

**REVISED**  
HHS COMMITTEE #2  
April 21, 2022  
Worksession

**MEMORANDUM**

April 19, 2022

TO: Health and Human Services Committee

FROM: Essie McGuire, Senior Legislative Analyst  
Naeem Mia, Legislative Analyst

SUBJECT: FY23 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

**Expected Attendees:**

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)  
Victoria Buckland, Chief Operating Officer, DHHS  
Odile Brunetto, Chief, Aging and Disability Services, DHHS  
Jason Rundell, Management and Budget, DHHS  
Lindsay Lucas, Office of Management and Budget (OMB)  
Deborah Lambert, OMB  
Shayna Taqi, Technology and Enterprise Business Solutions (TEBS)  
Joseph Webster, TEBS

**Service Area Review Schedule:**

**Health and Human Services (HHS) Committee**

| <b>April 21</b>   | <b>April 28</b>  | <b>April 29</b>  |
|---|--|--|
| Overview  | Services to End and Prevent Homelessness                                       | Public Health  |
| Administration<br><i>(except Office of Community Affairs)</i> | Behavioral Health and Crisis Services  | Administration<br><i>(Office of Community Affairs)</i> |
| Food Security Funding   | Children, Youth, and Family Services<br><i>(except jointly reviewed items)</i> | Follow-up Items  |
| Aging and Disability Services                                 |  |  |

**Joint HHS and Education and Culture Committee**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| <b>April 22</b>                 |                                     |
| Early Childhood Education       | School Based Health Centers         |
| Child Care Subsidies            | High School Wellness Centers        |
| Children’s Opportunity Fund     | Newcomers                           |
| School Health Services          | Mental Health Supports for Students |
| Linkages to Learning            |                                     |
| <b>May 9</b><br>Follow-up Items |                                     |

**I. OVERVIEW**

The County Executive’s FY23 Operating Budget for DHHS is an increase of \$57.9 million, or 15.9 percent, above the FY22 approved level. Of this increase, \$54.1 million is in the County General Fund and \$3.8 million in the grant fund. There is a total increase of 70 FTE recommended for DHHS, an increase of nearly 4 percent. Each service area of the department increases in the County Executive’s recommendation, as outlined below:

|                            | FY22 Approved | FY23 Rec    | Difference |
|----------------------------|---------------|-------------|------------|
| Dept Total                 | 363,954,877   | 421,855,068 | 57,900,191 |
| FTEs                       | 1,771         | 1,841       | 70         |
| Aging & Disability         | 57,254,831    | 62,473,715  | 5,218,884  |
| FTEs                       | 177           | 185         | 8          |
| Behavioral Health & Crisis | 46,527,020    | 50,828,662  | 4,301,642  |
| FTEs                       | 234           | 236         | 2          |
| Children, Youth, & Family  | 94,740,688    | 110,235,275 | 15,494,587 |
| FTEs                       | 572           | 595         | 23         |
| Public Health              | 82,294,910    | 93,028,751  | 10,733,841 |
| FTEs                       | 543           | 571         | 28         |
| Svcs to End & Prevent      |               |             |            |
| Homelessness               | 31,357,202    | 41,869,935  | 10,512,733 |
| FTEs                       | 85            | 88          | 3          |
| Administration             | 51,780,226    | 63,418,730  | 11,638,504 |
| FTEs                       | 161           | 167         | 6          |

**Federal Funding and Emergency Response**

DHHS has been at the center of the COVID-19 pandemic emergency response, and has increased many services to meet the emergency demand. The Executive’s FY23 budget recommendation reflects both ongoing commitment to meet continued service needs and an effort to transition to sustainable service response and systemic approaches. Federal funding continues to support

some efforts in FY23, while at the same time additional County funds are identified to support or replace Federal funding. Over the coming year, the County will need to continue to assess and understand the evolving nature of community needs at this stage of the COVID-19 experience, and identify the level and types of services that are both needed and sustainable going forward.

### **Affordability Considerations**

Council President Alborno has requested that as part of the Council's and Committees' review of the FY23 Operating Budget, Council staff identify options for the Committees and Council to consider that reduce the growth in the base budget proposed in the Executive's recommended budget to ensure the ongoing sustainability of the budget (memorandum attached at circles 20-21). Throughout the Committee review worksessions, Council staff will identify possible areas to limit the impact on the overall budget while still maintaining critically needed services.

### **Racial Equity and Social Justice**

The FY23 Operating Budget narrative outlines the processes to ensure that a racial equity lens was applied throughout the budget development. The Office of Racial Equity and Social Justice and OMB asked each department to:

- Explain how the department's budget allocations (including requests, reallocations, and reductions) advances racial equity in the County, reduces, or eliminate disparities, and improves outcomes for communities of color and low-income communities.
  - Departments were encouraged to clearly state the commitment that the department is making to advance equity in the County, such as staff hours to training, building capacity to engage with marginalized communities, designating an equity lead, collecting, and disaggregating racial equity data, purchasing GIS software, and engaging directly with marginalized communities.
- Explain whether and how programs considered racial/ethnic disparities and/or disproportionalities in its outcomes (including quantitative data and qualitative data that was collected and analyzed)
- Describe what insights the data provided and how the program proposal (budget submission) seeks to address the identified inequities
- Identify community residents that will potentially benefit the most or potentially be burdened the most from the program proposal (budget submission)
- Describe the potential disproportionate effects on communities of color and low-income communities as a result of the program or the initiative and how those effects will be mitigated
- Explain how the program proposal builds capacity to engage with marginalized communities

The Executive's budget submission also identifies specific elements of the budget that allocate resources to operationalize racial equity and social justice. Council staff will highlight the elements identified in the FY23 budget for DHHS within the service area reviews.

## Public Testimony

The Council is holding public hearings on the FY23 Recommended Operating Budget April 19-21. The Committee will continue to include testimony in its reviews and considerations throughout the Committee budget worksessions and can return to issues in later meetings as needed.

## II. ADMINISTRATION AND SUPPORT

### Admin Issue 1: Inflationary Adjustment to Eligible Non-Profit Contracts

#### Summary

- Provides an adjustment to eligible non-profit and other contracts in the base budget of DHHS and contracts in other departments that meet the eligibility criteria. The contracts would otherwise remain level funded unless a specific increase is recommended.
- **For FY23**, the County Executive recommends \$4,191,618 to provide a 6% inflationary increase.
- Recent funding history:

| FY19 | FY20 | FY21 | FY22 | FY23 (Rec) |
|------|------|------|------|------------|
| 2%   | 3%   | 0    | 3%   | 6%         |

#### Discussion

The recommended increase for FY23 is significantly larger than adjustments in recent years. Executive staff states that this level of adjustment was recommended because “The Consumer Price Index for All Urban Consumers (CPI-U) for the Washington-Arlington-Alexandria Area was 6.0% for the 12 months ending January 2022.”

Consistent with the FY22 approach to fund the inflationary increase across all eligible contracts in other departments, Executive staff reports a total of \$5,694,123 is recommended in the operating budget across all departments to implement this increase in FY23.

#### Council staff recommendation:

- **Given that this increase is significantly larger than in recent years, the Council could consider a lower adjustment amount to meet affordability constraints.** Each 1% adjustment is approximately \$700,000; a reduction of approximately 0.5% would be approximately \$350,000.
- For example, an inflationary adjustment of 4% would still be larger than in recent years, and require \$2,794,412 in the DHHS budget, reducing the budget impact by \$1,397,206. The Committee could consider smaller decreases to the adjustments, such as to 5.5%, which would still save \$350,000 in FY23 resources.
- **Any adjustment should be applied consistently across all departments.** In the above examples, additional funds would need to be adjusted in other departments.

- The FY22 Operating Budget Resolution Provision is copied below for reference and information on eligibility criteria. Similar language reflecting the Council’s ultimate funding level will be included in the FY23 Operating Budget resolution as well.

***FY22 Operating Budget Resolution Provision***

“86. This resolution appropriates funds for inflation adjustments for eligible tax-supported contracts with funding appropriated to the budgets of the Department of Health and Human Services, the Department of Housing and Community Affairs and the Department of Recreation. Any inflation adjustment awarded under this paragraph must not exceed 3.0% of the total contract price. Any contract funded by a non-County grant is not eligible for an inflation adjustment under this paragraph.

(a) Each contractor must meet the following eligibility: (i) non-profit service provider, (ii) public entity, or (iii) any contractor that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.

(b) The increase is to the General Fund value of the contract (Grant Fund value not included).

(c) The contract must not be in its first performance period, unless a new contract has been executed as part of an administrative review or have an automatic inflation adjustment built into the contract.

(d) This increase does not apply to contracts for Montgomery Cares (except administration) or Care for Kids (except for administration and the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2022 levels of service.

(e) This increase does not apply to contracts that are a specific match to a grant.

(f) This increase does not apply to any payment to eligible organizations that serve persons with developmental disabilities as provided in paragraph 9 or eligible providers of Adult Medical Day Care as provided in paragraph 10.

(g) This resolution appropriates \$43,169 to provide up to a 3.0% inflation adjustment to the contract providing African American Health Program services.”

**Admin Issue 2: Community Grants Shifted to Base Budget**

**Summary**

- **For FY23**, the County Executive recommends shifting 40 grants totaling \$2,126,154 from community grants to the DHHS base budget.
- A list of these grants is attached at circles 18-19 and can be accessed at the following link:  
<https://apps.montgomerycountymd.gov/BASISOPERATING/Common/Chapter.aspx?ID=CGBB>
- The budget states that the shifted grant amounts indicated include the recommended 6% non-profit inflationary increase (discussed above).

**Council staff recommendation:**

- **Support** shifting the 40 identified grants totaling \$2,126,154 to the DHHS base budget
- Adjust amounts, if necessary in alignment with the ultimately approved amount for the non-profit inflationary adjustment, if changes are made to meet affordability constraints.

### Admin Issue 3: Service Consolidation Hubs

#### Summary

- A total of eight sites across the County provide a wide range of services in community locations to increase residents’ access to supports. Supports include food distribution, diaper distributions, case management, and connections to other resources and services.
- **FY23 Recommendation: Increase total funding by \$2 million from \$3.6 million to \$5.6 million. The FY23 recommended funding level consists of \$2.6 million in new County funding and \$3 million in ARPA funds that the Council previously designated during the FY22 operating budget development to continue for this purpose in FY23.**
- The Executive’s recommendation proposes to strengthen the Service Consolidation Hub service model and begin to build capacity from an emergency response approach to an ongoing, community-based system of access to resources and services across the County.

#### Discussion

The service hubs have had a major and beneficial impact on service provision and community access during the pandemic. A key question at this juncture is how to best support and leverage these partner networks to meet ongoing needs and objectives for access to services.

#### *Service Data and FY23 Structure*

DHHS provided background and update information on the Service Consolidation Hubs on circles 44-49. The data below show the service delivery experience by hub to date in the fiscal year.

**FY22 Hubs Service Data: July 1, 2021 - March 12, 2022**

| Site                     | Households |        | Children |        | Seniors |        | Individuals |         | Food Dist. (lbs) |           |
|--------------------------|------------|--------|----------|--------|---------|--------|-------------|---------|------------------|-----------|
|                          | Average    | Total  | Average  | Total  | Average | Total  | Average     | Total   | Average          | Total     |
| Clifton Park Baptist /SS | 1,387      | 49,915 | 1,781    | 64,102 | 773     | 27,839 | 5,355       | 198,127 | 27,341           | 984,269   |
| Black Rock UpCounty      | 1,092      | 38,212 | 2,074    | 72,576 | 347     | 12,143 | 4,254       | 153,144 | 31,785           | 1,080,692 |
| Kingdom Fellowship EC    | 953        | 34,318 | 1,191    | 42,865 | 423     | 15,225 | 3,038       | 112,409 | 34,751           | 1,251,049 |
| SENECA CREEK/Gburg       | 779        | 28,060 | 1,376    | 49,539 | 287     | 10,332 | 3,949       | 146,118 | 20,047           | 721,696   |
| Interfaith / Twinbrook   | 676        | 24,350 | 1,282    | 46,136 | 353     | 12,717 | 3,003       | 111,103 | 19,858           | 714,898   |
| HARVEST/Olney, S.S.      | 505        | 17,661 | 757      | 26,512 | 268     | 9,372  | 1,856       | 66,800  | 14,142           | 494,987   |
| OAK CHAPEL/20906         | 487        | 17,516 | 875      | 31,489 | 460     | 16,083 | 2,122       | 78,504  | 15,187           | 546,730   |
| HUGHES/Wheaton Glenmont  | 603        | 21,724 | 1,281    | 46,122 | 309     | 11,111 | 3,065       | 113,392 | 20,393           | 734,138   |

FY22 and FY23 funding levels for the hubs and associated services are as follows:

| Item               | FY22 Approved | FY23 Recommended |
|--------------------|---------------|------------------|
| Service Hubs       | \$ 3,150,000  | \$ 3,200,000     |
| Catholic Charities | \$ 140,000    | \$ 280,000       |
| Cheer              | \$ 50,000     | \$ 50,000        |
| Impact             | \$ 60,000     | \$ 90,000        |
| DC Diaper Bank     | \$ -          | \$ 600,000       |
| Nourish Now        | \$ -          | \$ 200,000       |
| Share Food Network | \$ -          | \$ 1,080,000     |
| Grants             | \$ 90,000     | \$ -             |

|                 |                     |                     |
|-----------------|---------------------|---------------------|
| Hub Coordinator | \$ 110,000          | \$ 100,000          |
| <b>Total:</b>   | <b>\$ 3,600,000</b> | <b>\$ 5,600,000</b> |

Note that the above amounts do not include expenditures for direct food assistance, which has been funded through special appropriations since June 2020. For FY23, the County Executive is recommending \$4,000,000 in one-time funding for food assistance to be included in the HHS operating budget (see discussion below).

Circle 45 outlines the priorities for DHHS as the Service Consolidation Hub model moves forward in the coming year. For FY23, the recommended funding includes the following changes from the current approach:

- The Executive proposes to implement a tiered funding approach based on experience at each site, to allocate County funds according to the level of service and geographic coverage provided.
- The new set of service contracts with each hub provider are intended to support a level of consistency among the hubs in providing a minimum set of services, including case management. At the same time, the direction maintains the distinctive community elements to coordinate with partners, have flexible hours and schedules, and maximize co-location of services in the community.
- Case management funding increases significantly from \$250,000 in FY22 to \$420,000 in FY23.

The Executive’s recommended funding allocation for each hub in FY23 is shown in the table below:

| <b>Service Hubs</b> | <b>FY22<br/>Approved</b> | <b>FY23<br/>Recommended</b> |
|---------------------|--------------------------|-----------------------------|
| Black Rock          | \$650,000                | \$650,000                   |
| Clifton             | \$500,000                | \$650,000                   |
| Seneca              | \$400,000                | \$400,000                   |
| Kingdom             | \$400,000                | \$400,000                   |
| Interfaith          | \$300,000                | \$400,000                   |
| Hughes              | \$300,000                | \$400,000                   |
| Oak Chapel          | \$300,000                | \$-                         |
| Harvest             | \$300,000                | \$300,000                   |
| <b>Total:</b>       | <b>\$3,150,000</b>       | <b>\$3,200,000</b>          |

**Oak Chapel site:** Councilmembers have heard concerns regarding the Executive’s proposed approach to shift Oak Chapel from a full-service hub to focus on food distribution services alone. This Executive FY23 recommendation would remove the current total hub allocation amount of \$300,000 for Oak Chapel United Methodist Church in FY22. The justifications include:

- Oak Chapel provides primarily food assistance and does not provide the full services provided at other hubs (such as case management);

- As one of the smallest hubs, the number of households served in calendar 2021 is relatively low;
- Two additional hubs are located relatively nearby that likely serve the same populations: the Mid-County Hub at Hughes Methodist Church (located approximately 5 miles south) and the Mid-County Service Consolidation Hub at Harvest Intercontinental Church (located approximately 5 miles north) (map on circle 45);
- Funding for Oak Chapel covered primarily staff salaries and some operating expenses; food assistance was provided through a separate budget managed by HHS; and
- Oak Chapel would likely continue to receive food allocations from HHS/Food Security Task Force; this would allow Oak Chapel to continue to provide food assistance, including delivery services.

***Oak Chapel ARPA Allocation:*** At its April 19, 2022, update on ARPA funding, Councilmember Navarro suggested that Council staff explore the possibility of using ARPA funds to restore funding for the Oak Chapel hub site. The full Council concurred with this recommendation. Councilmember Navarro provided additional detail on the need to restore the funding for the Oak Chapel site in a memorandum to the Health and Human Services Committee members (attached at circles 52-53). Council staff will work to resolve implementation of this approach, and bring any updates or issues back to Committee as needed.

***FY23 ARPA Funding:*** It is important to note that over half of the funding for the hubs in FY23 will come from continued ARPA funding. This is a beneficial use of the Federal funds to continue transition from pandemic response services; however, at the same time it will require a decision in FY24 as to what level of County funds are needed to continue an appropriate level of service at that time. Monitoring and assessing the experience of the coming fiscal year will be critical to build a sustainable network of community services going forward into future years.

**Council staff recommendation:**

- **Support** the total funding recommended for FY23 for the Service Consolidation Hubs: \$2.6 million in new County funding and \$3.0 million in continued ARPA funding.
- **Support** the proposed implementation structure reflecting key standard service set implementation and experience-based allocations.

**Admin Issue 4: Food Insecurity Funding and the Office of Food System Resilience; Request from Manna Food Center**

**Summary**

- The County Executive is recommending \$1.06 million in the FY23 budget to establish a new Office of Food System Resilience (OFSR), including three new positions.
- The Executive’s FY23 budget also includes \$4 million of one-time funding in the DHHS budget to continue the County’s response to food insecurity. An additional \$250,000 is allocated to Nourishing Bethesda to support its efforts in providing food assistance.



- Pending creation of the new OFSR through legislation (anticipated later this year), the CE has placed the \$1.06 million budget for the OSFR in the Community Engagement Cluster (CEC) and the \$4 million for food support in the DHHS budget.
- Much of the existing work is being done through DHHS and the Food Security Task Force and is anticipated to shift to the new OSFR when it is established.
- Manna Food Center has also requested a total of \$1 million for FY23; the County Executive has not included the additional funding in his budget.

## **Discussion**

***Office of Food System Resilience (OFSR):*** The recommended \$1.06M in the FY23 budget to establish a new Office of Food System Resilience (OFSR), including three new positions, would largely supersede the current Food Security Task Force (which includes DHHS staff, among other departmental staff and contractors) in developing the County’s strategy to address food insecurity, coordinate with its non-profit food providers and the Food Council, and administer food-related grant programs.

The three new full-time positions include: a Director (merit position at the M2 level); a Policy Analyst to conduct research, identify best practices, and assist in developing strategy; and a Partner Specialist to coordinate with the County’s non-profit partners. The total cost of all three positions is \$354,854, plus an additional \$8,000 to cover operating expenses in setting up a new office.

An additional \$200,000 is included to maintain a contract with the Montgomery County Food Council to provide strategic support and coordination assistance to the County. The remaining \$525,000 is to fund three ongoing grant programs, including the Farm to Food Bank (F2FB), Maryland Market Money (MMM), and Community Gardening and Resilience programs. All three programs were previously funded through prior special appropriations approved by the Council.

Because the existing work is in DHHS and the hiring of the new positions and administering of grants would remain with the Task Force and HHS until the new office is set up, Council staff has discussed with DHHS and OMB staff that it may be less disruptive to maintain the OFSR funding within DHHS. The Executive has stated the intent to transmit the legislation to approve and set up the new office sometime prior to August; if and/or when the legislation is approved by the Council, the FY23 funding would be shifted to the new office.

***Food insecurity funding:*** The FY23 DHHS budget includes \$4 million to support the County’s response to food insecurity. The FY23 Operating Budget narrative identifies this funding as one of the budget elements that supports Racial Equity and Social Justice, and that helps mitigate against the harms of structural racism and is an effort to address racial disparities.

The \$4 million budgeted to respond to food insecurity is less than has been spent in the recent years of the pandemic response. To date, the Council has approved over \$33 million in emergency food assistance funding since June 2020, including \$23.1 million in FY21 and \$10.6 million in FY22. Previous funding appropriations included both emergency bulk food purchases

(primarily through food banks such as Manna and Capital Area Food Bank) and supporting/infrastructure costs, such as providing support to the Consolidation Hubs, establishing new grant programs to support local farmers and restaurants, establishing the Food Access Call Center, and obtaining contractor staff support for the Food Security Task Force. In contrast, the \$4 million in FY23 is expected to cover mostly food purchase expenses.

Executive staff states that the \$4 million FY23 funding is intended to bridge to the development of the OSFR and to begin to transition the County to be less directly engaged in the food purchasing and distribution processes and more focused on supporting networks and distribution systems within the non-profit service community. This funding amount, combined with the efforts to develop the OSFR and strengthen the Service Consolidation Hubs, will allow the County and its partners to evaluate in the coming year the level of direct support needed within the system as a whole and as conditions continue to evolve from pandemic emergency response to ongoing systemic support.

***Manna Food Center:*** Manna Food Center has requested increased funding of \$1 million for FY23; the County Executive has not included the additional funding in his budget (see circles 22-25 for the January 30<sup>th</sup>, 2022 request letter). The request includes:

- \$330,000 for facilities costs;
- \$295,000 for staff training, retention, and compensation;
- \$230,000 for food purchases;
- \$95,000 for vehicle purchases; and
- \$50,000 for technology upgrades and enhancements.

