rec
Projected Montgomery Cares Patient	25,770	25,770	25,770	25,770	25,770
Budgeted Number of Encounters	68,000	70,000	72,000	72,000	72,000
Support for Encounters/Visits	4,897,028	5,168,428	5,508,000	5,508,000	5,508,000
Pharmacy/MedBank/immunization	1,666,571	1,666,571	1,766,571	1,766,571	1,766,571
Cultural Competency	22,500	22,500	22,500	22,500	22,500
Behavioral Health	1,010,331	971,831	971,831	971,831	971,931
Oral Heath	589,120	589,120	589,120	589,120	589,120
Specialty Care	1,138,565	1,064,020	1,206,917	1,206,917	1,206,917
Program Development	413,579	343,184	343,184	343,184	343,184
Information and Technology	295,360	295,360	295,360	295,360	295,360
PCC Administration	915,125	907,193	907,524	907,524	932,642
DHHS Administration	725,774	739,992	510,169	523,402	583,382
Facility Support	67,040	67,040	67,040	67,040	67,040
COVID Recovery Resources					
Teleheath Parity/Interpretation					
TOTAL Montgomery Cares	**11,740,993**	**11,835,239**	**12,188,216**	**12,201,449**	**12,286,647**

In response to the fiscal impact of the pandemic on the clinics, DHHS shifted from a per encounter reimbursement payment to a "block payment." In response to a question from Council staff, DHHS has provided the following overview of the block payment. The MCAB has asked that this payment method continue for three months in FY22 to provide a transition to returning to encounter reimbursements and implement a reimbursement policy for telehealth. The DHHS response indicates that the block payment will continue through the health emergency.

> The alternate/block payment structure was implemented March 2020 as a result of the COVID-19 State of Emergency. In order to provide the Montgomery Cares clinics with predictable cash flow and ensure critical safety-net resources are available during the pandemic, DHHS authorized a monthly alternative/block payment. The payment is equal to the individual Montgomery Cares clinic average of the five highest of six-monthly payments during the period before COVID-19 (July - December 2019). This is an upside only payment, clinics won't have to pay funds back to the county if they see fewer encounters.

DHHS has embarked on long-term strategies in collaboration with the Montgomery Cares clinics and other partners to support the department's vision to improve the health of Montgomery Cares' patients through an innovative, person-centered, and well-coordinated system of care that addresses both medical and non-medical determinants of health. Research has demonstrated that alternative payment models have been associated with improved health outcomes, reduced administrative burden, and allows clinicians to spend more time with patients on preventive care. To that end, DHHS will continue the block payment during the COVID-19 State of Emergency. The intent is to permanently establish an alternative/block payment for the immediate future (by FY23). Currently, our cost reimbursement contract allows for payment for actual expenses in arrears, submission of the numbers of encounter for payment at a rate of $76.50. DHHS received a contract waiver to pay block payment during the COVID emergency only. We hope to change the type of contract for Montgomery Cares and transition the program and alternative payment/reimbursement to support the department's vision.

MCAB has recommended three items for additional funding:

1. Add $65,000 for interpretation services that is compatible with telehealth technologies. MCAB notes that the Language Line, the current service available, does not synchronize with telehealth appointments. **Council staff recommends adding this item to the Category #3 list**.

2. Increase funding for the psychiatric services by $63,100 to compensate in the rate increase from Georgetown University (current provider) in order to maintain the availability of the current number of hours of consultation services (1,029 hours). **Council staff recommends addition this item to the Category #3 list.**

3. Increase funding for Specialty Care by $222,110 to compensate for loss of grant funding through Nexus Montgomery and to address having a loss of pro-bono services with some providers now requesting reimbursement (based on Medicaid rates). **In recognition that there are fiscal constraints on general funds, Council staff suggests that for this request, the HHS Committee split this between recommends that this request be split and $100,000 be placed on the Category #3 list for critical funding and that $122,000 be placed on the Category #2 list to be considered should additional funds become available.**

Maternity Partnership Program

There are no budget requests regarding Maternity Partnership. The information on (25)-(26) shows that enrollment did increase in March. It is important to encourage uninsured women to participate in this program so that they can receive prenatal care. The update notes that a new solicitation for MPP providers will allow non-hospital providers to participate and will change the reimbursement rates and outcome requirements.

County Dental Services

The HHS Committee has previously discussed the efforts and strategies that DHHS had developed to enhance the County Dental Program and increase the numbers of residents that can be served. The HHS Committee has also had updates on the need for the County Dental Clinics to close at the beginning of the pandemic and the facility and staff efforts to reopen the clinics. The Graph on (27) shows that since last July there has been an upward trend in encounters and the March level of 855 encounters is far beyond any other month in FY22. The table on (28) shows that most of the patients seen are children (1,253 of the 2,219 total seen to date).

In response to a question from Council staff about the expected increase in migrant children, DHHS provided the following response regarding capacity.

> In FY21 we added a pediatric dentist 1 day/week to our clinic staff who has been performing specialty pediatric dental procedures with nitrous oxide in our dental clinics. We also added a general dentist who works 2 days/week. He is bilingual (Spanish), of Latino descent and is very comfortable working with children. He works alongside our pediatric dentist focusing on the pediatric dental population. In early FY22 we will be adding a second pediatric dentist 1 day/week therefore doubling our specialty dentistry services for children. The new pediatric dentist is bilingual (Spanish) and of Latino descent. In FY21 we added a second oral surgeon, increasing our specialty oral services from 0.5 days/month to 1 day/month.

MCAB has identified three items for additional funding:

1. $125,000 for additional resources for merit and/or contractual staff to meet unmet dental needs in the County.

Council staff asked DHHS for a response to this recommendation should additional funds be available. DHHS replied:

> DHHS' priority is to improve its contractual clinical staff complement. We would like to increase the number of dentists, dental hygienists, and dental assistants at the county dental clinics, but we need to increase the contractual pay rate to be competitive with the regional industry standard. We need to attract and retain staff skilled and comfortable working in a public health setting.

Council staff agrees that the ability to increase and retain its contractual staff is a critical need. However, as the amount is not tied to a specific position or increase, Council staff recommends that the Committee put two "tranches" of funding on the Category #3 list; one for $75,000 and one for $50,000 and, per DHHS' request, it would be used to adjust pay rates to attract and retain contractual staff.

2. $175,000 to institute a school-based sealant program at MCPS elementary schools with high FARMS rates and without school-based health centers.

Council staff asked DHHS for a response to this recommendation as well. DHHS replied:

> In the fall of FY22, DHHS would like to launch a pilot school-based preventative services program in lower income MCPS schools for students with high dental caries risk. Any additional funding from MCAB would be allocated to this program. The pilot program also has an oral health education component targeting children and parents from the Latino community.

The DHHS response is slightly different, but not inconsistent with the MCAB recommendation for preventive dental care for children in targeted elementary schools.

In response to a request from Councilmember Rice on how to accelerate providing school-based dental care; MCAB has proposed that $250,000 (in place of the original $175,000) would provide a pilot program at 16 schools that would be delivered at a school-based health center or by a mobile van and would include (1) dental screenings; (2) fluoride treatments; (3) sealants; (4) oral health education for parents and students; and (5) guidance to a dental home. The MCAB proposal says that this would be done with two teams consisting of one dental hygienist and one dental assistant.

Council staff recommends putting this item on the Category #3 list. The Committee could list this as a single item of $250,000 or place two items on the list, the original $175,000 and then an additional $75,000. Council staff recommends that the Committee ask DHHS for how it would allocate these funds to school based services rather than indicating that it is fully endorsing the program structure outlined by MCAB.

3. $40,000 for a study on designing a coordinated dental safety net system that fosters collaboration among private and public providers. The discussion from MCAB notes that in addition to the County-run clinics, the County funds provides funding through Montgomery Cares to the Muslim Community Center and Catholic Charities. In addition, Mary's Center and CCI (Community Clinics Inc) Health and Wellness offer dental services.

Council staff agrees with the points made by MCAB about the need to make sure efforts are coordinated and that the County its partnerships to increase the number of people served in a cost-effective manner. The Committee should hear from DHHS regarding this request as the Community Health Needs Assessment is currently underway and it will provide some information on dental needs. Additionally, DHHS should work with MCAB on a scope of services for the study and have agreement regarding the cost for any work that needs to be completed. **Council staff is not recommending funding at this time.**

Healthcare for the Homeless

Healthcare for the Homeless provide primary care for homeless residents that are not eligible for Medicaid or Medicare but also addresses ongoing medical case management needs and work to create hospital or facility discharge plans for people who are homeless.

MCAB is recommending $75,000 and 1 FTE for an additional nurse to work as a psychiatric discharge planner. The Committee has preciously discussed the very complex and serious mental health issues for some of our homeless residents and making an appropriate plan for when they return to the community from a hospital or other medical facility is complex as well**. Council staff recommends placing $75,000 on the Category #3 list for this position**.

The medical respite program that will provide a place for people who are not yet ready to return to shelter after being released from the hospital is progressing. This will also assist with the discharge process.

MCAB Request for APRA Funds

MCAB has requested $500,000 in ARPA funding to address deferred care and post-pandemic recovery efforts.

The Council's process would place this in Category #1 for consideration after budget for unallocated ARPS funds, should the Committee want to recommend it. The amount requested is not based on a specific need so it can also be adjusted later. If the HHS Committee wants to retain the options to consider this request later, it should put it on the Category #1 list.

MCAB Policy Issues

The MCAB has raised several policy issues in its advocacy statement. They include (1) maintaining the current eligibility policy; (2) extending eligibility across programs so that enrollment in Montgomery Cares or Care for Kids indicates automatic enrollment in Maternity Partnership and County Dental; (3) request to allow clinics to continue to determining eligibility and concerns about the using the Office of Eligibility and Support Services (OESS) and (4) continuing the alternative payment and questions about value-based payment.

Council staff suggests that the Committee request a response from DHHS regarding these concerns and schedule a session for a later date as decisions are not required for approval of the FY22 budget.

E. Addressing Social Isolation of Seniors

HHS Committee Chair Albornoz is requesting the HHS Committee recommend $125,000 on the Category #2 list so that the Committee and Council can return to the issue of support for efforts

to combat the problem of isolation and loneliness among seniors. In his request he notes that COVID-19 has put a spotlight on the issue of loneliness and feelings of isolation, particularly for seniors. This was a serious issue before the pandemic but has become more critical over the last year. The Centers for Disease Control's webpage highlights these health risks for older adults.

Health Risks of Loneliness (excerpt from CDC webpage on Alzheimer's Disease and Healthy Aging)

Although it's hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Councilmember Albornoz has shared a proposal from Catholic Charities asking for support of the "Crossing Paths" initiative that seeks to create a large community-based inter-generational effort to address isolation in our senior community and other age groups, including children. The Category #2 item would be broader and at $125,000 allow the Committee to consider the $60,000 requested by Catholic Charities but also other efforts and hear from other community partners about this most critical concern.

Background Information: Council Funding Categories for FY22

Potential funding increases proposed by Councilmembers should be put into one of the following three categories:

- **Category #1:** One-time, non-recurring expenditures related to COVID-19 response and recovery that should be considered for unallocated ARPA funding. Since a portion of the ARPA funds will not become available until later in FY22, the Council will have time to make the final determination on use of these funds. After the FY22 budget process is completed, the Council will work with the Executive to determine priorities for ARPA funding.
- **Category #2:** Additions to the base budget that should be considered as soon as additional resources are available. During FY22, perhaps as early as this summer, the Council can consider adding items from this list to the base budget if additional resources become available.
- **Category #3:** Critical expenditures that should be considered for funding in the FY22 base budget. Due to uncertainties for future-year revenues, only the most urgent ongoing expenditures should be considered for addition to the base budget, and they should be limited. The Council will need to identify potential offsetting reductions to the base that could help fund these critical needs while still meeting its fiscal policy goals. Staff will work with the Council to develop options for potential reductions that can provide flexibility if the Council identifies critical additions in this category.

Montgomery County Interagency Commission on Homelessness: Committee on Decriminalization of Homelessness Recommendations

Introduction

Homelessness is a national crisis caused by a severe deficiency of affordable housing units. The United States lacks 7.4 million affordable and available rental units necessary to meet its need.[1] Rising rents and stagnant wages exacerbate the issue and increase the prevalence of housing instability. In Montgomery County, a household must bring in $66,600 annually or $32.02 per hour to afford a two bedroom apartment.[2] In 2018, over 84,000 households in Montgomery County had incomes under $60,000.[3] Many individuals and families in our communities live on the brink and are only a paycheck or health crisis away from homelessness.

People of color make up the majority of those who are cost-burdened, or those who pay more than 30 percent of their household income towards housing costs.[4] Consequently, people of color are overrepresented in the population of persons experiencing homelessness. Black residents make up 18 percent of the county's general population,[5] but 58 percent of the population experiencing homelessness.[6] Black residents are also more likely to enter the criminal justice system, receiving more than 47 percent of the state's criminal citations.[7] The Urban Institute's 2017 report on racial inequities reveals deeps gaps in Montgomery County in the areas of employment, income, and homeownership. Black and Hispanic residents are less likely to have high school diploma, had lower household incomes, and owned their homes at a significantly lower rate.[8] Communities of color are disproportionately impacted by the affordable housing crisis because of these inequities coupled with historic racist housing policies and disinvestment in their communities.

To combat homelessness, resources are often diverted to temporary solutions, like emergency shelter. Though shelter is a crucial response to address immediate needs, we must simultaneously seek systemic solutions to end and prevent homelessness for good. The most direct solution to

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[1] Nat'l Low Income Hous. Coal., "Study Shows Massive Shortage of Affordable Hous. For Lowest Income Households in Am.," (Mar. 2, 2017), https://nlihc.org/news/study-shows-massive-shortage-affordable-and-available-housing-lowest-income-households-america.

[2] Nat'l Low Income Hous. Coal., "Out of Reach, Maryland," (2019), https://reports.nlihc.org/sites/default/files/oor/files/reports/state/MD.pdf.

[3] *Montgomery County, MD*, DataUSA https://datausa.io/profile/geo/montgomery-county-md (last visited Jan. 9, 2020).

[4] Nat'l Law Center on Homelessness & Poverty, "Housing not Handcuffs, Ending the Criminalization of Homelessness in U.S. Cities," (Dec. 2019), http://nlchp.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf [hereinafter "Housing not Handcuffs"]

[5] Housing not Handcuffs, supra note 4.

[6] Montgomery Cnty. Gov't, "Homelessness – The Numbers" https://www.montgomerycountymd.gov/Homelessness/Numbers.html (last visited Jan. 9, 2020).

[7] Governor's Office of Crime Control and Prevention, "2017 Criminal Citations Data Analysis Final Report to the State of Maryland, (Oct. 1, 2018), https://goccp.maryland.gov/wp-content/uploads/criminal-citations-report-2018.pdf [hereinafter "2017 Criminal Citations Data Analysis"]

[8] Urban Institute, "Racial Inequities in Montgomery County," (Dec. 2017), https://www.urban.org/sites/default/files/publication/95386/2017.12.28_montgomery_county_finalized_2.pdf

end homelessness is to increase the stock of affordable housing units and to remove barriers to attain such housing.

One of the most significant barriers to housing is a criminal record. Montgomery County issues 25.3% of all criminal citations in the state, more than any other county.[9] The criminal justice system is routinely used to address the social needs associated with homelessness. Life-sustaining activities, like sleeping in public, loitering, or public urination, when criminalized, do little to address the underlying needs of those experiencing homelessness and compound their difficulties. Arrests, criminal citations and tickets often impose fines and fees that those experiencing homelessness are unable to pay which may lead to open warrants or incarceration. Even when a criminal charge does not result in conviction, such as a dismissal, under Maryland Law, the charge remains on the criminal record causing further barriers to housing, employment and other life-sustaining resources. Currently, public resources are being used to implement and enforce so-called nuisance offenses, which divert law enforcement officers away from crises and cause unnecessary strain on the criminal justice system. Studies show that criminalization is the most expensive and least effective means of addressing homelessness.[10]

On April 26, 2019, the Montgomery County Bar Association, the Maryland State Bar Association, the American Bar Association Commission on Homelessness & Poverty, the Homeless Persons Representation Project and Coalition 180, comprised of Montgomery County shelter residents, held a community convening at the Rockville Executive Office Building on "Alternatives to Criminalization." The convening was attended by over 80 people including the County Executive and resulted in a unified request to the County Executive to form a special committee of the Interagency Commission on Homelessness (ICH) to advance recommendations on alternatives to criminalization. The County Executive supported the appointment of the Committee and requested that the Committee submit recommendations by January 15, 2020.

In September 2019, the Committee on Decriminalization of Homelessness convened for its first meeting. It outlined goals and identified four distinct approaches to decriminalizing homelessness – pre-arrest diversion, post-arrest diversion, state and local legal/policy changes, and community education. The Committee subsequently created four working groups to research and develop recommendations in these areas. Committee members voluntarily chose to participate in working groups based on their interest and area of expertise. The Committee met again in October and November 2019 to collaborate and report on the efforts of each working group. Recommendations were submitted by each subcommittee and compiled into this existing document. All Committee Members reviewed the Recommendations before they were submitted to the County Executive. A full list of Committee Members appears alphabetically below.

Phil Andrews	State's Attorney's Office
Monique Boyd	Job Opportunities Task Force
Sheryl Brissett Chapman	National Center for Children and Families
Victor Brito	City of Rockville, Police

[9] 2017 Criminal Citations Data Analysis, supra note 7.
[10] Housing not Handcuffs, supra note 4.

William Butler Jr.	Coalition 180
Luis Cardona	Dept. Health and Human Services
Lorig Charkoudian	State House of Representatives
Amanda Chesney	Catholic Charities
Jeffrey Coe	Park Police
Raymond Crowel	Dept. Health and Human Services
Theresa Durham	Montgomery County Police Department
Antonia Fasanelli (Chair)	Homeless Persons Representation Project
Mary Gies	Councilmember Katz's office
Amanda Harris	Dept. Health and Human Services
Terence Hill	Coalition 180
Karla Hoffman	Family Services
Christine Hong	Interfaith Works
Ebony Alyse Johnson	ICH
Marcus Jones	Montgomery County Police Department
Stephanie Joseph	Office of Public Defender
Kathy Knight	State's Attorney's Office
Charles Lincoln	Coalition 180
Paul Liquorie	Montgomery County Police Department
Sharan London	ICH
Matt Losak	Renters Alliance
Pamela Luckett	Office of Councilman Jwando
Audrey Lynn Martin	Homeless Persons Representation Project
Hon. Albert Matricciani (Ret.)	Court of Special Appeals; Special Counsel, Homeless Persons Rep. Proj.
Linda McMillan	Montgomery County Council
John Mendez	Bethesda Cares
Hon. Patricia Mitchell	Maryland Judiciary
Andrea Parodi	Office of Councilmember Glass
Julie Petersen	Montgomery County Bar Association
Roberto Pinero	ICH
Michael Prather	Montgomery County Police Dept.
Linda Price	Legislative Analyst
Jane Redicker	Greater Silver Spring Chamber of Commerce
Christy Respress	Pathways DC
Shane Rock	Interfaith Works
Abe Schuchman	Housing Unlimited
Susie Sinclair-Smith	Montgomery County Coalition for the Homeless
Stacy Spann	Housing Opportunities Commission
Caroline Sturgis	Office of County Executive
Fred Swan	Housing Opportunities Commission
Corey Talcott	Office of the County Attorney
Angela Talley	Department of Corrections and Rehabilitation
Caryn York	Job Opportunities Task Force

While Montgomery County has made great strides toward its vision of "Housing for All=A Stronger Montgomery," the following recommendations outline policies Montgomery County can implement to continue its leadership by reducing criminalization of homelessness.

Summary of Recommendations

1. **Create an Open Case Resolution Program for Homeless Persons**
   Creation of program to resolve open misdemeanor criminal, traffic and transit matters, including open warrants for persons who are homeless or have been homeless.

2. **HEART – Homeless Engagement, Alternatives, Resources &Treatment Program**
   Creation of a program that law enforcement officers or community members may divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs.

3. **Decriminalization of Nuisance Offenses**
   Review the volume and type of citations/convictions issued in Montgomery County to homeless persons and/or individuals who successfully interact with the docket for homeless persons and work to decriminalize nuisance offenses better addressed by health and social services.

