

HHS COMMITTEE #1A
April 28, 2022
Worksession

MEMORANDUM

April 26, 2022

TO: Health and Human Services Committee

FROM: Essie McGuire, Senior 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
Amanda Harris, Chief, Services to End and Prevent Homelessness, DHHS
Jason Rundell, Management and Budget, DHHS
Lindsay Lucas, Office of Management and Budget (OMB)
Deborah Lambert, OMB

Service Area Review Schedule:

Health and Human Services (HHS) Committee

April 21	April 28	May 4
Overview	Services to End and Prevent Homelessness	Public Health
Administration <i>(except Office of Community Affairs)</i>	Behavioral Health and Crisis Services	Administration <i>(Office of Community Affairs)</i>
Food Security Funding	Children, Youth, and Family Services <i>(except jointly reviewed items)</i>	Follow-up Items
Aging and Disability Services		

Joint HHS and Education and Culture Committee

April 22	May 9
Mental Health Supports for Students	Early Childhood Services
High School Wellness Centers	Child Care Rates
Newcomers	Pre-Kindergarten Services
School Based Health Centers	Child Care Subsidies
School Health Services	Children’s Opportunity Fund
Linkages to Learning	Follow up Items
Cluster Projects	
Child and Adolescent School and Community Based Services	

I. SERVICES TO END AND PREVENT HOMELESSNESS

	FY22 Approved	FY23 Rec	Difference
Svcs to End & Prevent Homelessness	31,357,202	41,869,935	10,512,733
FTEs	85	88	3

SEPH Background

Council staff notes that this service area is one that is experiencing the impacts of Federal and State funds decreasing that had been significantly increased during the pandemic. The Executive’s FY23 recommendation includes large amounts of County funds to replace and expand funding for these programs; at the same time, the Department and community providers will need to monitor and evaluate the level of continuing need in the context of changing conditions and decreases in overall funding. The Committee will want to return later this year to hear more about these issues and analyze the impact and allocation of all available resources for Services to End and Prevent Homelessness.

Point in time survey

DHHS will begin the session by providing an overview of the results of the 2022 Point-in-Time Survey. The full report has not yet been released by the Council of Governments.

Housing Initiative Funding (HIF)

This fund will be discussed by the Planning, Housing, and Economic Development (PHED) Committee. This background section on HIF funding was prepared by Naeem Mia, Legislative Analyst, and is shared here as context to today’s discussion.

For FY23, the CE is recommending total funding for the County’s rental assistance programs at \$19.5 million, which is \$4.7 million (or 32 percent) higher than the FY22 Approved level of

\$14.8 million. The increase is funded entirely by higher recordation taxes through the HIF. The allocations to HOC, DHHS, and DHCA programs are as follows:

- HOC: \$3.2 million (increase of \$92,000, or 3%)
- DHHS: \$8.1 million (increase of \$235,000, or 3%)
- DHCA: \$4.9 million (increase of \$1.8 million, or 56%)

In addition, the projected emergency rental assistance contingency for FY23 is increased significantly, from \$721,000 to \$3.3 million. As Recordation Tax Premium revenues are volatile, maintaining a healthy contingency is a prudent fiscal approach.

The County Code requirement for the half of the Recordation Tax Premium only says it must be used for rent assistance for low and moderate income households, which must not be used to supplant any otherwise available funds. DHCA is using the increase for rental agreements to keep currently affordable units affordable. Often, but not always, these rental agreements are for older MPDUs (“MPDU extensions”) where the covenants for affordability are set to expire in the near term. While the additional funding is not significantly allocated to homelessness programs, this programming approach towards maintaining affordability for low- and moderate-income households is consistent with the Code’s requirements.

SEPH Issue 1: Shelter Services Update

Summary:

- The Executive’s FY23 recommendation includes funding to operate the emergency shelters year-round for the first full fiscal year.
- The FY23 budget also adds \$700,000 to implement a 24/7 shelter hotline and replicate for single adults a model of centralized shelter intake and supports that has been supported in the pandemic by pilot grant funding.

Discussion

Prior to the pandemic, shelters for unhoused persons operated with limited capacity in the warm weather months and increased capacity in the winter months. During the pandemic, the County implemented year-round housing opportunities as a public health measure; the County is continuing this approach going forward, so that people who are homeless have year-round access to shelter services. In March of this year, the new Nebel Street Shelter for men opened, significantly increasing the County’s emergency shelter capacity for men from 60 year round beds to 200.

DHHS provided the information below regarding the full year FY23 budgeted cost for the contracts for operating the men’s and women’s shelters. FY23 will be the first year that the new shelter system will be operational for a full fiscal year.

- Women’s Center (2 Taft Court and Crabbs Branch): \$2,026,188
- Progress Place Shelter: \$738,439
- Nebel Street Shelter: \$4,001,260

Centralized intake and shelter hotline

DHHS provided additional information (circle 8) on the requested \$700,000 to support a centralized intake process for single adults that seeks to engage individuals around resolving their housing crisis with problem-solving. A similar model has been in place for families, and these funds would expand the approach beyond the pilot so that all adults would receive this intake support. The requested funding supports:

- 1 Program Manager
- 2 Diversion workers – in office, responding to calls, follow-up from the homeless resource line
- 3 Case Managers –in the community, assist with referrals, housing location long term
- 5 Laptops and 5 mobile phones

On circle 8, DHHS states that the current Homelessness Information Line will become a 24/7 shelter hotline. It may be helpful for DHHS to clarify at the worksession whether the proposal is for one centralized hotline system, or how this proposal will relate to the existing information line service.

Requests from non-profit partners

Interfaith Works: In a letter to Councilmember Glass, Lead for Homelessness and Vulnerable Communities, Interfaith Works has requested additional funding to support their shelter and supportive housing contracts. Interfaith Works states that the County contract amount will be insufficient to meet the cost of operating services that is being experienced. The letter indicates a total request of \$641,437 for FY23, of which \$352,540 is identified to support the three emergency shelter programs and \$288,897 to support the three supportive housing programs. Letter is attached at circles 14-16.