Council staff notes that Manna Food Center has both competitive and non-competitive contracts with Montgomery County, and that any additional funding would need to be consistent with the processes and scope of work in the relevant contracts. It may be helpful to return to this discussion in the coming year to consider the appropriate level of ongoing resources for the County's partnership with Manna Food, as well as other potential community partners, in the context of establishing the OSFR and developing a strategic and systemic approach to the County's support of the network of community providers.

**Council Staff Recommendation:**

- The Government Operations (GO) Committee will review the Community Engagement Cluster budget and consider the placement of the OSFR funding pending legislation to create the office.
- **Support and shift:** If in alignment with the GO Committee recommendation, shift the budget and the positions (\$1.06 million and 3 FTE) from the Community Engagement Cluster to DHHS.
- **Support** the \$4 million funding level for food support in DHHS, and continue to re-evaluate based on experience during the upcoming year.
- Given the importance of food security and the scope of changes anticipated in the County's efforts, the Committee may want to receive regular updates on the expenditures of the food support funding and the status of funding supports for community partners, as

well as a broader discussion of the strategic goals and objectives of the OFSR and the County’s support for strengthening the network of food security efforts.

**Admin Issue 5: Information Technology**

**Summary**

- DHHS relies on a number of technology systems to process client and service information. The Enterprise Integrated Case Management System (EICM) system is at its end of life and in need of both upgrade and replacement.
- **FY23 CE Recommendation:** A total of \$2,075,000 is recommended in DHHS to support replacement and upgrade of the servers and software that implement EICM, as well as to implement an online application process to streamline applications for licensing and inspections and upgrade the Crisis Center phone system.
- The Department of Technology and Enterprise Business Solutions (TEBS) has worked with DHHS to conduct a risk assessment of the current state of the systems, as well as to design the solution and recommended funding for next steps.

| <b>IT Enhancement</b>          | <b>FY23</b>         |
|--------------------------------|---------------------|
| eICM Upgrade                   | \$ 1,200,000        |
| Hyper-Converged Infrastructure | \$ 700,000          |
| CivicGov Application           | \$ 125,000          |
| Crisis Center Phone Upgrade    | \$ 50,000           |
| <b>TOTAL</b>                   | <b>\$ 2,075,000</b> |

**Discussion**

DHHS has several factors that add to the complexity of its technology system needs. DHHS systems must be compliant with Federal HIPAA, and must crossover and integrate client and program information in multiple service areas. Staff from TEBS worked with DHHS staff to develop a risk assessment of the current state of the systems and to develop a plan to address identified needs.

The EICM is a primary system that processes approximately \$250,000 per day in public assistance for: Rental Assistance Program (RAP) checks; Working Parents Assistance (WPA) checks; Emergency Assistance checks; and other payments. Two of the requested funding items are to upgrade and replace this system:

- \$1.2 million is needed to upgrade the EICM software. The current application is using an older system which is past ‘end-of-support’, meaning no more patches can be accessed or made available to address issues.
- \$700,000 is needed to consolidate DHHS technology system infrastructure environments into a single Hyper-Converged Infrastructure (HCI) system. DHHS hardware – servers and routers - have passed their 5- year ‘end-of-life’ cycle and are quickly approaching ‘end-of-support’ where the County will no longer be able to purchase support or parts for the equipment.

- Council staff understands that this is a two-year implementation project and that additional costs are anticipated in FY24, with possible continuing costs thereafter.

The two other requests support other areas in the department:

- CivicGov is an application that will allow customers to access their licensing and inspection applications online, and connect the online applications to internal inspection and enforcement. This integrated automated approach has been a long-standing interest of the department and the community. This application requires an ongoing annual licensing fee which will have to be built into future budgets.
- The Crisis Center phone system requires certain operational functions as it transitions to the upgraded system.

**Council staff understands that TEBS staff have been involved in the development of the system approaches and will continue to be involved as the systems are implemented.** Staff from TEBS will be present to answer any questions regarding the integration and alignment of these efforts with larger County information technology strategies.

**Council staff recommendation:**

- **Support** the four technology system requests totaling \$2,075,000 for FY23. DHHS requires robust and updated systems to support the range of programmatic and client needs in a modern environment.
- While it is important to note that there will be multi-year costs associated with these items, these continuing costs are in keeping with system upgrades of this scope and nature. Council staff suggests that DHHS and TEBS provide updates on implementation and future cost estimates later this fiscal year, prior to FY24 budget discussions.

**Admin. Consent Items: Other Recommended Changes in Administration and Support**

*Council staff recommends support of the budget changes outlined below.*

| <b>Change</b>  | <b>Amount</b> | <b>FTE</b> | <b>Notes</b>  |
|--|---------------|------------|---|
| Add staff to the contract and human resources teams                | 246,521       | 3          | Necessary to meet increasing workload as scope and complexity of DHHS increases   |
| Fund contract for Cost Allocation and Random Moment Time Studies   | 152,000       | 0          | Contract to support Federal Financial Participation (FFP) reimbursements; anticipated increases during re-bid   |
| Add position to communications and public engagement team          | 91,599        | 1          | Adds an IT specialist to overhaul and maintain DHHS website to continually improve and update programmatic changes and public online access to services |
| Shift Legal Representation Program to Community Engagement Cluster | -551,100      | 0          | Consistent with approval of legal services coordinator in the OCP as part of Newcomers Assistance appropriation.  |

### Compensation and Central Adjustments

Compensation changes and central cost adjustments increase (and decrease) the DHHS budget as outlined in the table below and are indicated as having no service impact. FY23 Compensation and Benefit costs are reviewed separately by the Government Operations Committee.

| Change   | Amount      |
|--|-------------|
| Annualization of FY22 Compensation Increases   | 3,138,751   |
| FY23 Compensation Adjustment                   | 2,708,060   |
| Risk Management Adjustment                     | 627,424     |
| Annualization of FY22 Lapsed Positions         | 425,843     |
| Correct FY22 Inflationary Adjustments          | 162,000     |
| Motor Pool Adjustment                          | 74,371      |
| Printing and Mail Adjustment                   | 72,535      |
| Annualization of FY22 Operating Expenses       | 47,308      |
| Elimination of One-Time items approved in FY22 | (558,442)   |
| Annualization of FY22 Personnel Costs          | (1,169,873) |
| Retirement Adjustment                          | (1,288,647) |

### III. AGING AND DISABILITY SERVICES

|                    | FY22 Approved | FY23 Rec   | Difference |
|--------------------|---------------|------------|------------|
| Aging & Disability | 57,254,831    | 62,473,715 | 5,218,884  |
| FTEs               | 177           | 185        | 8          |

#### **A&D Background Context: County Minimum Wage Requirement**

Bill 28-17 was approved by the County Council in November 2017, and requires incremental increases to the minimum wage in the County each year. Increases from 2017 through 2021 were set in the law to transition to \$15.00 for large employers by July 1, 2021. Beginning July 1, 2022, the minimum wage is increased based on inflation each year.

The Chief Administrative Officer has set the minimum wage as of July 1, 2022, at \$15.65 for large employers; \$14.50 for mid-size employers; and \$14.00 for small employers. Additional information about the definitions of employer size and the phase-in of wage increases is attached at circle 26 and can be found at the following link:

[https://www.montgomerycountymd.gov/humanrights/resources/files/minimum\\_wage\\_transition\\_table.pdf](https://www.montgomerycountymd.gov/humanrights/resources/files/minimum_wage_transition_table.pdf)

## **A&D Issue 1: Supplement for Developmental Disability Service Providers**

### **Summary:**

- The County has a long-standing policy of providing a locally funded support payment to organizations providing direct service to developmentally disabled County residents. The criteria for determining the amount of the supplement has varied, but the total amount of County supplement provided increased steadily (with the exception of FY20-21).
- The supplement reduces the gap between the reimbursements providers receive and the actual cost of providing services in Montgomery County. The higher minimum wage is one factor in these additional costs.
- **For FY23, the Executive recommends an increase of \$1,128,303 to bring the total supplement amount to \$20,252,088 for FY23. This is the amount requested by Inter-ACC/DD.**
- The FY23 recommended budget also includes an additional position to support program implementation, an increase of \$68,769.
- Due to variations in revenues resulting from the pandemic and from changes in reimbursement structures at the State level, a new methodology is needed to distribute the funds to providers. Providers and DHHS agree on a new approach for implementation in FY23.

### **Discussion**

The Inter-Agency Coordinating Committee on Developmental Disabilities (Inter-ACC/DD) is a coalition of 42 service providers operating community-based support services in Montgomery County funded primarily by the Maryland Developmental Disabilities Administration (DDA). Provider agencies receive approximately \$206 million annually from DDA to support about 4,000 Montgomery County residents with intellectual and developmental disabilities. The coalition members together employ more than 5,000 staff.

Inter-ACC/DD submitted documentation (attached on circles 27-29) regarding the FY23 request, recent history of State and County revenues for providers, and an update on challenges and operations at this stage of the COVID-19 pandemic experience.

Both DHHS and Inter-ACC/DD agree to the revised distribution methodology proposed and outlined in the Inter-ACC/DD document on circles 28-29. Due to ongoing changes in reimbursement rate structures at the State, this methodology takes other factors such as staff hours into account to minimize disruption and equitably reflect providers' service experiences.

The Council's budget resolution contains a provision regarding these supplementary funds that requires that the organization must be in compliance with the County's minimum wage law and provide any documentation requested by DHHS.

### **Council staff recommendation:**

- **Support** the Recommended FY23 funding level adding \$1,128,303 to the supplement for providers of developmental disability services. Update the Operating Budget Provision (FY22 language below for reference) to reflect final action.
- **Support** the recommended additional position due to the increasing amount and complexity of the supplement.

- Continue to work with DHHS, Inter-ACC/DD, and the State to pursue an agreement that would leverage Medicaid funding to reduce the amount of County funds needed to achieve the desired rates and reimbursements.

***FY22 Operating Budget Provision:***

“This resolution appropriates \$19,123,785 to the Department of Health and Human Services to provide a payment to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this payment, an organization must provide any documentation requested by the Department of Health and Human Services and the organization must be in compliance with the Montgomery County Minimum Wage law. Section G of this resolution includes entities eligible to receive this non-competitive payment.”

**A&D Issue 2: Supplement for Adult Medical Day Care Providers**

**Summary**

- The County began providing supplemental funding to Adult Medical Day Care providers in FY19.
- **The FY23 recommendation** adds \$1,445,248 to significantly increase the overall amount of supplemental funding for providers.
- The County had identified **\$1.2 million for supplemental funding in FY22** using ARPA funds that remain to be appropriated and distributed in this fiscal year. The County and the providers have determined the necessary steps to distribute the funds and recommend the Council appropriate the ARPA funds for FY22.

**Discussion**

Since FY19, the County has provided funding to support eligible Adult Medical Day Care Providers. These organizations serve seniors who are medically compromised and adults with disabilities ages 16 by provided structured programs that include medical care during the day which support their ability to continue to live at home. They do not need 24-hour a day residential care but cannot live independently. Programs include transportation, nursing services, meals, and activities to support people’s social, physical, mental, and cognitive well-being. Medicaid-eligible individuals can access medical day care services through certain home and community-based waivers. Non-Medicaid eligible individuals also enroll in Adult Medical Day Care programs. Adult Medical Day Care supports families and caregivers to provide appropriate care. Program clients are culturally and language diverse and programs provide services that are responsive to their needs.

The County began providing this funding because the State’s Medicaid reimbursement rates make it difficult to meet higher costs of business in Montgomery County, including the County’s minimum wage.

In FY19 and FY20, the total amount appropriated for this supplemental funding was \$651,012, and in FY22 increased to \$670,542.

The Maryland Association of Adult Daycare Services (MAADS) has provided information (circles 30-37) documenting a revenue gap of \$2.1 million for Montgomery County centers because of the gap between the State's minimum wage and the County's minimum wage. Other factors related to pandemic funding and reduced in-person services in recent years have compounded providers' overall revenue experience.

**The FY23 recommendation would result in a total FY23 supplemental amount of \$2,115,790. This is the amount requested by the Adult Medical Day Care providers;** because at this point the State and County minimum wage rates are closer together, this is less than the amount that had been requested in previous years. The funds will be distributed based on the licensed capacity of each provider, and the budget resolution would continue to require that to receive funds the organization must be in compliance with the County's minimum wage law and provide any documentation requested by DHHS.

**Council staff recommendation (FY23 Funding):**

- **Support the Executive's recommended FY23 funding level of an additional \$1,445,248 for Adult Medical Day Care providers which fully funds the estimated FY23 revenue gap.** As has been discussed previously by the HHS Committee, the Adult Medical Day Care system is critical to providing options other than residential (assisted living/nursing home) for those adults who cannot live independently.
- **Revise** the operating budget language to reflect the distribution approach. Previously, the Adult Medical Day Care Supplement was distributed to organizations based on Qualified Participant Days but for FY23, the Department and the providers agree that it will be distributed based on licensed capacity for providers that accept Medicaid funding. Council staff recommends the following language for the operating budget resolution:

*This resolution appropriates \$2,115,790 to the Department of Health and Human Services to provide a payment to organizations providing adult medical day care services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by County residents, the licensed capacity of the program, and the provider must be in compliance with the Montgomery County Minimum Wage law. Section G of this resolution includes entities eligible to receive this non-competitive payment.*

***FY22 ARPA Funding***

The Council has previously indicated its intent to appropriate \$1.2 million in ARPA funding to support Adult Medical Day Care as providers have been significantly negatively impacted by the COVID pandemic. Adult Medical Daycare is reimbursed per day basis. However, AMDC centers were required to close because of COVID. The State provided a lower reimbursement rate to centers while they were closed as they continued to stay in touch and support clients with regular phone and online checks. The Governor lifted the closure of AMDC centers as of March 12, 2021. In response to COVID, centers have incurred costs from modifications needed for proper distancing and purchase of supplies and equipment for disease prevention. Some of the



cost may include modification to food service equipment, adapting vehicles, increased sanitation and cleaning, purchase of personal protective equipment, adapting medical equipment, modifications to air handling and filtration, and telehealth equipment. Additionally, providers are faced with staff shortages and increased costs similar to other areas of the economy. While providers have re-opened, clients have not come back to in-person programming at full pre-pandemic levels which continues to impact revenues.

On January 3, 2022, the Maryland Department of Health (MDH) announced the allocation of \$15 million in emergency funding from ARPA in recognition of the urgent need for support to maintain operations and respond to COVID-19 statewide. The State's application form and program requirements provide a good framework for the County's COVID response support and for compliance with the requirements of ARPA.

**Executive staff and Council staff have consulted and are in agreement on how the Council's intended ARPA allocation can be administered.** DHHS is able to administer this effort with the assistance of contract/broker staff and so, unlike some other COVID relief efforts, a separate fiscal agent is not needed. **If the HHS Committee agrees with the following parameters for this one-time COVID response funding, Council staff will prepare the special appropriation resolution which can be introduced on April 26.**

- Total ARPA funding for AMDC COVID response support is \$1.2 million. Of this amount, up to \$50,000 may be used by DHHS to hire a broker position(s) to assist with administration of this supplement. The remainder, \$1,150,000 will be distributed to the eligible AMDC organizations.
- DHHS will create an application that is modeled after the application the State used for its recent distribution of ARPA funds to AMDC providers.
- This funding will be available to all licensed AMDC providers that operate in good standing in Montgomery County. The amount provided to each organization will be based on licensed capacity in Montgomery County facilities. All AMDC providers have been severely negatively impacted by COVID and so for this one-time funding there is no link to Medicaid funded program days or clients.
- DHHS may determine if the supplement will be provided in a single payment or in two payments in order to provide an additional opportunity to review the standing/compliance of the organizations.
- DHHS will be responsible for administering the program and communicating with the Department of Finance regarding the issuance of payments. DHHS will be responsible for any additional program review or oversight.
- This payment is not a reimbursement for expenses. It will be allocated based on licensed capacity. DHHS will determine with Finance what reporting is required to ensure that funds are being used in compliance with ARPA rules (the State will have a similar

requirements). DHHS will be responsible for providing the Department of Finance with any required reports.

**Council staff recommendation:**

- **Support the FY22 appropriation of \$1.2 million of ARPA funding** for Adult Medical Day Care providers. If the Committee recommends moving forward, Council staff will prepare a resolution for Council introduction and action.

**A&D Issue 3: Adult Protective Services**

**Summary**

- Adult Protective Services (APS) are mandated services that do not allow wait lists and have legally mandated response times. APS cases have increased 53% in the last 5 years and are expected to continue to increase.
- **The FY23 recommended** budget adds 6 positions and \$954,806 to support the increased workload in APS. The budget also includes \$26,003 to annualize the position added to APS in the FY22 budget.

**Discussion**

DHHS provided context information on the growth in APS caseloads and the duties of the requested new positions (circles 38-39; 50-51). Council staff notes that the issue of increasing caseloads in APS has been discussed for several years; due to fiscal constraints during the pandemic increases have been limited, with one position added in FY22. Council staff highlights the following:

- In FY18 there were 978 APS investigations, followed by 1,154 in FY19.
- There was a decrease in the number of APS investigations during the COVID-19 pandemic experience in FY20-21 of 971 & 889 respectively.
- Cases are increasing again. FY22 has seen 786 investigations through March, and DHHS projects a total of 1,048 by the end of the fiscal year.
- DHHS also notes that the older adult population in Montgomery County is expected to continue to increase; this population increase can lead to an increase in APS cases.

The 6 new positions consist of 1 APS Supervisor (Supervisory Social Worker); 1 APS Nurse (Community Health Nurse II); and 4 APS Investigators (Social Worker III). The position added in FY22 was also an Investigator.

**Council staff recommendation**

- **Support** the additional \$954,806 and 6 FTE for the APS program. These increases are needed to meet a long-standing need that can be expected to continue to increase.
- **Alternatively**, the Committee could recommend approving 4 positions (the Supervisor, the Nurse, and 2 Investigators) to meet affordability considerations, and return in January to consider adding the remaining 2 Investigators if fiscal conditions allow. For FY23, this would allow for a deferral of \$158,930 (each position is budgeted at \$79,465, lapsed for initial hiring). This would still significantly increase the staffing level, allow time for

hiring staff, and reduce the immediate impact on the budget pending further revenue information later this year.

**A&D Additional Items**

- **The FY23 recommended budget adds \$82,616 to add one position to Support the Long-Term Ombudsman Program** in the Area Agency on Aging. DHHS staff provided additional information on circles 40-41 and reports that as family members are able to visit family members in long term care more than they have been able to during COVID-19, calls to the program are becoming more complex. **Council staff supports the addition of this position in the FY23 budget.**
- Executive staff indicates that DHHS is in ongoing discussions with the State regarding the partnership around **nursing home inspections**. This issue will return to the Committee when more information about these discussions is available.
- **The recommended budget returns the Escorted Transportation program to its pre-COVID funding levels.** The budget had been decreased temporarily by \$43,286 when trips were lower due to COVID-19 conditions. The FY23 budget restores this funding to the prior level. The Commission on Aging has requested an increase to the income eligibility levels of the program. DHHS staff indicates that this may be reviewed in the coming year as the new service levels of the funding and program use can be understood and assessed.
- The Commission on Aging has identified a program to support affordable hearing aids and supports for older adults called “**Access Hears**”. DHHS reports that funding for this program has been included in a DHHS ARPA grant application to the Maryland Department of Aging. DHHS staff is working on the program details and does not anticipate a need for County funding at this time. Council staff suggests the Committee receive an update during the year on the status and progress of this effort.

**Attachments:**

|  |         |
|--|---------|
| FY23 CE Recommended DHHS budget overview                   | © 1-7   |
| FY23 CE Recommended Administration and Support Budget      | © 8-12  |
| FY23 CE Recommended Aging and Disability Services Budget   | © 13-17 |
| Community Grants Shifted to DHHS Base Budget               | © 18-19 |
| CP Albornoz memo on Approach to the Operating Budget       | © 20-21 |
| Manna Request Letter                                       | © 22-25 |
| Minimum Wage Transition Information                        | © 26    |
| Inter-ACC/DD Statement on FY23 Budget                      | © 27-29 |
| Adult Medical Day Care provider information                | © 30-37 |
| Additional DHHS Budget Information Responses               | © 38-43 |
| Service Consolidation Hub Information                      | © 44-49 |
| APS Position Duties  | © 50-51 |
| Memorandum from Councilmember Navarro regarding Oak Chapel | © 52-53 |



# Health and Human Services

## RECOMMENDED FY23 BUDGET

\$421,855,068

## FULL TIME EQUIVALENTS

1,840.66

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 FY23 Operating Budget for the Department of Health and Human Services is \$421,855,068, an increase of \$57,900,191 or 15.91 percent from the FY22 Approved Budget of \$363,954,877. Personnel Costs comprise 48.47 percent of the budget for 1,607 full-time position(s) and 335 part-time position(s), and a total of 1,840.66 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 51.53 percent of the FY23 budget.

## COUNTY PRIORITY OUTCOMES

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

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

## INITIATIVES

- The FY23 budget provides increased direct support to youth most impacted by the pandemic via mental health, therapeutic recreation, Healing Informed Positive Youth Development, and Family Strengthening and Intervention services. In addition to

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sustaining these needed supports initially funded via pandemic relief funds, the County Executive is further expanding supports to reach more youth and families by providing additional mental health and social services at existing High School Wellness Centers; and to provide services in more school communities by opening a new Wellness Center at Kennedy High School, new Linkages to Learning centers at Odessa Shannon Middle School and the new Gaithersburg Elementary School #8, mental health and social services at ten high schools without Wellness Centers that MCPS has prioritized as being in need of more resources, and an expansion of community-based youth crisis stabilization services and youth Mental Health First Aid trainings.