4. **Sequential Intercept Model (SIM)**
   Application of an evidence-based intervention that will redirect homeless persons from engagement with the justice system to engagement with community-based strategies.

5. **Community Education and Training**
   Conduct of a series of trainings and public education campaigns for interested parties and community members on the experiences, needs, and impact of negative stereotyping those experiencing homelessness.

6. **Improve Maryland's Expungement Law**
   Advocate with the General Assembly to permit "Partial Expungement" and reduce the timeframe required to seek expungement for eligible convictions and citations.

7. **Enhance Access to Expungement/Shielding**
   Enhance access to expungement/shielding resources for eligible criminal justice-involved persons within Montgomery County.

Recommendation #1: Docket for Homeless Persons

Creation of program to resolve open misdemeanor criminal, traffic and transit matters, including open warrants for persons who are homeless or have been homeless.

Introduction

In recognition that open criminal, traffic or transit matters – however minor – create significant barriers to housing and employment for persons experiencing homelessness, many local jurisdictions have created local programs to resolve open criminal matters involving persons who are experiencing homelessness. These programs typically take the form of so-called "Homeless Courts" and help to decriminalize homelessness by connecting persons experiencing homelessness to services and working with the justice system to remove legal barriers to housing, employment and stability.

In 2006, the American Bar Association adopted a set of principles to guide jurisdictions across the country in establishing Homeless Court Programs. (A copy of the ABA Recommendation is attached to this report as Attachment A). The concept is for a specialized docket to address minor offenses with which homeless defendants are routinely charged due to their circumstances. Prosecutors, defense counsel, and the court adopt criteria for participation and involve community-based service providers to screen participants for voluntary use of the program. Defendants need not waive due process rights, but their cases are continued to permit them an opportunity for engagement in treatment services to improve their lives in lieu of traditional court sanctions, like fines, public service, and jail time. Those who complete appropriate services or treatment within the time assigned by the court will have their charges dismissed or otherwise resolved in order to render them eligible for housing, public benefits, and employment.

Docket for Homeless Persons in Baltimore City

Since 2013 there has been a specialized docket for homeless persons conducted bi-weekly in the District Court in Baltimore City. Between June 2013 and June 2018, 287 participants have taken advantage of the program and 230 (77%) have successfully completed it, having their criminal charges dismissed by the court. Of the remaining participants, 6 were transferred to other courts, 56 were unsuccessful in navigating the program, and 5 cases remained in progress when the latest report was issued in June 2018. The most utilized treatment and services were health care, mental health treatment, substance use treatment, housing assistance, and job training. (A copy of the DHP Five-Year Report, 2013-2018, is available at https://bit.ly/2FDUmz2).

Proposal: The Montgomery County Program

The creation of a community-based program to connect persons who are homeless or have been homeless to services while resolving open misdemeanor criminal, traffic and transit matters as follows:

1. A monthly afternoon 3 hour docket at Progress Place in Silver Spring of representatives from the State's Attorney's Office, Office of the Public Defender, homeless services providers and defendants who are homeless or have been homeless with open misdemeanor criminal, traffic or transit matters (the subcommittee is open to the idea of moving the docket to other locations down the road, if the logistics can be readily achieved);
2. The governing principles for the monthly docket convening will be those contained in the ABA Recommendation for Homeless Court Programs;
3. A referral form will be created and circulated to homeless service providers to assist in identifying appropriate defendants for participation. The State's Attorney's Office will also utilize its technology system to identify defendants for participation by comparing addresses of homeless services organizations to addresses used in its computerized database.
4. Homelessness is defined using the broadest definition possible (i.e. any person in a shelter, on the street, doubled and tripled up with friends or family, in a motel, fleeing domestic or sexual violence, lacking a stable address or in a place unfit for human habitation);
5. Defendant participation will be voluntary, without the waiver of any due process protections;
6. The following misdemeanor charges and citations will be considered eligible matters for inclusion in this program, although each matter will be reviewed on a case-by-case basis:
    - Alcohol offenses (not DUI),
    - drug possession/paraphernalia,
    - distribution of drugs,
    - panhandling,
    - solicitation/prostitution,
    - traffic offenses (not DUI),
    - public urination,
    - destruction of property,
    - rogue & vagabond,
    - theft,
    - trespass, and
    - Metro citations.
7. Assistant public defenders will be engaged to interview defendants on-site during the first hour of the program to help determine suitability for the program and to explain it to potential participants;
8. Assistant public defenders will work with the program coordinator to connect defendants to services. The subcommittee has obtained commitments from a range of treatment and service providers to participate in the program, including:
    - Access to Behavioral Health (*still need to confirm)*

- *Collaboration Council (still need to confirm)*
- Cornerstone (*still need to confirm)*
- EveryMind
- *Family Crisis Center (still need to confirm)*
- HHS, Housing Stabilization Services (assistance with 1st month's rent, security deposit, housing location)
- Homeless Persons Representation Project (civil legal representation, including expungement)
- Housing Opportunities Commission (housing locator specialist)
- Interfaith Works (case management and vocational services)
- Montgomery County Coalition for the Homeless (shelter caseworkers)
- Office of Eligibility and Support Services, Montgomery County (eligibility review caseworkers)
- Pathways to Housing (ACT team)
- Rainbow Place Shelter

9. The subcommittee has discussed a possible mentorship program with Tree of Hope to supplement the program services.
10. ASA Kathy Knight will exercise her prosecutorial discretion to place matters initially on the STET docket and after sufficient engagement in services, not to exceed 90 days, dispose of charges *nolle prosequi*.

Cost: The anticipated cost of this model is less than $50,000**,** covering the cost of a part-time program coordinator and tokens or Taxi/Uber/Lyft rides.

The subcommittee recommends, and can begin, implementation of this program in the first quarter of 2020.

Recommendation #2: HEART – Homeless Engagement Alternatives Resources &Treatment Program

Creation of a program that law enforcement officers or community members may divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs.

Introduction

Entry into the traditional criminal justice system, regardless of disposition, often results in barriers to housing and employment. A background check that reveals a criminal record, even one with no convictions, can be the deciding factor for a potential employer or landlord. To those experiencing homelessness or housing instability, the impact can be life-altering.

Currently, law enforcement is over-utilized to address community health, behavioral, and social needs which perpetuates an unsustainable cycle within the criminal justice system and unnecessary strain on law enforcement. To combat this, in 2011, Seattle established its Law

Enforcement Assisted Diversion Program (LEAD) which diverts those suspected of low-level drug or prostitution violations to case management and wrap-around services without arrest or charge. Seattle saw LEAD program participants were 58% less likely to be arrested in the first six months than their peers. After eighteen months, participants were 89% more likely to have obtained permanent housing compared to their baseline status. LEAD quickly became a national model, inspiring similar programs across the country, including Washington County, MD, Baltimore City, and Washington, DC.

Proposal: The Montgomery County Program

The committee recommends Montgomery County expand on other jurisdictions' LEAD programs by allowing community referrals and addressing a wider range of social needs, not limited to suspected drug and prostitution violations. The creation of this program to divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs as follows:

1. Participants may enter the Homeless Engagement Alternatives Resources &Treatment (HEART) program via police diversion or social referrals;
2. Police diversion referrals will be made at the discretion of the officer when there is proper cause for arrest for a qualifying charge and the officer determines that social intervention and connection to services would best serve the underlying cause of the behavior;
3. Law enforcement officers may also offer participation in the program to individuals known to the officer based on previous interactions, but with no cause to arrest at the moment of contact;
4. Social referrals may be made by service providers, family members, friends, or community members who witness behaviors that could lead to an arrest for an eligible charge;
5. All referrals will be made to the Program Coordinator, on-site at Progress Place initially, who will assess the needs of the participant and connect them to existing support services in the areas of housing, shelter, substance abuse treatment, mental health treatment, legal services, education, and any other service identified by the Program Coordinator. Other Program Coordinator locations will be determined following initial pilot implementation;
6. All subsequent arrests of a HEART participant must be reported to the Program Coordinator;
7. HEART training for a pilot group of law enforcement officers, a significant number of whom are bilingual, that emphasizes harm reduction and de-escalation techniques, as well as available services and resources to assist persons experiencing homelessness;
8. Montgomery County Police will designate a point person within the department to oversee implementation of HEART;
9. Individual participation in the program will be voluntary.

Cost: The anticipated cost of this model is $30,000, covering the cost of a part-time program coordinator. MCPD may have training costs associated with this program.

The subcommittee recommends, and can begin, implementation of this program in the first quarter of 2020.

Recommendation #3: Decriminalization of Nuisance Offenses

Review the volume and type of citations/convictions issued in Montgomery County to homeless persons and/or individuals who successfully interact with the docket for homeless persons and work to decriminalize nuisance offenses better addressed by health and social services.

Introduction

Several Maryland jurisdictions have pursued the growing practice of analyzing the citations/convictions issued to homeless persons. Within Montgomery County, comprehensive information regarding the volume and type of citations/convictions issued to homeless persons is not readily available at this time. The completion of this recommendation will further the County's understanding of how the legal system may disproportionately penalize homelessness [as well as possible remedies to cure this practice].

Cost of implementation including any staffing (FTE) needs

The Policy Workgroup contacted the Baltimore City Office of Human Services (The Office) in relation to its recent analysis of convictions/citations involving homeless persons. The Office suggested that the cost to replicate this work may be nominal if the external vendor that completed its analysis were able to re-use existing datasets and programming to complete Montgomery County's request. However, the Office clearly noted that a significant investment of time (in excess of one year) was required to gain approval from relevant boards/commissions, the development/execution of data-sharing agreements, as well as the development/execution of contracts were required prior to commencing any data review/analysis.

Recommendation #4: Sequential Intercept Model (SIM)

Application of an evidence-based intervention that will redirect homeless persons from engagement with the justice system to engagement with community-based strategies.

Proposal

Originally developed to reduce justice system involvement of people with mental health and substance use disorders, the *Sequential Intercept Model* (SIM) presents an opportunity to apply proven justice system diversion strategies within the County's ongoing homelessness decriminalization efforts. SIM promotes community-based tactics that reduce justice system involvement via cross-system collaborations that considers existing gaps, resources and community priorities. Locally, the Montgomery County Department of Health and Human Services uses SIM to divert and deflect those with mental health and substance use disorders from the criminal justice system. Adoption of this model is recommended within the network of programs/services supporting the County's homeless persons/families.

Cost of implementation including any staffing (FTE) needs: Reactive Outreach Team comprised of 1 or 2 FTEs who are cross-trained on homelessness and behavioral health

interventions (e.g. Crisis Intervention Team training, Mental Health First Aid, homeless engagement strategies, etc.).

Cost Estimate: Personnel $75k - $150k / Operating Expenses $15k - $25k

Recommendation #5: Community Education and Training

Conduct of a series of trainings and public education campaigns for interested parties and community members on the experiences, needs, and impact of negative stereotyping those experiencing homelessness.

Introduction

Critical components in the decriminalization of homelessness are education and training. Education and training are needed to ensure that all individuals who come in contact with, directly interact with and become aware of persons experiencing homelessness understand their behaviors, needs and learn productive ways of interacting with them. Some in the business community, law enforcement and the general population have perceptions of persons experiencing homelessness based on negative stereotypes, a lack of understanding of the challenges persons experiencing homelessness face, and how these challenges contribute to their behaviors.

The recommendations included herein are put forth with the broad goals of reducing the criminalization of homelessness and creating a better community with our neighbors experiencing homelessness. These goals will be achieved through education/training of the business community, law enforcement, service providers within the Homeless Continuum of Care (CoC) and County agencies, the general public and our neighbors experiencing homelessness. Additionally, expanded outreach through collaboration with law enforcement and the business community is being proposed to ensure the goals are achieved and sustained. The following recommendations outline the specific target populations for education and training, the proposed education and training methods, and a proposed expanded outreach initiative. Additionally, any/all anticipated costs/resources associated with these recommendations are included.

Target Populations for Education/Training

1. Law enforcement
2. Service providers within the Homeless Continuum of Care (CoC) and County agencies
3. The business community
4. The general public
5. Our neighbors experiencing homelessness.

Proposal: The Montgomery County Program

1. Officers within Montgomery County Police Department and the Maryland-National Capital Park Police who are assigned to patrol duties within the parks, cities and towns, should participate in training conducted by staff within the CoC, County agencies, and at

least one Homeless Neighbor, which will focus on providing an understanding of the challenges neighbors experiencing homelessness face, how these challenges impact their behavior, how to best interact with them to facilitate outcomes better than arrest/citations, engaging gang involved homeless youth and how to collaborate with outreach providers within the CoC as well as the business community and the general public. In addition, it is recommended that law enforcement officers in each jurisdiction receive advanced Crisis Intervention Training as it equips them to have a better understanding of how to work more effectively with people who have behavioral health conditions so that criminalization is avoided;

2. All business owners, employees, property managers, and real estate community who regularly interact with neighbors experiencing homelessness will also be provided training on understanding the challenges of experiencing homelessness, how these challenges impact individuals behavior, how to best interact with them, how to utilize outreach and other services as a first step instead of calling the police and how to collaborate with outreach and other providers, which will be conducted by the same team who provides training to law enforcement;
3. Educate and train existing MC311 workers about the existence of the hotline to receive contacts/referrals to outreach and service resources;
4. A training team with expertise in trauma informed care, mental illness, harm reduction, and intervention with gangs involved youth/young adults will be created to implement training for service providers so that they are knowledgeable about the impact that trauma and mental illness has on our neighbors experiencing homelessness;
5. A public education campaign to provide the general public with information on resources to help our neighbors experiencing homelessness, which will consist of:
    a. Education campaign about the existence of a hotline for county residents to call;
    b. Public advertisements that will provide information on the hotline, emergency and general services for our neighbors experiencing homelessness and information on trainings/workshops; These advertisements can be displayed on buses, metro trains, libraries and other public buildings and locations, and made via radios, television and social media;
    c. Training/workshops that will focus on understanding the challenges our neighbors experiencing homelessness face, how they impact their behaviors, how to best interact with them to facilitate better outcomes, and how to utilize outreach and other services instead of calling the police, which will be conducted by staff within the CoC, law enforcement and our neighbors experiencing homelessness.
6. Training for our neighbors experiencing homelessness that focuses on understanding the law, effectively engaging, communicating and interacting with law enforcement, business communities and the general public, as well as accessing resources and services needed;
7. Engaging outreach services as a first step (before engaging law enforcement) to address complaints/issues related to our neighbors experiencing homelessness to de-escalate situations that can lead to arrest or citations; When law enforcement is engaged, outreach team should accompany them on calls to help mediate and de-escalate situations;
8. Expanding employment opportunities and services, such as employing our neighbors experiencing homelessness to do street cleaning and expanding drop-in centers for homeless adults and youth.

Cost: The anticipated cost of this model was not estimated by the working group and is highly dependent on the scale and scope of the County's efforts

Recommendation #6: Improve Maryland's Expungement Law

Advocate with the General Assembly to permit "Partial Expungement" and reduce the timeframe required to seek expungement for eligible convictions and citations.

Introduction

"Partial Expungement" – Under current Maryland Law, charges that arise from the same incident, transaction or set of facts are considered a unit, and in order to expunge any charges in a unit, all charges in the unit must be eligible for expungement. An individual who has been convicted of a lesser misdemeanor charge cannot expunge a more serious charge even if the serious charge resulted in an acquittal, dismissal, or *nolle prosequi* when the charges are in the same unit. This rule creates a false narrative about an individual that is unmerited and has serious consequences in a person's ability to obtain housing and employment.

Reduce the Timeframe for Expungement: This recommendation aims to lessen the adverse impact of charges/citations on the lives of individuals eligible for expungement. Maryland Law currently requires a three-year waiting period before seeking expungement for certain offenses.

Proposal

Seek passage of state legislation permitting expungement of otherwise eligible charges that arise from the same incident or transaction as non-expungable offenses.

Seek an amendment to Maryland's criminal "expungement" statute, Maryland Code, Criminal Procedure Article §§10-105(c)(1) and 10-105(c)(7) (mandating a three-year wait period to seek expungement for certain offenses) to provide exceptions/waivers to the waiting period for individuals who are identified as experiencing homelessness and engaged in approved services.

Cost of implementation including any staffing (FTE) needs: At present, it is difficult to estimate the additional resources (operating and personnel) that will be required to implement the above. The development of a cost estimate will require the analysis of Montgomery County's justice-involved homeless persons with potentially expungement-eligible cases.

Recommendation #7: Enhance Access to Expungement/Shielding

Enhance access to expungement/shielding resources for eligible criminal justice-involved persons within Montgomery County.

Introduction

The above is recommended as enhanced access to expungement/shielding resources has been identified as an existing need within the County. Prolonged documentation of convictions and citations eligible for expungement/shielding is a barrier to housing, employment and other efforts which prevents criminal justice-involved persons from moving toward self-sufficiency. Montgomery County's enhancement and support of expungement/shielding resources for eligible citations and convictions will end the cycle of repeated penalization of justice-involved persons.

Proposal

Embed into Montgomery County's existing *Continuum of Care* a front-end mechanism to identify clients who are involved in the criminal justice system with charges eligible for expungement or shielding and develop a process for connecting those individuals to legal services.

Cost of implementation including any staffing (FTE) needs*: There may be minimal costs to implementing the above recommendation if the focus is expungement without added conditions.

Additional funding will be needed if existing civil legal aid providers require additional staffing to assist persons eligible for expungement.

Cost Estimate: Personnel $75k - $125k / Operating Expense $15k - $20k

***This is another area that would be greatly assisted by the results of the recommended data analysis regarding convictions/citations and the County's population of persons experiencing homelessness.

Attachment A

COMMISSION ON HOMELESSNESS AND POVERTY
SENIOR LAWYERS DIVISION
STANDING COMMITTEE ON LEGAL AID AND INDIGENT DEFENDANTS
COMMISSION ON EFFECTIVE CRIMINAL SANCTIONS
STEERING COMMITTEE ON THE UNMET LEGAL NEEDS OF CHILDREN
COMMISSION ON MENTAL AND PHYSICAL DISABILITY LAW
COMMISSION ON DOMESTIC VIOLENCE
JUDICIAL DIVISION
STANDING COMMITTEE ON DELIVERY OF LEGAL SERVICES
RECOMMENDATION

RESOLVED, that the American Bar Association adopts the following principles for Homeless Court Programs to the extent appropriate for each jurisdiction:

(1) Prosecutors, defense counsel, and the court should agree on which offenses may be resolved in the Homeless Court Program, and approve the criteria for individual participation, recognizing that defendant participation in Homeless Court Programs shall be voluntary.

(2) Community-based service providers should establish criteria for individual participation in the Homeless Court Program and screen individuals pursuant to these criteria.

(3) The Homeless Court Program shall not require defendants to waive any protections afforded by due process of law.

(4) All Homeless Court Program participants shall have time for meaningful review of the cases and issues prior to disposition.

(5) The Homeless Court Program process and any disposition therein should recognize homeless participants' voluntary efforts to improve their lives and move from the streets toward self-sufficiency, including participation in community-based treatment or services.

(6) Participation in community-based treatment or services shall replace traditional sanctions such as fines, public work service and custody.

(7) Defendants who have completed appropriate treatment or services prior to appearing before the Homeless Court shall have minor charges dismissed, and, where appropriate, may have more serious misdemeanor charges before the court reduced or dismissed. Where charges are dismissed, public access to the record should be limited.