Council staff understands that cost pressures are continuing to mount for non-profit community providers, and that in particular, there may be additional costs associated with expanded emergency shelter services than originally anticipated; at the same time, it may be helpful to understand these cost dynamics across the homeless services system of providers as a whole. Council staff also notes that some of these contracts are competitive and some are non-competitive, which would require any increases to follow the relevant process for the type of contract and service.

Council staff suggests that the Committee return to discuss the cost impact on emergency shelters after budget, either summer or fall, to evaluate the extent to which there are cost and contract adjustments needed across all providers in the emergency shelter system and the rationale supporting any changes. **The Committee may want to ask the Department and community partners to work together to understand and document the cost and resource pressures in the context of more operational experience; to set the expectations for service and for what level of costs the County will assume to reimburse; and to develop a systemic recommendation for next steps.**

Shepherd's Table: The Council has also received via correspondence and public testimony a request from Shepherd's Table for increased funding in the amount of \$172,000, which is a 59% increase. Shepherd's Table states that this is needed to meet the growing demand for meals and social services. Council staff suggests that it would be helpful to understand more details of this request and how it relates to scope of the current contract related to Progress Place. **The Committee may want to ask DHHS to work with Shepherd's Table to clarify the request and provide this information to the Committee as follow up in the May 4 HHS Committee worksession.**

Council staff recommendation:

- **Support** base budget level for year-round emergency shelter model
- **Support** the \$700,000 increase for centralized intake for single adults and the 24/7 shelter hotline
- **Defer** consideration of increased funding for Interfaith Works; ask Executive branch to work with emergency shelter providers to evaluate contract costs and County reimbursements and return to Committee
- **Follow-up** at the May 4 meeting on the request for increased funding from Shepherd's Table pending additional information.

SEPH Issue 2: Healthcare for the Homeless

Summary

- The County Executive recommends an increase of \$600,000 for additional psychiatric services for individuals who are homeless and in the emergency shelter system.

Discussion

DHHS staff indicates that the additional funds will meet the demand for services that is associated with the increased capacity in the County's emergency shelter system, particularly the Nebel Street Shelter. The funds will support ongoing psychiatric and medical services within all emergency clinics. DHHS states:

“Expansion of beds dictates a need for more support staffing to continue preventing overuse of the County emergency rooms and decrease readmission when deemed possible. The funding allows for a therapist for clients as requested within shelters, which the request has increased for over the last year. This also provides support for a psychiatric prescriber to be onsite to assist with crisis management, medication management and training/support to clients and staff 2 -3 days each week.”

The Montgomery Cares Advisory board (MCAB) has also requested that \$300,000 be added in addition to this recommended increase to further expand psychiatric service availability. Council staff will bring this request back to the Committee in the context of other MCAB funding requests in the next Committee meeting to review the Public Health Service Area.

Council staff recommendation:

- **Support the recommended increase of \$600,000** for additional psychiatric services in the emergency shelter system.
- Continue discussion of MCAB request at next worksession.

SEPH Issue 3: Rental Assistance Program

Summary

- A total of \$8 million is recommended in the Executive’s FY23 operating budget to support the DHHS Rental Assistance Program (RAP).
- Of this amount, \$4 million is new County funding for the program, to both replace ARPA funds and to increase the overall amount of funding. The remaining amount is allocated from the Housing Initiative Fund (HIF).
- The Council has also identified ARPA funds to provide additional capacity as other Federal and State pandemic related grant funds are decreasing.

Discussion

The Rental Assistance Program is a long-standing shallow subsidy program and is not related to the rental assistance programs that are in response to COVID. The Council approved changes through Bill 25-20 to update the program based on the recommendations of the Interagency Commission on Homelessness and the gap analysis. The main changes were:

- Reduced age of eligibility for RAP from 62 to 55;
- Clarified definition of a person with a documented disability;
- Removed the prohibition of eligibility for County residents without certain immigration documentation; and
- Provided that the specific benefit amount is established in regulation rather than law.

RAP will be targeted to households that are in the homeless system or in danger of entering the homeless system. The maximum subsidy will be based on 25% of the average rent for a two-bedroom apartment. DHHS staff reports that the average benefit will be \$350-\$400 per month., and the department anticipates serving approximately 1700 households. This service level reflects working toward the service level target that was anticipated in the program revisions outlined above.

As noted, the County Executive’s recommendation includes a significant increase in County funding to support the RAP program, from \$5 million in FY22 to \$8 million in FY23. The recommendation adds \$4 million in County funding, \$1 million of which replaces ARPA funding and \$3 million of which increases the overall funding level of the program. The remaining \$4 million for this DHHS administered program is from the Housing Initiative fund (HIF).

In addition, the Council identified FY22 ARPA funding (\$3.43 million) to continue to support the RAP program as Federal and State dollars are ending. This is another area in which the Department and advocates do not anticipate reduced needs going forward; the Department and

the Council will want to monitor experience over the coming year as the program continues to transition out of Federal and State grant funds to determine what level of service can be supported in future fiscal years.

Council staff recommendation:

- **Support** recommended \$4 million increase in County funding to RAP in the Executive’s operating budget.
- **Support** the Council ARPA allocation for additional RAP program capacity when the amount is finalized.

SEPH Issue 4: Rapid Rehousing

Summary

- The Executive added a total of \$2,490,000 to the Rapid Rehousing program in the FY23 recommendation.
- The FY23 recommendation for this program both replaces FY22 ARPA funding and provides additional County funding to expand the program’s capacity.

Discussion

Rapid Rehousing is time-limited assistance provided to households that are expected to be able to be financially sustainable once this specific subsidy ends. Depending on the program, Rapid Rehousing usually lasts from 12 to 24 months.

The Executive’s recommendation replaces \$490,000 of ARPA funding that was allocated to this program in FY22, and adds \$2 million of County funds to expand the program.

DHHS provided the following summary of the program funding level from all sources:

By shifting from federal funding to local, the program has more flexibility to increase the length of time or benefit amount. At this level of funding, the CoC expects to services 700 households annually.