- ★ The Bienvenidos Initiative (Newcomers Initiative) was propelled by the unprecedented increase in the number of unaccompanied migrant children and asylum-seeking families approaching the southern U.S. border and arriving in Montgomery County. Through the application of an equity lens framework, the initiative focuses on expanding the County's capacity to address the unique needs of this subset of the newcomer population in the mental health, legal and social services realm. The initiative brings together a robust network of providers that offer consistent information and access to services regardless of point of entry. Funds are allocated to support the expansion of existing healing informed and culturally based school and community-based services; such as Wellness Center services, family reunification, Street Outreach Network supports, youth leadership development, legal screening and representation for any and all newcomers in the County.
- ★ In FY22, the County made important and significant changes to the approach to sheltering people experiencing homelessness. The prior policy and funding provided a limited number of year-round beds which expanded during the winter months. The new policy more than doubles the year-round shelter capacity and support services including improved access to primary care, behavioral health, and vocational services. This includes the opening of a new emergency shelter for men.
- ★ One of the best strategies to eradicate homelessness is to prevent households from entering the homeless continuum by resolving their housing crisis through conflict resolution, problem-solving, and flexible funding. In FY23, additional funding is recommended to implement a centralized shelter intake and homeless diversion program. This new program will include a 24-hour, 7-days-a-week shelter hotline and case management staff to help households avoid homelessness.
- ★ When homelessness cannot be prevented, the approach of the County is to quickly connect households to permanent housing. The FY23 budget makes permanent the funding that was provided through ARPA in FY22, as well as providing an additional \$2,000,000 for Rapid Rehousing and \$3,000,000 for the County Rental Assistance Program. Rapid Rehousing provides a short-term housing subsidy and intensive wraparound services to ensure households can maintain housing stability after the subsidy ends. The Rental Assistance Program provides a permanent shallow housing subsidy to those with vulnerable housing and those exiting homelessness.
- ★ In response to the disproportionate impact of the COVID-19 pandemic on our County's low income and immigrant population, the Department of Health and Human Services, in collaboration with the Office of Emergency Management and Homeland Security, and in partnership with multiple non-profit organizations, created eight Service Consolidation Hubs located in strategic geographical areas to provide food, diapers, and essentials as well as access to benefits and services to households in need. The FY23 budget continues the work of the hubs with an eye toward permanent post-pandemic services.
- ★ Students attending Montgomery County Public Schools are experiencing more complex medical issues including diabetes, mental health concerns, and need for student case management and referrals, creating the need for more school Community Health Nurses. Having a nurse in every middle school, high school, and large elementary schools will assist in addressing increasing student health and wellness needs. The FY23 budget provides additional nurses to fully meet this policy level. In addition, increasing complexity of student health and wellness needs means school Community Health Nurses and school Health Room Techs, as well as school Administrators and staff, need additional, comprehensive training. While school Community Health Nurses in schools have been asked to provide this training in the past, increased activity in health rooms, COVID, and emerging disease prevents health room staff from being able to research topics and provide training to staff. School Health Managers and Administrators are spending a significant amount of time doing trainings and new staff orientation. The FY23 budget provides for a School Health Staff Training team which will allow for more timely trainings and mentoring of new staff across School Health Services.

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- ★ The FY23 budget provides for the establishment of an additional Adult Protective Services team which will greatly enhance the County's capacity to properly, safely, and timely meet the State mandated requirements to immediately investigate reports of abuse, neglect, and exploitation of adults age 18 and over at risk of abuse, neglect, and exploitation. As Adult Protective Services (APS) are mandated, they do not allow wait lists. APS cases have grown in the past five years driven in large part by the growth in financial exploitation cases. Continued mandated reporting by fiduciary institutions, increased awareness of abuse in the community, and the growing number of older County residents has resulted in a steady growth for investigation of allegations of financial exploitation.
  - ★ The FY23 budget provides additional funding for the expansion of the supplement given to Medical Adult Day Care (MADC) and Developmental Disability (DD) providers. The funding for MADC will greatly help the providers of this crucial community-based service meet the growing needs in our community and offset the costs of providing services not provided or allowed by Medicaid, which funds more than eighty percent of the constituents receiving MADC services. As the number of older adults and adults with disabilities in need of this service is expected to grow over the next two decades, this investment by the County supports the infrastructure that enables delivery of service to this population and their families. The increase in the annual supplement to providers of services to adults with developmental disabilities will continue to help the DD providers network, as part of the County's long-standing commitment to residents with developmental disabilities.
  - ★ The FY23 budget provides a 6% inflationary adjustment to non-profit contracts. This will enable the non-profit partners to continue to provide vital services to County residents in the midst of rising costs.

## INNOVATIONS AND PRODUCTIVITY IMPROVEMENTS

- ★ The Services to End and Prevent Homelessness (SEPH) Service Area utilized an online application system for COVID-19 rent relief and virtual intake for housing stabilization services enabling clients to access services from their home, which also allowed for centralized case assignments versus by office availability. This enabled the program to process over 11,000 rent relief applications between May 2021 to February 2022, resulting in the prevention of evictions for over 5,400 households along with \$55 million in direct rent relief assistance.
- ★ Mobile Crisis and Outreach Teams (MCOTs) are becoming a true civilian response to behavioral health crises. The Department is working on getting approval for a Common Triage and Dispatch Protocol that specifies criteria by which the MCOTs respond without police presence. In addition, the Department is in the process of adding peer support specialists to the MCOTs, so instead of two clinicians responding, a peer support specialist is paired with a clinician; thereby, enhancing the number of clients that may be served.
- ★ The Department is developing a central call center and point of contact to connect residents to frequently requested Department of Health and Human Services' (DHHS) services and programs. The Internal Call Center team will provide end-to-end assistance to Montgomery County residents seeking supports and services. The Call Center will be staffed by a team of highly trained, bilingual Customer Service Representatives, who also possess knowledge of resources provided by community partners. Establishing an Internal Call Center will enable residents to access DHHS' services and resources in a faster, more efficient manner.

## 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 FY22 estimates reflect funding based on the FY22 Approved Budget. The FY23 and FY24 figures are performance targets based on the FY23 Recommended Budget and funding for comparable service levels in FY24.

## BUDGET SUMMARY

|  | Actual<br>FY21     | Budget<br>FY22     | Estimate<br>FY22   | Recommended<br>FY23 | %Chg<br>Bud/Rec |
|--|--------------------|--------------------|--------------------|---------------------|-----------------|
| <b>COUNTY GENERAL FUND</b>                     |                    |                    |                    |                     |                 |
| <b>EXPENDITURES</b>                            |                    |                    |                    |                     |                 |
| Salaries and Wages                             | 101,890,603        | 108,548,799        | 105,422,846        | 117,949,357         | 8.7 %           |
| Employee Benefits                              | 31,991,995         | 33,392,320         | 31,735,884         | 34,179,754          | 2.4 %           |
| <b>County General Fund Personnel Costs</b>     | <b>133,882,598</b> | <b>141,941,119</b> | <b>137,158,730</b> | <b>152,129,111</b>  | <b>7.2 %</b>    |
| Operating Expenses                             | 201,614,418        | 126,491,032        | 217,165,422        | 170,446,616         | 34.8 %          |
| Capital Outlay                                 | 236,326            | 0                  | 0                  | 0                   | —               |
| <b>County General Fund Expenditures</b>        | <b>335,733,342</b> | <b>268,432,151</b> | <b>354,324,152</b> | <b>322,575,727</b>  | <b>20.2 %</b>   |
| <b>PERSONNEL</b>                               |                    |                    |                    |                     |                 |
| Full-Time                                      | 909                | 977                | 977                | 1,027               | 5.1 %           |
| Part-Time                                      | 306                | 303                | 303                | 305                 | 0.7 %           |
| FTEs   | 1,263.48           | 1,305.53           | 1,305.53           | 1,374.25            | 5.3 %           |
| <b>REVENUES</b>                                |                    |                    |                    |                     |                 |
| Core Health Services Funding                   | 4,982,560          | 4,809,321          | 4,842,257          | 4,842,257           | 0.7 %           |
| Federal Financial Participation Reimbursements | 15,550,045         | 16,036,044         | 15,831,840         | 16,188,044          | 0.9 %           |
| Health and Human Services Fees                 | 1,327,510          | 1,265,497          | 1,280,811          | 1,265,497           | —               |
| Health Inspection: Restaurants                 | 1,694,580          | 1,870,520          | 1,870,520          | 1,870,520           | —               |
| Health Inspections: Living Facilities          | 175,315            | 236,815            | 236,815            | 236,815             | —               |
| Health Inspections: Swimming Pools             | 482,690            | 577,400            | 577,400            | 577,400             | —               |
| Marriage Licenses                              | 229,095            | 226,800            | 246,960            | 246,960             | 8.9 %           |
| Medicaid/Medicare Reimbursement                | 851,591            | 1,296,401          | 1,051,925          | 1,296,401           | —               |
| Miscellaneous Revenues                         | (609,969)          | 0                  | 0                  | 0                   | —               |
| Nursing Home Reimbursement                     | 749,852            | 713,604            | 0                  | 0                   | -100.0 %        |
| Other Charges/Fees                             | 906,733            | 1,459,901          | 1,438,006          | 2,377,100           | 62.8 %          |
| Other Fines/Forfeitures                        | 20,000             | 10,450             | 10,450             | 10,450              | —               |
| Other Intergovernmental                        | 5,462,714          | 5,084,192          | 5,088,462          | 5,205,004           | 2.4 %           |
| Other Licenses/Permits                         | 24,670             | 111,360            | 111,360            | 111,360             | —               |
| Social Services State Reimbursement            | 5,567              | 0                  | 0                  | 0                   | —               |
| <b>County General Fund Revenues</b>            | <b>31,852,953</b>  | <b>33,698,305</b>  | <b>32,586,806</b>  | <b>34,227,808</b>   | <b>1.6 %</b>    |
| <b>GRANT FUND - MCG</b>                        |                    |                    |                    |                     |                 |
| <b>EXPENDITURES</b>                            |                    |                    |                    |                     |                 |
| Salaries and Wages                             | 40,729,085         | 36,295,128         | 36,295,128         | 39,667,328          | 9.3 %           |
| Employee Benefits                              | 12,235,754         | 12,654,664         | 12,654,664         | 12,675,122          | 0.2 %           |
| <b>Grant Fund - MCG Personnel Costs</b>        | <b>52,964,839</b>  | <b>48,949,792</b>  | <b>48,949,792</b>  | <b>52,342,450</b>   | <b>6.9 %</b>    |

## BUDGET SUMMARY

|   | Actual<br>FY21     | Budget<br>FY22    | Estimate<br>FY22  | Recommended<br>FY23 | %Chg<br>Bud/Rec |
|---|--------------------|-------------------|-------------------|---------------------|-----------------|
| Operating Expenses                        | 48,344,369         | 46,572,934        | 46,572,934        | 46,936,891          | 0.8 %           |
| <b>Grant Fund - MCG Expenditures</b>      | <b>101,309,208</b> | <b>95,522,726</b> | <b>95,522,726</b> | <b>99,279,341</b>   | <b>3.9 %</b>    |
| PERSONNEL                                 |                    |                   |                   |                     |                 |
| Full-Time                                 | 568                | 570               | 570               | 580                 | 1.8 %           |
| Part-Time                                 | 30                 | 30                | 30                | 30                  | —               |
| FTEs                                      | 451.01             | 465.09            | 465.09            | 466.41              | 0.3 %           |
| REVENUES                                  |                    |                   |                   |                     |                 |
| American Rescue Plan Act                  | 0                  | 6,969,218         | 6,969,218         | 3,500,000           | -49.8 %         |
| Federal Grants                            | 41,460,020         | 30,554,666        | 30,554,666        | 32,942,382          | 7.8 %           |
| HB669 Social Services State Reimbursement | 39,977,881         | 40,031,523        | 40,031,523        | 41,271,837          | 3.1 %           |
| Miscellaneous Revenues                    | 343,005            | 0                 | 0                 | 0                   | —               |
| Other Charges/Fees                        | 318,234            | 345,228           | 345,228           | 462,574             | 34.0 %          |
| State Grants                              | 14,707,087         | 17,622,091        | 17,622,091        | 21,102,548          | 19.8 %          |
| <b>Grant Fund - MCG Revenues</b>          | <b>96,806,227</b>  | <b>95,522,726</b> | <b>95,522,726</b> | <b>99,279,341</b>   | <b>3.9 %</b>    |

### DEPARTMENT TOTALS

|                                  |                    |                    |                    |                    |               |
|----------------------------------|--------------------|--------------------|--------------------|--------------------|---------------|
| <b>Total Expenditures</b>        | <b>437,042,550</b> | <b>363,954,877</b> | <b>449,846,878</b> | <b>421,855,068</b> | <b>15.9 %</b> |
| <b>Total Full-Time Positions</b> | <b>1,477</b>       | <b>1,547</b>       | <b>1,547</b>       | <b>1,607</b>       | <b>3.9 %</b>  |
| <b>Total Part-Time Positions</b> | <b>336</b>         | <b>333</b>         | <b>333</b>         | <b>335</b>         | <b>0.6 %</b>  |
| <b>Total FTEs</b>                | <b>1,714.49</b>    | <b>1,770.62</b>    | <b>1,770.62</b>    | <b>1,840.66</b>    | <b>4.0 %</b>  |
| <b>Total Revenues</b>            | <b>128,659,180</b> | <b>129,221,031</b> | <b>128,109,532</b> | <b>133,507,149</b> | <b>3.3 %</b>  |

### FY23 RECOMMENDED CHANGES

|  | Expenditures                       | FTEs                        |
|--|------------------------------------|-----------------------------|
| <b>COUNTY GENERAL FUND</b>   |                                    |                             |
|  | <b>FY22 ORIGINAL APPROPRIATION</b> | <b>268,432,151 1,305.53</b> |
| <b><u>Changes (with service impacts)</u></b>   |                                    |                             |
| Add: Newcomers Enhancements and Assistance [Admin - Children, Youth & Families]                                  | 4,421,227                          | 6.00                        |
| Add: Funding to Support the County's Response to Food Insecurity [Admin - Public Health]                         | 4,000,000                          | 0.00                        |
| Enhance: Mental Health Services at MCPS High Schools   | 3,726,180                          | 2.00                        |
| Enhance: Rental Assistance Program Expansion [Rental Assistance Program]   | 3,000,000                          | 0.00                        |
| Enhance: Increase the FY23 Base Budget for the African American Health Program [Minority Programs]               | 2,850,000                          | 0.00                        |
| Enhance: Funding to Support Services Provided by the Service Consolidation Hubs [Admin - Office of the Director] | 2,601,600                          | 0.00                        |
| Enhance: Increase the FY23 Base Budget for the Latino Health Initiative [Minority Programs]                      | 2,235,706                          | 0.00                        |
| Enhance: Rapid Rehousing Expansion [Rapid Rehousing]   | 2,000,000                          | 0.00                        |
| Enhance: Increase the FY23 Base Budget for the Asian American Health Initiative [Minority Programs]              | 1,210,263                          | 0.00                        |



## FY23 RECOMMENDED CHANGES

|   | Expenditures | FTEs  |
|---|--------------|-------|
| Enhance: Upgrade Existing Enterprise Integrated Case Management System That is Past End-of Support [Admin - Office of the Chief Operating Officer]  | 1,200,000    | 0.00  |
| Add: Funding to Support the Transition to the 988 National Suicide Prevention Hotline [24-Hours Crisis Center]  | 1,000,000    | 0.00  |
| Enhance: Add Six Positions to Support Adult Protective Services Program Due to Increased Caseload [Assessment & Continuing Care Management Services]  | 954,806      | 6.00  |
| Enhance: Annualization of Kirwan Supplemental   | 939,094      | 6.00  |
| Enhance: Operating Budget Impact for Kennedy High School Wellness Center  | 920,565      | 1.88  |
| Enhance: Conversion of Ten-Month School Health Staff to Support Summer Programs [School Health Services]  | 830,253      | 10.92 |
| Enhance: Funding for EveryMind Contract to Address Increased Call Volume [24-Hours Crisis Center]   | 795,000      | 0.00  |
| Enhance: Consolidate Existing IT Infrastructure That is Approaching End-of-Support into a Hyper-Converged Infrastructure System That Will Provide More Efficient and Cost Effective System Management [Admin - Office of the Chief Operating Officer] | 700,000      | 0.00  |
| Add: Diversion Hotline and Centralized Shelter Intake for Households Without Children [Homeless Services for Single Adults]   | 700,000      | 0.00  |
| Enhance: Add Six Nurses to Address Staffing Shortage and to Meet Staffing Policy [School Health Services]   | 646,547      | 6.00  |
| Enhance: Additional Health and Psychiatric Services for Increase in Year-Round Clients at Homeless Shelters [Healthcare for the Homeless]   | 600,000      | 0.00  |
| Enhance: Operating Budget Impact for Linkages to Learning Program at Odessa Shannon Middle School [Linkages To Learning]  | 359,427      | 1.00  |
| Enhance: Operating Budget Impact for Linkages to Learning Program at Gaithersburg Elementary School #8 [Linkages To Learning]   | 271,199      | 0.00  |
| Add: Funding to Support Non-Profit Food Provider, Nourishing Bethesda [Admin - Public Health]   | 250,000      | 0.00  |
| Enhance: Additional Staff on the Contract Team and Human Resources Team in the Office of the Chief Operating Officer Due to Increased Workload [Admin - Office of the Chief Operating Officer]  | 246,521      | 3.00  |
| Enhance: Pathways Contract to Increase Street Outreach Resources in Silver Spring and Wheaton [Homeless Services for Single Adults]   | 180,000      | 0.00  |
| Enhance: Funding for School Health Staff at New Gaithersburg Elementary School [School Health Services]   | 175,347      | 1.88  |
| Enhance: Adding Two Positions to Support Training of School Health Staff [School Health Services]   | 170,959      | 1.50  |
| Enhance: CivicGov Online Application for License and Regulatory Services [Admin - Office of the Chief Operating Officer]  | 125,000      | 0.00  |
| Add: Position to Provide Mental Health Support to the Rockville Police, Funded by the City of Rockville [24-Hours Crisis Center]  | 116,542      | 1.00  |
| Add: Position to Administer Contract and Coordinate Activities with Early Care and Education Coordinating Entity [Early Childhood Services]   | 115,570      | 1.00  |
| Enhance: Funding for Child Welfare Services to Meet Program Requirements and Keep Up with Increasing Demand [Child Welfare Services]  | 107,243      | 1.00  |
| Enhance: Communications and Public Engagement Team to Enhance Timely Communication With the Public Regarding Services [Admin - Office of the Director]  | 91,599       | 1.00  |
| Add: One Position to Meet Demands of the Tuberculosis Program [Communicable Disease & Epidemiology]   | 85,666       | 1.00  |
| Add: One Position to Support the Long-Term Ombudsman Program Due to Increased Caseload [Area Agency on Aging]   | 82,616       | 1.00  |
| Enhance: Restoration of Costs to Pre-COVID-19 Levels  | 73,629       | 0.00  |
| Enhance: Legally Mandated Children, Youth, and Families Translation Services [Child Welfare Services]   | 73,125       | 0.00  |
| Enhance: Position to Perform Child Protective Service Clearances [Child Welfare Services]   | 70,440       | 1.00  |

## FY23 RECOMMENDED CHANGES

|  | Expenditures | FTEs |
|--|--------------|------|
| Add: One Position to Support Developmental Disabilities Supplement Program [Community Support Network for People with Disabilities]  | 68,769       | 1.00 |
| Enhance: Rental Assistance Program Administrative Support [Rental Assistance Program]  | 64,431       | 1.00 |
| Enhance: Funding for a Position Created in County Attorneys Office and Charged Back to Child Welfare Services to Administer Child Welfare Cases [Child Welfare Services]         | 60,360       | 1.00 |
| Enhance: Crisis Center Phone Upgrade Necessary to Effectively Perform its Mission [Admin - Office of the Chief Operating Officer]  | 50,000       | 0.00 |
| <b><u>Other Adjustments (with no service impacts)</u></b>  |              |      |
| Increase Cost: Six Percent Inflationary Increase to Non-Profit Service Provider Contracts  | 4,191,618    | 0.00 |
| Increase Cost: Annualization of FY22 Compensation Increases  | 3,138,751    | 0.00 |
| Increase Cost: FY23 Compensation Adjustment  | 2,708,060    | 0.00 |
| Shift: Community Grants Moved From the Community Grants Non-Departmental Account to Health and Human Services' Base Budget   | 2,126,154    | 0.00 |
| Increase Cost: Adult Medical Day Care Supplement Adjustment [Assessment & Continuing Care Management Services]   | 1,445,248    | 0.00 |
| Increase Cost: Developmental Disabilities Supplement Adjustment [Community Provider Support]   | 1,128,303    | 0.00 |
| Replace: Rental Assistance Program Previously Funded by ARPA with General Funds [Rental Assistance Program]  | 1,000,000    | 0.00 |
| Increase Cost: Risk Management Adjustment  | 627,424      | 0.00 |
| Replace: School and Community Youth Services Therapeutic Recreation Services Previously Funded by ARPA with General Funds [Child & Adolescent School & Community Based Services] | 495,000      | 0.00 |
| Replace: Rapid Rehousing Previously Funded by ARPA with General Funds [Rapid Rehousing]  | 490,000      | 0.00 |
| Increase Cost: Annualization of FY22 Lapsed Positions  | 425,843      | 0.00 |
| Increase Cost: Elimination of One Time Expenses Correction to Remove FY22 ARPA Funded Items  | 360,443      | 0.00 |
| Increase Cost: Continue Funding For East County Opportunity Zone after Kresge Grant Ends Using General Funds [Admin - Children, Youth & Families]                                | 260,933      | 3.00 |
| Replace: Therapeutic Recreation Services Previously Funded by ARPA with General Funds [Positive Youth Development]   | 255,000      | 0.00 |
| Replace: Mental Health Services for MCPS Students Previously Funded by ARPA with General Funds [Child & Adolescent School & Community Based Services]                            | 250,000      | 0.00 |
| Increase Cost: Funding Necessary to Correct FY22 Inflationary Adjustments  | 162,000      | 0.00 |
| Increase Cost: Fund Contract for More Accurate Cost Allocation Plan and Random Moment Time Studies [Admin - Office of the Chief Operating Officer]                               | 152,000      | 0.00 |
| Increase Cost: Homeless Entry Coordinator to Implement New Federal Legal Requirement [Coordinated Entry]   | 104,960      | 1.00 |
| Increase Cost: Motor Pool Adjustment   | 74,371       | 0.00 |
| Increase Cost: Printing and Mail Adjustment  | 72,535       | 0.00 |
| Increase Cost: Annualization of FY22 Operating Expenses  | 47,308       | 0.00 |
| Increase Cost: Annualization of Social Worker Position [Assessment & Continuing Care Management Services]  | 26,003       | 0.00 |
| Shift: Legal Representation Program from Health and Human Services to Community Engagement Cluster []  | (551,100)    | 0.00 |
| Decrease Cost: Elimination of One-Time Items Approved in FY22  | (558,442)    | 0.00 |
| Decrease Cost: Annualization of FY22 Personnel Costs   | (1,169,873)  | 8.55 |
| Decrease Cost: Retirement Adjustment   | (1,288,647)  | 0.00 |



# Administration and Support

## RECOMMENDED FY23 BUDGET

\$63,418,730

## FULL TIME EQUIVALENTS

167.00

RAYMOND L. CROWEL PSY.D., DIRECTOR

## FUNCTION

The function of Administration and Support Services is to provide overall leadership, administration, and direction to the Department of Health and Human Services (HHS), while providing an efficient system of support services to ensure effective management and delivery of services.