Health Care for the Uninsured Monthly Data Report April 2021

County Updates

County Council hosted a joint Health and Human Services and Education and Culture Meeting focusing on unaccompanied, migrant and asylum-seeking children this morning

- The report is accessible via this link - https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20210428/20210428_HHSEC1.pdf

County Council HHS Committee

- The committee will meet May 5th to discuss the FY22 Operating Budget – Healthcare for the Uninsured and County Dental programs. The meeting is 9:30 AM - 12:30 PM viewable via video conference

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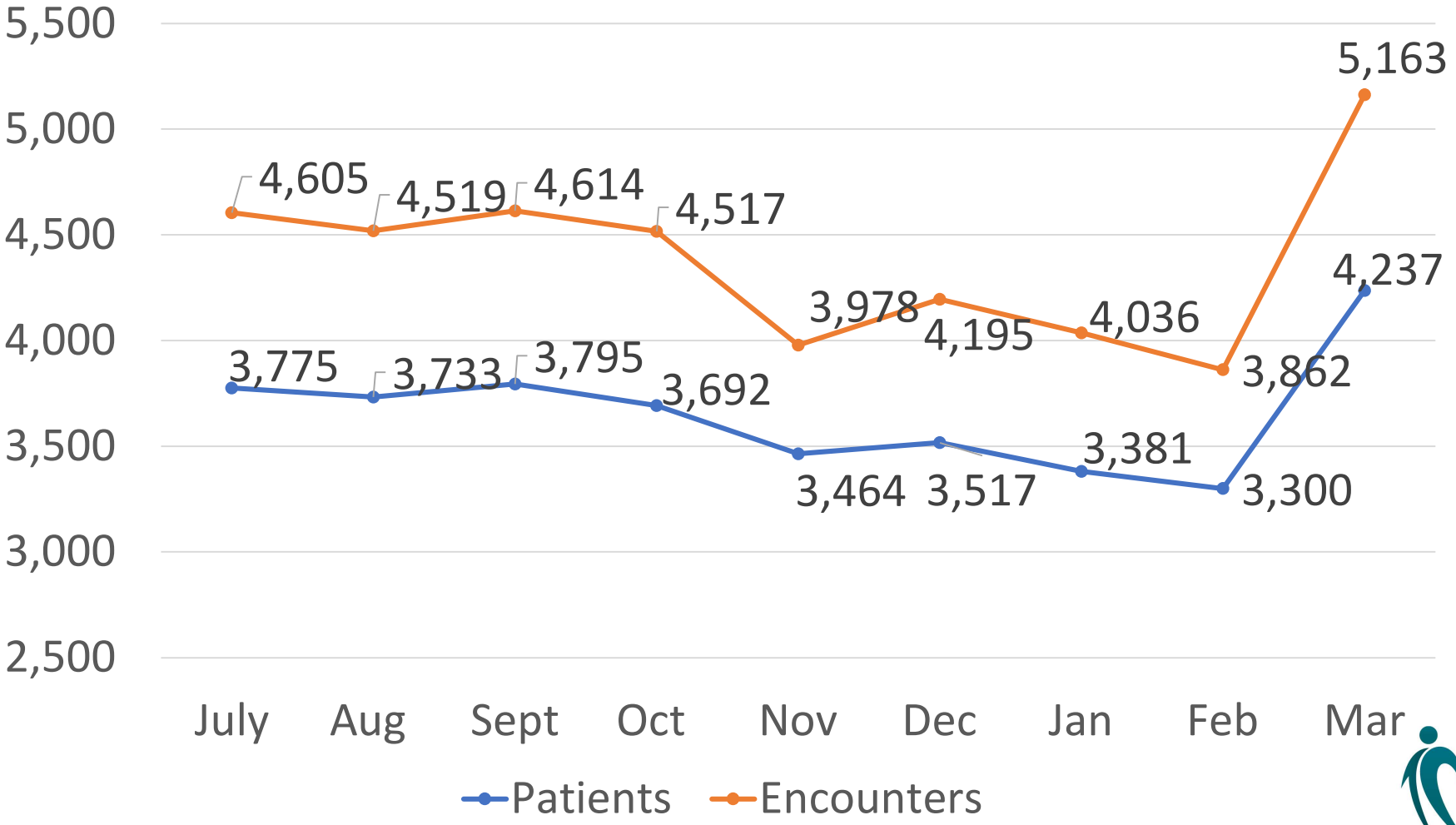
Health Care For The Uninsured
General and Policy Updates

- Community Health Needs Assessment – Dental Environmental Scan
- MCAB Data/Quality Committee
  - Montgomery Cares Eligibility Transition – Performance Measures Framework
- Telehealth
  - Payment Parity
    - Md General Assembly Senate Bill 3/House Bill 123
- Montgomery Cares – Value Based Care Workgroup

Montgomery Cares – March 2021



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Montgomery Cares – Program Updates

- Montgomery Cares served 16,543 patients through March with a total of 39,594 patient visits (in-patient and telehealth) at the ten participating clinics.

- March 2021 - The split of encounters was 60% in-patient and 40% telehealth.

- PCC will provide the MCares Q3 programmatic report during today's meeting

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Montgomery Cares – COVID-19

- COVID-19 Vaccination Experience. Six clinics have engaged in vaccine clinics independently or with community organizations/DHHS

- Clinics note significant challenges include securing adequate physical space for vaccine and observation processes, securing staffing to fill the multitude of tasks required in the process (heavy reliance on volunteers), operationalizing the complexities of the delivery and documentation of mass COVID vaccines, securing reliable quantities of vaccine

- Many thanks to PCC for hosting and administering the COVID19 monthly meetings with the MCares clinics

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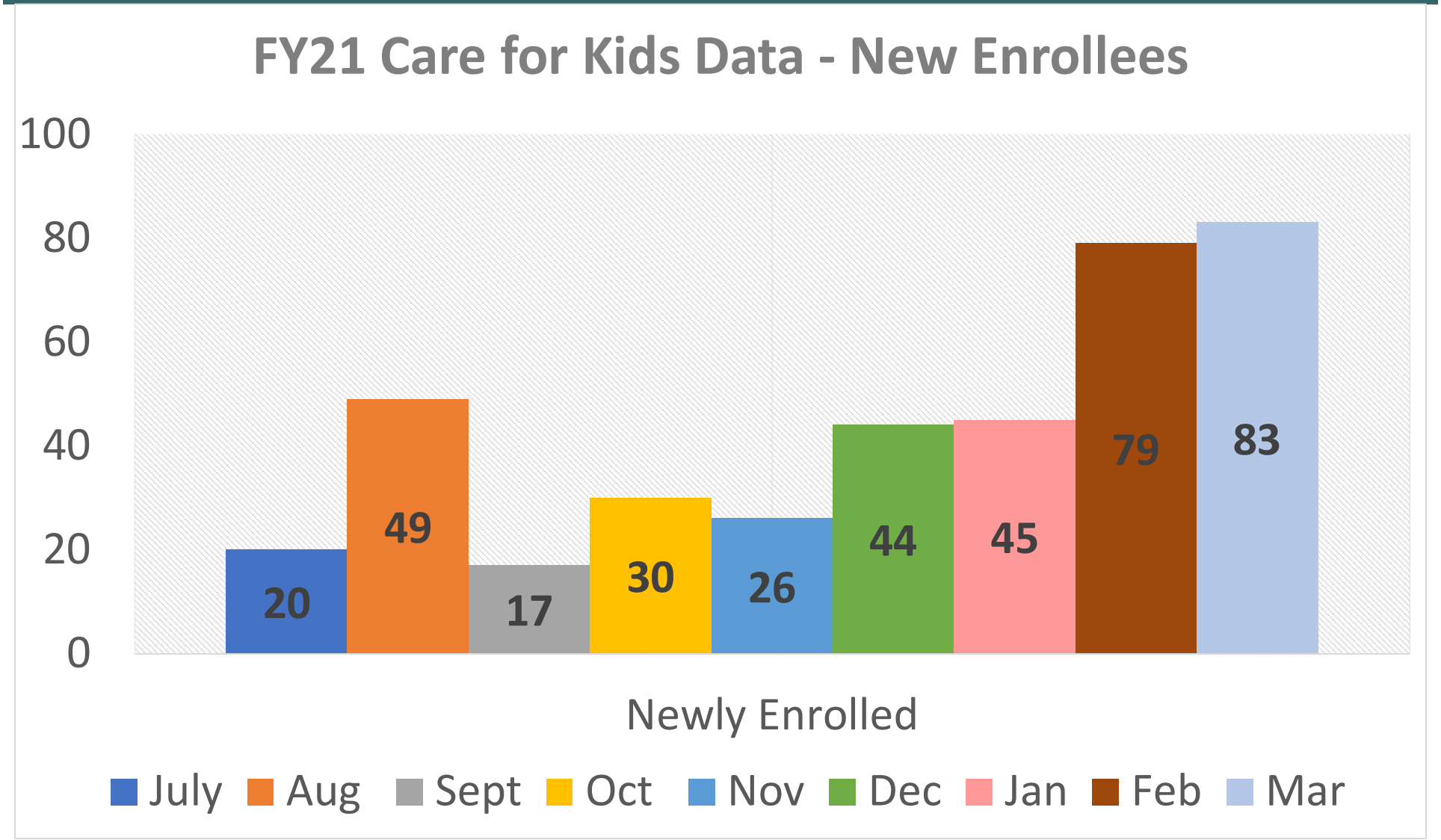
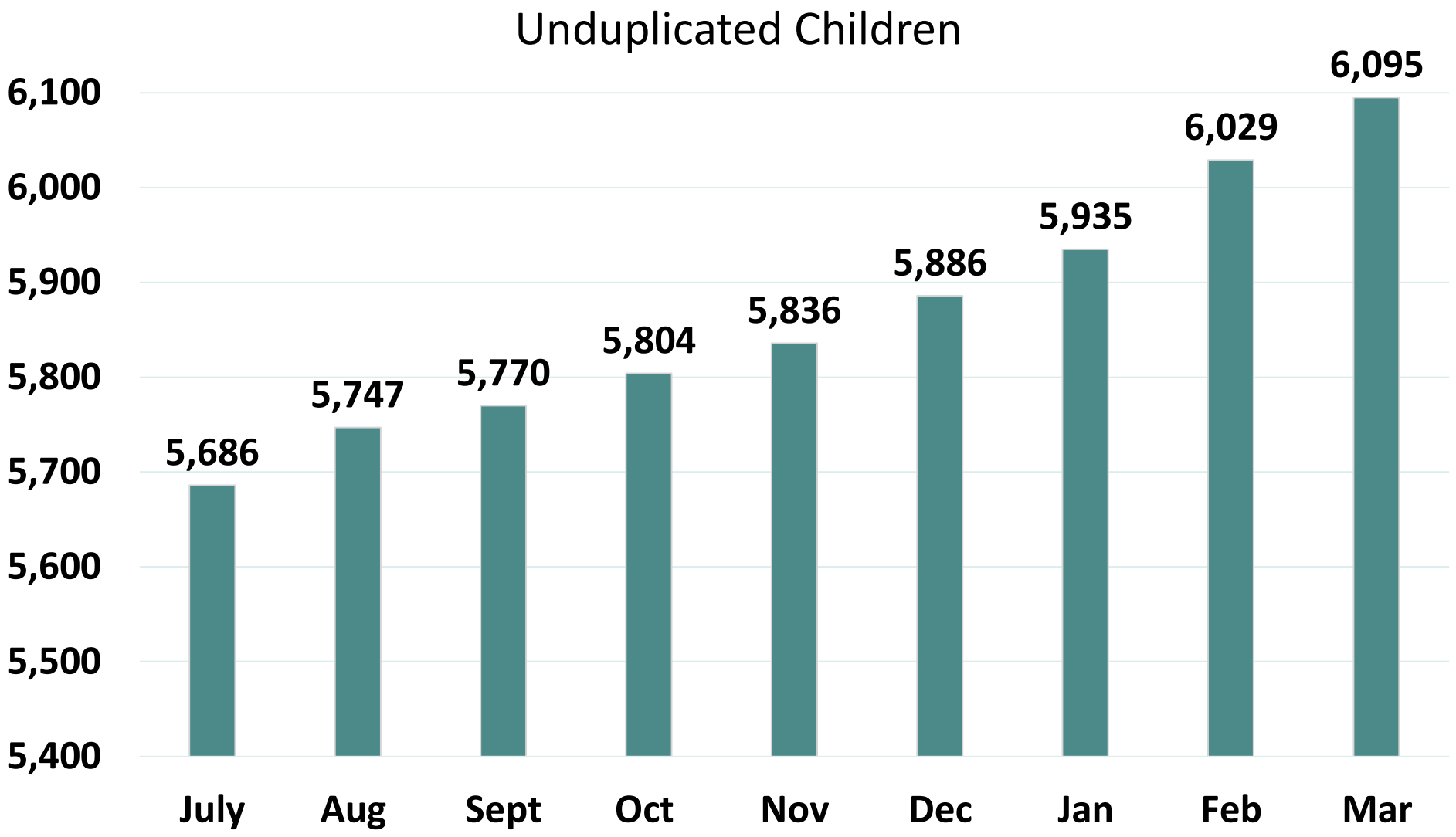
Care for Kids – March 2021



Care for Kids – March 2021



Care for Kids – Program Updates

- Program enrollment through March 2021 is 6,095 which is a less than 1% increase over the same time last year.
- March 2021 - CFK enrolled the highest number of new CFK enrollees in one month since FY21 began
- Although monthly enrollment stays high (retention in the program), numbers for new patients are significantly down (-79%).

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Care for Kids – Program Updates

- School Based Health and Wellness Centers – we have two locations opening in Upcounty, Gaithersburg High School SBHWC and Gaithersburg ES SBHWC
- The in-person visits will begin May 3rd by appointment only for children needing primary health care services

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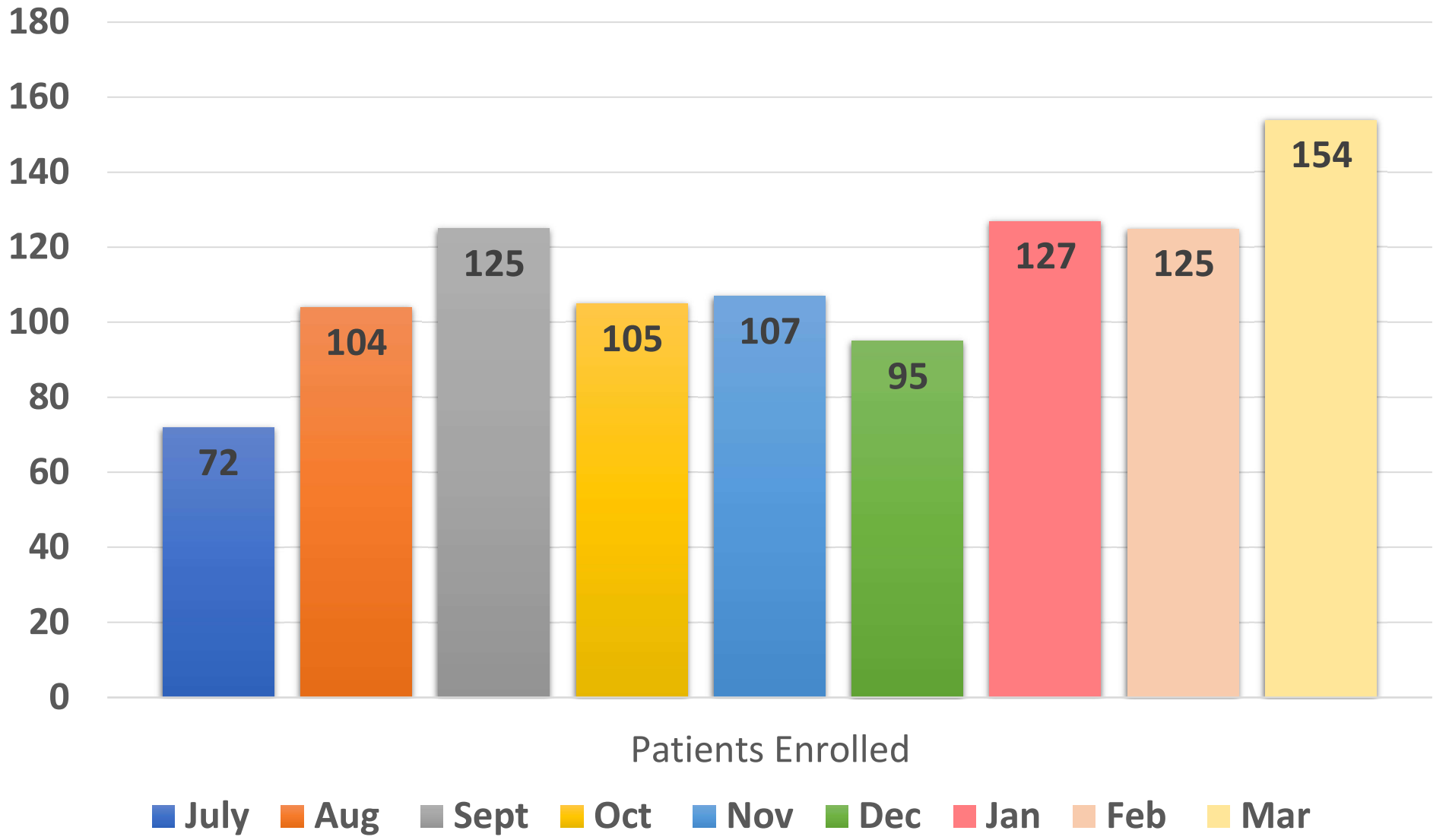
Maternity Partnership – March 2021



Maternity Partnership – Program Updates

- The new solicitation allows for non-hospital providers to participate, changing the reimbursement rates and requiring additional outcome measures. It is currently posted on the County website with a start date of July 2021

- Program staff is working closely with County Dental to focus on enhanced Dental care access for MPP women. The number of maternal dental visits has gradually increased (e.g. 7 visits in July ‘20, 53 visits in March ’21)