<i>Funding Source</i>	<i>Amount</i>	<i>Max Duration</i>
<i>GF</i>	<i>\$2.8 million</i>	<i>24 months (flexible)</i>
<i>HIF</i>	<i>\$1.2 M</i>	<i>24 months (flexible)</i>
<i>State</i>	<i>\$246K</i>	<i>24 months</i>
<i>ESG</i>	<i>\$417K</i>	<i>24 months</i>

Council staff recommendation:

- **Support** the Executive’s recommended increase of \$2,490,000 for the Rapid Rehousing program.

SEPH Consent Items

Council staff recommends support of the budget changes outlined below.

Change	Amount	FTE	Notes
Homeless Entry Coordinator, Federal Requirement	\$104,960	1	HUD requires (but does not fund) a Coordinated Entry System to ensure fair and equal access to resources. More detail on circle 8.
Pathways contract to increase Street Outreach resources in Silver Spring and Wheaton	\$180,000	0	Will support 2 additional direct outreach staff, 1 to be Spanish speaking.
County match for HUD funding for community providers	\$1,739,007	0	Continuum of Care match. List of providers and amounts on circles 10-11.
Multi-program adjustments in Homeless Services for Single Adults	\$3,117,123	0	Primarily related to the Emergency Housing Grant, Council approved \$2.67 million supplemental appropriation on July 27, 2021.

Update: Medical Respite Services

The Executive’s FY23 recommendation for this program increases by \$21,000, from \$550,000 to \$571,000 to reflect service costs and electronic medical records implementation. On circle 12, DHHS stated that the program has received 25 referrals, and provided the following update on the implementation:

DHHS continues to meet with hospitals to streamline the referral process, assess appropriate referrals for program and enhance communication for care coordination and appropriate discharge planning. Referrals continue to increase and improve the ability for hospitals and DHHS to coordinate discharges for clients from the ER and inpatient stays. The service has also been helpful in servicing clients transitioning from rehabs as a possible step down in care as clients transition back to their regular daily living in shelter care. To continue aiding in this process the steering committee has been restructured to also include a sub-workgroup that is comprised of all hospital and other medical facility representatives that would refer to this program. These groups will meet on a monthly basis to support the mission and vision of this program and support the needs and goals of hospitals for safe discharge planning back into our homeless system.

This packet contains the following:

- FY23 CE Recommended Services to
End and Prevent Homelessness Budget ©1-7
- DHHS Responses to Council staff questions on SEPH ©8-13
- Letter from Interfaith Works ©14-16



Services to End and Prevent Homelessness

RECOMMENDED FY23 BUDGET

\$41,869,935

FULL TIME EQUIVALENTS

87.50

 RAYMOND L. CROWEL PSY.D., DIRECTOR

FUNCTION

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

PROGRAM CONTACTS

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

PROGRAM DESCRIPTIONS

Admin - Services to End and Prevent Homelessness

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	516,043	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	344,829	3.00
FY23 Recommended	860,872	6.00

☀ Coordinated Entry

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of homeless individuals with a completed vulnerability assessment (Using the VI-SPDAT) to determine housing placement ¹	659	382	370	375	375
Coordinated Entry - Days from housing program assignment to housed	68	33	40	40	40
Percent of homeless individuals with a completed vulnerability assessment (using the VI-SPDAT) to determine housing placement	96%	89%	91%	95%	95%

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,371,474	6.90
Increase Cost: Homeless Entry Coordinator to Implement New Federal Legal Requirement	104,960	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.	(207,691)	(1.00)
FY23 Recommended	1,268,743	6.90

☀ Healthcare for the Homeless

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of individuals receiving primary care services through Healthcare 4 the Homeless (Mobile Med) ¹	112	180	180	180	180
Number of hospital transfers from year-round shelters (based on 911 emergency calls) ²	N/A	427	355	284	227

¹ This measure tracks new patients served.

² Shelter locations increased and shifted in FY20, in part due to COVID-19, requiring a re-baselining of this measure. Measure resumed reporting in FY21.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,212,175	5.00
Enhance: Additional Health and Psychiatric Services for Increase in Year-Round Clients at Homeless Shelters	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.	171,391	0.00
FY23 Recommended	1,983,566	5.00

☀ Homeless Services for Families

Homeless Services for Families provides emergency shelter and transitional housing to families with children. Services include intake and assessment, case management, and housing location to link families experiencing homelessness to housing, behavioral health, financial, and legal programs. All services are housing focused with a goal of connecting families with permanent housing as quickly as possible and removing systemic barriers to accessing housing and services.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of individuals as part of a family unit experiencing homelessness for the first time	451	426	420	420	420
Average length of stay in days by homeless families in emergency shelter ¹	54	73	55	30	30
Percent of households returning to homelessness	11%	10%	8%	5%	5%

¹ During FY21 the Continuum of Care (CoC) saw an increase in the number of Households with minor children as well as an increase in household size. This created difficulties in getting families housed and out of shelter, resulting in an increase in length-of-time (LOT) in shelter for families.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,240,491	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	101,397	0.00
FY23 Recommended	3,341,888	3.00

☀ Homeless Services for Single Adults

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of homeless single adults counted during Annual Point in Time Count	485	480	475	470	465
Length of time homeless in days for adults in emergency shelter, outreach, or transitional housing ¹	66	119	100	94	86
Percent of positive exits to permanent housing from street outreach, emergency shelter, or transitional shelter	36%	41%	40%	42%	44%

¹ Inflow into the Coordinated Entry system is higher overall and, although the program is housing people using various resources, clients are staying longer in shelter. The Continuum of Care projects that its influx of clients will stabilize and return to the previous LOT for single adults in shelter, outreach, or transitional housing and be more in line with future projections.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	8,551,917	2.00
Add: Diversion Hotline and Centralized Shelter Intake for Households Without Children	700,000	0.00
Enhance: Pathways Contract to Increase Street Outreach Resources in Silver Spring and Wheaton	180,000	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.	3,117,123	0.00
FY23 Recommended	12,549,040	2.00