## PROGRAM CONTACTS

Contact Victoria Buckland of the HHS - Administration and Support at 240.777.1211 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 - Office of Community Affairs

This program oversees, supports, and implements the mission of the Office of Community Affairs, which is to lead the development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities. This Office takes a global view of equity and inclusion that transcends the mandate of individual service units and offices to ultimately drive for systems change.

| FY23 Recommended Changes  | Expenditures   | FTEs        |
|---|----------------|-------------|
| <b>FY22 Approved</b>  | <b>240,218</b> | <b>2.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 143,834        | 1.00        |
| <b>FY23 Recommended</b>   | <b>384,052</b> | <b>3.00</b> |

### Admin - Office of the Chief Operating Officer

This Office oversees the administrative services that support direct service delivery and the day-to-day operations of the Department, including budget development and expenditure analysis; management of the Department's fiscal operations including payments, medical billing, Federal claiming, and State financial reporting; contract management; logistics and facilities support; information technology support and development; grant acquisition; and oversight of compliance activities such as internal audits and coordination of external audits. The Office also oversees the implementation of Department-wide policies and procedures for

administrative functions and coordinates and facilitates service delivery practices to promote consistency across programs and to further the goal of integrated practice across the Department.

| FY23 Recommended Changes  | Expenditures      | FTEs         |
|---|-------------------|--------------|
| <b>FY22 Approved</b>  | <b>24,259,046</b> | <b>91.00</b> |
| Enhance: Upgrade Existing Enterprise Integrated Case Management System That is Past End-of Support  | 1,200,000         | 0.00         |
| Enhance: Consolidate Existing IT Infrastructure That is Approaching End-of-Support into a Hyper-Converged Infrastructure System That Will Provide More Efficient and Cost Effective System Management | 700,000           | 0.00         |
| Enhance: Additional Staff on the Contract Team and Human Resources Team in the Office of the Chief Operating Officer Due to Increased Workload  | 246,521           | 3.00         |
| Increase Cost: Fund Contract for More Accurate Cost Allocation Plan and Random Moment Time Studies  | 152,000           | 0.00         |
| Enhance: CivicGov Online Application for License and Regulatory Services  | 125,000           | 0.00         |
| Enhance: Crisis Center Phone Upgrade Necessary to Effectively Perform its Mission   | 50,000            | 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. | 1,890,568         | (2.00)       |
| <b>FY23 Recommended</b>   | <b>28,623,135</b> | <b>92.00</b> |

## Admin - Office of the Director

The Director's Office provides comprehensive leadership and direction for the Department, including budget and policy development and implementation, planning and accountability, service integration, customer service, the formation and maintenance of partnerships with non-governmental service providers, and human resource management. Further, the Office of the Director facilitates relationships and communications with external partners, provides overall guidance and leadership for health and social service initiatives, and ensures compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

| FY23 Recommended Changes  | Expenditures      | FTEs         |
|---|-------------------|--------------|
| <b>FY22 Approved</b>  | <b>10,491,548</b> | <b>25.00</b> |
| Enhance: Funding to Support Services Provided by the Service Consolidation Hubs   | 2,601,600         | 0.00         |
| Enhance: Communications and Public Engagement Team to Enhance Timely Communication With the Public Regarding Services   | 91,599            | 1.00         |
| Decrease Cost: Service Consolidation Hubs ARPA Funding Decreases From FY22 Appropriation by \$600,000 (Providing \$3,000,000 in ARPA Funding in FY23)   | (600,000)         | 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. | (1,730,366)       | 1.00         |
| <b>FY23 Recommended</b>   | <b>10,854,381</b> | <b>27.00</b> |

## Community Action Agency

The mission of the Community Action Agency (CAA) is to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy using an equity lens. Responsibilities include administration of Federal and State Head Start and Community Services Block Grant (CSBG) funding. In addition to Head Start, programs include the Takoma-East Silver Spring (TESS) Community Action Center, Volunteer Income Tax Assistance (VITA), the Community Action Board, and its Community Advocacy Institute. CAA staff and volunteers join with 30+ partners to deliver critical services that

strengthen the social and economic assets of low-income communities.

| Program Performance Measures  | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|---|----------------|----------------|-------------------|----------------|----------------|
| The number of residents who receive free tax preparation services through the CAA VITA program <sup>1</sup> | 1,746          | 1,025          | 1,400             | 1,800          | 2,200          |

<sup>1</sup> The number of residents served annually by VITA is highly dependent upon the number and expertise of volunteers recruited and trained, funding of VITA staff, as well as the size and number of partnership sites when delivering in-person services. Due to Covid, a virtual model (Zoom-based) was initiated in FY21. FY22 assumes a hybrid model with limited in-person services, and a reduction of volunteers, including many seniors who previously volunteered due to their health and Covid concerns, and a reduction of student volunteers. Projections assume level staffing, and increasing volunteer levels in FY23 and FY24, as Covid health impacts hopefully diminish.

| FY23 Recommended Changes  | Expenditures     | FTEs         |
|---|------------------|--------------|
| <b>FY22 Approved</b>  | <b>4,634,764</b> | <b>12.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 877,221          | 2.20         |
| <b>FY23 Recommended</b>   | <b>5,511,985</b> | <b>14.20</b> |

## Equity and Language Access

This program leads an organizational change effort by engaging in systematic planning, implementation, and evaluation of activities that help the Department understand, define, and adopt equity as an operating value that guides how staff work with customers, colleagues, and the community to promote health, safety, and self-sufficiency. Limited English Proficiency (LEP) is a key barrier to equitable access to services. Providing language access is a Federal mandate. This program oversees the implementation of key components of the comprehensive Department-wide LEP Policy and Implementation Plan to fulfill an essential systemic strategy to create equitable access to services.

| Program Performance Measures   | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|--|----------------|----------------|-------------------|----------------|----------------|
| Number of referrals made for Multilingual Health Navigation Line/Interpretation Services <sup>1</sup>                                  | 7,623          | 24,462         | 15,000            | 10,000         | 10,000         |
| Total number of interpretations provided over the phone by our phone interpretation vendor to DHHS staff in order to serve LEP clients | 20,225         | 28,814         | 23,000            | 21,000         | 21,000         |
| Percent of clients satisfied with services for Multilingual Health Navigation Line/interpretation services <sup>2</sup>                | 94%            | 98%            | 90%               | 90%            | 90%            |
| Percent of clients able to access services upon referral   | 83%            | 90%            | 84%               | 85%            | 85%            |
| Percent of participants of Equity Workshop who will be able to apply behaviors learned <sup>3</sup>                                    | 96%            | 94%            | 92%               | 92%            | 92%            |

<sup>1</sup> The considerable uptick in the number of referrals for multilingual/interpretation services is attributable to the following: 1) HHS moving much of its operation virtual, so instead of using in-person interpretation services which is not part of this count, has switched on phone interpretation services which represents this data. 2) Because of new COVID relief programs such as EARP and Rental Relief which created demands from the community.

<sup>2</sup> This data currently reflects the performance of one contract. Other contracts will be updated to include the capturing of this data. The measure will be updated accordingly.

<sup>3</sup> Represents participants who marked "agreed" or "strongly agreed" on this question

| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>1,223,221</b> | <b>2.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | (4,120)          | 0.00        |
| <b>FY23 Recommended</b>   | <b>1,219,101</b> | <b>2.00</b> |

## ☀ Head Start

This program oversees the Federal Head Start funding that the County receives to provide a comprehensive child development program for income-eligible families with young children ages three through five. Montgomery County Public Schools serves as the Head Start delegate agency and the Department of Health and Human Services provides health services to eligible Head Start children through the School Health Service program.

| Program Performance Measures   | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|--|-------------|-------------|----------------|-------------|-------------|
| Number of children in full-day program   | 540         | 540         | 560            | 578         | 598         |
| Percent of children in full-day program  | 83%         | 83%         | 89%            | 92%         | 100%        |
| Percent of Head Start eligible children served by the Montgomery County Head Start Program | 41%         | 41%         | 41%            | 50%         | 50%         |
| Percent of 3-year olds with demonstrated school readiness <sup>1</sup>                     | 50%         | 71%         | 65%            | 70%         | 75%         |
| Percent of 4-year olds with demonstrated school readiness <sup>2</sup>                     | 42%         | 81%         | 75%            | 80%         | 85%         |

<sup>1</sup> The FY2021 program year began as a virtual learning platform. The child assessment- reduced from 16 early learning Skills, Knowledge and Behaviors (SKBs) indicators- was modified to focus on four indicators of learning under the math and language and literacy domains. Accordingly, the higher percentage is indicative of readiness in the four main areas.

<sup>2</sup> The FY2021 program year began as a virtual learning platform. The child assessment- reduced from 16 early learning Skills, Knowledge and Behaviors (SKBs) indicators- was modified to focus on four indicators of learning under the math and language and literacy domains. Accordingly, the higher percentage is indicative of readiness in the four main areas.

| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>4,807,949</b> | <b>2.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | (41,509)         | 0.80        |
| <b>FY23 Recommended</b>   | <b>4,766,440</b> | <b>2.80</b> |

## ☀ Minority Programs

The three minority programs - the African American Health Program (AAHP), the Latino Health Initiative (LHI), and the Asian American Health Initiative (AAHI) - support Department-wide efforts to eliminate health and other disparities and achieve equity while continuing their population-targeted programs and services. The programs' knowledge, expertise, and experiences in racially, ethnically, and linguistically diverse communities helps informed Department-wide program, policy, and budget decisions.

| Program Performance Measures   | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|--|-------------|-------------|----------------|-------------|-------------|
| Number of individuals served by the Minority Health Initiatives & Program <sup>1</sup>                                       | 36,653      | 28,920      | 29,579         | 31,979      | 32,064      |
| Percent of clients satisfied with services provided by the Minority Health Initiatives & Program                             | 99%         | 99%         | 95%            | 95%         | 95%         |
| Average percent of respondents who expressed increased confidence due to community capacity building activities <sup>2</sup> | 96%         | N/A         | 85%            | 85%         | 85%         |
| Average percent increase in wages from time participants entered program until hired as health professionals                 | 190%        | 169%        | 150%           | 150%        | 150%        |
| Percent of clients who improved A1C blood sugar level test at 3-month follow up (diabetes management/prevention)             | 95%         | 96%         | 100%           | 97%         | 96%         |

<sup>1</sup> FY20's actual figure is higher than FY21 because FY20 included July 2019 - early March 2020, which was "pre-COVID." During that time, the programs conducted outreach as we usually did, which included large-scale in-person events. FY21 was a full "COVID-year." Communities were not hosting large scale in-person events as they did in the pre-COVID era, especially considering that the vaccine did not become more widely available to all adults until April 2021, which was closer to the end of FY21. Both LHI and AAHI had decreases in FY21 outreach, in part due to the decrease in in-person outreach events, and in the increase in virtual events, which do not yield as many participants and attendees.

<sup>2</sup> This is a measure tracked by AAHI. Historically, AAHI had set the projection at 85% for the past fiscal years. For FY23, department staff will

work with the AAHI to align prior data with projections.

| FY23 Recommended Changes  | Expenditures      | FTEs         |
|---|-------------------|--------------|
| <b>FY22 Approved</b>  | <b>5,572,380</b>  | <b>27.00</b> |
| Enhance: Increase the FY23 Base Budget for the African American Health Program  | 2,850,000         | 0.00         |
| Enhance: Increase the FY23 Base Budget for the Latino Health Initiative   | 2,235,706         | 0.00         |
| Enhance: Increase the FY23 Base Budget for the Asian American Health Initiative   | 1,210,263         | 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. | 191,287           | (1.00)       |
| <b>FY23 Recommended</b>   | <b>12,059,636</b> | <b>26.00</b> |

## REALIGNED PROGRAMS

Funding in the following programs has been realigned to other programs within this department.

### Legal Representation

| Program Performance Measures                              | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|---|-------------|-------------|----------------|-------------|-------------|
| Number of clients served by the grants                    | 106         | 154         | 150            | 150         | 150         |
| Percent of clients who obtained a favorable legal outcome | 27%         | 46%         | 50%            | 50%         | 50%         |

| FY23 Recommended Changes   | Expenditures   | FTEs        |
|--|----------------|-------------|
| <b>FY22 Approved</b>   | <b>551,100</b> | <b>0.00</b> |
| Shift: Legal Representation Program from Health and Human Services to Community Engagement Cluster | (551,100)      | 0.00        |
| <b>FY23 Recommended</b>  | <b>0</b>       | <b>0.00</b> |

## PROGRAM SUMMARY

| Program Name                                  | FY22 APPR Expenditures | FY22 APPR FTEs | FY23 REC Expenditures | FY23 REC FTEs |
|---|------------------------|----------------|-----------------------|---------------|
| Admin - Office of Community Affairs           | 240,218                | 2.00           | 384,052               | 3.00          |
| Admin - Office of the Chief Operating Officer | 24,259,046             | 91.00          | 28,623,135            | 92.00         |
| Admin - Office of the Director                | 10,491,548             | 25.00          | 10,854,381            | 27.00         |
| Community Action Agency                       | 4,634,764              | 12.00          | 5,511,985             | 14.20         |
| Equity and Language Access                    | 1,223,221              | 2.00           | 1,219,101             | 2.00          |
| Head Start                                    | 4,807,949              | 2.00           | 4,766,440             | 2.80          |
| Legal Representation                          | 551,100                | 0.00           | 0                     | 0.00          |
| Minority Programs                             | 5,572,380              | 27.00          | 12,059,636            | 26.00         |
| <b>Total</b>                                  | <b>51,780,226</b>      | <b>161.00</b>  | <b>63,418,730</b>     | <b>167.00</b> |



# Aging and Disability Services

**RECOMMENDED FY23 BUDGET**

**\$62,473,715**

**FULL TIME EQUIVALENTS**

**184.59**

RAYMOND L. CROWEL, PSY.D., DIRECTOR

## FUNCTION

The staff of Aging and Disability Services shares the Montgomery County vision where seniors, persons with disabilities, and their families are fully participating members of our community. The mission of this service area is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities, which promote choice, independence, and inclusion.

## PROGRAM CONTACTS

Contact Odile Brunetto, Ed. D. of the HHS - Aging and Disability Services at 240.777.4565 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 - Aging & Disability Services

This program provides leadership and direction for the administration of Aging and Disability Services.

| <b>FY23 Recommended Changes</b>   | <b>Expenditures</b> | <b>FTEs</b> |
|---|---------------------|-------------|
| <b>FY22 Approved</b>  | <b>455,130</b>      | <b>3.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 2,448               | 0.00        |
| <b>FY23 Recommended</b>   | <b>457,578</b>      | <b>3.00</b> |

### Adult Foster Care

This program provides subsidies and case management for low-income seniors who live in group homes for the frail elderly, and adult foster care homes for frail seniors and adults with disabilities.

| <b>Program Performance Measures</b>  | <b>Actual FY20</b> | <b>Actual FY21</b> | <b>Estimated FY22</b> | <b>Target FY23</b> | <b>Target FY24</b> |
|--|--------------------|--------------------|-----------------------|--------------------|--------------------|
| Number of ongoing clients in Adult Foster Care (monthly average)   | 128                | 105                | 110                   | 121                | 139                |
| Assisted Living Services - Percent of clients remaining in community placement (i.e., not entering institutional setting) <sup>1</sup> | 89%                | 93%                | 93%                   | 93%                | 93%                |

<sup>1</sup> AFS Services has continued to be successful in helping client's avoid institutionalization.



| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>2,276,833</b> | <b>7.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 5,731            | 0.00        |
| <b>FY23 Recommended</b>   | <b>2,282,564</b> | <b>7.00</b> |

## Aging & Disability Resource Unit

This program assists seniors, persons with disabilities, and their families, in defining their needs, locating required services, and facilitating the application process to access services.

| Program Performance Measures  | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|---|----------------|----------------|-------------------|----------------|----------------|
| Number of incoming calls  | 1,743          | 1,352          | 1,640             | 1,640          | 1,640          |
| Percent of ongoing clients satisfied with the Aging and Disability Resource Unit <sup>1</sup>   | 100%           | N/A            | 96%               | 96%            | 95%            |
| Percent of ongoing clients to the Aging and Disability Resource Unit who said they were better able to make decisions about options after talking with staff <sup>2</sup> | 93%            | N/A            | 95%               | 95%            | 95%            |

<sup>1</sup> Surveys not collected in FY21 due to COVID-19.

<sup>2</sup> Surveys not collected in FY21 due to COVID-19.

| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>1,068,067</b> | <b>9.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 23,310           | (0.16)      |
| <b>FY23 Recommended</b>   | <b>1,091,377</b> | <b>8.84</b> |

## Area Agency on Aging

The Area Agency on Aging provides programs and services to help seniors remain independent in the community including: nutritious senior meals; assisted living subsidies; technical assistance to community "villages"; support to caregivers; legal, representative payee and health promotion services; health insurance counseling; visits to isolated seniors; grocery shopping; transportation and mobility management; subsidized employment; and problem resolution for residents of nursing home and assisted living facilities.

| Program Performance Measures  | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|---|----------------|----------------|-------------------|----------------|----------------|
| Number of unduplicated customers served in the Senior Nutrition Program   | 4,306          | 3,000          | 5,000             | 5,000          | 5,000          |
| Percent of Congregate Meal clients who agree or strongly agree that they would recommend the service to a friend <sup>1</sup>   | 97%            | N/A            | 97%               | 97%            | 97%            |
| Percent of Representative Payee clients who report that the volunteer money management service has enabled them to have adequate funds for shelter, food, medical care, and clothes | 96%            | 100%           | 96%               | 96%            | 96%            |
| Ombudsman Services - Percent of complaints resolved and partially resolved  | 85%            | 93%            | 87%               | 90%            | 90%            |

<sup>1</sup> Due to COVID, the Congregate meal program did not resume operations until June 2020. Service quality data was not collected for FY21.

| FY23 Recommended Changes   | Expenditures     | FTEs         |
|--|------------------|--------------|
| <b>FY22 Approved</b>   | <b>8,473,871</b> | <b>21.79</b> |
| Add: One Position to Support the Long-Term Ombudsman Program Due to Increased Caseload | 82,616           | 1.00         |

| FY23 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. | 339,236          | 0.16         |
| <b>FY23 Recommended</b>   | <b>8,895,723</b> | <b>22.95</b> |

## ☀ Assessment & Continuing Care Management Services

This program provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, self-neglect, financial exploitation, or inappropriate institutionalization.