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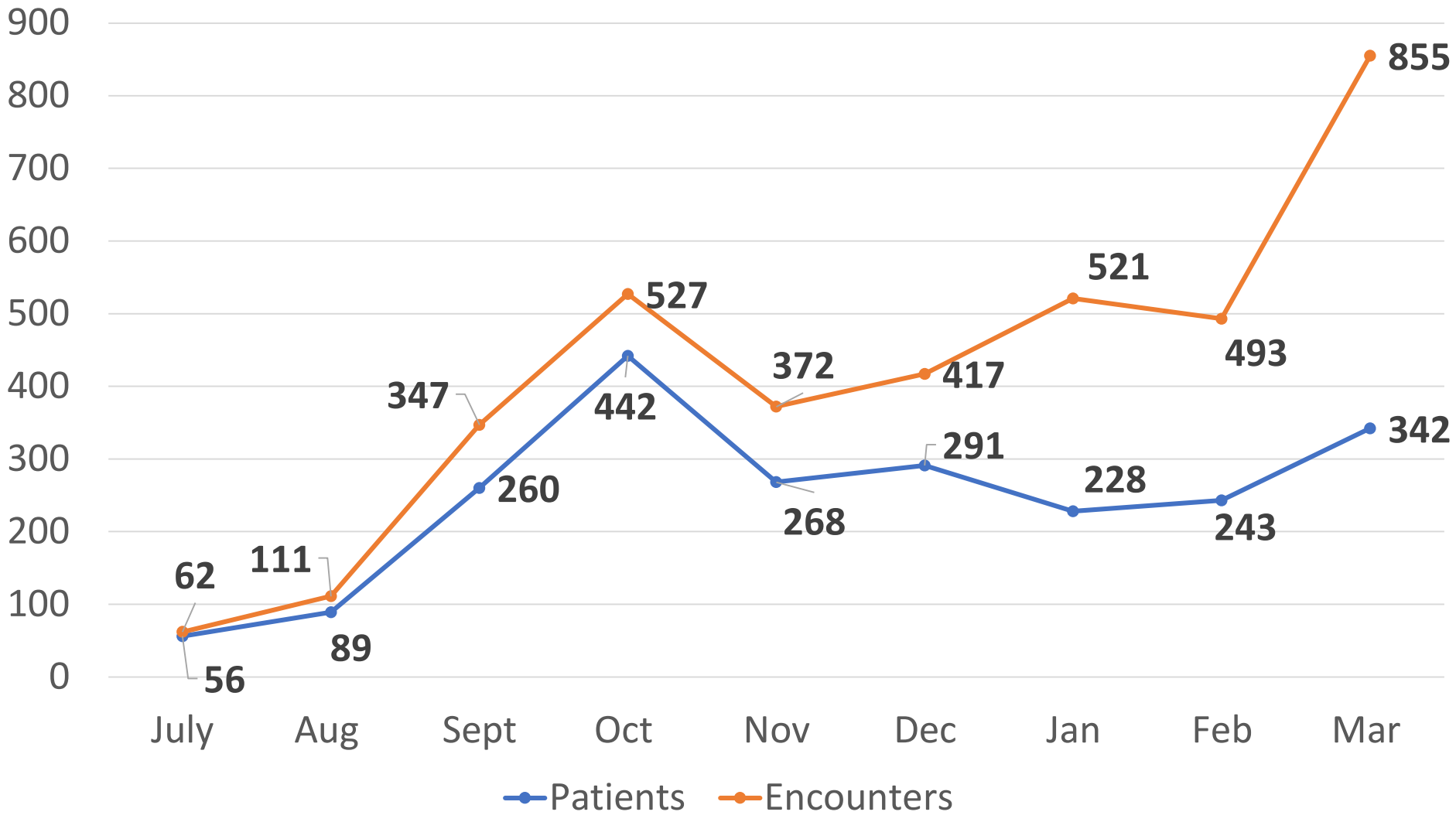
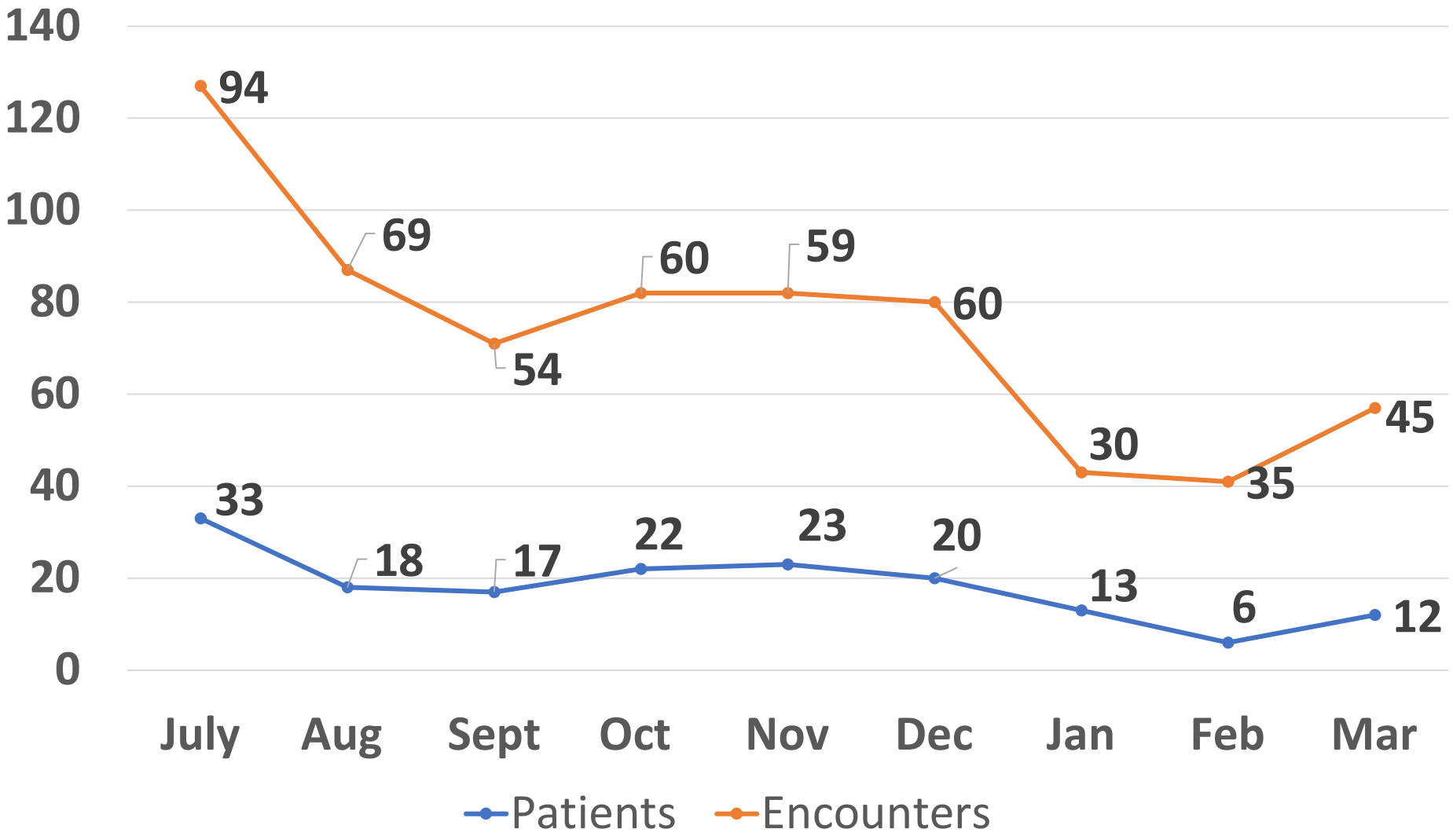
County Dental Services – March 2021



County Dental Data

POPULATION		JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Maternity	# patients	7	2	16	18	6	22	13	20	19	123
	# patient visits	7	5	21	23	8	29	29	44	53	219
Children	# patients	11	41	147	299	152	157	155	112	179	1253
	# patient visits	13	49	201	347	226	225	275	230	406	1972
Adult	# patients	27	26	68	86	75	85	43	84	99	593
	# patient visits	30	34	84	111	93	116	180	164	283	1095
Senior	# patients	11	20	29	39	35	27	17	27	45	250
	# patient visits	12	23	41	46	45	47	37	55	113	419
Monthly Total	# patients	56	89	260	442	268	291	228	243	342	2219
	# patient visits	62	111	347	527	372	417	521	493	855	3705

Health Care for the Homeless



Health Care for the Homeless – March 2021

- SEPH continue to work on providing vaccine clinics for our homeless population. Since last month, they have facilitated another vaccine clinic. Various Permanent Supportive Housing Programs have received assistance with several community partners in providing vaccines to clients in scattered sites. Currently SEPH is working on a plan to incorporate ongoing vaccine

- The medical Respite Program continues to progress very well, with completed renovations to the three house on Fleet Street where the program will be located.

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	Most Recent Month (Mar 2021)	Year to Date FY 21	Year to Date FY 20 (Start of COVID-19)	Percent change FY21 vs. FY20	Total served in FY20
Montgomery Cares					
Patients	4,237	16,543	21,560	-23%	23,804
Encounters (in-person)	3,121	21,932	49,151	-55%	
Encounters (telehealth)	2,042	17,662	n/a		
Total Encounters	5,163	39,594	49,151	-19%	
Care for Kids					
Newly Enrolled	83	393	1,901	-79%	
Enrolled Participants		6,095	6,086	.15%	6,230
Maternity Partnership					
Patients Enrolled	154	1014	1,246	-19%	1,434
Dental Services					
Patients	342	2,219	4,787	-54%	4,886
Encounters	855	3,705	8,265	-55%	
Homeless Health					
New Patients	12	164	N/A		159
Encounters	45	506	N/A		

Montgomery Cares Program Q3 Report

Aisha Robinson
Primary Care Coalition

HHS Committee Public Hearing with the DHHS BCC's

Montgomery Cares Advisory Board
Position Statement
April 6, 2021

Overview

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally support the health care safety net for uninsured, low-income residents of Montgomery County. The MCAB is focused on ensuring that with the support of our essential partners, including the Primary Care Coalition, the area hospitals, the County DHHS, and the exceptional capabilities of the clinics themselves, the provider network is strong, costs are minimized, and efforts are taken to acquire new resources to ensure that County residents in need receive high quality healthcare services. The MCAB continues to focus on its mission covering programs of the Healthcare for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health care for individuals experiencing Homelessness, as well as the Montgomery Cares program.

Program Priorities

Given the impact of CoVid-19 the Montgomery Cares Advisory Board has identified specific priorities for each program with level funding however the following requests represent the need for replacement or increased funding for the affected services (total annualized cost $854,358).

Telehealth
- Additional cost to provide interpretation services compatible with telehealth technologies.

Behavioral Health – Psychiatry Services
- In order to ensure sufficient psychiatric services are available through the collaborative caremodel increased funding is required due to the increased cost of the contract provider.

Project Access – Specialty Care
- Increased funding is needed to maintain same level of access to specialty care, addressing the loss of pro-bono specialty services from private practitioners.

Care for Kids
- Need to provide resources to hire 2.0 FTE to address prior years program growth and the anticipated surge in enrollments and renewals in FY22

Dental Services
- Consider the development of a broader Dental safety-net collaborative effort (including a tele-dentistry program)
- Institute a school-based sealant program at MCPS elementary schools
- Provide resources for staffing to meet unmet dental needs.

Healthcare for the Homeless
- Provide resources to hire 1.0 FTE psychiatric discharge planner to coordinate appropriate discharge from inpatient to outpatient settings of residents experiencing homelessness

On behalf of the Montgomery Cares Advisory Board, the Health Centers Leadership Council, representing the executive directors of the 10 health centers, and the Primary Care Coalition we ask that the County Council continue to make strategic investments to strengthen the public-private partnership that has created this very successful safety-net infrastructure that has been critical to improving the health of our community and responding to the current public health crisis. Thank you for your continued support.

HEALTH CARE FOR THE UNINSURED

Fiscal Year 2022 Budget Priorities

Joint Advocacy Statement : Fiscal Year 2021

Health Centers Leadership Council and Primary Care Coalition

Supported by Montgomery Cares Advisory Board

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs.

- Montgomery Cares
- Care for Kids
- Maternity Partnership
- Dental Clinics
- Healthcare for the Homeless

On behalf of the Health Centers Leadership Council, representing the executive directors of 10 safety-net health centers, Montgomery Cares Advisory Board, and the Primary Care Coalition, we ask that Council continue to make strategic investments to shore up the public-private partnership that has created safety-net infrastructure that has been critical to improving the health of our community and responding to the current public health crisis.

HEALTH CARE FOR THE UNINSURED

Access

Provides a health home for
23,800 adults, 6,200 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

Cultural Sensitivity

Provides culturally appropriate care to diverse patient population.

Top 10 Languages Spoken by Patients

1 - Spanish
2 - English
3 - French
4 - Portuguese
5 - Undetermined/other
6 - Amharic
7 - Chinese
8 - Indian (Hindi and Tamil)
9 - Other African
10 - Urdu

Return on Investment

Expectant value ROI in increased productivity and extended life years for services provided from January 2018 through June 2019.

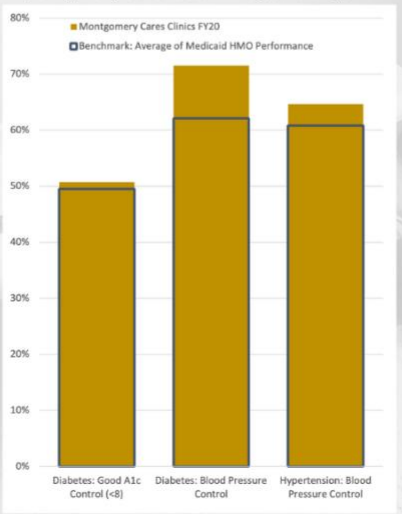
$17.44
For every county dollar invested in diabetes control

$4.40
For every county dollar spent controlling hypertension

$3.91
For every county dollar spent to address depression and anxiety

Quality

Medical care that exceeds national benchmarks for diabetes and hypertension control.
(Montgomery Cares Adult Primary Care Only)



A Community Asset Delivering Essential Services to Vulnerable Populations

4,580
Patients referred to specialty care
1,130 pediatric cases
3,450 adult cases

1,180
Low income patients received needed brand name medications
Insulin and behavioral health medications among the most needed brand name medications and the most expensive and difficult to obtain.

1,570
Adults received integrated behavioral health counseling.
The Collaborative Care model ensures those who need it can access behavioral health counseling integrated in the primary care setting and behavioral health and primary care providers are in constant contact.

1,700
Children with complex needs received case management
1,280 cases were for short term needs. 420 cases required long-term case management from the CFK Specialty Nurse Case Manager.

97%
Healthy babies delivered
Thanks to prenatal care provided, 97% of babies delivered to Maternity Partnership Program mothers in FY20 had a healthy birthweight.

625
Children received specialty dental services
to correct serious oral health problems.

COVID-19 and the Health Care Safety Net

The COVID-19 pandemic has put a spotlight on inequities that have existed in Montgomery County, and in the nation, for generations. Indeed, the zip codes that have high incidences of COVID-19 also have high concentrations of Montgomery Cares patients. Higher rates of underlying chronic disease, coupled with greater likelihood of employment in essential industries creates a perfect storm making low-income residents of color both more likely to get infected with COVID-19 and, once infected, more likely to have a negative outcome.

Montgomery County's investment in a safety-net health care infrastructure that leverages public and private sector resources has been an important aspect of our community's ability to respond to and weather the current crisis. As illustrated in the map below, Montgomery Cares and Care for Kids participating primary care providers have a strong presence in the zip codes most adversely affected by COVID-19. They are trusted entities in those zip codes with strong community ties.

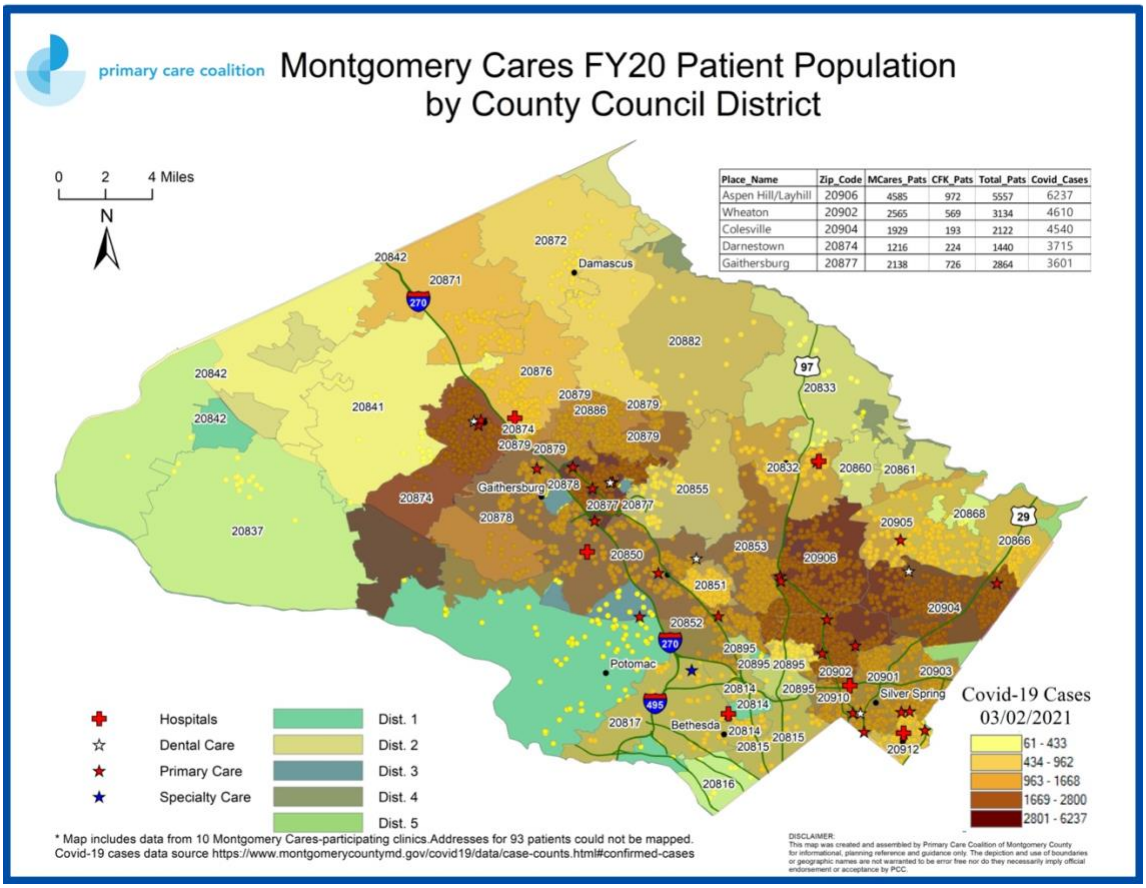
From the start of the pandemic, Montgomery Cares participating clinics, DHHS, and the Primary Care Coalition have been in constant communication to identify and respond to emerging issues.

- Ensure continuation of prevention and primary care services and emergency department diversion to alleviate pressure on hospital resources
- Adapt practice workflows and deployed telemedicine visits for patients to ensure continued access to care when in-person visits were not feasible
- Secured grant funding to purchase equipment needed for remote patient monitoring
- Engaged in group purchasing to procure personal protective equipment for on-site clinical staff
- Participate in collaborative efforts to ramp up testing and treatment for vulnerable populations
- Serve as trusted source of information for hard-to-reach community members

The County Executive' s proposed budget for FY22 included level funding for Montgomery Cares and Care for Kids.

For the past year, Montgomery Cares has been operating under an alternative payment mechanism—renewed in three-month increments—that provides a lump sum payment to participating clinics based on prior years utilization data. This payment mechanism has provided certainty about cashflows during the pandemic when encounter numbers and modalities (in-person vs. telehealth) have fallen below projected levels not due to lack of need but due to interruptions to normal operations created by the pandemic.

Care for Kids has also seen a drop in patient encounters attributed to the pandemic and the guidance to limit non-urgent in-person care at various points thought the past year. We have been monitoring developments at the U.S. Mexico border and anticipate an increase in program enrollment and care needs in FY22 as Montgomery County again welcomes unaccompanied children fleeing violence.



Guiding Principles

As a group of advocates representing multiple different organizations the priorities and the proposals contained in this document were developed based on the following principles.

Sustainable. Support priorities that have clear indicators of impact and are patient centered, data driven, and sustainable for participating organizations.

Affordable. As advocates we acknowledge county fiscal condition but have also balanced the fiscal constraints against the growing need for services and challenges of the environment. We have considered and proposed creative solutions to address program needs while minimizing budget impact.

Essential. We emphasize programmatic needs with high immediate impact focusing on maintaining essential services and access while postponing requests for major enhancements.

Flexible. We acknowledge and respect the autonomy for participating organizations to manage their businesses while safeguarding the collective interest of the safety net stakeholders and the public-private partnership.

Collaborative. We have and will continue to work to continuously engage stakeholders—those who are impacted by or who impact policies and programs—to ensure clear and achievable objectives for improvement. Emphasizing new partnerships as a means to achieving program and policy aims.

Priorities

Priority	Budget Impact
Covid-19 Recovery Resources • Provide resources to safety net network to address deferred care, vaccination efforts, and other post-pandemic recovery activities	$500,000 (as ARPA sub award)
Montgomery Cares Eligibility Policy • Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for transition.	Neutral
Healthcare for the Uninsured Enrollment and Eligibility Procedures • Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services. • Allow clinics and community-based organizations to conduct eligibility screening for renewing Montgomery Cares and Care for Kids patients.	Neutral
Telehealth • Level funding for primary care encounters (in-person and via telehealth) • Ensure continued payment parity for telemedicine services • Provide interpretation services compatible with telehealth technologies	$65,000
Behavioral Health – Psychiatry Services • Ensure sufficient psychiatric services are available through collaborative care model	$63,100
Project Access – Specialty Care • Maintain same level of access to specialty care, addressing loss of pro-bono specialty	$222,110
Care for Kids • Provide resource to hire 2.0 FTE to address prior years program growth and anticipated surge in enrollments and renewals in FY22	$129,148
Dental Services • Dental safety-net collaborative effort (including a tele-dentistry program) • Institute a school-based sealant program at MCPS elementary schools • Provide resources for staffing to meet unmet dental needs	$175,000 $125,000
Healthcare for the Homeless • Provide resources to hire 1.0 FTE psychiatric discharge planner to coordinate appropriate discharge from inpatient to outpatient settings of residents experiencing homelessness	$75,000

Sub Award of Federal Funds Total Request: $500,000

County General Fund Total Request: $854,358

Covid-19 Community Recovery Resources

Request: *Provide resources to safety net network to address deferred care and other post-pandemic recovery activities*

Budget Impact: Sub-grantee of federal funds $500,000 to address deferred care and other post pandemic recovery efforts. Recommend a grant program with flexibility for clinics to propose activities that best addresses needs of their patient populations and fit with clinic business models.