☀ Housing Initiative Program

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Housing Initiative Program: Number of clients served	912	1,015	1,000	1,000	1,000
Housing Initiative Program -Days from housing program assignment (to accepted) to housed	70	84	60	45	40
Percent of households who retain permanent housing after 12 months	100%	95%	99%	99%	99%
Decrease in acuity score, measuring the severity of presenting issues impacting housing stability ¹	N/A	25	50	55	60

¹ Transition to new reporting system (Qlik) impacted FY20 reporting. Measure resumed in FY21. Reported 19% for FY20 retroactively.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	317,105	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(19,664)	0.00
FY23 Recommended	297,441	2.00

☀ Interagency Commission on Homelessness

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Dollars brought into the continuum from non-County funds	\$30,505,207	\$101,660,869	\$100,000,000	\$75,000,000	\$50,000,000
Number of individuals with lived experience participating as ICH Commissioner or on committees	15	15	20	20	20
Number of total homeless individuals counted during the Annual Point in Time Count	670	577	575	565	545

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	111,066	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.	(107,066)	(1.00)
FY23 Recommended	4,000	0.00

☀ Permanent Supportive Housing

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Permanent Supportive Housing: Number of clients served ¹	1,464	2,436	2,400	2,100	2,100
Permanent Supportive Housing - Days from housing program assignment (to accepted) to housed	58	59	60	45	40
Percent of households who retain permanent housing after 12 months	98%	92%	95%	95%	95%
Percent of clients retaining permanent housing	98%	97%	95%	95%	95%
Percent of people that graduate from the program	5%	5%	20%	15%	15%

¹ Many, additional permanent supportive housing options were available to clients beginning in FY21 due to the increase in COVID funding and other related legislation changes.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	5,214,810	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	212,102	0.00
FY23 Recommended	5,426,912	2.00

☀ Prevention

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Households receiving emergency grants to prevent eviction/homelessness (County and State funds) ¹	11,053	5,127	9,060	9,060	9,060
Percent of households who received prevention assistance and within 12 months enter the homeless continuum ²	9.0%	5.4%	6.0%	5.5%	5.5%

¹ This measure includes County and State funds. Assistance was still being provided to households in need in FY21, but a different funding stream was used to provide clients with prevention funds (i.e., Treasury funds in place of emergency grants).

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	8,140,868	54.10
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	300,762	1.00
FY23 Recommended	8,441,630	55.10

☀ Rapid Rehousing

Rapid Rehousing (RRH) is an intervention designed to help individuals and families to quickly exit homelessness, return to

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Rapid Rehousing - Number of clients served ¹	690	812	800	800	800
Cost per positive exit	\$11,495	\$8,680	\$9,000	\$9,000	\$9,000
Percent of households with Increased income since entering rapid rehousing	22.0%	32%	35%	40%	40%
Percent of exits to permanent housing	67.0%	78%	78%	80%	82%

¹ COVID-related funds increased the number served.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,101,469	0.00
Enhance: Rapid Rehousing Expansion	2,000,000	0.00
Replace: Rapid Rehousing Previously Funded by ARPA with General Funds	490,000	0.00
Shift: Rapid Rehousing Funded in FY22 by ARPA Moved to General Fund	(490,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	41,371	0.00
FY23 Recommended	3,142,840	0.00

Rental Assistance Program

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of unique households with an active rental subsidy during the year ¹	1,354	882	1,000	1,750	1,750
Percent of clients who utilized housing stabilization services (HSS) within a year after receiving rental assistance (RAP) ²	10.0%	17.8%	17.0%	15.0%	12.0%

¹ Projections for FY23 and FY24 will be applicable if the Rental Assistance Program receives additional funds from the Recordation Tax Premium.

² This measure, by definition, has a one year lag. FY21 is therefore based on cases initiated in FY20.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,579,784	5.50
Enhance: Rental Assistance Program Expansion	3,000,000	0.00
Replace: Rental Assistance Program Previously Funded by ARPA with General Funds	1,000,000	0.00
Enhance: Rental Assistance Program Administrative Support	64,431	1.00
Decrease Cost: Rental Assistance Program Funded in FY22 by ARPA Moved to General Fund	(1,000,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(91,212)	(1.00)
FY23 Recommended	4,553,003	5.50

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
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PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
Admin - Services to End and Prevent Homelessness	516,043	3.00	860,872	6.00
Coordinated Entry	1,371,474	6.90	1,268,743	6.90
Healthcare for the Homeless	1,212,175	5.00	1,983,566	5.00
Homeless Services for Families	3,240,491	3.00	3,341,888	3.00
Homeless Services for Single Adults	8,551,917	2.00	12,549,040	2.00
Housing Initiative Program	317,105	2.00	297,441	2.00
Interagency Commission on Homelessness	111,066	1.00	4,000	0.00
Permanent Supportive Housing	5,214,810	2.00	5,426,912	2.00
Prevention	8,140,868	54.10	8,441,630	55.10
Rapid Rehousing	1,101,469	0.00	3,142,840	0.00
Rental Assistance Program	1,579,784	5.50	4,553,003	5.50
Total	31,357,202	84.50	41,869,935	87.50

Responses to Council staff questions from DHHS regarding SEPH

- **Please provide a presentation at the Committee session on the most recent Point in Time survey.**

The PIT numbers are still being finalized. We will be able to present at the session.

- **Please provide a brief summary of the requirement for new position for Homeless Entry Coordinator and whether the new positions will work with individuals and/or families. While this position is in the General Fund, is it back by HUD COC funding or is it funded by County funds?**

HUD requires all continuums of care develop and implement Coordinated Entry Systems (CES) that ensure people experiencing a housing crisis have fair and equal access to available resources. This position will be responsible for training our provider network on local housing assessment tools, providing quality assurance and evaluation of the process, and conducting in depth assessments for hard-to-serve households. Evaluation and oversight of the CES is mandated by HUD but not funded.