Services include Adult Protective Services, Social Services to Adults, and the Public Guardianship Program.

| Program Performance Measures  | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|---|-------------|-------------|----------------|-------------|-------------|
| New APS Investigations <sup>1</sup>   | 971         | 889         | 1,000          | 1,100       | 1,200       |
| Number of clients receiving case management services  | 798         | 1,236       | 1,300          | 1,350       | 1,400       |
| Percent of SSTA Case Management clients who report being satisfied or very satisfied  | 95%         | 93%         | 95%            | 95%         | 95%         |
| Percent of seniors and adults with disabilities that avoid institutional placement while receiving case management services | 96%         | 88%         | 93%            | 93%         | 93%         |
| Number of APS Clients with another investigation within six months (Recidivism)   | 6%          | 5%          | 7%             | 6%          | 6%          |

<sup>1</sup> Projection for FY 22 is lower due to impact of COVID.

| FY23 Recommended Changes  | Expenditures      | FTEs         |
|---|-------------------|--------------|
| <b>FY22 Approved</b>  | <b>8,073,030</b>  | <b>51.55</b> |
| Increase Cost: Adult Medical Day Care Supplement Adjustment   | 1,445,248         | 0.00         |
| Enhance: Add Six Positions to Support Adult Protective Services Program Due to Increased Caseload   | 954,806           | 6.00         |
| Increase Cost: Annualization of Social Worker Position  | 26,003            | 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. | 262,307           | 0.00         |
| <b>FY23 Recommended</b>   | <b>10,761,394</b> | <b>57.55</b> |

## ☀ Community Provider Support

This program provides financial support to the providers and agencies in the community that work with the entire spectrum of clients served by the Department through Aging and Disability Services.

| Program Performance Measures  | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|---|-------------|-------------|----------------|-------------|-------------|
| Turnover rate for direct service professionals for developmental disabilities providers   | 35.0%       | 30.5%       | 38.0%          | 35.6%       | 35.6%       |
| Number of Clients served by Developmental Disability and Medical Adult Day Care Providers | 3,172       | 5,166       | 5,325          | 5,491       | 5,661       |
| Percent of customers satisfied with Medical Adult Day Care                                | 91.0%       | 99.0%       | 91.0%          | 91.0%       | 99.0%       |

| FY23 Recommended Changes  | Expenditures      | FTEs        |
|---|-------------------|-------------|
| <b>FY22 Approved</b>  | <b>19,456,237</b> | <b>0.50</b> |
| Increase Cost: Developmental Disabilities Supplement Adjustment   | 1,128,303         | 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. | 952               | 0.00        |
| <b>FY23 Recommended</b>   | <b>20,585,492</b> | <b>0.50</b> |

## ☀ Community Support Network for People with Disabilities

Community Support Network for People with Disabilities (CSN) provides services that enable individuals to remain in their home or in the least restrictive environment and provides general support, guidance, and assistance to clients with developmental disabilities and their families. The My Turn program provides summer camp placements, support, and programmatic/financial assistance to families with children with developmental disabilities ages 3 to 13 years old. CSN also conducts site visits to group homes that serve clients with developmental disabilities in the County and monitors contracts that provide services to people with various disabilities including visual and hearing impairments.

| Program Performance Measures  | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|---|----------------|----------------|-------------------|----------------|----------------|
| Placements in Summer Camp Programs <sup>1</sup>                     | 9              | 29             | 60                | 102            | 102            |
| Percent of customers satisfied with the My Turn Program             | 100%           | 92%            | 95%               | 95%            | 95%            |
| Percent of customers who report that the My Turn Program is helpful | 95%            | 88%            | 95%               | 95%            | 95%            |

<sup>1</sup> Due to the impact of COVID, there were fewer placements in summer camp programs in FY20 and FY21.

| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>2,751,945</b> | <b>8.75</b> |
| Add: One Position to Support Developmental Disabilities Supplement Program  | 68,769           | 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. | 169,644          | 0.00        |
| <b>FY23 Recommended</b>   | <b>2,990,358</b> | <b>9.75</b> |

## ☀ Home Care Services

This program provides personal care assistance to seniors and eligible adults with disabilities who are unable to manage independently due to physical and/or mental impairments. Home Care Services prevent abuse, neglect, and exploitation of vulnerable adults, and enhance overall quality of life by providing personal care, chore assistance, therapeutic support, self-care education, and escorted transportation.

| Program Performance Measures   | Actual<br>FY20 | Actual<br>FY21 | Estimated<br>FY22 | Target<br>FY23 | Target<br>FY24 |
|--|----------------|----------------|-------------------|----------------|----------------|
| Home Care Services - Number of clients served annually                       | 239            | 308            | 323               | 340            | 357            |
| Percent of customers satisfied with Home Care Services                       | 87%            | 86%            | 96%               | 99%            | 99%            |
| Home Care Services - Percentage of clients with no unmet personal care needs | 99%            | 100%           | 99%               | 99%            | 99%            |

| FY23 Recommended Changes  | Expenditures     | FTEs         |
|---|------------------|--------------|
| <b>FY22 Approved</b>  | <b>4,926,361</b> | <b>15.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 67,154           | 0.00         |
| <b>FY23 Recommended</b>   | <b>4,993,515</b> | <b>15.00</b> |

## ☀ Medicaid Funded Long-Term Care Services

This program administers and operates Maryland's Long-Term Care Medicaid program, Coordination of Community Services, and Community First Choice (CFC). CFC Supports Planners and Nurse Monitors provide a continuum of services designed to allow people of all ages and in need of long-term care to live in the community, rather than in institutions. Adult Evaluation and Review Services (AERS) provides mandatory medical evaluations for clients seeking these services and for those referred by

Adult Protective Services. In addition, this program area provides service coordination to eligible young people funded under the Maryland Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver Program).

| Program Performance Measures   | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|--|-------------|-------------|----------------|-------------|-------------|
| Total number of clients currently served by Nurse Monitoring   | 2,602       | 2,621       | 2,852          | 3,022       | 3,203       |
| Average number of Adult Evaluation and Review Service (AERS) assessments assigned per month  | 282         | 248         | 299            | 307         | 350         |
| Percent of clients satisfied with the Autism Waiver Program  | 99%         | 95%         | 95%            | 95%         | 97%         |
| Percent of clients satisfied with Coordination of Community Supports   | 95%         | 91%         | 88%            | 88%         | 92%         |
| Percent of adults with developmental disabilities provided case management services that remain at the same level of independence after receiving supportive services in the Case Management of Community Services Program | 100%        | 100%        | 99%            | 99%         | 99%         |

| FY23 Recommended Changes  | Expenditures     | FTEs         |
|---|------------------|--------------|
| <b>FY22 Approved</b>  | <b>8,391,340</b> | <b>60.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 572,892          | 0.00         |
| <b>FY23 Recommended</b>   | <b>8,964,232</b> | <b>60.00</b> |

## Respite Care

This program area provides temporary, occasional care of frail seniors, adults and children with disabilities, and children with severe behavioral and/or medical issues to give relief to families and other primary caregivers.

| Program Performance Measures  | Actual FY20 | Actual FY21 | Estimated FY22 | Target FY23 | Target FY24 |
|---|-------------|-------------|----------------|-------------|-------------|
| Number of clients served in respite <sup>1</sup>  | 486         | 389         | 411            | 457         | 457         |
| Percent of customers satisfied with Respite Services  | 91%         | 93%         | 92%            | 92%         | 93%         |
| Percent of customers that report a reduction in stress/caregiver burden as a result of receiving respite services | 92%         | 96%         | 97%            | 97%         | 97%         |

<sup>1</sup> Due to the impact of COVID, there were fewer clients served in respite during FY21.

| FY23 Recommended Changes  | Expenditures     | FTEs        |
|---|------------------|-------------|
| <b>FY22 Approved</b>  | <b>1,382,017</b> | <b>0.00</b> |
| Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. | 69,465           | 0.00        |
| <b>FY23 Recommended</b>   | <b>1,451,482</b> | <b>0.00</b> |

## PROGRAM SUMMARY

| Program Name   | FY22 APPR Expenditures | FY22 APPR FTEs | FY23 REC Expenditures | FY23 REC FTEs |
|--|------------------------|----------------|-----------------------|---------------|
| Admin - Aging & Disability Services                    | 455,130                | 3.00           | 457,578               | 3.00          |
| Adult Foster Care                                      | 2,276,833              | 7.00           | 2,282,564             | 7.00          |
| Aging & Disability Resource Unit                       | 1,068,067              | 9.00           | 1,091,377             | 8.84          |
| Area Agency on Aging                                   | 8,473,871              | 21.79          | 8,895,723             | 22.95         |
| Assessment & Continuing Care Management Services       | 8,073,030              | 51.55          | 10,761,394            | 57.55         |
| Community Provider Support                             | 19,456,237             | 0.50           | 20,585,492            | 0.50          |
| Community Support Network for People with Disabilities | 2,751,945              | 8.75           | 2,990,358             | 9.75          |



# Community Grants to Base Budget

## Community Grants Shifts to Departments' Base Budgets Including 6% Nonprofit Increase FY23 CE Recommended Operating Budget

| Organization   | Purpose   | FY23<br>Recommended |
|--|---|---------------------|
| <b>Community Engagement Cluster (CEC)</b>                      |   | <b>\$ 68,900</b>    |
| Montgomery Sister Cities, Inc.                                 | Provide for operating support.  | \$ 21,200           |
| Silver Spring Town Center Inc.                                 | Provide for operating support.  | \$ 47,700           |
| <b>Office of the County Executive (CEX)</b>                    |   | <b>\$ 66,250</b>    |
| Black Chamber of Commerce of Maryland                          | Provide technical assistance and training for minority business owners in Montgomery County.  | \$ 2,650            |
| Rockville Economic Development, Inc.                           | Provide business counseling, training, and technical assistance to start-up and existing women-owned businesses and entrepreneurs.  | \$ 63,600           |
| <b>Health and Human Services (HHS)</b>                         |   | <b>\$ 2,126,154</b> |
| Avery Road Alumni Association, Inc.                            | Provide peer services and needed life skills to those new in substance abuse recovery or in need.   | \$ 21,200           |
| CASA, Inc.   | Provides comprehensive immigration relief screenings, direct representation to DACA and other relief eligible beneficiaries, and direct referrals for complex cases.  | \$ 174,900          |
| Catholic Charities of the Archdiocese of Washington, Inc.      | Provide a bilingual office supervisor to support emergency assistance, case management and referral services.   | \$ 62,384           |
| Catholic Charities of the Archdiocese of Washington, Inc.      | Provide administrative support for the successful operations of transitional housing services and a robust network of program volunteers.   | \$ 51,570           |
| Catholic Charities of the Archdiocese of Washington, Inc.      | Provide Spanish literacy education for non-literate, Spanish-speaking Montgomery County immigrant residents.  | \$ 16,836           |
| Cedar Ridge Community Church, Inc.                             | Provide a food security and fresh produce program.  | \$ 1,802            |
| CentroNia, Inc.  | Provide services to promote healthy habits in early learners through nutritional education and increased access to nourishing foods to children and adults.   | \$ 14,278           |
| Community Bridges, Inc.  | Provide mentoring, college and career planning, and mentoring support for low income girls and families.  | \$ 84,800           |
| Community Reach of Montgomery County, Inc.                     | Provide permanent supportive housing for formerly homeless individuals at the Jefferson House Personal Living Quarters (men) and Rockland House (women).  | \$ 23,320           |
| Community Reach of Montgomery County, Inc.                     | Provide weekly in-home care services, home repairs/maintenance, and case management to enable lower income seniors to age in place.   | \$ 49,820           |
| Crossroads Community Food Network, Inc.                        | Provide for the farmers market nutrition incentive program and complementary healthy eating education program.  | \$ 61,480           |
| EduCare Support Services, Inc.                                 | Provide supplemental food assistance to low-income families, seniors, persons with disabilities or chronic illness, and in other emergency situations.  | \$ 63,600           |
| EveryMind, Inc.  | Provide Mental Health First Aid trainings to increase understanding of mental illness, addiction, and how to help someone in crisis.  | \$ 42,400           |
| Family Learning Solutions, Inc.                                | Provide career pathway through student internships, mentors/tutors facilitate peer academic/career readiness, leadership, community-service for disconnected youth struggling with achievement. Provide oversight on Home Grown Program to promote self-sustainability. | \$ 58,300           |
| Family Learning Solutions, Inc.                                | Provide partnerships of College enrolled/College graduates meeting with highschool students to inform on post-highschool life expectations and goals.   | \$ 10,600           |
| Family Services, Inc.  | Provide academic, social, and emotional support during and after school for at-risk minority males at Gaithersburg Middle School.   | \$ 42,400           |
| Family Services, Inc.  | Provide the Healthy Mothers Healthy Babies Program for low-income and uninsured women with perinatal depression.  | \$ 68,900           |
| First African Methodist Episcopal Church of Gaithersburg, Inc. | Provide support for the SHARE food program for low-income families.   | \$ 9,010            |
| Florence Crittenton Services of Greater Washington             | Provide for a positive youth development program to empower vulnerable teen girls to overcome obstacles to academic and personal success.   | \$ 58,300           |
| Florence Crittenton Services of Greater Washington             | Provide for a social and emotional learning program for middle school girls to develop skills that are essential for academic success.  | \$ 37,100           |
| Impact Silver Spring, Inc.                                     | Provide support for the Neighborhood Opportunity Network Initiative.  | \$ 235,998          |
| Interfaith Works, Inc.   | Provide support to assist faith communities in meeting community needs.   | \$ 84,800           |
| Jewish Council for the Aging of Greater Washington, Inc.       | Provide in-school and after-school intergenerational mentoring and tutoring for at-risk children and youth.   | \$ 53,000           |
| Jewish Social Service Agency (JSSA)                            | Provide support for a Child and Adolescent therapist, co-located at community provider sites, who provides assessment, referral, and connection to services.  | \$ 38,213           |
| Korean Community Service Center Of Greater Washington, Inc.    | Provides support for the Keystone Project to assist victims of domestic violence in the Korean community.   | \$ 58,300           |
| Latin American Youth Center, Inc.                              | Provide individual and family counseling, psychoeducational group sessions, and referrals to other mental health providers.   | \$ 68,900           |
| LEAD4LIFE, Inc.  | Provide services to disconnected youth with a concentration on the African American community through a Positive Youth Development approach.  | \$ 10,600           |
| Lt. Joseph P. Kennedy Institute, Inc.                          | Provide nursing services and interest-based, community integration activities for adults with multiple and severe disabilities.   | \$ 47,700           |
| Lt. Joseph P. Kennedy Institute, Inc.                          | Provide therapeutic, community-integrated services to children and youth with disabilities.   | \$ 63,600           |

|  |  |                     |
|--|--|---------------------|
| Meals On Wheels of Central Maryland, Inc.                      | Provide for expansion of HDMP program, including personnel expenses for a site coordinator and a driver and food and delivery costs.   | \$ 27,560           |
| Montgomery County Language Minority Health Project, Inc.       | Provide patient navigation services to facilitate access to age and gender appropriate cancer screenings to Proyecto's patient population.   | \$ 53,000           |
| Montgomery County Maryland Bar Foundation, Inc.                | Provide legal services for pro bono case referrals and brief legal advice clinics to low income residents.   | \$ 53,000           |
| Montgomery Hospice, Inc.                                       | Provide volunteer and compassionate services to support terminally ill patients. Specializing in emotional and medical care for children with life-limiting illnesses, keeping children in their homes surrounded by family. | \$ 80,623           |
| Nourish Now, Inc.  | Provide food donations for at-risk youth.  | \$ 5,300            |
| Nourish Now, Inc.  | Provide support for the Family Food Distribution Program, which provides food assistance to low to moderate income residents in the County.  | \$ 37,100           |
| Nourish Now, Inc.  | Provide support for the Food Rescue Program.   | \$ 42,400           |
| Nueva Vida, Inc.   | Deliver physical and behavioral health education workshops and events for disadvantaged families in the Latino community.  | \$ 43,460           |
| Parent Encouragement Program, Inc.                             | Provides parent education programs to low income parents in the Latino community to empower their children to succeed in school and life.  | \$ 21,200           |
| Reginald S. Lourie Center for Infants and Young Children, Inc. | Provide for operating support.   | \$ 121,900          |
| The George B. Thomas, Sr. Learning Academy, Inc.               | Provide support for the Rising Stars pre-K program.  | \$ 26,500           |
| <b>Cable Television Communications Plan</b>                    |  | <b>\$ 2,650</b>     |
| Chinese Culture and Community Service Center, Inc.             | Support technology skills training for Chinese-American and Mandarin-speaking residents.   | \$ 2,650            |
|  |  | <b>\$ 2,263,954</b> |



**MONTGOMERY COUNTY COUNCIL**  
ROCKVILLE, MARYLAND

**OFFICE OF THE COUNCIL PRESIDENT**

**M E M O R A N D U M**

April 13, 2022

TO: County Council

FROM: Gabe Albornoz, Council President

SUBJECT: Proposed Process for Review of the FY23 Operating Budget

This memorandum presents my recommended approach to this year's operating budget. Our staff has already shared its concerns about the Executive-recommended FY23 budget, including the ways in which it deviates from adopted fiscal policies and the significant additions to the base budget, which may not be sustainable. Our challenge for this year will be adopt a budget that more closely adheres to adopted fiscal policies and reduces additions to the base budget, while simultaneously funding the most critical direct services. I am hoping the following recommendations can help us rise to this challenge.

1. I have asked staff to identify where the budget is not consistent with adopted fiscal policies and to make recommendations for adjustments where possible. For Other Post Employment Benefits (OPEB), I support the recommendation staff will share with the Council on April 19 that we not withdraw money from the Health Trust before the Council has adopted a new policy prescribing when withdrawals would be appropriate. I have asked them to develop this addition to our fiscal policies over the summer for the Council's consideration in the fall.
2. To ensure the ongoing sustainability of the budget, I have asked staff to identify options for the Council to consider that reduce the growth in the base budget proposed in the Executive's budget. This can be done through one of three options:
  - a. outright reductions,
  - b. changing additions from increases to the base budget to one-time expenditures that can be reconsidered during our review of the FY24 operating budget, and/or
  - c. delaying some expenditures until January 2023, when the Council will have updated information regarding FY23 revenues.

Potential targets for the Council's consideration will be identified in the staff overview on the operating budget scheduled for April 19. Specific reductions will be identified in the memoranda for the Committee worksessions.

3. I recognize that the Council may want to make some additions to the budget as well to ensure that its priorities are funded. We will need to find reductions that can allow us to make room in the budget for those additions. I ask that you make every effort to minimize additions to the base budget and whenever possible focus on one-time expenditures or additions that can be delayed until January 2023. Potential additions identified during the Committees' review should be categorized as additions to the base budget, one-time expenditures, or expenditures that can be delayed pending the December revenue update. Additions that are more than \$500,000 should be broken into more than one item which can be considered in tiers.
4. In determining where reductions to the budget are feasible and where additions are necessary, we should continue to maintain our focus on racial equity issues and supporting our most vulnerable citizens, many of whom are still struggling to recover from the impact of the pandemic. This has, and should continue to be, a Council priority.





To: Victoria Buckland  
Chief Operating Officer, Montgomery County Department of Health and Human Services  
From: Jackie DeCarlo  
Chief Executive Officer, Manna Food Center  
Date: January 30, 2022  
Re: Renegotiation of Food Bank Contract, #1075938

Via email with copy to Dr. Raymond Crowel

Vicky, it was good to reconnect this past week. As discussed, the purpose of this memorandum is to review the work and service of Manna Food Center, the County's designated food bank, request an increase in our base budget contract from \$251,098 to approximately \$1 million, and explain how this investment advances our vibrant and diverse community toward a new, better normal in a post-pandemic world.

### Manna's Impact-to-Date

When a coalition—convened by what was then the Department of Social Services—came together to create Manna Food Center in 1983, we began our trajectory as a community-based organization dedicated to fighting hunger driven by **our values of respect, service, and partnership**. Collaborating across sectors to utilize resources available, multiplying our efforts by unleashing community engagement, and utilizing the best practices of the not-for-profit sector to end hunger are in the DNA of our institution. In today's food system, and as a founding member of the Montgomery County Food Council (MCFC), Manna contributes to the Covid-19 Food Security Task Force (FSTF) in a variety of capacities.

Previous capital and capacity investments positioned Manna to bring food and programs across the County immediately when the Covid-19 public health emergency was declared. Our recently renovated warehouse and distribution system in Gaithersburg doubled our ability to rescue, receive, and store food. Our Food Center in Silver Spring enabled us to reach previously underserved communities: many of the same who were hardest hit by Covid. Significant investment in the community was vital to our ability to pivot and innovate so that last year more than 5 million pounds of food could be shared throughout the community. Manna directly reached 45,210 neighbors, 16,900 of whom turned to us for the first time. Notable service highlights are:

- We operate 9 weekly distributions directly, and also offer home deliveries to seniors and those with disabilities. We conduct additional monthly drop offs at 16 satellite locations such as apartment complexes and offer occasional Pop-Up Pantries at partner locations. In addition to our own direct food assistance, we currently support 22 agencies that stepped up to the challenges of a surge in pandemic food needs, including seven consolidated service hubs. These groups receive bulk food purchases and technical assistance thanks to a contract through the Food Security Task Force.
- After partnering with MCPS during school closures to provide weekly grab-and-go distributions, we have returned to our weekend bag program in 42 schools with an aim to return to all 60 previously involved in neighborhoods of significant food insecurity. We also currently operate three school-based pantries.

- Adhering to social distancing protocols, we continue to be a leader in bringing the choice concept to the County through our marketplace and have accelerated ways to offer culturally appropriate food to neighbors through our long-standing personalized referral system. Of particular note is the creation of Multicultural Outreach Partners with groups that reach into immigrant communities. They help us spread the word about our services and also listen to community preferences. This includes a voucher program which allows participants to shop at ethnic markets, leveraging these dollars strategically to impact small business community.
- In partnership with DHHS, MCFC, FSTF, the County Office of Agriculture, and the Greater Washington Community Foundation, Manna ramped up our Farm to Food Bank (F2FB) Program to assist the 86% of food assistance providers who did not have sufficient supplies of fresh produce to distribute to clients impacted by the pandemic. The effort has collectively invested and committed over \$630,000 since July 2020 in local farms to support a sustained and resilient local food supply and provide more nutritious and culturally diverse produce to residents who experience hunger. F2FB is a source of equitable small grants to local farms. This fiscal year, \$141,533 in grants has been awarded to 20 farms for innovative projects such as new high tunnels for season extension, solar panels to provide electricity to an urban farm, and expanded on-farm food storage.
- Manna offers free Community Food Education that makes crucial health information more accessible to the communities that we serve. This includes Manny/Mobile Kitchen Cooking Class, Wellness Presentations, and chats with a Nutrition Expert. We provide the lessons, instructor, and cooking demonstration food (when applicable). Last year we reached nearly 400 students and adults. We invested in significant upgrades to our website, where we now share valuable information in English and Spanish and offer on-line scheduling.
- Volunteers, whose service has necessarily fluctuated during the ebbs and flows of the pandemic, have non-the-less been a steady source of food donations through food and funds drives, and critical resource in person and virtually. Remote actions include delivery of Covid “stay put packs” and assisting in the remote operation of our Call Center that fields approximately 5,000 calls a month.
- Our diverse team has learned from and contributed to a variety of coalitions and cooperative efforts in addition to MCFC and FSTF, including City of Gaithersburg Food and Nutrition Coalition, Nonprofit Montgomery, HIF Equity Task Force, Closing the Hunger Gap, and the East County Hub, a successor to the East County Work Group that helped shape our place based strategy that is serving us so well during the pandemic.