Justification: Montgomery Cares participating clinics are trusted community-based organizations with both the cultural sensitivity and community credibility. The Covid-19 pandemic has demonstrated the importance of having a strong safety-net health care infrastructure as an essential component of overall health and public health in Montgomery County. Systemic issues that were a challenge prior to the pandemic have deepened over the past year, and as we look ahead to recovery safety-net health care providers are bracing for the crisis after the crisis as we will need to respond to

- Health conditions that worsened during the pandemic due to deferred care and treatment for conditions that were not urgent or emergent
- Health impacts of socioeconomic vulnerability such as food insecurity and housing instability
- Behavioral health crises and community trauma
- Ongoing Covid-19 response including ongoing vaccination education and administration

Montgomery Cares Eligibility Policy

Request: *Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for patients and providers to transition to the new program.*

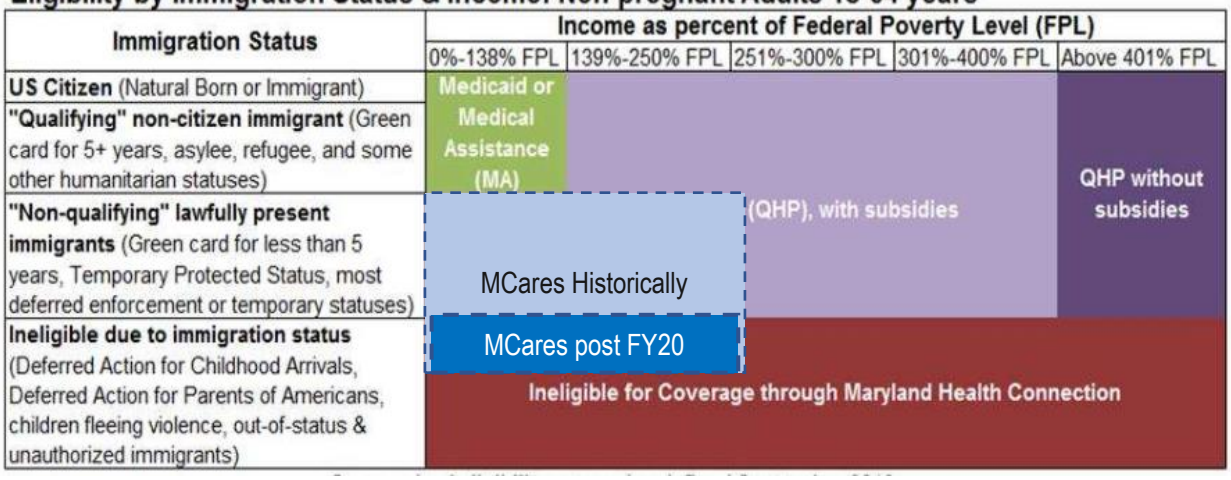
Budget Impact: Neutral

Justification: The Montgomery Cares program historically served any uninsured individual who met income and residency requirements (Montgomery County residents with household income <250%FPL), a policy change that went into effect in 2019 excluded low-income residents who are eligible to purchase a Qualified Health Plan (QHP) without accommodations for those who are unable to afford the premiums, deductibles and copays. Prior to this policy change patients had been encouraged to purchase private insurance when possible; however, failing to do so (remaining uninsured) did not exclude them from the Montgomery Cares program. In 2018, Montgomery County eligibility guidelines were altered to read that "to be eligible for Montgomery Cares, patients cannot ~~have~~ BE ELIGIBLE for other insurance".

A multi-stakeholder workgroup proposed a pilot program to address the affordability concern, particularly for Montgomery Cares patients who may be QHP eligible but have very low incomes. Patients who would be eligible for Medicaid (with no cost sharing requirements) if not for their immigration status. Based on available data, PCC estimates that approximately 1/3 of currently enrolled MCares patients are among those who are potentially eligible for a QHP and of them roughly 40% have a household income below the federal poverty level.[1] The illustration below overlays the impact on access to care that results from this affordability barrier. To date, there has been no response or pilot program to address the affordability concern.

[1] PCC data are limited to the information in the shared electronic medical record used by 6 of the 10 participating clinics. Since the eligibility determination process changed in 2019, PCC no longer consistently receives data on patient eligibility criteria.

Eligibility by Immigration Status & Income: Non-pregnant Adults 18-64 years



Recognizing the affordability challenge for patients, DHHS has issued multiple waivers extending eligibility for this sub-population since the enactment of the new policy. As advocates we appreciate the option for affected patients to remain eligible for the Montgomery Cares until a viable solution is found and enacted. As program operators, we recognize the strain that uncertainty causes for patients and providers. Learning of the extension so close to the eligibility end date creates anxiety for patients regarding their ability to access care going forward. Further, announcement of the extensions close to the eligibility end dates causes considerable operational disruption.

Timeline of MCares Eligibility Extensions for Potentially QHP eligible patients

- 7/1/2019 new eligibility policy goes into effect with 6-month grace period until 12/31/2019
- 12/16/2019 extended eligibility end date through 6/30/2020
- 6/25/2020 extended eligibility end date through 12/31/2020
- 1/11/2020 extended eligibility end date through 12/31/2021

We support the principle of connecting each patient to the highest level of coverage possible. Health centers continue to encourage patients to enroll in Medicaid and ACA-subsidized health plans. However, until affordability issues are addressed, it is recommended that the county maintain the broader eligibility criteria for Montgomery Cares.

Advantages to this approach include avoiding further confusion for patients and nonprofit partners, and preventing disruptions in care, including for specialty care referrals and community pharmacy. While there have been concerns that this will increase the numbers of QHP-eligible individuals enrolling in Montgomery Cares, there is no evidence that this is the case. Focus should remain on patient education related to health and financial literacy so that patients can understand the real advantages of coverage and decide to enroll themselves if they can afford it.

Healthcare for the Uninsured Eligibility and Enrollment Procedures

Request A: *Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services.*

Budget Impact: Neutral

Justification: Montgomery County's portfolio of Healthcare for the Uninsured Programs provide care across the lifespan. The programs all have consistent eligibility criteria requiring patients to be Montgomery County residents with household incomes below 250% of the federal poverty level. Yet, when a woman in Montgomery Cares or teen in CFK becomes pregnant she is required to repeat eligibility determination at OESS. This process can be slow and create barriers to care. Our recommendation is that enrollment in Montgomery Cares or Care for Kids be considered

presumptive eligibility for Maternity Partnership and Dental services for adults (children enrolled in CFK are already eligible for primary dental services). Primary care providers should be able to refer patients directly to these needed services without patients having to repeat the eligibility determination process within an enrollment year. Montgomery Cares and CFK issued ID cards should be accepted as proof of eligibility by the program staff operating at Maternity Partnership and the County Dental Program.

In the case of the Maternity Partnership Program, patients may need to prepare and submit eligibility forms in order to receive Emergency Medicaid to cover labor and delivery charges at the hospital; however, this process should not impede their initial connection to pre-natal care early in the pregnancy and can be facilitated once the mother is connected to the program.

Request B: *Allow clinics and community-based organizations to determine eligibility for renewing Montgomery Cares and Care for Kids patients.*

Budget Impact: Neutral, assumes savings in current centralized process re-allocated to community-based process. (Operational recommendations available upon request)

Justification:
In July 2019, the MCares enrollment process was centralized at OESS. The decision to pilot this roll-out was premised on three objectives:

1. Ensuring all Medicaid-eligible clients are enrolled immediately in Medicaid
2. Supporting the enrollment of QHP-eligible clients during open enrollment
3. Enhancing efforts to enroll clients in additional public benefit programs for which they may be eligible

In terms of evaluation, increasing metrics for these three objectives beyond what the clinics were capable of doing themselves would indicate that the centralization of the eligibility determination process merited the higher administrative burden and patient inconveniences that it imposed. As of December 6, 2019, 17.9% of Montgomery Cares applications sent to OESS by clinics were found eligible for a QHP (we do not have data on the income level of these applicants to gauge affordability of a QHP with subsidies.) 3.8% were denied due to missing documentation representing more than half of all denials. 2% were denied due to ineligibility based on income, residence or access to other coverage. Under 1% were found eligible for Medicaid. We do not have access to data confirming if they achieved enrollment in Medicaid and connected to care.

Through the first six months of implementation, we have learned that OESS workers are not universally trained for medical and social services enrollment and the enrollment procedures with clinics doing document collection and OESS performing adjudication preclude the potential benefits of simultaneously assessing patients for social services needs.

Following the first six months of implementation stakeholders observed:

- A decline in Montgomery Cares patient encounters (visits) and an increase in patients who opt out of applying for Montgomery Cares and pay out-of-pocket for services.
- A trend of delayed or omitted follow up care for patients who had exhausted their 2-visits allowed under presumptive eligibility while the determination process plays out.
- Increased documentation challenges for patients who must provide sufficient and often duplicate income, identification, and residency documents. This can delay or end the determination process. Indeed, missing documentation is the chief reason for Montgomery Cares applications being denied.
- Increased administrative burden for clinic staff who, to alleviate patient fears of submitting documents to a government agency, have taken on helping patients navigate the more complex enrollment process.

These challenges pre-dated Covid-19, but the pandemic has placed added stress on the system. We appreciate that during the current public health emergency, DHHS has temporarily halted the requirement for OESS to approve MCares applications and CFK applications and has issued blanket eligibility extensions for patients until the end of the public health emergency.

While the discussion above is focused on Montgomery Cares, parents have reported barriers in navigating the Care for Kids enrollment process which has always resided with OESS.

In the absence of evidence that the original objectives of the change to a centralized process have been met, and given the additional hurdles introduced to patients and clinics by the centralization pilot, it is appropriate to maintain the decentralized approach in which eligibility determination and enrollment functions remain with the clinics and community-based organizations. While OESS should remain an important resource, at this point in time the centralization of enrollment eligibility determinations constitutes an administrative burden without additional benefits.

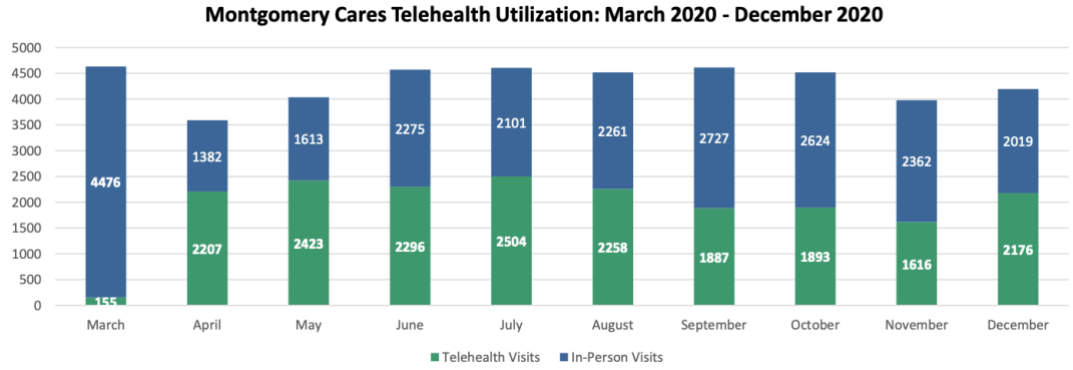
Primary Care Services

Request A: *Continue alternative payment mechanism (via 3-month extensions) throughout FY22 to ensure ongoing payment parity for telehealth services*

Budget Impact: Neutral.

Justification: During the COVID-19 pandemic, DHHS has approved an alternative payment mechanism for primary care that is a lump sum based on average encounters in a given three-month period the prior fiscal year. This approach has provided sustainability for clinics and also supported the introduction of telehealth which was not reimbursable under the prior fee-for-service model. We appreciate DHHS assurance that the alternative payment mechanism will remain in effect until the public health crisis ends; however, this does create some uncertainty regarding reimbursement for telehealth services post pandemic.

During the COVID-19 pandemic, clinics have seen a decline in encounters overall as patients adhered to early public health advice to avoid seeking care for non-urgent reasons. However, clinics quickly and effectively adopted telehealth as a complementary modality of delivering health care services.



The benefits of telehealth availability have been impressive including reduced transportation barriers, reduced need to take significant time away from work and family responsibilities, increased efficiency with less time spent in waiting rooms by patients. These practical benefits for patients are evidenced by a significant reduction in the no-show rate for clinic appointments. Between April and December 2019, the MCares appointment no show rate was 10% system wide. That dropped to 6% in the same timeframe in 2020 representing a 17% reduction in no-shows. A Chi-Squared analysis revealed that the decline in no-show rates can be attributed to the expanded availability of telehealth with a 99% significance.

Regarding future reimbursement for Telehealth, a proposed policy recommends linking payment parity for telehealth to participation in a proposed value-based payment (VBP) system but potentially not under a fee-for-service system, which is the standard for Montgomery Cares. Linking telehealth reimbursement to participation in VBP is problematic for two reasons:

- The VBP approach has been proposed only in concept but there is not yet sufficient detail for stakeholders to be clear on what this would entail
- The VBP proposal is scheduled to go into effect at the start of FY23 at the earliest creating a possible gap in telehealth service reimbursement if the public health emergency ends before this.

Regardless of how the DHHS payment mechanism for the clinics may be changed (whether it is a fee for service or value-based payments mechanism), we recommend that telehealth continue to be reimbursed at the full in-person encounter rate in order to ensure payment parity and reflect the value of this new enhanced model of care for patients served by the clinics. Operating costs (e.g., platform subscriptions, additional front desk and IT support) are comparable to in-person visits, therefore payment parity for the two delivery modalities is appropriate. In order for health centers to continue to provide telehealth services, sustainable reimbursement is critical.

We further recommend that the alternative payment mechanism be continued throughout FY22, extended in 3-month increments, to minimize disruption that could occur form transitioning to a fee for service system mid-year and then back to an alternative payment structure as part of a VBP arrangement in FY23.

Request B: *Establish a master contract with interpretation service providers that is compatible with telehealth technologies.*

Budget Impact: $65,000.

Justification: Language Line, the interpretation service used by clinics during in-person visits when the particular language is not available onsite, does not synchronize with telehealth appointments. Clinics need a different solution that is compatible with the particular telehealth platforms they have adopted. Clinics and health centers typically employ staff who are fluent in the languages of patients that they serve most frequently so, perhaps counterintuitively, the need for interpretation services is not for those languages most commonly spoken in the county.

We recommend supporting the resources necessary for a system-wide interpretation services arrangement that is effective across platforms.

Behavioral Health – Psychiatry Services

Request: *Ensure sufficient psychiatric services are available through collaborative care model.*

Budget Impact: $63,100.

Justification: The Montgomery Cares Behavioral Health Program (MCBHP) uses a Collaborative Care Model which is a team-based approach. Behavioral Health Care Managers (LCSWs) are embedded at participating clinics and work collaboratively with primary care providers. Psychiatry services are provided through a contract with Georgetown. MCBHP care managers and primary care providers can consult with Georgetown Psychiatrists telephonically, through case panels, and the Psychiatrists provide hours onsite at clinic locations.

In FY18 the County reduced hours for psychiatry as part of a savings plan. This reduction occurred after an overhaul to the program that was discussed following a proposal by DHHS to switch to a fee for service blended model. At that time, it was agreed to switch psychiatry to an hourly rate and document the time spent on different types of activity. Prior to the savings plan, the budget was 1,664 hours or 0.8FTE. Due in part to rate increases, the capacity was squeezed. Available psychiatry services were reduced to 1,029 billable hours in FY19 and 984 billable hours in FY20 as the budgeted funds remained flat while the rate for services increased.

Since patient *need* for behavioral health services has increased during the pandemic and will likely increase even more as the pandemic continues, MCAB strongly recommends against further capacity cuts from FY19 levels. Unfortunately, Georgetown has informed PCC that rates will increase again to $176.48 per hour, which is still below

the market rate for comparable services. In order to maintain the 1,029 billable hours, the budget impact (including indirect) would be $63,135 above the current budget for psychiatry of $125,611.

Project Access – Specialty Care

Request: *Funds to maintain same level of access to specialty care, addressing loss of pro-bono specialty*

Budget Impact: $222,110

Justification: Project Access funding from Montgomery Cares was previously supplemented by Nexus Montgomery funding. With the conclusion of the first phase of the Nexus Montgomery Regional Partnership, funds through the HSCRC grant are no longer available to support Project Access direct services in Montgomery County. Furthermore, the fiscal impact of COVID-19 on specialty practices has meant that many providers are less able to provide pro-bono or the same level of discounts, increasing the overall cost to the Project Access program. We understand Project Access anticipates, ENT, nephrology, GI and ophthalmology practices will be unable to continue to provide the current level of services pro bono moving forward. In addition, one large multi-specialty practice has noted they will need their reimbursement to increase to 100% of Medicaid in order to continue with the program.

Justification: Inadequate access to specialty care undermines the primary care service delivery model and increased funding is necessary.

Estimated amount needed to cover the shortfall due to anticipated low vs. pro bono services:

Specialty Recruitment	Request	Impact
Cardiology		
Ear Nose & Throat	$ 26,505.00	57 visits, 19 surgeries
Vascular Surgery	$ 26,400.00	6 hemodialysis catheters, 12 vascular surgeries, 6 chemo ports
Speech, Occupational, Physical Therapy		
Nephrology	$ 10,800.00	48 visits
GI	$ 16,425.00	236 visits
Ophthalmology	$ 111,690.00	146 visits, 110 surgeries
MFA Rate Increase	$ 12,175.00	487 patients continue to be served otherwise reduce to 442
Sub Total	$ 203,995.00	
Total with indirect (8.88%)	$ 222,109.76	

Care for Kids Enrollment

Request: *2.0 FTE address prior years program growth and anticipated surge in enrollments and renewals in FY22.*

Budget Impact: $129,148

Justification: Care for Kids enrollment grew dramatically over the past few years as Montgomery County welcomed children fleeing violence in Central America. Care for Kids staffing levels have not been sufficient given the size of the enrolled population. In addition, the needs of enrolled children have increased as many of the newly enrolled children are recent asylum seekers who are medically complex and who have accompanying behavioral health needs – this combination increases the need for case management and care coordination. Many of the children arriving have had little access to health care in their home countries and have experienced traumatic journeys.

CFK has seen increases in specialty care referrals, including greater need for long-term case management.

In FY21 CFK enrollments have plummeted. Because the program grew so rapidly in the proceeding years, we know that children arrived in the County and enrolled in the program in previous years PCC attributes this drop off to the complexities of navigating enrollment processes during the COVID-19 outbreak while OESS offices are closed to in-person visitors. More navigation support and assistance is needed to ensure that children already in Montgomery County are able to renew their enrollments and remain connected to care and/or reconnect them to care if their enrollment lapsed during 2020. Furthermore, once the outbreak subsides staff anticipate a flood of enrollments from people who were not able to enroll previously.

- FTE Client Service Specialist to provide outreach and navigation and to keep up with rising enrollment levels. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

- FTE Medical Assistant Case Manager to support specialty care referrals and case management needs. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

Given the current developments around the U.S. - Mexico border we anticipate an increase in the number of unaccompanied children seeking asylum coming into the U.S. in general and coming to Montgomery County in particular. We are not currently in a position to precisely project the number of new arrivals likely to come to Montgomery County and related demand for services; however, we anticipate that there will be a related increase in CFK enrollments in FY22. In any case, the eligibility and enrollment, case management and care coordination infrastructure for Care for Kids needs to be in place at a level adequate to support children already in Montgomery County as well as expected future arrivals.

Dental Services

Request: *Present a formal report to Council on designing a coordinated dental safety-net system that fosters collaboration among private and publicly operated dental agencies to be presented no later than December 31, 2021. Through a collaborative venture ensure comprehensive systems to address tele-dentistry, specialty dentistry, and other clinical efficiencies.*

Budget Impact: Neutral (to be completed by staff and stakeholders)

Justification: Montgomery County DHHS operates several dental clinics that provide care for low-income seniors, adults, and children who do not have dental insurance. This includes the Montgomery Cares and Care for Kids populations as well as others who may have Medicaid or other health coverage that does not include dental benefits. In addition, Montgomery County provides funding to the Muslim Community Center Dental Clinic and the Catholic Charities Dental Clinic. Mary's Center and CCI Health & Wellness offer dental services in Montgomery County as part of their comprehensive service models; this service capacity enables them to serve low-income and uninsured patients but do not participate in any county sponsored programming.