- **Please describe the diversion hotline model and how it differs from current practice and the Homeless Information Line. What will the \$700,000 support? Will the contract for the Homeless Information Line end?**

During the pandemic, SEPH received grant funding to pilot a centralized intake and homeless diversion for adult only households. Through this initiative, the CoC was able to reduce inflow into homelessness. This funding would allow SEPH to bring the pilot project to scale so that every person seeking emergency shelter would first engage with a Diversion specialist around resolving their housing crisis through problem-solving. Additionally, the Homeless Information Line will become a 24/7 shelter hotline. Here are details of what will be covered by this new funding.

- 6 Staff Members
- Program Manager
- 2 Diversion workers – In office, responding to calls, follow-up from the homeless resource line
- 3 Case Managers – follow into the community, assist with referrals, housing location long term
- 5 Laptops and 5 mobile phones

- **Please provide the total amount of FY22 funding from all sources (DHHS/HIF) for the Rental Assistance Program, the number of households expected to be served in FY22, and the average assistance payment.**

The County Rental Assistance Program’s budget is \$4 million in HIF and \$1 million GF. The program expects to serve 900 households in FY22.

- **Please provide the total amount of FY23 funding from all sources (DHHS/HIF) for the Rental Assistance Program, the number of households expected to be served in FY23, and the expected average assistance payment.**

\$8 million proposed – 1700 serve - \$350-\$400 average benefit

- **Please provide the total FY22 funding for DHHS administered Rapid Rehousing programs from all sources (DHHS/HIF) and the number of households expected to be served. What is the average and maximum amount of time a household can receive assistance through Rapid Rehousing?**

Funding Source	Amount	Max Duration
GF	\$340K	24 months (flexible)
HIF	\$1.2 M	24 months (flexible)
State	\$246K	24 months
APRA	\$490K	24 months
ESG	\$417K	24 months
ESG-CV	\$5.8 M over 2 years	12 months

Many RRH programs have blended funding so the number served cannot be separated. It is expected that 800 households will be served in FY 22. Pre-pandemic the average length of stay was 9 months. This has increased to 12 months.

- **Please provide the total FY23 funding for DHHS administered Rapid Rehousing programs from all sources (DHHS/HIF) and the expected number of household to be served. Will any of the parameters for the program change with the additional funding (such as length of time or amount of assistance payment)?**

See chart below. By shifting from federal funding to local, the program has more flexibility to increase the length of time or benefit amount. At this level of funding, the CoC expects to services 700 households annually.

Funding Source	Amount	Max Duration
GF	\$2.8 million	24 months (flexible)
HIF	\$1.2 M	24 months (flexible)
State	\$246K	24 months
ESG	\$417K	24 months

- Please provide a list of the programs that HUD is funding directly through the COC competition, the County match associated with the program, and number of households served.

Amount awarded funded FY 2023	County Match 2022
\$10,067,095.00	\$1,739,007.33

Program	Award 23	# Individuals served FY 21	# Households Served FY21	# Individuals FY 22	# Households FY 22
Montgomery County Coalition for the Homeless-Hope Housing	\$620,951	58	40	51	40
Montgomery County Coalition for the Homeless-Keys First	\$985,969	43	37	41	35
Montgomery County Coalition for the Homeless-Cordell	\$147,351	38	38	35	35
Montgomery County Coalition for the Homeless-Home First I	\$178,557	17	17	17	17
Montgomery County Coalition for the Homeless-Home First II	\$353,199	20	20	19	19
Montgomery County Coalition for the Homeless-Seneca	\$403,699.00	105	30	108	30

The National Center for Children and Families-RRH	\$603,204	225	30	231	30
The National Center for Children and Families- BONUS project	\$675,810	NA	NA	70	20
Housing Opportunities Commission-McKinney 14	\$774,005	69	45	61	45
Housing Opportunities Commission-McKinney 10	\$3,559,060	336	162	336	162
Interfaith Works-IW Homes	\$389,046	32	32	31	31
Interfaith Works-BONUS Medical	\$453,009	NA	NA	10	10
Catholic Charities	\$111,909	119	54	143	65
Pathways to Housing DC	\$539,714	20	20	21	21

- **What are the changes to the contract with Pathways that will be funded with the additional \$180,000? It would be helpful at the session to review where the current homeless outreach providers work in the county and how they are coordination with the enhancement in DHHS mobile crisis services.**

The contract will allow the capability to hire 2 additional direct outreach staff, 1 to be Spanish speaking.

- **Does the FY23 budget continue to have the \$100,000 in funding for the Homeless Docket initiative? Please provide an update on the implementation.**
Yes, this is in the FY23 Budget under 61500 Chief.
- **Please provide an update on Medical Respite. What county funding is included in the FY23 budget? Has this improved the ability of the hospitals and DHHS to coordinate discharge of patients who are returning to the emergency shelter system?**

Medical Respite Program

	FY22	FY23	FY23 Increase	Description
Kelly Collaborative Medicine	550,000.00	571,000.00	21,000.00	Medical Respite - This includes the actual quotes for meals, cleaning, and laundry for all three houses and cost for new electronic medical record (EMR) needed to service this type of program and produce data points needed for operation and future funding opportunities)

- **Funding:**
 - Primary Care Coalition - Nexus Grant \$200,000
 - General Funds \$371,000
- **Referrals:**
 - Received 25 referrals
 - DHHS continues to meet with hospitals to streamline the referral process, assess appropriate referrals for program and enhance communication for care coordination and appropriate discharge planning. Referrals continue to increase and improve the ability for hospitals and DHHS to coordinate discharges for clients from the ER and inpatient stays. The service has also been helpful in servicing clients transitioning from rehabs as a possible step down in care as clients transition back to their regular daily living in shelter care. To continue aiding in this process the steering committee has been restructured to also include a sub-workgroup that is comprised of all hospital and other medical facility representatives that would refer to this program. These groups will meet on a monthly basis to support the mission and vision of this program and support the needs and goals of hospitals for safe discharge planning back into our homeless system.
- **Please provide the budgeted cost for the contracts for operating the mens (MCCH) and women’s (IW) shelters in FY23 now that the new shelter system will be operational for a full fiscal year.**
 - The Current Budget for the locations are:
 - Women’s Center (2 Taft Court and Crabbs Branch): \$2,026,188
 - Progress Place Shelter: \$738,439
 - Nebel Street Shelter \$4,001,260