### Impact of Future Support

In your role you know as well as anyone how important it will be for our County—indeed our society—to learn from the lessons of the pandemic and build on the demands for equity that have surfaced. Manna has the track record, passion, and commitment to help create a

community that works for everyone, particularly a food system ***where all people at all times have access to nutritious, appropriate food so they can be full participants in our community.*** Manna is both a sophisticated direct service provider and proven innovator. During the pandemic and racial reckoning of the past years, we have intentionally created space to hear directly from the community about needs and assets. We seek to support leadership at the grassroots. As the pandemic landscape shifts and the prospects for economic recovery become clearer, Montgomery County is poised to see real movement in the needle of food insecurity in our community. The demands of justice, equity, diversity, and inclusion (JEDI) continue and sharpen, and Manna has the obligation and opportunity to:

- Maintain our infrastructure and knowledge base to guarantee preparedness to mobilize in response to the next food and health emergency or other community crisis.
- Ensure that accessible food shared directly with the community continues to be appealing and helpful in preventing or combatting diet related illness. It was a cold irony to us at the height of pandemic that so many of the food insecure neighborhoods we had previously prioritized were filled with people impacted by Covid due to diabetes, heart disease, or other vulnerable conditions.
- Serve an operational role in collecting and actualizing insights from both quantitative and qualitative data. We are participant-centered and data-driven to help shape our own efforts and that of our partners and peers. We will communicate as a role model among the food assistance provider community in how to design, implement, and expand food choice models, from marketplaces to voucher initiatives.
- Continue F2FB to support the economic sustainability of local food producers, increase the nutritional value of food consumed close to harvest date, and reduce the environmental impact of long-haul food transport. Increased investments in local food production and procurement are key pillars of building Montgomery County's food system resilience.
- Spur other economic growth by increasing participant access to benefits such as SNAP and contributing to the County's exploration of cash transfers as a solution to poverty and food insecurity.
- Foster community through outreach and leadership development by providing space, opportunity, and resources for increased skill building for individuals and other community groups. Manna will continue to share power within the community that we seek to impact.

## New Critical Investments

The community's past support, including significant investment from the County, prepared Manna for the unexpected. We are grateful for and proud of our partnership over the decades. **Now is the time to reconsider our partnership with DHHS to utilize a range of assets:** human, physical, and financial. A significant renegotiation of the terms of our annual contract would include:

- Cover facilities cost at both our Gaithersburg distribution hub and our East County Center located conveniently near the East County Consolidated Services Hub. The 12,000 square foot warehouse has cold storage, and the Center houses our marketplace. The Center is also where we offer free community space and learning opportunities for our neighbors and partners. (Approximately \$330,000)
- Keep pace with the employment market to recruit, train, and retain fairly compensated staff both on the frontlines of service delivery and at the decision-making levels. We anticipate needing a dedicated staff person dedicated for technology strategy and implementation, a new human resources role, and an executive to guide operations. We are committed to a compensation philosophy that centers JEDI and offers career paths for all teammates. (Approximately \$295,000)
- Increase the purchase of food that promotes good nutrition and positive health outcomes and contributes to a fair, resilient local food system (Approximately \$230,000)
- Increase fleet of vehicles and transportation options to not only deploy our food recovery and waste mitigation services but also to increase the range of ride-share options that we currently offer those participants with barriers to access. (Approximately \$95,000)
- Enhance our existing technology infrastructure to develop the ability to do online ordering of food (think "Instacart for Everyone") and share that technology with partners. Historically we have shared our technological advances, as the designated food bank and as administrator of the Community Food Rescue network, through data sharing with CountyStat and FSTF. (Approximately \$50,000)

Thank you for your consideration of these requests and your leadership. The Manna team looks forward to the next steps in the County Executive's budget process. Please let me know if you have questions about our transformative approach and opportunity to partner with DHHS.



**Minimum wage required under Transition provisions of  
Enacted Bill 28-17**

| <b>Effective date</b>                 | <b>Large employer</b>          | <b>Mid-sized employer</b>   | <b>Small employer</b>  |
|---------------------------------------|--------------------------------|---|--|
| July 1, 2018                          | \$12.25                        | \$12.00   | \$12.00  |
| July 1, 2019                          | \$13.00                        | \$12.50   | \$12.50  |
| July 1, 2020                          | \$14.00                        | \$13.25   | \$13.00  |
| July 1, 2021                          | \$15.00                        | \$14.00   | \$13.50  |
| July 1, 2022                          | \$15.00 + CPI-W <sup>1</sup>   | \$14.50   | \$14.00  |
| July 1, 2023                          | Increased annually<br>by CPI-W | \$15.00   | \$14.50  |
| July 1, 2024                          |                                | \$15.00 + CPI-W + up<br>to 1% <sup>2</sup>                                      | \$15.00  |
| July 1, 2025                          |                                | Increased annually by<br>CPI-W + up to 1%,<br>until equal to large<br>employers | \$15.00 + CPI-W + up<br>to 1% <sup>3</sup>                                     |
| July 1, 2026 and<br>subsequent years. |                                |   | Increased annually by<br>CPI-W + up to 1%<br>until equal to large<br>employers |

A “**large employer**” is an employer who employs 51 or more employees;

A “**mid-sized employer**” is:

- an employer who employs between eleven and 50 employees; or
- an employer who employs eleven or more employees *and*:
  - has tax exempt status under Section 501(c)(3) of the Internal Revenue Code; or
  - provides “home health services” as defined by 42 C.F.R. § 440.70 or “home or community-based services” as defined by 42 C.F.R. § 440.180, and receives at least 75% of gross revenues through state and federal Medicaid programs.

A “**small employer**” is an employer who employs 10 or fewer employees.

<sup>1</sup> Beginning July 1, 2022, the minimum wage required under County Code Section 27-68 must be adjusted annually, to the nearest five cents, according to average increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for Washington-Baltimore for the previous calendar year.

<sup>2</sup> Beginning July 1, 2024, until it is equal to the minimum wage required under Section 27-68, the minimum wage for mid-size employers must be adjusted annually, to the nearest five cents, by the annual average increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for Washington-Baltimore for the previous calendar year *plus*, if the CPI-W increase is less than \$0.50, one percent of the minimum wage required for the prior year, up to a total increase of \$0.50.

<sup>3</sup> Beginning July 1, 2025, until it is equal to the minimum wage required under Section 27-68, the minimum wage for small employers must be adjusted annually, to the nearest five cents, by the annual average increase, if any, in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for Washington-Baltimore for the previous calendar year *plus*, if the CPI-W increase is less than \$0.50, one percent of the minimum wage required for the prior year, up to a total increase of \$0.50.

**MONTGOMERY COUNTY DEVELOPMENTAL DISABILITY PROVIDERS  
FISCAL YEAR 2023  
ANNUAL GENERAL ASSISTANCE FUNDING REQUEST**

The Inter-Agency Coordinating Committee on Developmental Disabilities (InterACC/DD) is a coalition of 42 service providers operating community-based support services in Montgomery County funded primarily by the Maryland Developmental Disabilities Administration (DDA). Provider agencies receive approximately \$206 million annually from DDA to support about 4,000 Montgomery County residents with intellectual and developmental disabilities. The coalition members together employ more than 5,000 staff.

For over 40 years, Montgomery County government has provided supplemental funding (approximately \$19 million in Fiscal Year 2022) to the InterACC/DD provider community. This funding ensures that Montgomery County residents can access comprehensive DDA services that help to ensure the health, safety, and achievement of personal goals for some of the county’s most vulnerable residents

**InterACC/DD requests a modest increase of 5.9% for Fiscal Year 2023 in the general assistance provided by Montgomery County for a total request of \$20,252,088.** Due to the unknown rate changes being implemented by DDA, and continuing expenses related to the COVID19 pandemic, it is difficult to calculate the increase in supplement funding needed to continue to provide high-quality services. This year, we ask for an increase equal to the 2022 Social Security Income Cost-of-Living-Adjustment (COLA) of 5.9%.

| <b>Estimated DDA Revenue total *</b> | <b>Estimated DDA Percent Increase</b> | <b>InterACC/DD Requested Supplement</b> | <b>Percent Increase to Supplement</b> | <b>Estimated Percent of DDA Revenue</b> |
|--------------------------------------|---------------------------------------|---|---------------------------------------|---|
| \$228,272,739                        | 10.54%                                | \$20,252,088                            | 5.90%                                 | 8.87%                                   |

*\*Predicted DDA Revenue based on an average of 7.79% increase from FY14 to FY22. Prior to FY20, DDA revenue was increasing at approximately 5.8% per year, in FY21 and FY22 it grew substantially faster, at approximately 13.5% per year, in part due to the transition to a new revenue formula from the State.*

The annual supplemental appropriation continues to be urgently needed as the DDA provider community confronts the ongoing COVID19 pandemic, prepares to transition billing systems, and continues to face high cost of providing services in Montgomery County.

**Challenges faced by InterACC/DD providers include:**

- Continue providing high quality services to Montgomery County residents with intellectual and developmental disabilities in need of residential, employment, and other individualized support services.
- Confront the ongoing COVID19 Pandemic, including:
  - Address expected shortfall in expiring State Appendix K funding which has sustained emergency operations, especially residential operations, since the onset of the pandemic

- Provide for employee vaccine mandate and required staff testing as mandated by state and federal governments
  - Incentivize employment in a historically constrained labor market by providing higher starting wages, retention, and performance incentives
  - Prepare for the further reopening of in person services, plan for hybrid services, and restructure in light of continued virtual/remote supports in an evolving environment
  - Address other COVID19 challenges, including resident and staff safety, staff training, and increased operating costs
- Work collaboratively with Montgomery County Public Schools to transition Maryland’s largest group of transitioning youth into adult services.
  - Maintain a high-quality direct support professional workforce through higher wages made possible by Montgomery County supplemental funding
  - Successfully operate in an environment where the cost of providing intellectual and developmental disability services, including residential, employment, and other individualized support services is significantly more expensive than other Maryland counties.

The annual “DD supplement” provided for many years by Montgomery County has been and continues to be crucial to helping InterACC/DD providers bridge the gap between DDA funded reimbursable services and the actual cost to provide high quality intellectual and developmental disability services in Montgomery County. Montgomery County has recognized this funding gap and has provided on average 10% in supplemental funding over the last five years.

| <b><i>Eight Year Growth in DDA services in Montgomery County</i></b> |                          |                         |                                     |                         |   |
|--|--------------------------|-------------------------|-------------------------------------|-------------------------|---|
| <b>Fiscal Year</b>   | <b>DDA Revenue total</b> | <b>Percent Increase</b> | <b>Total Supplement from County</b> | <b>Percent Increase</b> | <b>County Supplement Percent of DDA Revenue</b> |
| FY14   | \$113,790,175            |                         | \$8,469,101                         |                         | 7.44%   |
| FY15   | \$121,537,394            | 6.81%                   | \$9,425,923                         | 11.30%                  | 7.76%   |
| FY16   | \$129,974,130            | 6.94%                   | \$10,542,031                        | 11.84%                  | 8.11%   |
| FY17   | \$137,372,061            | 5.69%                   | \$13,800,221                        | 30.91%                  | 10.05%  |
| FY18   | \$147,152,157            | 7.12%                   | \$14,729,712                        | 6.74%                   | 10.01%  |
| FY19   | \$153,327,769            | 4.20%                   | \$17,562,175                        | 19.23%                  | 11.45%  |
| FY20   | \$160,122,829            | 4.43%                   | \$17,562,175                        | 0%                      | 10.97%  |
| FY21   | \$180,175,281            | 12.52%                  | \$17,993,936                        | 2.46%                   | 9.99%   |
| FY22   | \$206,504,567            | 14.61%                  | \$19,123,785                        | 6.28%                   | 9.26%   |
| <b>Average Percent</b>   |                          | <b>7.78%</b>            |                                     | <b>11.09%</b>           | <b>9.70%</b>                                    |

***NEW FUNDING FORMULA***

InterACC/DD is recommending a change in the methodology used to distribute the supplement between service providers. Two factors, DDA revenue for services delivered in Montgomery County and the number of Direct Support Professional (DSP) hours needed to provide these

services, should be weighted and averaged to calculate a fair percentage of the supplement for each agency. Seventy five percent (75%) of the 2022 estimated revenue and 25% of the total hours of DSP service for FY21, should be used to determine FY23 distribution percentages. This data is readily available to the county to facilitate accurate calculation and results in a fair distribution between provider agencies.

The recommended change in distribution methodology is due to the unknown rate changes being implemented by DDA in FY21 and FY22. Provider agencies are receiving different rates for similar services and more rate changes are expected but cannot be predicted or known in time to use revenue alone to calculate distributions. Due to a few providers receiving higher rates for specific services, the methodology of distributing the supplement based only on revenue resulted in larger increases for these providers and reductions for others in FY22. The recommended strategy of using a weighted average of revenue and staff hours results in a more equitable distribution that supports providers to maintain a quality workforce.

The InterACC/DD appreciates Montgomery County's consideration of our renewal request for general assistance funds. General assistance funds have been critical to ensuring residents with intellectual and developmental disabilities in need of residential, employment, and other individualized support services can access high quality, locally provided services. The partnership between InterACC/DD, Montgomery County government and DDA has proven to be critical asset in the county's economic development. The InterACC/DD looks forward to working with the County Executive and the County Council to ensure that these critical funds can be maintained.

Urban Wage Earners and Clerical Workers

**Consumer Price Index: Washington-Arlington-Alexandria, DC-VA-MD-WV**

**Latest numbers available**

**July 20 to July 2021 – 4.7%**

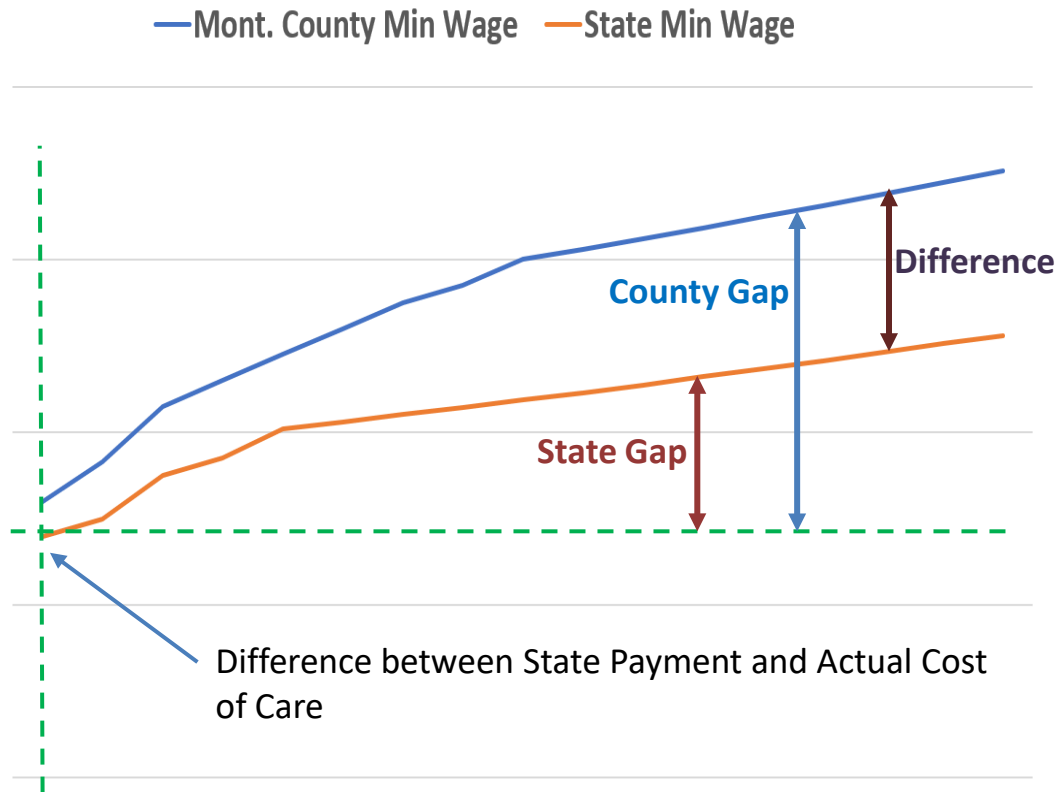
**In arrears**



County Supplement  
for Adult Day Cares  
to Offset the  
Increased Labor Costs due to  
Difference in Min Wage Between the  
State and County

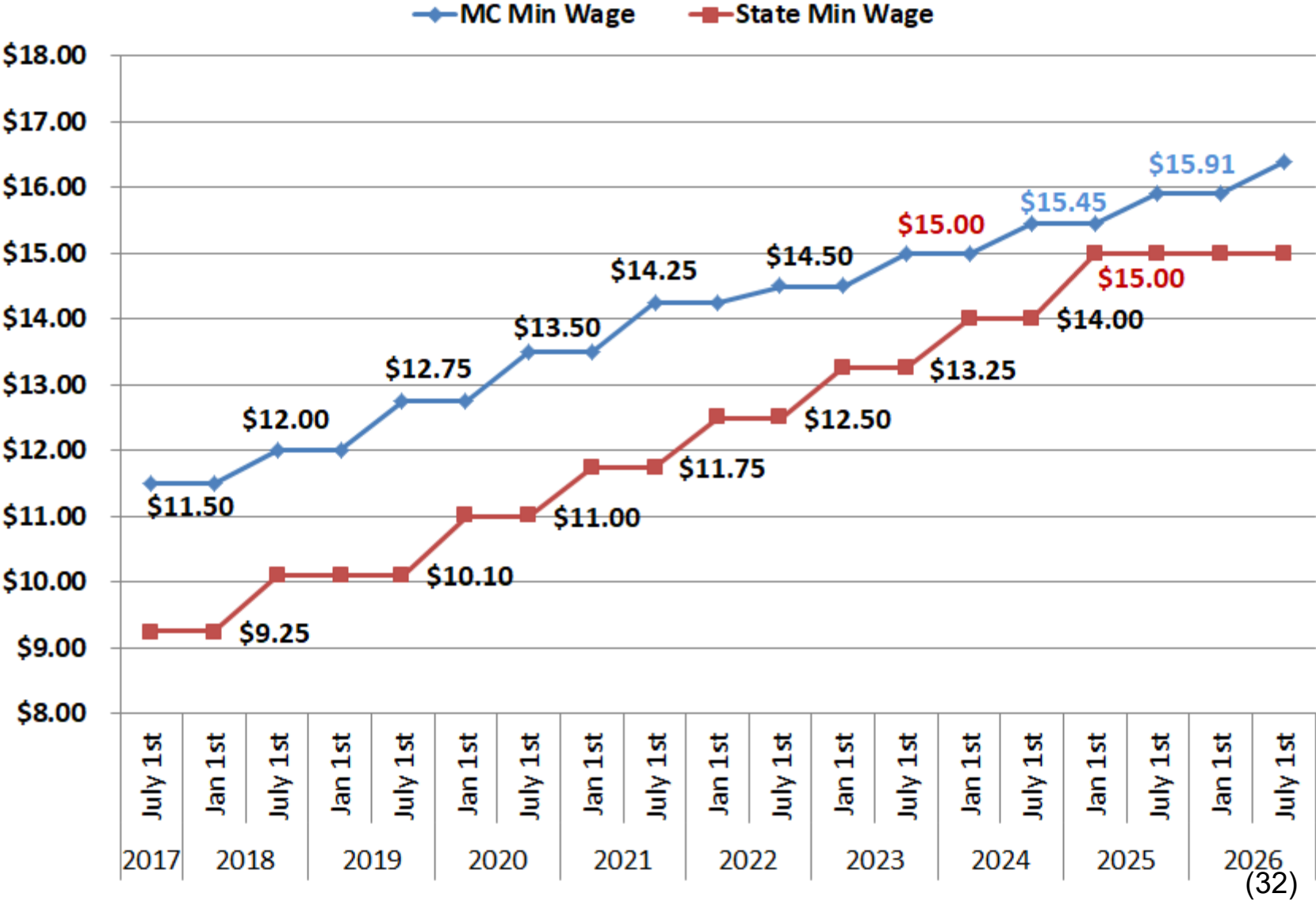
# MDC's Reimbursement Has a State and County Component

## Sample Projected Min Wage Increase



- The Minimum Wage at the County will continue to be different and Higher than that of the State well into the foreseeable future.
- The three arrows show the **State Gap**, the **County Gap**, and the **Difference** between the two.