The safety-net system for oral health in Montgomery County today is fragmented, but it does not have to be. Montgomery County's safety-net providers have a track record of collaboration and have demonstrated that investment in coordination to devise and sustain collaborative programming that allows disparate organizations to lean into their core competencies and leverage the competencies of others has tremendous benefits for the community.

We recommend a dedicated focus to fostering collaborative system design among private-public dental care agencies, general and specialty dental providers, and dental labs.

We further recommend tele-dentistry be a key component of this system design to enhance and promote increased clinical efficiencies.

A collaborative sharing accord will expand the scope of care and increase access to care for the uninsured, underinsured and low-income populations of Montgomery County.

Request B: *Institute a school-based sealant program at MCPS elementary schools*

Budget Impact: $175,000

Justification: The proposed program would be rolled out in 7 MCPS elementary schools with school-based health centers. In addition, this initiative would explore alternative methods for providing school-based sealant services to MCPS elementary schools with high FARMS rates and without school-based health centers. The total projected cost is $175,000 for staff and/or consultants to support the initiative.

Request C: *Provide resources for merit and/or contract staff to meet unmet dental needs in the County, for seniors, children and specialty care.*

Budget Impact: $125,000.

J**ustification:** County Dental Clinics are experiencing a shortage of providers and ancillary support staff resulting in long wait time for appointments, insufficient availability for emergency care, and a lack of sufficient specialty care. This shortage is exacerbated by an increase in the number of pediatric patients being referred to the County Dental Clinics from the Care for Kids program. Many of the referred children have complex needs requiring nitrous oxide for sedation and availability of a pediatric dentist to provide care. The County Dental Clinics can improve service and operations with additional staffing in the form of general dentists, dental hygienists, and dental assistants.

Healthcare for the Homeless

Request: *1.0 FTE psychiatric discharge planner*

Budget Impact: $75,000

Justification: Residents experiencing homelessness often encounter challenges when being discharged from the hospital. For patients with an accompanying behavioral health diagnosis, the complexity of navigating hospital discharge is exacerbated. We advocate for a psychiatric social worker who will work with hospitals to plan for discharge and appropriate follow up and connection to community based mental health services for homeless residents being discharged from the hospital. Creation of this role will allow for early involvement of homeless service providers in discharge planning to assure coordinate recommended post discharge services and navigate patients through the process.

Health and Human Services

RECOMMENDED FY22 BUDGET	FULL TIME EQUIVALENTS
$358,802,251	1,764.74

RAYMOND L. CROWEL PSY.D., DIRECTOR

MISSION STATEMENT

The Department of Health and Human Services (HHS) assures delivery of a full array of services to address the somatic and behavioral health, economic and housing security, and other emergent needs of Montgomery County residents. To achieve this, the Department (directly and/or via a network of community partners) develops and implements policies, procedures, programs, and services that: 1) offer customer-focused direct care and supports; 2) maximize financial and staffing resources to deliver services through effective management, coordination, and pursuit of strategic funding opportunities; 3) pilot and evaluate innovative approaches to service delivery and systems integration; and 4) develop, enhance, and maintain a broad network of community-based organizations, public agencies, and private entities to promote and sustain partnerships which increase the availability of needed services.

BUDGET OVERVIEW

The total recommended FY22 Operating Budget for the Department of Health and Human Services is $358,802,251, an increase of $19,950,198 or 5.89 percent from the FY21 Approved Budget of $338,852,053. Personnel Costs comprise 53.07 percent of the budget for 1,542 full-time position(s) and 332 part-time position(s), and a total of 1,764.74 FTEs. Total FTEs may include seasonal or temporary positions and may also reflect workforce charged to or from other departments or funds. Operating Expenses account for the remaining 46.93 percent of the FY22 budget.

COUNTY PRIORITY OUTCOMES

While this program area supports all seven of the County Executive's Priority Outcomes, the following are emphasized:

- **Thriving Youth and Families**
- **A Greener County**
- **An Affordable, Welcoming County for a Lifetime**
- **Safe Neighborhoods**
- **Effective, Sustainable Government**

INITIATIVES

- Public Health Services launched a large-scale public COVID-19 testing program to expand access and combat the spread of COVID-19. Within two months, this public effort ramped up to conduct over five thousand tests each week, equal to about

one-fifth of all COVID-19 testing in the County. To promote equity and maximize impact, the Department used community and public health surveillance data to select locations best positioned to reach highly impacted and traditionally underserved communities, including strategic pop-up events and home-based testing for residents experiencing barriers to access. To further support efforts to provide healthcare to residents in the County, Public Health Services is investing in a Mobile Health Unit that will travel around the County and provide health care services that will help address health disparities.

- In response to the disproportionate impact of COVID-19 in the Latino community, the Latino Health Initiative spearheaded the *Por Neustra Salud y Bienestar Initiative*, a public-private partnership between Montgomery County Government and seven Latino-serving community-based organizations. The initiative developed and deployed an integrated strategy to provide holistic, culturally competent, and linguistically appropriate services in the areas of: prevention information, education, and community mobilization; testing and clinical follow-up; and case management. In response to the disproportionate impact of COVID-19 in the Black and African American community, the African American Health Program (AAHP) launched a collaborative COVID-19 prevention initiative, including testing at multiple locations weekly. AAHP has tested 6,000 residents for COVID-19 as of March 2021, with the goal of testing 15,000 African American residents by July 2021. The tests are noninvasive and self-administered, and no appointments are needed. AAHP also provides participants with free on-site COVID-19 services such as vaccine preregistration, groceries, other wraparound services, and a pandemic "swag" box containing masks, gloves, a digital thermometer, hand sanitizer, and a stop the spread of COVID postcard. The program outreach provides participants with access to wellness services, mental health counseling, referrals to Black physicians, and other resources.

- Responding to the heavy socio-economic consequences of the COVID-19 pandemic, Children, Youth, and Family Services implemented a suite of emergency programs to support the County's most vulnerable residents. To blunt the impact of the economic recession, the Department provided direct financial assistance to low-income families who did not qualify for the federal stimulus by distributing the $10 million local Emergency Assistance Relief Payments program. To ensure access to child care for low-income families (including for school-aged children during school closures), the Department disbursed $10 million in grants from the Early Care and Education Initiative Recovery Fund to help providers cover re-opening expenses and issued $5.6 million in tuition assistance for families utilizing full-day school-aged child care. For FY22, $5 million is recommended to be added to the Early Care and Education Non-Departmental Account to provide funds for sustaining and expanding quality child care in the County and to provide greater access to affordable child care for low-income families.

- In April 2020, Aging and Disability Services created a COVID support team to address the surge of outbreaks of COVID-19 in group homes serving developmentally disabled individuals by deploying a team of nurses to provide outreach, outbreak surveillance, guidance, and support to the County's licensed group home providers.

- Behavioral Health and Crisis Services implemented a number of changes to better respond to the complexities of COVID-19. With the advent of the COVID-19 pandemic, the Crisis Center's Mobile Crisis and Outreach Team managed a sharp increase in activity, growing by 37% in July-December compared to the same period in 2019.

- As part of the reimagining public safety efforts, the County Executive is providing additional support to the Crisis Center by adding three Mobile Crisis Outreach Teams to boost the County's behavioral health crisis response to residents with a mental or substance use disorder. To further support residents, the Department is seeking grant funding that will increase access to and improve the quality of community mental and substance use disorder treatment services.

- In response to COVID-19, Services to End and Prevent Homelessness (SEPH) pivoted its approach to sheltering to accommodate physical distancing requirements and protect the health and safety of shelter clients. This included rapidly expanding the number of shelter locations by April 2nd, 2020 including by opening temporary congregate sheltering facilities at two recreation centers, by adding two non-congregate sheters in hotels for those over the age of 62 or with medical conditions that place them at greater risk of COVID-19 complications, and by keeping open hypothermia shelters (usually closed during the warmer seasons) throughout the public health emergency to provide for additional space and capacity. Through these efforts, SEPH kept COVID-19 positivity rates below two percent among the County's single-adult shelter clients. In FY22, additional funding is recommended to operate a new homeless shelter and to provide year-round sheltering to

people experiencing homelessness. Additional funding is also recommended in FY22 for the expansion of the Rental Assistance and Rapid Rehousing Programs.

INNOVATIONS AND PRODUCTIVITY IMPROVEMENTS

- In order to combat social isolation and boredom, early in the pandemic Aging and Disability Services launched the Engage @ Home YouTube channel which features County staff and community partners presenting health and wellness programs, cultural activities, and caregiver resources. Engage@HOME has reached 116,000 viewers with over 417 hours viewed. To promote this and other resources, staff created Thrive at Home, an initiative that included a page on the County website (highlighting resources for residents looking for someone to talk to, activities for people with memory loss, and other supports) and the mailing of postcards with the "Thrive at Home" theme.
- To preserve social distancing and shift client interactions and service delivery into a newly virtual environment, the Department utilized its Qless lobby management system to implement a single, streamlined process for virtual client intake to provide safe, equitable, and efficient access to the Department's social safety net programs.
- The Community Action Agency's Volunteer Income Tax Assistance (VITA) program engaged the Internal Revenue Services (IRS) to develop and receive approval for a safe, virtual tax preparation process through Zoom, with funding from the United Way of the National Capital Area. VITA also expanded multi-lingual Earned Income Tax Credit (EITC) outreach in seven languages and launched a text alert campaign targeting thousands of households.

PROGRAM CONTACTS

Contact Victoria Buckland of the Department of Health and Human Services at 240.777.1211 or Deborah Lambert or Lindsay Lucas of the Office of Management and Budget at 240.777.2800 for more information regarding this department's operating budget.

PROGRAM PERFORMANCE MEASURES

Performance measures for this department are included below (where applicable), with multi-program measures displayed at the front of this section and program-specific measures shown with the relevant program. The FY21 estimates reflect funding based on the FY21 Approved Budget. The FY22 and FY23 figures are performance targets based on the FY22 Recommended Budget and funding for comparable service levels in FY23.

BUDGET SUMMARY

	Actual FY20	Budget FY21	Estimate FY21	Recommended FY22	%Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	96,921,025	101,654,849	102,975,743	108,567,399	6.8 %
Employee Benefits	33,776,645	33,625,839	31,188,861	33,445,264	-0.5 %
County General Fund Personnel Costs	**130,697,670**	**135,280,688**	**134,164,604**	**142,012,663**	**5.0 %**
Operating Expenses	123,343,321	116,174,044	200,952,978	128,236,080	10.4 %
Capital Outlay	49,219	0	0	0	—
County General Fund Expenditures	**254,090,210**	**251,454,732**	**335,117,582**	**270,248,743**	**7.5 %**

BUDGET SUMMARY

	Actual FY20	Budget FY21	Estimate FY21	Recommended FY22	%Chg Bud/Rec
PERSONNEL					
Full-Time	885	909	909	972	6.9 %
Part-Time	312	306	306	302	-1.3 %
FTEs	1,247.31	1,263.48	1,263.48	1,305.65	3.3 %
REVENUES					
Core Health Services Funding	3,698,097	4,829,902	4,809,321	4,809,321	-0.4 %
Federal Financial Participation Reimbursements	16,519,322	14,858,007	16,036,044	16,036,044	7.9 %
Health and Human Services Fees	968,686	1,228,950	1,164,471	1,265,497	3.0 %
Health Inspection: Restaurants	1,750,470	1,896,320	1,049,164	1,870,520	-1.4 %
Health Inspections: Living Facilities	206,363	269,245	192,120	236,815	-12.0 %
Health Inspections: Swimming Pools	454,780	577,400	330,030	577,400	—
Indirect Costs: Grants	2,369	0	0	0	—
Marriage Licenses	187,785	226,800	226,800	226,800	—
Medicaid/Medicare Reimbursement	683,145	1,876,920	1,133,886	1,296,401	-30.9 %
Miscellaneous Revenues	555,384	0	0	0	—
Nursing Home Reimbursement	713,604	566,958	713,604	713,604	25.9 %
Other Charges/Fees	629,417	531,012	1,431,555	1,459,901	174.9 %
Other Fines/Forfeitures	10,450	4,800	10,450	10,450	117.7 %
Other Intergovernmental	6,441,411	5,414,857	5,084,192	5,084,192	-6.1 %
Other Licenses/Permits	115,346	111,360	55,869	111,360	—
County General Fund Revenues	**32,936,629**	**32,392,531**	**32,237,506**	**33,698,305**	**4.0 %**

GRANT FUND - MCG

EXPENDITURES					
Salaries and Wages	35,861,325	37,038,559	37,038,559	35,897,844	-3.1 %
Employee Benefits	12,872,180	12,508,903	12,508,903	12,516,607	0.1 %
Grant Fund - MCG Personnel Costs	**48,733,505**	**49,547,462**	**49,547,462**	**48,414,451**	**-2.3 %**
Operating Expenses	36,618,212	37,849,859	37,849,859	40,139,057	6.1 %
Grant Fund - MCG Expenditures	**85,351,717**	**87,397,321**	**87,397,321**	**88,553,508**	**1.3 %**
PERSONNEL					
Full-Time	560	568	568	570	0.4 %
Part-Time	30	30	30	30	—
FTEs	435.78	451.01	451.01	459.09	1.8 %
REVENUES					
Federal Grants	28,511,821	28,372,080	28,372,080	30,554,666	7.7 %
HB669 Social Services State Reimbursement	39,204,920	39,679,819	39,679,819	40,031,523	0.9 %
Medicaid/Medicare Reimbursement	271,258	0	0	0	—
Miscellaneous Revenues	398,936	750,000	750,000	0	-100.0 %
Other Charges/Fees	360,560	90,325	90,325	345,228	282.2 %

BUDGET SUMMARY

	Actual FY20	Budget FY21	Estimate FY21	Recommended FY22	%Chg Bud/Rec
State Grants	13,907,836	18,505,097	18,505,097	17,622,091	-4.8 %
Grant Fund - MCG Revenues	**82,655,331**	**87,397,321**	**87,397,321**	**88,553,508**	**1.3 %**

DEPARTMENT TOTALS

Total Expenditures	**339,441,927**	**338,852,053**	**422,514,903**	**358,802,251**	**5.9 %**
Total Full-Time Positions	**1,445**	**1,477**	**1,477**	**1,542**	**4.4 %**
Total Part-Time Positions	**342**	**336**	**336**	**332**	**-1.2 %**
Total FTEs	**1,683.09**	**1,714.49**	**1,714.49**	**1,764.74**	**2.9 %**
Total Revenues	**115,591,960**	**119,789,852**	**119,634,827**	**122,251,813**	**2.1 %**

FY22 RECOMMENDED CHANGES

	Expenditures	FTEs
COUNTY GENERAL FUND		
FY21 ORIGINAL APPROPRIATION	**251,454,732**	**1,263.48**
Changes (with service impacts)		
Add: Funding to Support Services Provided at the Eight Service Consolidation Hubs [Admin - Office of the Director]	3,600,000	1.00
Add: New Shelter Operating Budget Impact and Policy Shift to Year-Round Sheltering [Homeless Services for Single Adults]	3,081,279	0.00
Enhance: Increase Subsidy for Rental Assistance Program [Rental Assistance Program]	1,000,000	0.00
Add: Therapeutic Recreation Services for School-Age Youth [Child & Adolescent School & Community Based Services]	750,000	0.00
Enhance: Annualization of Six Therapist II Positions to Support Mobile Crisis Response [24-Hours Crisis Center]	658,996	6.00
Add: Health and Human Services Call Center to Handle Tier 2 Calls from Montgomery County 311 to Address the Volume of Calls as a Result of the COVID Pandemic [Admin - Office of the Director]	635,708	0.00
Add: Funding to Implement the Mobile Health Clinic Services to Address Health Disparities [Admin - Public Health]	620,859	5.00
Enhance: Expand Mental Health Services at Linkages to Learning Sites in Schools with a High Concentration of Poverty [Linkages To Learning]	556,673	0.00
Add: Creation of Three Mobile Crisis Outreach Teams [24-Hours Crisis Center]	521,140	6.00
Enhance: Rapid Rehousing Program Expansion [Rapid Rehousing]	490,000	0.00
Add: Montgomery County Infant and Toddlers Program (ITP) Translation Services for Individual Family Service Plan (IFSP) [Early Childhood Services]	442,000	0.00
Enhance: Mental Health Services for Montgomery County Public School Students and Their Families [Child & Adolescent School & Community Based Services]	250,000	0.00
Add: Create a Community-Based Homeless Court Program in Accordance with the Interagency Commission on Homelessness Recommendations to Decriminalize Homelessness [Admin - Services to End and Prevent Homelessness]	100,000	0.00
Enhance: Add One Position to Support Adult Protective Services Due to Caseload Demands [Assessment & Continuing Care Management Services]	82,057	1.00

FY22 RECOMMENDED CHANGES

	Expenditures	FTEs
Enhance: Healthy Families Montgomery Contract to Promote the Well-Being of Children and Prevent Abuse and Neglect Through Intensive In-Home Visits and Services [Early Childhood Services]	50,000	0.00
Reduce: Early Childhood Services Community Events Due to COVID [Early Childhood Services]	(10,343)	0.00
Reduce: Montgomery County Child Care Resource and Referral Center (MCCCRRC) Holding One Rather Than Two Conferences Per Year Due to COVID [Early Childhood Services]	(20,000)	0.00
Reduce: Asian American Health Program Outreach Events Due to COVID [Minority Programs]	(32,511)	0.00
Reduce: Suspend Don Bosco Rey Contract Due to COVID [Child & Adolescent School & Community Based Services]	(55,000)	0.00
Eliminate: Child Link Part-Time Contract Position Because the Phone Line for Family Resources is Obsolete [Early Childhood Services]	(62,000)	0.00
Reduce: Budget for Broker and Temporary Clerical Services [Admin - Office of the Chief Operating Officer]	(202,924)	0.00
Other Adjustments (with no service impacts)		
Increase Cost: FY21 Compensation Adjustment	3,784,146	0.00
Increase Cost: FY22 Compensation Adjustment	2,096,388	0.00
Increase Cost: One and Half Percent Inflationary Increase to Non-Profit Service Provider Contracts	740,417	0.00
Increase Cost: Family Intervention Pilot and Family Strengthening Contract Services [Positive Youth Development]	565,706	1.00
Shift: Community Grants Moved from the Community Grants Non-Departmental Account to the Department's Base Budget	556,500	0.00
Increase Cost: Client Portal Project Maintenance Expenses [Admin - Office of the Chief Operating Officer]	390,000	0.00
Increase Cost: Conversion of Broker Positions to Merit Positions in Accordance with Legal Advice	324,202	32.00
Increase Cost: Annualization of Three Community Health Nurse II Positions [School Health Services]	303,159	3.00
Increase Cost: One and a Half Percent Inflationary Increase to Developmental Disabilities Supplement [Community Support Network for People with Disabilities]	268,314	0.00
Increase Cost: Operating Budget Impact of Move to Wheaton Building [Admin - Office of the Chief Operating Officer]	197,770	0.00
Increase Cost: HighGear Software Licensing Fees to Continue to Allow Back-Office Personnel To Work Remotely and More Effectively and Efficiently [Admin - Office of the Chief Operating Officer]	178,200	0.00
Increase Cost: Domestic Violence Offender Treatment Program Due to Increase Contract Cost [Trauma Services]	138,911	0.00
Increase Cost: Motor Pool Adjustment	128,569	0.00
Increase Cost: Information Technology Contractor Rate Increases [Admin - Office of the Chief Operating Officer]	86,385	0.00
Increase Cost: Print and Mail Adjustment	19,683	0.00
Increase Cost: One and a Half Percent Inflationary Increase to the Medical Adult Day Care Supplement [Assessment & Continuing Care Management Services]	9,765	0.00
Shift: Workforce Adjustment [Admin - Children, Youth & Families]	0	(1.00)
Technical Adj: Workforce Adjustment	0	(5.33)
Decrease Cost: Elimination of One-Time Items Approved in FY21	(12,190)	0.00
Decrease Cost: Reduce Temporary Clerical Services Budget [Admin - Office of the Director]	(22,000)	0.00
Decrease Cost: Grant Writer Contracts [Admin - Office of the Chief Operating Officer]	(25,000)	0.00
Decrease Cost: Reduce Broker Contract for ACCESS Program [Access To Behavioral Health Services]	(32,000)	0.00
Re-align: Realignment of the Jewish Council for the Aging Escorted Transportation Budget to Reflect Expected Expenditures [Area Agency on Aging]	(43,286)	0.00
Decrease Cost: Reduce Motor Pool Fuel Costs [Admin - Office of the Chief Operating Officer]	(45,692)	0.00