- **Please provide detail on the psychiatric/mental health/health services that will be provided with the additional \$600,000. Is any of this additional funding an adjustment of the budget to pay for current level of service or is this all enhanced services?**
 - The 600K is essentially an OBI for support of ongoing psychiatric and medical services within all emergency clinics. The 600K provides additional support for the expansion of the Nebel street primary care clinics and psychiatric services. The new Nebel shelter has an expansion of beds to 200 beds. Expansion of beds dictates a need for more support staffing to continue preventing overuse of the County emergency rooms and decrease readmission when deemed possible. The funding allows for a therapist for clients as requested within shelters, which the request has increased for over the last year. This also provides support for a psychiatric prescriber to be onsite to assist with crisis management, medication management and training/support to clients and staff 2 -3 days each week.



April 22, 2022

Council Vice President Evan Glass
Council Office Building
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear Mr. Glass,

As our community has continued to weather a very difficult pandemic season, Interfaith Works (IW) has been here to respond to the needs of our most vulnerable Montgomery County neighbors. IW offers many essential services across the Homeless Services system, specifically emergency shelter and supportive housing.

As we plan for FY23, we are concerned about the significant revenue challenges that are ahead.

IW operates 3 emergency shelters in Montgomery County, two of which are the only year-round shelters for women in the county. Together, these three programs can serve 126 people each night. We are seeing increased demand for shelter, even as the pandemic wanes. Last year, we served 743 people through these three sites. In our capacity as a shelter provider, IW is serving as an extension of the county government – offering essential services to Montgomery County residents. It is for this reason that we are concerned about the \$352,539.69 budget shortfall that we expect to incur for operating emergency shelter programs. Without this additional revenue, we will struggle to provide basic operational necessities, like security; costs related to maintaining laundry machines, ice makers, and dishwashers; telephone and internet expenses; and overtime for our dedicated employees. The budget shortfalls, by program, are detailed in the attachment.

IW also operates a variety of supportive housing programs, serving 76 formerly homeless households last year. We are very proud of the success that our service model produces. This success is demonstrated by the virtual 100% rate of housing stability achieved by clients in our programs. Supportive housing is also an essential service that we offer on behalf of the county government. Unfortunately, we also expect to incur a combined revenue shortfall of \$288,897.23 across these programs, two of which require 24/7 supportive staffing. The revenue deficits, by program, are detailed in the attachment. Without this additional funding, we will struggle to pay expenses related to staff overtime, clinical supervision, equipment maintenance, and telephone/internet services.

As a nonprofit organization, we look to philanthropy to support innovative ways through which we can serve our community. For example, we recently created a fund dedicated to clients who are moving on to the next phase of their lives. This fund will pay for scholarships, work

attire, computers, etc. Instead of funding more initiatives like this, we find ourselves desperately raising money to bridge the gap caused by a shortfall in county revenue. This shortfall also makes it difficult for us to pay our employees a reasonable wage. Instead, we find that retailers, like McDonalds and Walmart, can pay our dedicated employees more than we can afford to. This contributes to employee dissatisfaction and turnover, which in turn, has a direct impact on the effectiveness of our programs.

As noted above, Interfaith Works is requesting an additional \$352,539.69 to support our three emergency shelter programs and \$288,897.23 to support our three supportive housing programs. These funds will allow the programs to remain financially solvent as we continue to offer these essential services to Montgomery County residents.

Thank you for considering this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Courtney Hall", is written over the printed name.

Courtney Hall
CEO

Program Type	Program Name	FY23 Revenue Needed	FY23 County Revenue Offered	FY23 Expected Shortfall
Emergency Shelter	IW Women's Centers (Taft Ct. + Crabbs Branch)	\$2,347,447.67	\$2,026,188.41	\$321,259.26
Emergency Shelter	IW Shelter at Progress Place	\$738,473.89	\$738,473.89	\$0.00
Emergency Shelter	IW Empowerment Center at Progress Place	\$837,405.74	\$806,125.31	\$31,280.43
Supportive Housing	IW Residences	\$435,461.50	\$382,941.00	\$52,520.50
Supportive Housing	IW Priscilla's House/Becky's House	\$849,225.64	\$675,714.49	\$173,511.15
Supportive Housing	IW Interfaith Homes	\$667,268.88	\$604,403.30	\$62,865.58
Total Revenue Shortfall Expected FY23		\$5,875,283.32	\$5,233,846.40	\$641,436.92

MEMORANDUM

April 27, 2022

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession:** FY23 Operating Budget
Department of Health and Human Services
Behavioral Health and Crisis Services

PURPOSE: Review and make recommendations on the FY23 operating budget

Those expected for this worksession:

Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Victoria Buckland, Chief Operating Officer, DHHS
Rolando Santiago, Chief, Children, Youth and Families, DHHS
Jason Rundell, Budget Team Leader, DHHS
Lindsay Lucas, Fiscal and Policy Analyst, Office of Management and Budget (OMB)

The County Executive's Recommended Budget for Behavioral Health and Crisis Services is attached at ©1-5.

I. BEHAVIORAL HEALTH AND CRISIS SERVICES

A. Overview

For FY23, Behavioral Health and Crisis Services (BHCS) is organized into 10 program areas. This service area works to promote mental wellness, prevent substance abuse and suicide, and ensure access to a comprehensive treatment recovery system of effective services and supports for children, youth and families, adults, and seniors with behavioral health needs.

The following tables show the programs in the service area and proposed budget and FTE changes. The Executive is recommending an increase of \$4,301,642 or 9.2%, from the FY22 level. There is a proposed increase of 2 FTEs.