# Min Wage Difference between Montgomery County and State of Maryland



# Minimum Wage Subsidy Calculations (FY2020 and beyond)

| Fiscal Year | County Min Wage | State Min Wage | County AMDC Subsidy (Prior to State Min Wage Law ) | State Min Wage Subsidy? | County AMDC Subsidy (After State Min Wage Law) | Savings to County       |
|-------------|-----------------|----------------|--|-------------------------|--|-------------------------|
| 2020        | \$ 12.75        | \$ 10.10       | \$ 1,627,531.15                                    | No                      | \$ 1,627,531.15                                | \$ -                    |
| 2021        | \$ 13.50        | \$ 11.00       | \$ 2,604,049.84                                    | Yes                     | \$ 2,604,049.84                                | \$ -                    |
| 2022        | \$ 14.25        | \$ 11.75       | \$ 3,580,568.53                                    | Yes                     | \$ 2,766,802.96                                | \$ 813,765.58           |
| 2023        | \$ 14.50        | \$ 12.50       | \$ 3,906,074.76                                    | Yes                     | \$ 2,115,790.50                                | \$ 1,790,284.27         |
| 2024        | \$ 15.00        | \$ 13.25       | \$ 4,557,087.23                                    | Yes                     | \$ 1,790,284.27                                | \$ 2,766,802.96         |
| 2025        | \$ 15.45        | \$ 14.00       | \$ 5,142,998.44                                    | Yes                     | \$ 1,236,923.68                                | \$ 3,906,074.76         |
| 2026        | \$ 15.91        | \$ 15.00       | \$ 6,368,080.20                                    | Yes                     | \$ 1,189,399.77                                | \$ 5,178,680.43         |
|             |                 | <b>TOTAL</b>   | <b>\$ 27,786,390.16</b>                            |                         | <b>\$ 13,330,782.16</b>                        | <b>\$ 14,455,608.00</b> |

# Maryland Medical Day Care Reimbursement Rate (1999 - 2019)

◆ Actual Reimbursement Rate

\$120.00

\$110.00

\$100.00

\$90.00

\$80.00

\$70.00

\$60.00

\$50.00

\$40.00

\$30.00

\$20.00

This graph shows the Medicaid reimbursement rate for adult medical day service for the past 20 years. This is how much a Center gets paid for each participant per each day they attend.

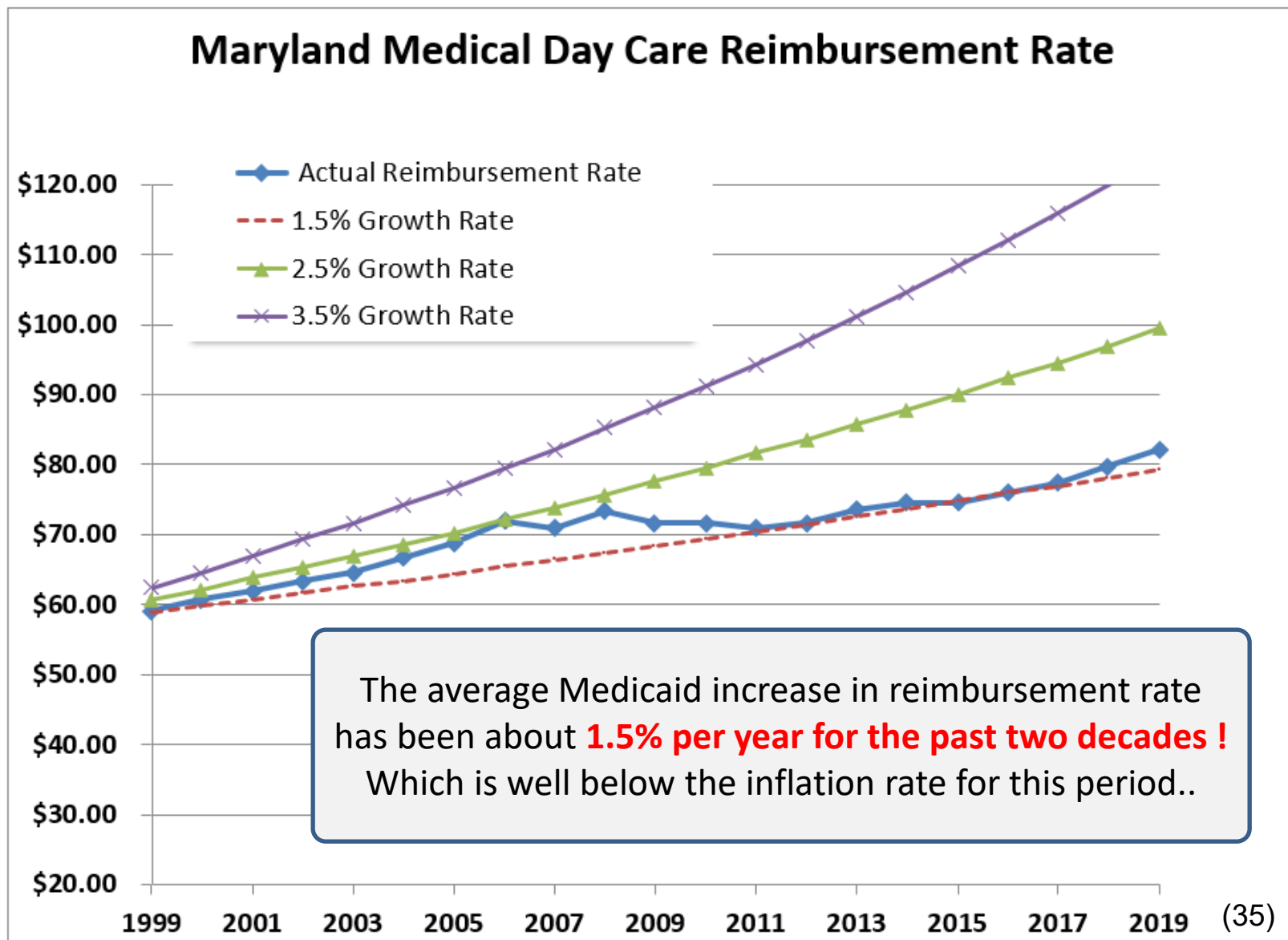
Decade of Under-Funding

Medical Day Care (MDC) providers in the State of Maryland have been concerned about stagnant reimbursement rates for over a decade.

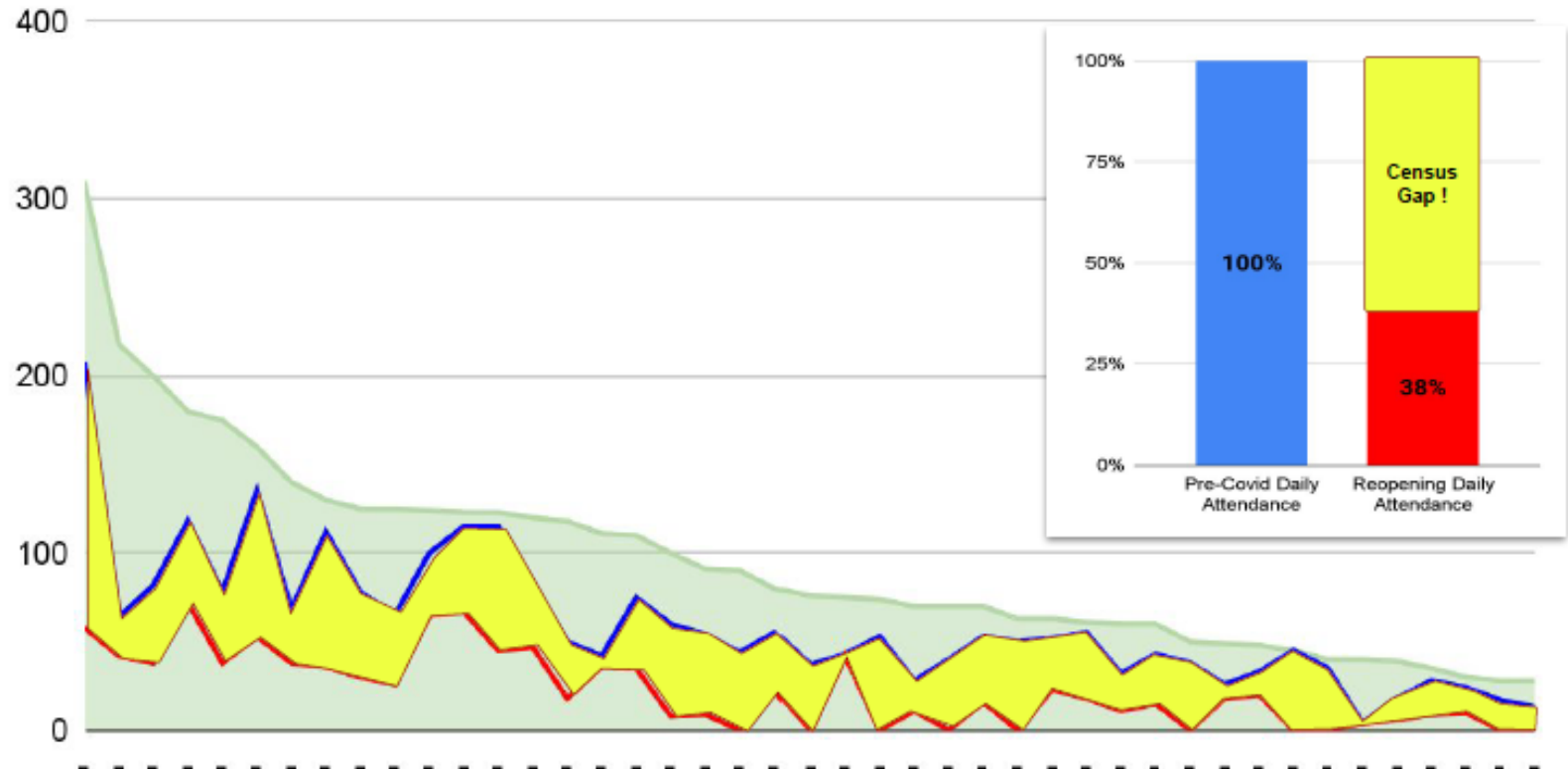
1999 2001 2003 2005 2007 2009 2011 2013 2015 2017 2019

# Medicaid Reimbursement Grew ~1.5% Over the Past 20 Yrs

(Medicaid Programs such as this have been underfunded for decades)

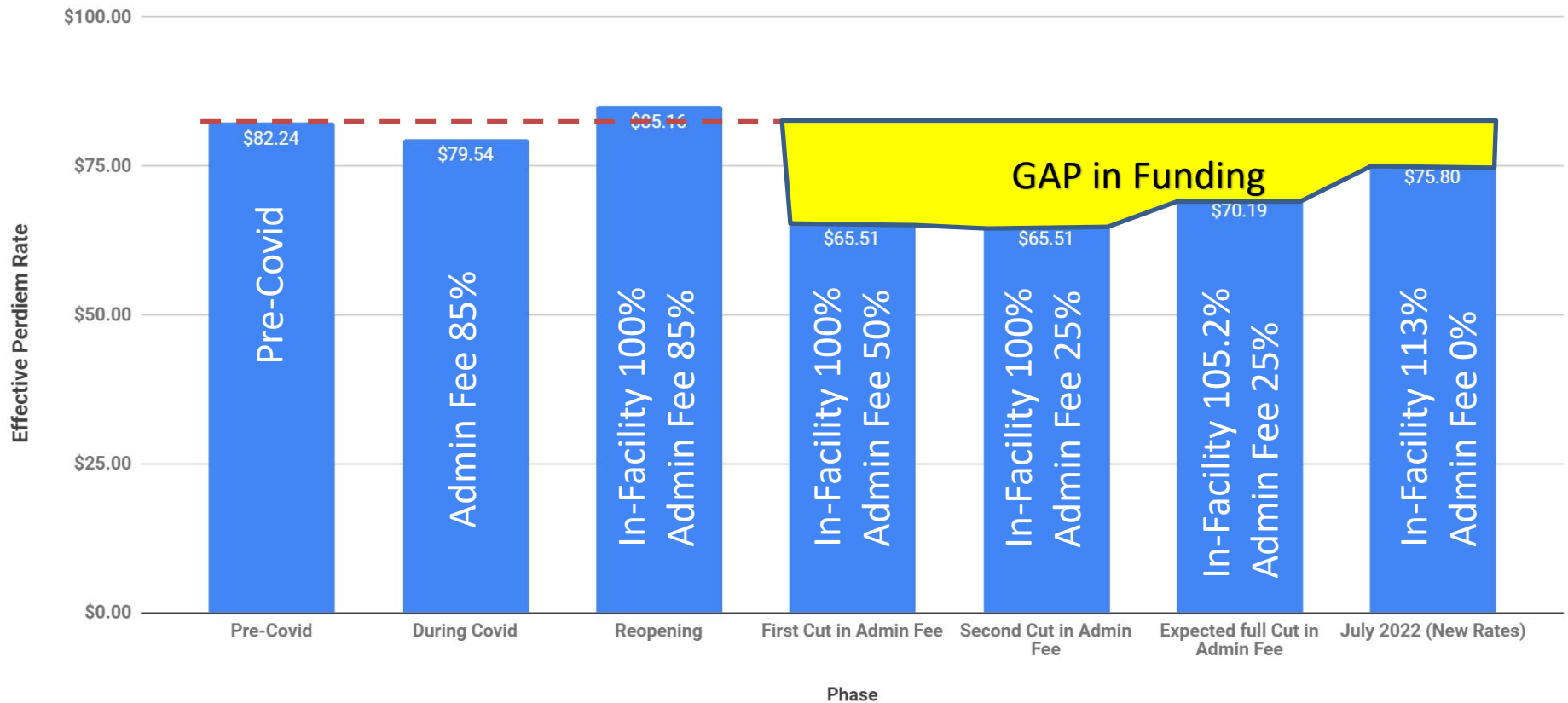


■ Center License Capacity (Pre-Covid):    ■ Average Daily Attendance Pre-Covid:  
■ Reopening: Current Average Daily Attendance



# Quantitative Comparison of MDC Effective Reimbursement Rate (March 2020 to July 2022)

Medical Day Care Effective Reimbursement Rates (Pre-Covid, through July 2022)



Despite all the increases advertised through the budget, in-practice, MDC reimbursement rates are significantly below pre-Covid era, and do not provide for the increased labor costs and inflationary pressures thereafter.



**FY23 CE Recommended Budget - Council Staff Questions and Responses from Aging and Disability Services from March 30, 2022**

- **Please provide caseload information for the 6 new APS workers. Please provide FY22 caseload information, any trend information you can share, and the anticipated FY23 caseload that would result from this increase.**

In FY18 there were 978 APS investigations, followed by 1154 in FY19. There was a decrease in the number of APS investigations in FY's 20-21 of 971 & 889 respectively, which can be contributed to COVID-19. As the cases of COVID-19 continue to decline and as restrictions continue to be lifted, the number of APS investigations are trending back to Pre-Pandemic rates. In the current FY22 through the month of March, there has been 786 or 87.3 investigations per month. It is projected that there will be a total of 1,048 by FY22 year end.

Montgomery County's older adult population (65 and up) makes up 16% of the population. APS cases are expected to grow in parallel with projected increases in population over 65, the senior population is projected to grow 38% by 2030 to a total of 218,040 and 249,908 residents by 2040.

**Montgomery County's Older Adult Population**

*Ages 60 and up makes up 21% of the population*

*Ages 65 and up makes up 16% of the population*

*Ages 65 and up has a projected growth of 50% from 2020 to 2040*

*Ages 60 and up has a projected growth of 35% from 2020 to 2040*

According to the Administration for Community Living (ACL) - a subsidiary of the U.S. Department of Health and Human Services, the APS Supervisor is critical in providing oversight of time sensitive and the complex work of investigations, especially as it pertains to the novice APS worker. The APS Supervisor role is not limited to the day-to-day supervision but is also heavily engaged in standing multi-disciplinary teams, community education and engagement, training, and consultant to other service program staff. The current supervisor to staff ratio is 1:9. With the new APS team in place, that ratio will drop to 1:7 which is still higher than the 1:6 ratio for Child Welfare Services.

In Montgomery County the current ratio is approximately 1:20, the high end of the range for best practices. Many of these cases involve clients who suffer from serious untreated mental health disorders accompanied by behavioral problems; unsafe and unaffordable housing issues; an urgent need for guardianship for those who lack

capacity. Documentation for these cases is often time consuming and includes writing court reports and testifying.

Adult Protective Services are mandated services and do not allow wait lists. APS cases have grown 53% in the past 5 years driven in large part to the growth in financial exploitation cases, which have since quadrupled. Continued mandated reporting by fiduciary institutions, increased awareness of abuse in the community, and growing number of older people has resulted in a steady demand for investigation of allegations of financial exploitation, making up more than a third of APS cases.

As workers experience caseloads that are too large for them to manage effectively, our most vulnerable, disabled adults will not be served and may experience further abuse, neglect, and exploitation and the County will be out of compliance with Code of Maryland Regulation (COMAR) 07.02.16.05 which stipulates response times for APS investigations (see below).

#### 07.02.16.05 Response to Report of a Vulnerable Adult

A. To protect the welfare of the alleged vulnerable adult the local department shall begin a thorough investigation:

(1) Within 5 working days after the receipt of the report of suspected abuse, neglect, self-neglect, or exploitation; or

(2) Within 24 hours after the receipt of the report of suspected abuse, neglect, self-neglect, or exploitation if the report indicates that an emergency exists.

B. To protect the welfare of the alleged vulnerable adult the local department shall complete an investigation:

(1) Within 60 days of the receipt of the report

- **Please provide a description of the duties of the new positions.**

Please see attached 'A&D APS Position Duties' document

- **How did the CE determine the increase to the AMDC Supplement? Please confirm the total amount of the supplement for FY23?**

The CE determined the increase based on presentation and request made by our local Adult Medical Day Care Services providers. The CE recommended an increase of \$ 1,445,248 to the existing appropriation of \$670,542 for an FY23 total amount of \$2,115,790. These funds are dedicated to enabling the providers to meet the County's minimum wage requirement for their employees.

- **Please confirm that the CE's recommendation fully funds the most recent request from InterACC/DD regarding the DD Supplement. Council staff will also mention in the staff report that the method for distributing the DD Supplement in FY23 will be modified based on the recommendation from InterACC/DD\*.**

The additional \$1,128,303 included in the FY23 CE Recommended Budget fully funds InterACC's request based on the 2022 Social Security Income Cost-of-Living-Adjustment (COLA) of 5.9%. The County is also adopting the InterACC DD recommendation for distributing the DD Supplement in FY23

- **Please provide caseload information for both the long-term ombudsman position, to include FY22 caseload information, any trend information you can share, and the anticipated FY23 caseload that would result from this increase. Please provide a description of the duties of the new positions.**

The number of licensed Assisted Living Facilities (ALFs) is growing in Montgomery County. In 2020, 22 newly licensed facilities opened. Ten new facilities opened in 2021, and eight new ones are under construction and set to open in the next 2 years. As ALFs continue to be established at a high rate, the demand on the Long-Term Care Ombudsman Program (LTCOP) will continue to increase. The current number of long-term care (LTC) facilities is the "caseload". There are 34 nursing homes (4,557 beds) and 245 assisted living (4,998) as of the end of March 2022. One, large, assisted living opened in March, with several more on the horizon to open soon based on their construction and permitting progress. The program director has regular communication about LTC facility updates with the county licensing coordinator. The ombudsman caseload information is based on the number of active personnel, the number of licensed facilities in the county, where staff are within the certification/designation process for learning experience and expectations of the more experience staff members to mentor onboarding ombudsmen (staff and volunteers) and the level of volunteer participation.

The proposed new Long Term Care Ombudsman Program Manager I (PMI) position is to conduct regular visits to residents living in long term care settings which are licensed Nursing Homes (NH) and ALFs communities. The visits to facilities include identifying, investigating, documenting, and resolving complaints; providing information and consultation on community resources to the residents, families, and providers of long-term care services; and providing advocacy information promoting residents' rights in navigating the long-term care system. This is in accordance with State Ombudsman requirements through MDoA agreement with Area Agency on Aging.

- **Please provide an update on the work of the Long-Term Care Ombudsman as the county comes out of COVID.**

As the county's community transmission levels decrease, the types of calls that the program receives are becoming more complex as family members/friends can visit family members for the first time in two years or more. There are more involuntary discharges being issued by the nursing homes now that the COVID conditions have become less restrictive and these are more intricate than ever before, requiring more time invested directly by the ombudsman advocate. A few volunteer ombudsman representatives are agreeing to return to in-person visits. The paid merit staff in the ombudsman program are broadening their presence with visits to nursing homes and assisted living settings. The time in the field is increasing, creating less availability for "virtual" types of activities.

- **Please confirm the total number of staff with this new position and the duties of the new position.**

The LTCO program would have nine total positions with the addition of the new one in FY23. This would include one Program Manager II, six Program Managers I, one Social Worker III and an Office Services Coordinator.

- **Are volunteers returning to the program as the pandemic is easing?**

The program has about nine active volunteers in FFY'22, with the other nine on very limited activities (no visits), and three volunteer candidates which are now beginning to start their required joint visits with certified ombudsmen to achieve designation status.

#### **Additional Questions from Council Staff from April 7, 2022**

- **Access Hears: Can you please share context for this requested approach? Is DHHS aware of this initiative, or has there been any consideration or review of this as a possible approach in Montgomery County?**

Aging and Disability Services included this request in an ARPA grant application to the Maryland Department of Aging. MDoA has tentatively approved the proposal. ADS is beginning to work out program details with Access Hears. The Department does not anticipate the need for County funding for this initiative.

- **Escorted Transportation: The Commission is requesting an increase in the income level requirement to increase eligibility for this program. What is the current income requirement? Has the income level been reviewed recently? (Acknowledging that this program is budgeted in DOT, please let me know whether DHHS has a role in this process or if I should redirect the question).**

This contractual service is in the HHS/ADS budget. The program considered increasing the income eligibility level from \$40,000 to \$50,000/year but did not do so because of the FY22 budget reductions. The County Executive has proposed to restore the funding in FY23, so the program may revisit it.