FY22 RECOMMENDED CHANGES

	Expenditures	FTEs
Decrease Cost: African American Health Program, Reduce Funding for Contractual Data Services Because the Services Are Already Being Provided by Health and Human Services Information Technology Staff [Minority Programs]	(54,915)	0.00
Shift: Transfer of Funds to Office of Human Resources for the Disability Employment Initiative [Community Support Network for People with Disabilities]	(188,851)	(6.50)
Decrease Cost: Decrease Shared Psychiatrists Contract Budget Due to Lack of Respondents [Local Behavioral Health Authority]	(220,000)	0.00
Re-align: Cost of Residential Rehab Supplemental to Reflect Fee for Service Contracts [Local Behavioral Health Authority]	(320,174)	0.00
Decrease Cost: Retirement Adjustment	(498,807)	0.00
Decrease Cost: Annualization of FY21 Personnel Costs	(1,987,123)	0.00
FY22 RECOMMENDED	**270,248,743**	**1,305.65**

GRANT FUND - MCG

FY21 ORIGINAL APPROPRIATION	**87,397,321**	**451.01**
Other Adjustments (with no service impacts)		
Technical Adj: Technical Grant Adjustment	1,531,136	2.00
Technical Adj: House Bill Grant	351,704	6.08
Increase Cost: Realignment of Budget due to Increase of Centers for Disease Control Ending the HIV Epidemic Grant [Communicable Disease & Epidemiology]	340,913	0.00
Decrease Cost: Child Care Development Grant [Head Start]	(15,000)	0.00
Shift: Reflect Reduction in Award for End the HIV Epidemic Grant [Communicable Disease & Epidemiology]	(75,860)	(1.00)
Technical Adj: Local Behavioral Health Authority State Opioid Grant [Local Behavioral Health Authority]	(97,768)	0.00
Decrease Cost: Realignment of Budget due to Decrease in Ryan White - Consortia Grant Award [Communicable Disease & Epidemiology]	(128,938)	1.00
Decrease Cost: Expiration of Funding of the Kresge Opportunity Ecosystems Grant Award [Admin - Children, Youth & Families]	(750,000)	0.00
FY22 RECOMMENDED	**88,553,508**	**459.09**

FUNCTION SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Aging and Disability Services	55,057,416	173.09	55,904,172	176.59
Behavioral Health and Crisis Services	44,861,179	221.25	45,781,511	234.20
Children, Youth and Family Services	91,084,785	558.53	93,803,874	570.53
Public Health Services	79,917,504	530.12	80,959,200	538.92
Services to End and Prevent Homelessness	25,027,072	77.50	31,068,566	83.50
Administration and Support	42,904,097	154.00	51,284,928	161.00
Total	**338,852,053**	**1,714.49**	**358,802,251**	**1,764.74**

CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY21 Total$	FY21 FTEs	FY22 Total$	FY22 FTEs
COUNTY GENERAL FUND					
Correction and Rehabilitation	General Fund	106,275	0.75	108,191	0.75
Police	General Fund	121,929	1.00	124,636	1.00
Housing and Community Affairs	Montgomery Housing Initiative	18,062,934	0.00	17,995,866	0.00
	Total	**18,291,138**	**1.75**	**18,228,693**	**1.75**

FUNDING PARAMETER ITEMS

CE RECOMMENDED ($000S)

Title	FY22	FY23	FY24	FY25	FY26	FY27
COUNTY GENERAL FUND						
EXPENDITURES						
FY22 Recommended	**270,249**	**270,249**	**270,249**	**270,249**	**270,249**	**270,249**
No inflation or compensation change is included in outyear projections.						
Annualization of Positions Recommended in FY22	**0**	**324**	**324**	**324**	**324**	**324**
New positions in the FY22 budget are generally assumed to be filled at least two months after the fiscal year begins. Therefore, the above amounts reflect annualization of these positions in the outyears.						
Elimination of One-Time Items Recommended in FY22	**0**	**(276)**	**(276)**	**(276)**	**(276)**	**(276)**
Items recommended for one-time funding in FY22, including Mobile Health Clinic, Mobile Crisis Response, and an HHS Call Center to Handle Tier 2 Calls from MC311 Using Contractors, will be eliminated from the base in the outyears.						
Restoration of Costs to Pre-COVID-19 Levels	**0**	**161**	**161**	**161**	**161**	**161**
Restoration of costs that were eliminated in the operating budget development year to return to pre-COVID-19 service delivery levels.						
Labor Contracts	**0**	**3,139**	**3,139**	**3,139**	**3,139**	**3,139**
These figures represent the estimated annualized cost of general wage adjustments, service increments, and other negotiated items.						
Subtotal Expenditures	**270,249**	**273,597**	**273,597**	**273,597**	**273,597**	**273,597**

ANNUALIZATION OF FULL PERSONNEL COSTS

	FY22 Recommended		FY23 Annualized	
	Expenditures	FTEs	Expenditures	FTEs
Conversion of Broker Positions to Merit Positions in Accordance with Legal Advice	1,416,314	32.00	1,740,515	32.00
Total	**1,416,314**	**32.00**	**1,740,515**	**32.00**

Behavioral Health and Crisis Services

RECOMMENDED FY22 BUDGET	FULL TIME EQUIVALENTS
$45,781,511	234.20

RAYMOND L. CROWEL, PSY.D., DIRECTOR

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and well being of Montgomery County residents. BHCS works to promote mental wellness, prevent substance abuse and suicide, and to ensure access to a comprehensive treatment and recovery system of effective services and support for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to ensuring culturally and linguistically competent care and the use of evidence-based or best practices along a continuum of care. BHCS works with the State's Behavioral Health Administration, HHS service areas, County agencies, and the community to provide strength-based and integrated services to persons in need.

PROGRAM CONTACTS

Contact Rolando L. Santiago, PhD of the HHS - Behavioral Health and Crisis Services at 240.777.7000 or Lindsay Lucas of the Office of Management and Budget at 240.777.2766 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

24-Hours Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, single adult shelter system screening and referrals, and crisis residential services to persons experiencing situational, emotional, or mental health crises. The Crisis Center provides all services, twenty-four hours/day seven days/week. Much of the work of the Crisis Center focuses on providing the least restrictive community-based service appropriate to the client's situation. The Crisis Center coordinates the mental health response during disasters and community critical incidents and serve as the afterhours contact for Public Health, STEER (Stop, Triage, Engage, Educate, Rehabilitate), APS (Adult Protective Services) APP (Abused Person Program) and CWS (Child Welfare Services).

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of students identified by schools to be at risk who were referred to the Crisis Center [1]	1,954	1,169	1,900	1,900	1,900
Number of walk-in contacts [2]	6,030	4,669	6,500	6,700	6,900
Percent of students identified by schools to be at risk that are stabilized utilizing community resources without hospital intervention	92%	92%	95%	95%	95%

[1] *FY20 statistic impacted by COVID-19 and shift to learn from home environment.*

[2] *FY20 statistic impacted by COVID-19 and social distancing requirements.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**5,572,730**	**40.40**
Enhance: Annualization of Six Therapist II Positions to Support Mobile Crisis Response	658,996	6.00
Add: Creation of Three Mobile Crisis Outreach Teams	521,140	6.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	72,136	0.00
FY22 Recommended	**6,825,002**	**52.40**

Access To Behavioral Health Services

Access to Behavioral Health Services connects uninsured and low-income consumers with mental health and/or substance abuse problems to the appropriate community services by providing information and referral, and behavioral health screenings and assessments. To provide effective engagement in needed services, program staff also provide short-term case management and psychiatric services to vulnerable clients, such as those recently discharged from a psychiatric hospital or jail until they can be linked to a community outpatient mental health program. More intensive social work services are provided to individuals with serious mental illness to ensure effective engagement in needed services and sufficient community supports to reduce negative outcomes and foster the wellness and recovery of the consumer. The Urine Monitoring Program serves clients referred by the courts, social service agencies, or behavioral health providers, and others required to submit to breathalyzer and urine surveillance or who require or request such screening and testing to support recovery from substance abuse.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Total number of clients served (unduplicated) [1]	3,142	2,575	3,100	3,100	3,100
Percent of customers satisfied with Access staff services	97%	97%	97%	97%	97%
Percent of clients referred keeping first appointment with community provider [2]	75%	76%	77%	80%	82%

[1] *Decline due to closure of physical offices from mid-March to present and consequent shift to telehealth. Numbers expected to rebound to the prior predicted levels.*

[2] *Program's primary service is connecting individuals with mental health and addictions needs to appropriate services.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**3,432,697**	**29.00**
Decrease Cost: Reduce Broker Contract for ACCESS Program	(32,000)	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.	13,169	0.00
FY22 Recommended	**3,413,866**	**29.00**

Admin - Behavioral Health & Crisis Services

This program leads, oversees, and guides the administration of Behavioral Health and Crisis Services (BHCS). It coordinates the implementation of the strategic alignment plan, and the development of the County behavioral health continuum.

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**799,162**	**4.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	2,283	0.00
FY22 Recommended	**801,445**	**4.00**

Adult Behavioral Health Services

Adult Behavioral Health Services is an Outpatient Mental Health Center (OMHC) that serves a primarily immigrant population with severe and persistent mental illness. Services are site based and include psychiatric evaluation and medication management, individual, group and family therapy, as well as office-based management services. Collaboration with family members, collateral treatment providers, and formal and informal community supports is an integral part of the treatment process and is highly encouraged. The program accepts public benefits such as Medicare and Medical Assistance but also utilizes the annual Department of Health-Behavioral Health Administration sliding fee scale. Most of the clinical staff is bilingual in English and either Spanish, Vietnamese, or French, and clients speaking other languages are assisted using the Language Line, a telephone translation service.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of clients served	340	305	367	367	367
Percent of customers satisfied with Adult Behavioral Health Services (ABH) [1]	95%	N/A	95%	95%	95%
Percent of clients showing improvement in functioning and decreased symptoms - BASIS 24 Scale [2]	76%	N/A	75%	75%	75%

[1] *The program was unable to distribute customer satisfaction forms due to COVID-19 and social distancing requirements. Surveys will be distributed again in FY21.*

[2] *Collection of this measure has been complicated by COVID-19 and staff turnover. Collection and reporting will resume in FY21.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**1,753,829**	**10.50**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(80)	1.00
FY22 Recommended	**1,753,749**	**11.50**

Adult Forensic Services

Adult Forensic Services is comprised of four programs: 1) CATS (Clinical Assessment and Transition Services) provides assessment and post-booking diversion services to newly booked inmates with behavioral health issues and discharge planning for those being released to the community. The Forensic Liaison supports the Competency Docket with reentry recommendations for those returning from State Hospitals; 2) JAS (Jail Addiction Services) is an ASAM II.5 level jail-based residential addiction treatment program for inmates with Substance Use Disorders at the Montgomery County Correctional Facility; 3) The JCAP (Justice Clinical Assessment and Planning) Team provides clinical assessment, care planning, and care-coordination to the clients of Mental Health Court; and 4) STEER (Stop, Triage, Engage, Educate, Rehabilitate) is a team of peer specialists who respond 24/7/365 to opioid overdoses and provider referrals for high risk Substance Use Disorder clients.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Total number of unduplicated clients served	1,994	1,780	1,800	1,800	1,800
Percent of customers satisfied with Adult Forensic services [1]	80%	94%	85%	85%	83%
STEER - Percent of individuals who engage in treatment as evidenced by attending the first treatment appointment	58%	26%	60%	60%	60%
Percent of successful Jail Addiction Services clients that were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	75%	74%	77%	77%	77%
Percent of clients who successfully graduate from Mental Health Court	67%	72%	70%	70%	70%

[1] *FY19 statistics are for Jail Addition Services only. Surveys expanded in FY20 to include additional services offered by the program.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**3,277,187**	**28.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(14,397)	0.00
FY22 Recommended	**3,262,790**	**28.00**

Local Behavioral Health Authority

As the State mandated Local Behavioral Health Authority (LBHA), this program is responsible for system planning, management, and oversight of the Montgomery County behavioral health system across the lifespan (behavioral health, mental health, and substance use disorders). The LBHA manages State and Federal grants as well as County-funded programs and ensures quality of care, quality improvement and access to behavioral health fee for service programs. The LBHA has the responsibility of system planning, which involves assessing and determining gaps in behavioral health treatment and rehabilitation and working closely with community service providers and partners, forensic services, and public safety. The LBHA ensures for the ongoing development of a resiliency and recovery-oriented continuum of services that provide for consumer choice and empowerment. This program manages all BHCS service area contracts.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of grants managed and contracts monitored	102	92	95	95	95
Percent of Memorandum of Understanding (MOU) monitoring reviews with satisfying results	95%	93%	95%	95%	95%
Percentage of contracts meeting county and state timeliness requirements	93%	96%	96%	96%	96%
Percent of adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education [1]	80%	N/A	N/A	N/A	N/A
Percent of children served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education [2]	94%	N/A	N/A	N/A	N/A

[1] *Maryland ASO Optum retired the OMS datamart and all its reports effective January 1, 2020. No data is available to support the measure.*

[2] *Maryland ASO Optum retired the OMS datamart and all its reports effective January 1, 2020. No data is available to support the measure.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**12,782,203**	**23.50**
Technical Adj: Local Behavioral Health Authority State Opioid Grant	(97,768)	0.00
Decrease Cost: Decrease Shared Psychiatrists Contract Budget Due to Lack of Respondents	(220,000)	0.00
Re-align: Cost of Residential Rehab Supplemental to Reflect Fee for Service Contracts	(320,174)	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.	301,092	0.00
FY22 Recommended	**12,445,353**	**23.50**

Outpatient Behavioral Health Services - Child

Adolescent Outpatient Behavioral Health Services - Child offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment, and care coordination services for Montgomery County youth and their families, particularly for the most vulnerable. Services are individualized, child-focused, family-driven, culturally and linguistically appropriate, and accessible via office, school, and community-based settings. The program strives to serve the behavioral health

needs of youth and families along a continuum of care from prevention to treatment

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of clients served (unduplicated) [1]	1,472	992	1,200	1,200	1,200
Number of Rx drug pounds collected at drug take back events [2]	1,438	902	2,050	2,350	2,350
Percent of customers satisfied with Child and Adolescent Behavioral Health	95%	98%	98%	98%	98%
Percent of clients who showed symptom reduction at posttest or upon discharge	61%	75%	75%	75%	75%
Percent of offenders under age 18 that are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements [3]	93%	93%	95%	95%	95%

[1] *The number of clients decreased in FY20 due to vacancies and COVID-19 and school closures, which reduced the number of referrals.*

[2] *The April drug take back day was cancelled due to COVID-19 restrictions.*

[3] *This measure is by definition a 12-month follow-up of clients, so actual FY20 data reports recidivism rate for clients who completed substance abuse education and /or behavioral health treatment programs in FY19.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**7,123,933**	**29.75**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	98,156	0.50
FY22 Recommended	**7,222,089**	**30.25**

Specialty Behavioral Health Services

Specialty Behavioral Health Services is comprised of the Adult Drug Court Treatment Program the Medication Assisted Treatment Program (MAT) and the Urine Monitoring Program. The Drug Court program delivers Outpatient and Intensive Outpatient levels of care, in addition to psychiatric interventions and medication assisted treatment. The MAT program works with opioid use disorders and alcohol disorders and delivers methadone, buprenorphine, and naltrexone therapies. The urine monitoring program is an onsite Urinalysis Collection Program which monitors for substance use within these programs, the Mental Health Court program, Child Welfare and Probation and Parole.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of Specialty Behavioral Health Services clients discharged (Medication Assisted Treatment Program and Adult Drug Court)	231	209	180	180	180
Percent of clients receiving opioid treatment or court mandated addiction services who were successfully discharged	55%	58%	60%	60%	60%
Percent of customers satisfied with Medication Assisted Treatment [1]	N/A	95%	90%	90%	90%
Percent of customers satisfied with Drug Court	N/A	94%	90%	90%	90%

[1] *The program aims for a 90% satisfaction as the service standard, which is used to set the projections.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**3,409,705**	**23.55**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(146,118)	(0.55)
FY22 Recommended	**3,263,587**	**23.00**

Trauma Services

Trauma Services (TS) includes the Abused Persons Program (APP) for partner violence and the Victim Assistance and Sexual Assault Program (VASAP) for sexual assaults and general/violent crimes, including services to surviving family members of homicide and tragic/traumatic deaths. Trauma Services provides comprehensive, individualized, and culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims, and victims of general crime of all ages. Programming for domestic violence, sexual violence, and human trafficking victims also includes information and referral, lethality assessments, crisis intervention, safety planning, outreach to hospitals/police stations for victims of sexual assault and placement in emergency shelters.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of new Partner Abuse victims served	1,330	1,155	1,330	1,330	1,330
Number of Partner Abuse victim clients waiting for counseling service (monthly average)	44	39	40	40	40
Percent of clients receiving therapy that demonstrate improvement on a domestic violence rating scale [1]	90%	95%	90%	90%	90%

[1] *Rating scale developed by Jacqueline Dienemann and Jacquelyn Campbell, Johns Hopkins University, School of Nursing, March 1999.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**6,348,003**	**30.55**
Increase Cost: Domestic Violence Offender Treatment Program Due to Increase Contract Cost	138,911	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.	(38,938)	0.00
FY22 Recommended	**6,447,976**	**30.55**

Treatment Services

This program provides overall management of the County Operated Publicly Funded Behavioral Health Continuum of Care and provides administrative support for the managerial duties of the Treatment Services Administrator.

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**361,730**	**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.	(16,076)	0.00
FY22 Recommended	**345,654**	**2.00**

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
24-Hours Crisis Center	5,572,730	40.40	6,825,002	52.40
Access To Behavioral Health Services	3,432,697	29.00	3,413,866	29.00
Admin - Behavioral Health & Crisis Services	799,162	4.00	801,445	4.00
Adult Behavioral Health Services	1,753,829	10.50	1,753,749	11.50
Adult Forensic Services	3,277,187	28.00	3,262,790	28.00
Local Behavioral Health Authority	12,782,203	23.50	12,445,353	23.50
Outpatient Behavioral Health Services - Child	7,123,933	29.75	7,222,089	30.25
Specialty Behavioral Health Services	3,409,705	23.55	3,263,587	23.00
Trauma Services	6,348,003	30.55	6,447,976	30.55

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Treatment Services	361,730	2.00	345,654	2.00
Total	**44,861,179**	**221.25**	**45,781,511**	**234.20**

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Public Health Services

RECOMMENDED FY22 BUDGET	FULL TIME EQUIVALENTS
$80,959,200	538.92

RAYMOND L. CROWEL, PSY.D., 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 Dr. Travis Gayles of the HHS - Public Health Services at 240.777.1211 or Lindsay Lucas of the Office of Management and Budget at 240.777.2766 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Public Health

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

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**1,211,392**	**7.00**
Add: Funding to Implement the Mobile Health Clinic Services to Address Health Disparities	620,859	5.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	97,058	0.00
FY22 Recommended	**1,929,309**	**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.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Total number of new and repeat clients who undergo colonoscopies (CRF-Funded)	205	131	220	220	220
Total number of people encountered at outreach events	4,650	6,294	5,115	5,115	5,200
Number of participants in smoking cessation program [1]	1,300	329	1,100	1,000	980
Percent of new clients who undergo colonoscopies	83%	60%	83%	83%	80%
Percent of clients reached who completed smoking cessation program	28%	24%	22%	20%	20%

[1] *The program anticipates a yearly decrease due to a shift away from regular cigarette use toward vaping products.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**973,231**	**2.60**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	269,463	(1.00)
FY22 Recommended	**1,242,694**	**1.60**

Communicable Disease & Epidemiology

Communicable Disease and Epidemiology has the mission of investigation, surveillance, diagnosis and in some cases, treatment of individuals living in Montgomery County. Tuberculosis Control and Sexually Transmitted Infections programs will test, diagnose, and treat. HIV Medical and Dental Services will case manage and provide medical care for individuals who are HIV+ and have limited insurance coverage. The Maryland Department of Health mandates that each county does surveillance of certain communicable diseases. The Disease Control Program case manages rabies exposures in Montgomery County residents.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of rabies investigations that occur in Montgomery County monthly by Disease Control Program	533	511	540	540	540
Number of babies born to Hepatitis B infected mothers who complete the recommended protocol	93%	96%	95%	95%	95%
Percent of investigations on reportable communicable diseases that follow appropriate protocols to limit further spread of the disease [1]	100%	N/A	N/A	100%	100%
Percent of contacts of smear positive clients diagnosed with latent TB who start preventative treatment	88%	93%	88%	88%	88%
Percent of customers satisfied with STD Services [2]	N/A	95%	95%	95%	95%

[1] *Reporting for FY20 actual and FY21 projection impacted by COVID-19 efforts. The data reported are for the calendar year (CY) and represent year to date (YTD) as of the date of the report.*

[2] *This survey was reinstated for FY20.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**12,550,441**	**80.65**
Increase Cost: Realignment of Budget due to Increase of Centers for Disease Control Ending the HIV Epidemic Grant	340,913	0.00
Shift: Reflect Reduction in Award for End the HIV Epidemic Grant	(75,860)	(1.00)
Decrease Cost: Realignment of Budget due to Decrease in Ryan White - Consortia Grant Award	(128,938)	1.00

FY22 Recommended Changes	Expenditures	FTEs
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	308,909	2.15
FY22 Recommended	**12,995,465**	**82.80**

Community Health Services

Maternal and Child Health Services provides preventive health access services to uninsured and underinsured populations. Services include Women Health Services, Maternity Partnership Program, 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, pregnancy testing in regional health centers, and 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).