Behavioral Health and Crisis Services Expenditures	FY22 Budget	FY23 Rec	Change FY22 to FY23
24-Hours Crisis Center	\$7,179,289	\$9,436,639	31.4%
Access to Behavioral Health Services	\$3,413,866	\$3,332,814	-2.4%
Admin - Behavioral Health & Crisis Services	\$801,445	\$961,140	19.9%
Adult Behavioral Health Services	\$1,755,490	\$1,667,924	-5.0%
Adult Forensic Services	\$3,262,790	\$3,671,246	12.5%
Local Behavioral Health Authority	\$12,779,472	\$14,078,810	10.2%
Outpatient Behavioral Health Services - Child	\$7,249,363	\$7,224,693	-0.3%
Specialty Behavioral Health Services	\$3,263,587	\$3,500,143	7.2%
Trauma Services	\$6,476,064	\$6,619,254	2.2%
Treatment Services	\$345,654	\$335,999	-2.8%
TOTAL	\$46,527,020	\$50,828,662	9.2%

Behavioral Health and Crisis Services Expenditures	FY22 Budget	FY23 Rec.	Change FY22 to FY23
24-Hours Crisis Center	52.4	54.4	3.8%
Access to Behavioral Health Services	29.0	28.0	-3.4%
Admin - Behavioral Health & Crisis Services	4.0	5.0	25.0%
Adult Behavioral Health Services	11.5	10.5	-8.7%
Adult Forensic Services	28.0	28.0	0.0%
Local Behavioral Health Authority	23.5	24.5	4.3%
Outpatient Behavioral Health Services - Child	30.3	29.3	-3.3%
Specialty Behavioral Health Services	23.0	24.0	4.3%
Trauma Services	30.6	30.6	0.0%
Treatment Services	2.0	2.0	0.0%
TOTAL	234.2	236.2	0.9%

Description of Program Areas

The following provides a description of the 10 program areas in this service area.

BHCS Programs	Description	FY23 Rec	FY23 FTEs
24-Hours Crisis Center	24-Hours Crisis Center: Telephone, walk-in, mobile crisis outreach, single adult shelter system screening and referrals, and crisis residential services to persons experiencing situational, emotional or mental health crises.	\$9,436,639	54.40
Access to Behavioral	Connects uninsured and low-income consumers with mental health and/or substance problems to appropriate community services.	\$3,332,814	28.00

Health Services	Short-term case management and psychiatric services to vulnerable individuals including recent discharge from hospital or jail. Intensive social work services for individuals with serious mental illness. Urine Monitoring serves those required to submit to breathalyzer and urine surveillance serves those who request services to support recovery from substance abuse.		
Admin - Behavioral Health & Crisis Services	Provides leadership, oversight, and guidance for the administration of BHCS.	\$961,140	5.00
Adult Behavioral Health Services	Outpatient Mental Health Center that serves a primarily immigrant populations with severe and persistent mental illness. Site-based services include psychiatric evaluation and medication management, individual and group and family therapy and office-based management services.	\$1,667,924	10.50
Adult Forensic Services	Clinical Assessment and Transition Services; Jail Addiction Service; Justice Clinical Assessment and Planning and Stop, Triage, Engage, Educate, Rehabilitate (STEER).	\$3,671,246	28.00
Local Behavioral Health Authority	Responsible for systems planning, management, and oversight of the Montgomery County behavioral health system. Manages State and Federal grants and County funded program. Ensures quality of care, quality improvement, and access to fee-for-services programs. System planning including assessing and determining gaps in treatment and rehabilitations. Manages all BHCS service area contracts.	\$14,078,810	24.50
Outpatient Behavioral Health Services - Child	Offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment and care coordination services.	\$7,224,693	29.25
Specialty Behavioral Health Services	Administers the Adult drug Court Treatment Program, Medication Assisted Treatment Program and Urine Monitoring Program.	\$3,500,143	24.00
Trauma Services	Includes the Abused Persons Program and Victim Assistance and Sexual Assault Program. Provides comprehensive, individualized and culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims and victims of general crime.	\$6,619,254	30.55
Treatment Services	Manages the County Operated Behavioral Health Continuum of Care and provides administrative support for Treatment Services Administrator	335,999	2

B. Multiprogram Adjustments

Each program has a multi-program adjustment, reflected in the following table, which includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

BHCS Programs	Expenditures	FTES
24-Hours Crisis Center	\$345,808	1.00
Access to Behavioral Health Services	\$(81,052)	(1.00)
Admin - Behavioral Health & Crisis Services	\$159,695	1.00
Adult Behavioral Health Services	\$(87,566)	(1.00)
Adult Forensic Services	\$408,456	0.00
Local Behavioral Health Authority	\$1,299,338	1.00

Outpatient Behavioral Health Services - Child	\$(24,670)	(1.00)
Specialty Behavioral Health Services	\$236,556	1.00
Trauma Services	\$143,190	0.00
Treatment Services	(9,655)	0.00

Multiprogram adjustments are the only proposed changes for all of the BHCS programs except for the 24-Crisis Center. **Council staff recommendation: Approve the multi-program adjustments as proposed by the Executive.**

C. Expenditure Issues

1. EveryMind Hotline

- **Funding for EveryMind Contract to Address Increase Call Volume** **\$795,000**
- **Funding Supporting Transition to 988 National Suicide Prevention Hotline** **\$1,000,000**

The Executive has proposed two adjustments for the EveryMind contract to operate the Montgomery County Hotline. The adjustment of \$795,000 supports services at the enhanced level put in place during the pandemic, continuing funding approved by the Council through special appropriation. EveryMind reported that the hotline is projected to exceed the overall call and text numbers from FY21 and meet the overall chat numbers from FY21.

The \$1,000,000 adjustment supports the transition to the 988 National Suicide Prevention Hotline. EveryMind explained that funding to support transition to the 988 National Suicide Prevention Lifeline (NSPL) will be used to strengthen EveryMind’s staffing capacity and structure, operations, technology, and infrastructure. EveryMind’s budget estimate is based on a tripling in call and text value predicted by NSPL. Some specific strategies for how funding will be used includes: (1) External consultant to provide expertise on staffing structure and operational infrastructure to better prepare us for 9-8-8 rollout and demand; (2) External consultant to provide expertise around data collection, tracking, analysis, and evaluation to strengthen our reporting and impact; (3) Additional staff hiring and capacity to expand text/chat hours of operation by adding 8 hours and becoming 24/7 for text/chat services; (4) Additional staff capacity for management and supervision of expanded infrastructure; (5) Additional capacity for workforce recruitment, onboarding, and training – for managers and specialists (both paid and volunteer); and (6) Purchase of equipment and other technology needs.