- **Adult Evaluation and Review Service: While the budget does not indicate an increase in funding or staffing for this program, the performance measure shown on page 55-4 does indicate an increase in the number of assessments per month in both FY23 and FY24. Can you please provide the explanation for this increase? Does it relate to the recommended increase for Adult Protective Services?**

FY22 is reflective of more traditional pre-COVID AERS assessment levels with increases year over year (FY23 & FY24). The number of assessments continue to increase as the population at risk of transitioning to facilities continue to grow. In addition to Montgomery County merit staff, our AERS program works with a state contractor, Telligen to conduct assessments in Montgomery County. When our AERS Nurses reach caseload capacity, we assigned assessments to our contractor. The number of APS referrals could impact the number of AERS assessments.

## **Question-Internal Call Center:**

### **Question-Administrative positions:**

- **Please provide additional detail on the “Cost allocation plan and Random Moment Time Studies” contract. Is this new, or an increase to a continuing effort?**

The department has since 2007 secured and worked with an outside vendor specializing in cost allocation and random moment time study systems that support state and local human services agencies in managing often complex and changing federal/state regulations and reporting requirements. The program services provided in the Department of Health and Human Services (DHHS) are critical to the clients served and are covered through an array of funding sources at the federal, state and local levels. For services supporting the administering of some federal programs the department is able to seek federal financial participation (FFP) reimbursement using outside vendor software that collect and process data using automated cost allocation planning and time study systems. The benefit of this service reflected in the department fiscal budget summaries show FFP representing an average of 48% of total DHHS actual county general fund revenues over the past four fiscal years.

The FFP CAP/RMTS service vendor final contract renewal year was FY21 and is currently in its first-year extension beyond contract term expiring June 30, 2022. The budget amount requested considers improvements needed to run the Department FFP reimbursement program more efficiently with robust informative reporting to allow for better decision making for cost allocation planning and reviewing opportunities for revenue enhancement. Key requirements include:

1. One contract for both services (Cost Allocation Plan and Random Moments Time Study)
2. Flexible time study sampling/24-hour (i.e. Crisis Center). Our calculations show that up to 3M in revenue has been lost in the last 5 years due to samples that were sent when participants were not scheduled to work due to previous limitations. This new software should fix this issue and lead to greater revenue generation.
3. Federal reimbursement reporting built into system
4. Revenue forecasting
5. Adhoc reporting and;
6. Software that is functional and compatible with all County supported web-browsers



**Black Rock**  
CENTER FOR THE ARTS

**Seneca Creek**  
COMMUNITY CHURCH

**INTERFAITH WORKS**

**Harvest Intercontinental Church**  
OLNEY, MD

Hughes United  
Methodist Church

**Clifton Park**  
BAPTIST CHURCH

**KINGDOM CARES**  
"WE COMMIT TO GO"  
Kingdom Fellowship Community Development Corporation

**MONTGOMERY COUNTY**  
MARYLAND  
1773-1876

**DHHS**  
MONTGOMERY COUNTY

# Montgomery County Service Consolidation Hubs

**ENTER DATE**

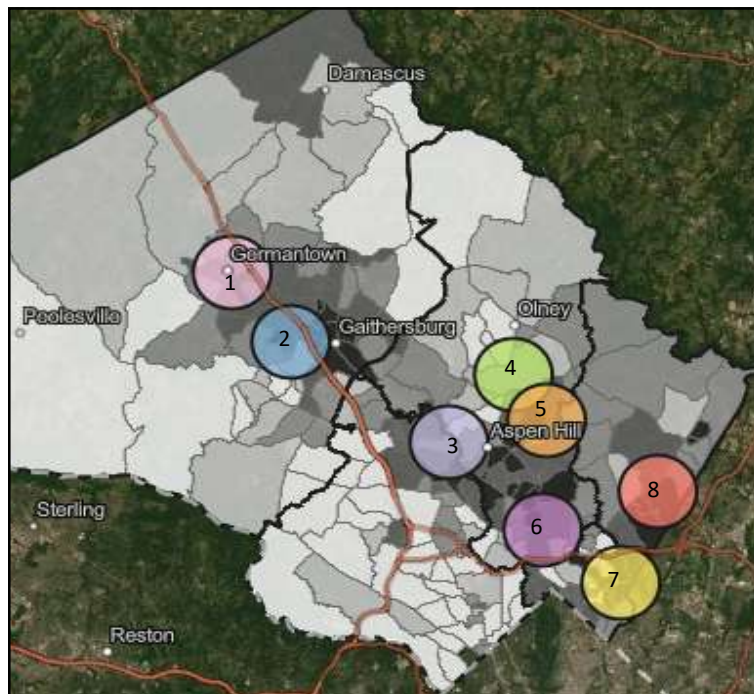
1

## Service Consolidation Hubs 2021:

- **FOOD ACCESS:** Low barrier weekly food, diapers on site, drive in, walk-in and by appointment, choice pantry, satellite partners, apartment building, home delivery, culturally appropriate food.
- **COLOCATED SERVICES:** On site bilingual CM, community outreach, Diapers, COVID kits, clothing, prepared meals, vaccines, testing, Holiday Giving.
- **COLLABORATION:** Schools, CBO's, businesses, hospitals, restaurants, and communities.

## Service Consolidation Hubs FY23 Priorities

- Accountability, goals, evaluation
- Cost efficiency, eliminate duplication
- Ease dependency on County food purchasing program
- Boost fundraising and partnerships
- Low barrier food assistance, diapers, and information
- Increase case management, navigation & link to County programs
- Regional leadership
- Support for DHHS data collection, surveys, CHNA's
- Strengthening long-term food support and partnerships



### LOCATIONS

- 1. Up County at Black Rock CA,**  
12901 Town Commons Dr., Germantown, 20874
- 2. Gaithersburg CARES at Seneca Creek CC**  
13 Firstfield Rd, Gaithersburg, 20878
- 3. Twinbrook at Interfaith Works**  
751 Twinbrook Pkwy # 8, Rockville, 20851
- 4. Mid County at Harvest Intercontinental Church**  
16227 Batchellors Forest Rd, Olney, 20832
- 5. 20906 at Oak Chapel UMC**  
14500 Layhill Rd, Silver Spring, 20906
- 6. Wheaton /Glenmont at Hughes UMC**  
10700 Georgia Ave, Wheaton, 20902
- 7. Silver Spring at Clifton Park Baptist Church**  
8818 Piney Branch Rd, Silver Spring, 20903
- 8. East County at Kingdom Fellowship A.M.E**  
12101 Tech Rd, Silver Spring, 20904



## Overall Impact – Weekly Averages

- Over 6,000 households
- Over 10,000 children
- Almost 3000 seniors
- About 26,000 individuals
- About 170,000 Lbs. of food at 39 distribution locations
- Distribute over 24,000 diapers
- Leverage more than 1,000 hours of volunteer work
- Serve over 455 households with home deliveries
- Assist 20 or more COVID households
- And refer 60 clients for case management services

## Average Service Data from January to December 2021

| SERVICE CONSOLIDATION HUBS                |            |          |         |         |        |         |            |              |         |               |               |
|---|------------|----------|---------|---------|--------|---------|------------|--------------|---------|---------------|---------------|
| Service Averages January to December 2021 |            |          |         |         |        |         |            |              |         |               |               |
| Hub                                       | Households | children | Seniors | Individ | Lbs.   | Distrib | Home deliv | COVID Hshlds | Diapers | Volunt. Hours | Case Mgmt Ref |
| Clifton Park                              | 1185       | 1616     | 714     | 4658    | 27743  | 7       | 65         | 3            | 2640    | 181           | 8             |
| Upcounty                                  | 998        | 1922     | 299     | 4068    | 25402  | 5       | 151        | 2            | 1932    | 131           | 1             |
| Seneca Creek                              | 913        | 1771     | 338     | 4572    | 23537  | 8       | 63         | 12           | 8632    | 142           | 10            |
| Kingdom                                   | 805        | 1195     | 405     | 2675    | 25545  | 7       | 3          | 0            | 1482    | 174           | 8             |
| Hughes                                    | 609        | 1225     | 288     | 3046    | 20185  | 3       | 47         | 1            | 2108    | 114           | 11            |
| Interfaith                                | 609        | 1238     | 325     | 3019    | 17929  | 4       | 15         | 1            | 3012    | 145           | 10            |
| Oak Chapel                                | 475        | 908      | 402     | 2006    | 14530  | 3       | 39         | 1            | 2697    | 77            | 7             |
| Harvest                                   | 475        | 700      | 208     | 1757    | 15053  | 2       | 73         | 0            | 1885    | 121           | 6             |
| Total Average                             | 6068       | 10576    | 2980    | 25801   | 169923 | 38      | 455        | 20           | 24388   | 1085          | 60            |

## Cumulative Data from January to December 2021

| SERVICE CONSOLIDATION HUBS               |            |          |         |           |           |         |            |              |           |               |               |
|--|------------|----------|---------|-----------|-----------|---------|------------|--------------|-----------|---------------|---------------|
| Cumulative Data January to December 2021 |            |          |         |           |           |         |            |              |           |               |               |
| Hub                                      | Households | children | Seniors | Individ   | Lbs.      | Distrib | Home deliv | COVID Hshlds | Diapers   | Volunt. Hours | Case Mgmt Ref |
| Clifton Park                             | 61,608     | 84,053   | 37,151  | 223,573   | 1,442,626 | 312     | 3,354      | 133          | 126,711   | 8,524         | 321           |
| Upcounty                                 | 51,913     | 99,949   | 14,646  | 195,275   | 1,320,894 | 223     | 7,861      | 112          | 92,735    | 6,174         | 19            |
| Seneca Creek                             | 47,468     | 92,109   | 17,551  | 219,457   | 1,223,906 | 401     | 3,260      | 559          | 414,350   | 6,654         | 452           |
| Kingdom                                  | 41,837     | 62,127   | 21,051  | 128,410   | 1,302,772 | 348     | 130        | 10           | 71,122    | 7,997         | 244           |
| Hughes                                   | 31,066     | 62,486   | 14,702  | 146,221   | 1,029,442 | 140     | 2,404      | 29           | 101,165   | 5,242         | 487           |
| Interfaith                               | 31,656     | 64,382   | 16,925  | 144,894   | 932,309   | 188     | 764        | 52           | 144,581   | 6,818         | 204           |
| Oak Chapel                               | 24,685     | 47,239   | 20,513  | 96,299    | 755,583   | 149     | 2,025      | 44           | 126,775   | 3,599         | 282           |
| Harvest                                  | 24,209     | 35,679   | 10,622  | 82,559    | 752,654   | 103     | 3,721      | 19           | 88,580    | 5,577         | 257           |
| Cumulative Total                         | 314,442    | 548,024  | 153,161 | 1,236,688 | 8,760,186 | 1,864   | 23,519     | 958          | 1,166,019 | 50,585        | 2,266         |

## CURRENT FUNDING AND SERVICE AVERAGES

| FY22 OPERATIONAL BUDGET |           |           |           |            |           |            |           |
|-------------------------|-----------|-----------|-----------|------------|-----------|------------|-----------|
| BLACK ROCK              | CLIFTON   | SENECA    | KINGDOM   | INTERFAITH | HUGHES    | OAK CHAPEL | HARVEST   |
| \$650,000               | \$500,000 | \$400,000 | \$400,000 | \$300,000  | \$300,000 | \$300,000  | \$300,000 |

| JANUARY TO DECEMBER 2021 AVERAGES AND CUMULATIVE |          |        |         |        |            |            |         |
|--|----------|--------|---------|--------|------------|------------|---------|
| CLIFTON  | UPCOUNTY | SENECA | KINGDOM | HUGHES | INTERFAITH | OAK CHAPEL | HARVEST |
| 1185   | 998      | 913    | 805     | 609    | 609        | 475        | 475     |
| 61,608   | 51,913   | 47,468 | 41,837  | 31,066 | 31,656     | 24,685     | 24,209  |

## Funding Recommendations and Criteria HUBS

| FY23 OPERATIONAL FUNDING RECOMMENDATIONS \$3,150,000 |           |           |           |            |           |           |            |
|--|-----------|-----------|-----------|------------|-----------|-----------|------------|
| CLIFTON  | UPCOUNTY  | SENECA    | KINGDOM   | INTERFAITH | HUGHES    | HARVEST   | OAK CHAPEL |
| \$650,000  | \$650,000 | \$400,000 | \$400,000 | \$400,000  | \$400,000 | \$300,000 | \$ -       |

- Considerations:
  - Number of households served - food, diapers and home deliveries
  - Geographical area covered, overlapping/duplication
  - Programming, community engagement, outreach, collaborations

### Funding Considerations for FY 23

- Reevaluate the location of the hubs and the areas they serve
- Reduce redundancies and reevaluate areas of coverage.
  - We recommend reducing one hub in an area that is saturated with 3 hubs within a 10-15 minutes drive and putting the funding in those hubs to expand programs.
- Develop consistent funding model
  - Our recommendations are based on clients served using a 3-tier model.
    - Large Hubs are to be funded at \$650'000, medium hubs are \$400'000 and small hubs are \$250'000\*.
    - This new model provides transparent funding that is oriented toward services delivered/clients served.
- See linked hub map to view coverage areas for the assigned hubs for FY 23.
- [Community Hub Service Areas \(arcgis.com\)](#)

## Summary of Funding Recommendations for Service Consolidation Hubs Initiative

| FY23 FUNDING RECOMMENDATIONS                         |           |           |                |             |                    |                |           |                    |
|--|-----------|-----------|----------------|-------------|--------------------|----------------|-----------|--------------------|
| CLIFTON  | UPCOUNTY  | SENECA    | KINGDOM        | INTERFAITH  | HUGHES             | OAK CHAPEL     | HARVEST   |                    |
| \$650,000  | \$650,000 | \$400,000 | \$400,000      | \$400,000   | \$400,000          | \$ -           | \$300,000 | \$3,200,000        |
| CATHOLIC CHARITIES                                   | CHEER     | IMPACT    | DC DIAPER BANK | NOURISH NOW | SHARE FOOD NETWORK | Staff Position |           |                    |
| \$280,000  | \$50,000  | \$90,000  | \$600,000      | \$200,000   | \$1,080,000        | \$101,600      |           | \$2,401,600        |
| <b>TOTAL PROPOSED FUNDING FY23 HUBS AND PARTNERS</b> |           |           |                |             |                    |                |           | <b>\$5,601,600</b> |

## Adult Protective Services Team Position Duties

The positions in the additional APS team, except for the new Community Health Nurse II position, will operate exactly as the two existing teams. The nurse position will bring needed medical expertise to all the APS teams and support their work with clinical advice as needed.

**APS Supervisor (Supervisory Social Worker – grade 26)** – The Social Worker IV role is to oversee the management, supervision and delivery of core Adult Protective Services in the Assessment, APS and Case Management Services Section as mandated by the Code of Maryland Regulations and the Department of Human Services. This Supervisor will oversee a multidisciplinary Adult Protective Services (APS) Investigatory team that provides professional assessment and clinical intervention to clients at risk of institutionalization, abuse, exploitation, and neglect. This position is responsible for program planning and management, and supervision of up to eight or more clinical social workers and other professionals who intervene, set up safety plans and provide services to adults with disabilities, frail elderly, persons with pervasive mental illness, terminally ill, and adults 18 and older with various physical/cognitive/developmental challenges and disabilities. This Supervisor's unit investigates allegations of abuse, neglect, self-neglect, and exploitation of vulnerable adults who are at risk in the community. The unit's professional staff provide crisis intervention and investigation, develop comprehensive service plans, work collaboratively with internal and external partners (i.e., The Montgomery County Elder/Vulnerable Adult Abuse Task Force) to ensure their clients' safety in the least restrictive setting. The pace of this unit is fast, with 10 day (emergency) and 60-day APS investigations, court reports for guardianship/protective orders and staffing's/service integration meetings occurring regularly. Partnering with Police, Office of the County Attorney, the State Attorney's Office, Hospitals, Code Enforcement, HOC and Fire + Rescue Services is a key expectation of this position. Additionally, raising awareness and community education on elder/vulnerable adult abuse is also a requirement of this position. Management of several funds, such as Flex Funds, Regency APS cab fund and the Home Hazard Fund are fiscal duties of this managerial position.

The Supervisory Social Worker roles provides Active Support for the Department's Emergency Preparedness and ESF#6 Mass Care and Sheltering mandate: This supervisor will work with the Department's ESF#6 Shelter Task Force to ensure the emergency response of Aging & Disability staff when responding to victims of either natural or technological disaster, emergency, or other catastrophic events. A key element for MCDHHS is ensuring staff coverage of shelters administered by HHS, in partnership with the American Red Cross. An expectation of this supervisor is to provide leadership as a County Lead Representative (CLR) with the Department's Disaster Shelter Teams, as well as encouraging section staff to actively participate with sheltering activities and training. There is a vital need for an experienced Supervisory Social Worker whose role is to provide clinical supervision and oversight to SWIII staff. This role cannot be performed by a SWIII.

**APS Nurse (Community Health Nurse II - grade 24)** – Personnel in the role of Community Health Nurse will be responsible for providing Adult Protective Services clinical intervention and case

management for medically fragile and vulnerable disabled adults, frail elderly, mentally, chronically, and terminally ill and intellectually disabled adults, aged 18 and over. Duties include investigating allegations of abuse, neglect, self-neglect, and exploitation of vulnerable adults who are at risk in the community and taking steps to ensure their safety in the least restrictive setting. Duties also include making comprehensive assessments and developing and initiating individualized plans of care. Additional duties include sole nursing assessments and case consultation to social workers who provide adult protective services. Duties also include providing consultation and collaboration with other staff within the Department as well as with collateral agencies such as the MCPD, State's Attorney's Office, County Attorney's Office, private attorneys, guardians of property, and community public and private agencies is required.

**APS Investigators - Social Worker III (SWIII – grade 24)** – Personnel in the role of SWIII will be a member of the Adult Protective Services investigation team that provides professional assessment and clinical intervention to clients at-risk of institutionalization and abuse, neglect, exploitation, and self-neglect. Employee will be responsible for providing clinical social work services for disabled adults, frail elderly, mentally, chronically, and terminally ill and intellectually/developmentally disabled adults aged 18 and over. Duties include screening, investigating allegations of abuse, neglect, self-neglect, and exploitation of vulnerable adults who are at-risk in the community and taking steps to ensure their safety in the least restrictive setting. Duties also include making comprehensive psychosocial assessments and developing and initiating individualized plans of care. Additional duties include crisis intervention, completing emergency psychiatric petitions, and the preparation of court reports for guardianship. Consultation and collaboration with other staff within the Department as well as with collateral agencies such as the MCPD, State's Attorney's Office, County Attorney's Office, private attorneys, guardians of property, and community public and private agencies is required.



**MONTGOMERY COUNTY COUNCIL**

**ROCKVILLE, MARYLAND**

**COUNCILMEMBER NANCY NAVARRO  
DISTRICT 4**

**CHAIR, GOVERNMENT OPERATIONS AND  
FISCAL POLICY COMMITTEE**

**EDUCATION AND CULTURE COMMITTEE**

**MEMORANDUM**

April 18, 2022

**TO:** Members of the Health and Human Services Committee

**FROM:** Nancy Navarro, Chair, Government Operations & Fiscal Policy Committee

**SUBJECT:** On the FY23 Operating Budget Elimination of the Oak Chapel United Methodist Church Consolidation Hub

I am writing regarding the County Executive’s recommendation to eliminate funding for the Oak Chapel United Methodist Church in FY23, one of eight consolidation hubs operating and delivering vital services in the County throughout the COVID-19 pandemic. As we are in the recovery phase of the pandemic and discuss ways to strengthen community and faith-based collaboration with County government, it is important to prioritize community-centered service hubs that are nestled in neighborhoods throughout the County where the most need is. This is why I suggested to our Council staff during this morning’s Council session that they explore the possibility of restoring funding for this Hub by utilizing ARPA funding.

As you know, the Oak Chapel Hub is the only one in zip code 20906. This Hub is also located in Census Tract 7032.20, an Equity Focus Area (EFA), surrounded by other EFAs along the Bel Pre corridor, which remains a challenged corridor in the County. This vibrant community is made up of high rates of low-income residents, majority people of color, that would benefit from more access to centralized and accessible community hubs that do not require transportation.<sup>1</sup>

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<sup>1</sup> <https://mcplanning.maps.arcgis.com/apps/Cascade/index.html?appid=05d437361e7a4e19a2ba3bbced117d10>

According to data provided by the church, the needs are growing as they continue to provide critical services to this area of the County. The breakdown of people served through the end of March 2022 was:

- 2,553 households
- 11,077 individuals
- 4,628 children
- 1,639 seniors
- 63,825 lbs. of food
- 16,886 diapers

While I understand that there are two other hubs in the vicinity that remain, the other two Mid-County Consolidation Hubs at Harvest Intercontinental Church in Olney and Hughes United Methodist Church in Wheaton are both exactly 4.7 miles away, not walking distance, and close to 40 minutes one-way using public transportation. Pastor Dr. Sherri E. Wood-Powe also shared with me that they were given very little notice, if any at all, by Executive staff of this recommendation before the budget being made public. This is concerning considering the important services that they have been providing.

Identifying ARPA funding to restore funding for the Oak Chapel hub site would ensure little disruption for the thousands of families, including children and seniors, who depend on these supports.

Thank you and I look forward to continuing the conversation.

Copy to:

Councilmembers

Marlene Michaelson, County Council Director

Naeem M. Mia, Legislative Analyst, County Council

Essie McGuire, Legislative Analyst, County Council