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of pregnant women screened and enrolled in a Managed Care Organization (MCO) for prenatal services	2,294	2,551	2,200	2,200	2,200
Percentage of pregnant teens who return to school/graduate from high school following birth of baby [1]	57%	N/A	45%	45%	45%
Percentage of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	97%	97%	95%	95%	95%
Percentage of repeat Maternity Partnership patients who do not delay subsequent pregnancy by 18 months or more (Close Child Spacing)	5%	3%	5%	5%	5%
Percent of Infant at Risk referrals that receive a contact by the Area Health Center staff within 10 days [2]	94%	96%	90%	90%	90%

[1] *School closures has complicated the reporting of this measure for FY20. This measure will resume after schools re-open.*

[2] *The program aims for a 90% contact rate as the service standard, which is used to set the projections.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**9,684,374**	**69.15**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(726,535)	(0.50)
FY22 Recommended	**8,957,839**	**68.65**

Dental Services

This program provides dental services in five clinics to promote oral health. 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 FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of pediatric dental referrals to outside pediatric specialist	43	293	30	30	30
Percent of appointments that are missed/canceled	20%	28%	20%	20%	20%
Dental Services - Percent of children that complete their dental treatment plan [1]	25%	15%	30%	30%	30%

[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) 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 are completed at a specialist's office and are not reflected in the statistic.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**3,123,067**	**17.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(76,352)	(1.00)
FY22 Recommended	**3,046,715**	**16.00**

Health Care for the Uninsured

This program includes Montgomery Cares and Care for Kids. Through public-private partnerships, these programs provide primary health care services for low-income uninsured children and adults, using private pediatricians, a network of safety net clinics, and 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 FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of low income uninsured County adults who received primary care at one of the participating clinics	26,422	23,804	20,000	26,500	26,500
Number of encounters - Montgomery Cares	72,505	61,293	68,000	72,000	72,000
Percentage of Care for Kids clients who access Oral Health Services	34%	32%	40%	40%	40%
Percent of vulnerable populations that have a primary care visit - Adults	50%	35%	40%	50%	50%
Percent of vulnerable populations that have a primary care visit - Children	63%	80%	80%	80%	80%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**13,563,211**	**4.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	92,334	0.00
FY22 Recommended	**13,655,545**	**4.00**

Health Planning and Epidemiology

The Health Planning and Epidemiology program serves as the expert in planning and analytic epidemiology within HHS and is responsible for community health needs assessment, program evaluations, disease surveillance and outbreak investigations, health statistics and data management, epidemiology and biostatistics, ongoing development and maintenance of a population data warehouse, and special research projects in collaboration with internal and external partners and academic institutions. The program coordinates and assists with annual performance measure reporting and is responsible for coordinating the students' internship and practicum within Public Health Services. The program provides data and epidemiology support to programs within Public Health Services and DHHS, internal/external partners, as well as support to the Health Officer and the DHHS Director's Office.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of community health outcome and social determinants of health indicators tracked	250	250	250	250	250
Number of presentations accepted or invited to conferences/meetings to communicate health statistics and research findings	7	4	4	4	4
Expansion of the knowledge base on community health outcomes for improved decision making as measured by the number of foundational public health surveillance/research reports/publications released [1]	3	N/A	3	3	3

[1] *The epidemiology team's work centered on COVID-19 surveillance in 2020. Reporting on publications will resume in FY21.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**497,679**	**4.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	13,733	0.00
FY22 Recommended	**511,412**	**4.00**

Licensure and Regulatory 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, the elderly, and mentally ill to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care. This program also enforces State and local laws related to food service facilities, smoking in public places, nursing homes, group homes, swimming pools, camps, vermin control, private educational institutions, short-term residential rentals, hotels, and other various business licenses including those required for raffles, bingo, tanning salons, massage, body works, enterprises, and video games.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of routine inspections of food service facilities	5,771	5,740	6,004	6,124	6,307
Percent of mandated inspections completed	66%	67%	80%	80%	80%
Percentage of nursing homes with actual harm deficiencies	21%	20%	20%	20%	20%
Percentage of swimming pools found to be in compliance upon regular inspection	88%	91%	90%	91%	91%
Percent of food service facilities not having a critical violation upon routine inspection	70%	71%	72%	73%	73%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**5,121,818**	**42.50**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(16,162)	0.00
FY22 Recommended	**5,105,656**	**42.50**

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 FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Percent of Public Health essential emergency contacts successfully activated during 2 hour drill [1]	93%	N/A	85%	90%	90%
Number of individuals who participated in a Public Health Emergency Preparedness trainings and exercises [2]	N/A	938	500	350	350

[1] *FY20 statistic on drills not available due focus of emergency contacts on COVID-19 responsibilities.*

[2] *This is a new measure for FY20. FY20-21 numbers influenced by COVID-19 activities.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**1,217,827**	**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.	(36,277)	(0.60)
FY22 Recommended	**1,181,550**	**7.80**

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 Immunization 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 and Wellness Centers (SBHWC) or High School Wellness Centers. Head Start/Pre-K provides federally mandated health services to eligible three and four-year old children and is a collaborative effort of HHS, Office of Community Affairs, School Health Services, and MCPS.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Immunizations administered to students at SHS Immunization Center and SBHWCs [1]	17,506	N/A	19,000	19,000	19,000
School Health Services - Total number of client visits [2]	8,803	N/A	9,500	9,500	9,500
School Health Services - Number of unduplicated clients served [3]	3,572	N/A	4,000	4,000	4,000
Percent of enrolled MCPS students fully immunized [4]	99.2%	N/A	99.0%	99.0%	99.0%
Percent of students that return to class and are ready to learn after a health room visit	91%	91%	91%	91%	91%

[1] *MCPS school closures disrupted the measurement of school-based health services metrics. Measurement will resume in FY22.*

[2] *MCPS school closures disrupted the measurement of school-based health services metrics. Measurement will resume in FY22.*

[3] *MCPS school closures disrupted the measurement of school-based health services metrics. Measurement will resume in FY22.*

[4] *MCPS school closures disrupted the measurement of school-based health metrics. Measurement will resume in FY22.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**31,974,464**	**294.82**
Increase Cost: Annualization of Three Community Health Nurse II Positions	303,159	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.	55,392	1.75
FY22 Recommended	**32,333,015**	**299.57**

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Admin - Public Health	1,211,392	7.00	1,929,309	12.00
Cancer & Tobacco Prevention	973,231	2.60	1,242,694	1.60
Communicable Disease & Epidemiology	12,550,441	80.65	12,995,465	82.80
Community Health Services	9,684,374	69.15	8,957,839	68.65
Dental Services	3,123,067	17.00	3,046,715	16.00

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Health Care for the Uninsured	13,563,211	4.00	13,655,545	4.00
Health Planning and Epidemiology	497,679	4.00	511,412	4.00
Licensure and Regulatory Services	5,121,818	42.50	5,105,656	42.50
Public Health Emergency Preparedness & Response Program	1,217,827	8.40	1,181,550	7.80
School Health Services	31,974,464	294.82	32,333,015	299.57
Total	**79,917,504**	**530.12**	**80,959,200**	**538.92**

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Services to End and Prevent Homelessness

RECOMMENDED FY22 BUDGET	FULL TIME EQUIVALENTS
$31,068,566	83.50

RAYMOND L. CROWEL PSY.D., DIRECTOR

FUNCTION

The vision of the staff of Services to End and Prevent Homelessness (SEPH) is a community where all persons have access to safe, affordable housing, and the opportunity to achieve a higher quality of life. The mission of SEPH is to make homelessness a rare, brief, and non-recurring event by operating from a Housing First philosophy. Housing First recognizes that people are most successful when they have choice in housing and seeks to eliminate barriers such as sobriety requirements or treatment compliance. SEPH provides a full continuum of services including housing stabilization, homeless diversion, and permanent housing; and employs evidence-based and promising practices. The mission cannot be achieved without collaborating with public and private partners through the Interagency Commission on Homelessness. Special needs populations include veterans, both individuals and families, persons with behavioral health challenges, individuals with developmental disabilities, transitioning youth, and seniors with disabilities experiencing or at risk of homelessness.

PROGRAM CONTACTS

Contact Amanda Harris of the HHS - Services to End and Prevent Homelessness at 240.777.1179 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

Admin - Services to End and Prevent Homelessness

This program provides leadership and direction for the administration of Services to End and Prevent Homelessness and advises the Interagency Commission on Homelessness (ICH) and Montgomery County Continuum of Care (CoC).

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**389,183**	**3.00**
Add: Create a Community-Based Homeless Court Program in Accordance with the Interagency Commission on Homelessness Recommendations to Decriminalize Homelessness	100,000	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.	26,860	0.00
FY22 Recommended	**516,043**	**3.00**

Coordinated Entry

Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Within a Coordinated Entry System, persons are prioritized for housing based on vulnerability using a data-driven, real-time process. Montgomery County's Coordinated Entry System embraces Housing First principles of low barrier access, consumer choice, community integration, and housing orientation.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of homeless individuals with a completed vulnerability assessment (Using the VI-SPDAT) to determine housing placement [1]	355	659	365	370	375
Coordinated Entry - Days from housing program assignment to housed	52	68	70	68	66
Percent of homeless individuals with a completed vulnerability assessment (using the VI-SPDAT) to determine housing placement	88%	96%	90%	91%	95%

[1] *The FY20 increase is due to added funding to the Continuum of Care and additional Rapid Rehousing vacancies, which led SEPH to encourage providers to complete VI-SPDATs for their clients. Since conditions this year are unusual due to COVID-19, future year projections are based on pre-FY20 trends.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**1,501,540**	**6.90**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(130,066)	0.00
FY22 Recommended	**1,371,474**	**6.90**

Healthcare for the Homeless

Healthcare for the Homeless provides medical and dental services to individuals experiencing homelessness in emergency shelters, street outreach, and transitional housing. Medical services are also provided to individuals and families served in permanent supportive housing programs. Healthcare for the Homeless is committed to reducing the health disparities for people experiencing homelessness by providing low barrier access to services and reducing re-admissions to hospitals.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of individuals receiving primary care services through Healthcare 4 the Homeless (Mobile Med) [1]	72	112	100	110	115
Number of hospital transfers from year-round shelters (based on 911 emergency calls) [2]	372	N/A	360	355	350

[1] *This measure tracks new patients served.*

[2] *Shelter locations have increased and shifted, in part due to COVID-19, requiring a re-baselining of this measure. This measure will resume reporting in FY21.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**1,119,580**	**4.00**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	12,651	0.00
FY22 Recommended	**1,132,231**	**4.00**

Homeless Services for Families

Homeless Services for Families provides emergency shelter and transitional housing to families with children. Services include

intake and assessment, case management, and housing location to link families experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing focused with a goal of connecting families with permanent housing as quickly as possible and removing systemic barriers to accessing housing and services.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of individuals as part of a family unit experiencing homelessness for the first time	586	451	450	425	400
Average length of stay in days by homeless families in emergency shelter	55	54	30	30	30
Percent of households returning to homelessness	5%	11%	5%	5%	5%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**2,822,885**	**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.	391,550	0.00
FY22 Recommended	**3,214,435**	**3.00**

Homeless Services for Single Adults

Homeless Services for Single Adults provides emergency shelter, street outreach, and transitional housing to adults experiencing homelessness. All services are housing focused with a goal of connecting adults with permanent housing as quickly as possible by removing barriers such as poor credit, criminal history, limited or no access to behavioral and somatic healthcare, and low or no income. Homeless services include centralized shelter intake and diversion, comprehensive case management, assertive engagement, housing location, employment training and job development, legal services, and assistance with entitlements like Food Stamps and Medicaid.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of homeless single adults counted during Annual Point in Time Count	441	485	420	410	400
Length of time homeless in days for adults in emergency shelter, outreach, or transitional housing	115	66	109	106	103
Percent of positive exits to permanent housing from street outreach, emergency shelter, or transitional shelter	36%	36%	39%	39%	39%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**5,008,735**	**2.00**
Add: New Shelter Operating Budget Impact and Policy Shift to Year-Round Sheltering	3,081,279	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.	401,585	0.00
FY22 Recommended	**8,491,599**	**2.00**

Housing Initiative Program

The Housing Initiative Program is a Housing First permanent supportive housing program serving individuals and families with disabilities. Program participants are quickly connected to permanent scattered site units without any preconditions and offered intensive wraparound support services. The rental assistance is provided by the Department of Health and Human Services staff and services are offered via contracts with non-profit partners. This program also acts as the lead entity for the 1115 Medicaid Waiver Assistance in Community Integration Services through the state Department of Health.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Housing Initiative Program: Number of clients served	823	912	900	910	920
Housing Initiative Program -Days from housing program assignment (to accepted) to housed	63	70	55	50	50
Percent of households who retain permanent housing after 12 months	99%	100%	99%	99%	99%
Decrease in acuity score, measuring the severity of presenting issues impacting housing stability [1]	60	N/A	68	72	74

[1] *Transition to new reporting system (Qlik) impacts FY20 reporting. This measure will resume in FY21.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**316,914**	**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.	191	0.00
FY22 Recommended	**317,105**	**2.00**

Interagency Commission on Homelessness

The Montgomery County Continuum of Care (CoC) coordinates the community's policies, strategies, and implementation of a housing and services system to prevent and end homelessness through a collaboration of public and private sector groups. Responsibilities include promoting a community-wide commitment to ending homelessness, providing funding for efforts to promote community-wide planning and strategic use of resources to address homelessness, improving coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness. The Interagency Commission on Homelessness is a group of appointed leaders of the CoC who have authority to make decisions on behalf of the CoC.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Dollars brought into the continuum from non-County funds	$21,575,760	$30,505,207	$25,000,000	$25,000,000	$25,000,000
Number of individuals with lived experience participating as ICH Commissioner or on committees	6	15	17	20	20
Number of total homeless individuals counted during the Annual Point in Time Count	647	670	640	620	600

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**141,752**	**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.	(30,686)	0.00
FY22 Recommended	**111,066**	**1.00**

Permanent Supportive Housing

Permanent Supportive Housing is an evidence-based practice that provides immediate access to a permanent housing subsidy and long-term, wraparound support services to households with disabilities. All programs use a Housing First approach that offers housing without preconditions such as sobriety, treatment compliance, or participation in services.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Permanent Supportive Housing: Number of clients served	1,489	1,464	1,521	1,536	1,540

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Permanent Supportive Housing - Days from housing program assignment (to accepted) to housed	76	58	66	60	58
Percent of households who retain permanent housing after 12 months	98%	98%	99%	99%	99%
Percent of clients retaining permanent housing	99%	98%	95%	90%	90%
Percent of people that graduate from the program	7%	5%	11%	12%	13%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**4,914,396**	**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.	196,619	0.00
FY22 Recommended	**5,111,015**	**2.00**

Prevention

Prevention provides conflict resolution, mediation, financial assistance, housing location, and case management to County residents at risk of or experiencing homelessness. The program's focus is to partner with families and individuals to resolve their housing emergency through creative problem-solving. State and County grants are provided to prevent evictions and utility cut offs or secure new housing. Short-term case management services are provided to help at-risk households develop and implement plans to prevent a future housing crisis.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Households receiving emergency grants to prevent eviction/homelessness (County and State funds) [1]	9,044	11,053	10,000	10,000	10,000
Percent of households who received prevention assistance and within 12 months enter the homeless continuum [2]	9%	9%	8%	8%	8%

[1] *This measure includes County and State funds.*

[2] *This measure, by definition, has a one year lag. FY19 is therefore based on cases initiated in FY18.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**7,658,504**	**49.10**
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	478,131	5.00
FY22 Recommended	**8,136,635**	**54.10**

Rapid Rehousing

Rapid Rehousing (RRH) is an intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The core components of a rapid rehousing program are housing identification, move-in and rent assistance, and rapid rehousing case management and services. The goal of the program is to help people quickly obtain housing, increase income, and support self-sufficiency to stay housed. Rapid re-housing is offered without any preconditions, such as employment, income, absence of criminal record, or sobriety.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Rapid Rehousing - Number of clients served	544	690	550	550	550
Cost per positive exit	$18,956	$11,495	$11,500	$11,500	$11,500
Percent of households with Increased income since entering rapid rehousing	25.9%	22.0%	32.0%	35.0%	37.0%

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Percent of exits to permanent housing	73.0%	67.0%	75.0%	76.0%	77.0%

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**582,889**	**0.00**
Enhance: Rapid Rehousing Program Expansion	490,000	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.	14,290	0.00
FY22 Recommended	**1,087,179**	**0.00**

Rental Assistance Program

The Rental Assistance Program (RAP) provides a shallow subsidy to individuals and families at risk of or currently experiencing homelessness. The target population for this program are seniors, people with disabilities, and others on a fixed income.

Program Performance Measures	Actual FY19	Actual FY20	Estimated FY21	Target FY22	Target FY23
Number of unique households with an active rental subsidy during the year	1,771	1,354	1,700	1,700	1,700
Percent of clients who utilized housing stabilization services (HSS) within a year after receiving rental assistance (RAP) [1]	19.6%	10.0%	15.0%	12.0%	10.0%
Median percent reduction in rent burden as a share of income [2]	13.0%	N/A	15.0%	16.0%	17.0%

[1] *This measure, by definition, has a one year lag. FY20 is therefore based on cases initiated in FY19.*

[2] *A change in databases prevents the calculation for FY20. This measure will resume in FY21.*

FY22 Recommended Changes	Expenditures	FTEs
FY21 Approved	**570,694**	**4.50**
Enhance: Increase Subsidy for Rental Assistance Program	1,000,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	9,090	1.00
FY22 Recommended	**1,579,784**	**5.50**

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Admin - Services to End and Prevent Homelessness	389,183	3.00	516,043	3.00
Coordinated Entry	1,501,540	6.90	1,371,474	6.90
Healthcare for the Homeless	1,119,580	4.00	1,132,231	4.00
Homeless Services for Families	2,822,885	3.00	3,214,435	3.00
Homeless Services for Single Adults	5,008,735	2.00	8,491,599	2.00
Housing Initiative Program	316,914	2.00	317,105	2.00
Interagency Commission on Homelessness	141,752	1.00	111,066	1.00
Permanent Supportive Housing	4,914,396	2.00	5,111,015	2.00
Prevention	7,658,504	49.10	8,136,635	54.10
Rapid Rehousing	582,889	0.00	1,087,179	0.00
Rental Assistance Program	570,694	4.50	1,579,784	5.50

PROGRAM SUMMARY

Program Name	FY21 APPR Expenditures	FY21 APPR FTEs	FY22 REC Expenditures	FY22 REC FTEs
Total	**25,027,072**	**77.50**	**31,068,566**	**83.50**

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