It is not yet known (1) the extent to which calls will increase, (2) the amount of funding that will be provided from other sources including the State, and (3) results from an external consultant who will be engaged to provide recommendations on Hotline staffing and operational structures are not yet available. Consequently, the Executive recommends a significant increase to Hotline budget and brings resources, along with other anticipated funding, to approximately \$3 million, about \$500,000 short the amount estimated by EveryMind to be needed to transition to 988.

Council staff recommends approval of the Executive’s proposed funding adjustments for the EveryMind hotline contract. The Committee should monitor the use of the program during the transition to 988 to determine whether the level of funding for the service is appropriate.

2. Position to Provide Mental Health Support to the Rockville Police \$116,542

The Executive is recommending \$116,542 to add a position that will provide mental health support to the Rockville Police. The funding will support the Crisis Intervention Team approach in the City of Rockville with the goal of diverting individuals with mental illness out of the criminal justice system and into treatment. The funding for the position is cost neutral to the County as the City of Rockville will fund the positions.

Council staff recommends approval.

D. Updates/Issues

Mobile Crisis Teams

The expansion of Mobile Crisis and Outreach Teams (MCOTs) in the County has been a focus of the BHCS and the Committee in recent years. DHHS staff reports that as of April 11, 2022, there are three MCOTs available on day and evening shifts with an anticipated expansion to Silver Spring by June 1 and to Germantown by July 1.

The program has added 20 positions in the last two years, six therapists in FY21, 4 peer support specialists and two therapist positions in FY22 budget, and 8 more positions from a SAMHSA grant. This level of staffing will allow for the deployment of five to six teams on day and evening shifts, Monday through Friday.

As the Committee is aware, challenges with recruitment of therapists limited the filling of these vacancies. The Department reports that there are currently 14 open positions, including eight peer specialists and six therapists. Four of these peer support specialists are anticipated to start soon.

Wait List – Capacity concerns

The Department provided waitlist data for behavioral health residential and outpatient services in the County that suggest there are months long waits for services through the Lourie Center and County’s Child and Adolescent Clinic/Services.

The Committee may want to seek more information from DHHS about these needs, how long these wait times have been in place, and what the County can or has been doing to address needs.



Behavioral Health and Crisis Services

RECOMMENDED FY23 BUDGET

\$50,828,662

FULL TIME EQUIVALENTS

236.20

☼ RAYMOND L. CROWEL, PSY.D., DIRECTOR

FUNCTION

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

PROGRAM CONTACTS

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

PROGRAM DESCRIPTIONS

☼ 24-Hours Crisis Center

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of students identified by schools to be at risk who were referred to the Crisis Center ¹	1,169	294	1,139	1,139	1,139
Number of walk-in contacts ²	4,669	3,730	4,810	4,810	4,810
Percent of students identified by schools to be at risk that are stabilized utilizing community resources without hospital intervention	92%	84%	89%	89%	89%

¹ FY21 statistic significantly lower due to pandemic-driven closure of schools.

² FY21 statistic impacted by COVID-19 and facility closures.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	7,179,289	52.40
Add: Funding to Support the Transition to the 988 National Suicide Prevention Hotline	1,000,000	0.00
Enhance: Funding for EveryMind Contract to Address Increased Call Volume	795,000	0.00
Add: Position to Provide Mental Health Support to the Rockville Police, Funded by the City of Rockville	116,542	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.	345,808	1.00
FY23 Recommended	9,436,639	54.40

☼ Access To Behavioral Health Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Total number of clients served (unduplicated) ¹	2,575	2,369	3,100	3,100	3,100
Percent of customers satisfied with Access staff services	97%	100%	97%	97%	97%
Percent of clients referred keeping first appointment with community provider ²	76%	70%	76%	77%	78%

¹ Decline due to closure of physical offices from mid-March to July 2021 and consequent shift to telehealth. Numbers expected to rebound to the prior predicted levels.

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,413,866	29.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(81,052)	(1.00)
FY23 Recommended	3,332,814	28.00

☼ Admin - Behavioral Health & Crisis Services

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	801,445	4.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	159,695	1.00
FY23 Recommended	961,140	5.00

☼ Adult Behavioral Health Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of clients served ¹	305	247	367	367	367
Percent of customers satisfied with Adult Behavioral Health Services (ABH) ²	N/A	95%	95%	95%	95%

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Percent of clients showing improvement in functioning and decreased symptoms - BASIS 24 Scale ³	N/A	71%	75%	75%	75%

¹ Number of clients served was impacted, during FY21, by COVID-driven closures and social distancing mandates.

² The program was unable to distribute customer satisfaction forms due to COVID-19 and social distancing during FY20.

³ Collection of this measure has been complicated by COVID-19 and staff turnover. Collection and reporting will resume in FY21.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,755,490	11.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(87,566)	(1.00)
FY23 Recommended	1,667,924	10.50

☼ Adult Forensic Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Total number of unduplicated clients served ¹	1,780	1,258	1,800	1,800	1,800
Percent of customers satisfied with Adult Forensic services ²	94%	70%	83%	83%	83%
STEER - Percent of individuals who engage in treatment as evidenced by attending the first treatment appointment ³	26%	48%	60%	60%	60%
Percent of successful Jail Addiction Services clients that were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	74%	79%	77%	77%	77%
Percent of clients who successfully graduate from Mental Health Court ⁴	72%	84%	75%	75%	75%

¹ FY21 total impacted by COVID-driven closures and social distancing mandates.

² Surveys expanded in FY20 to include additional services offered by the program.

³ In FY21 the denominator for this measure changed to include only those clients referred for treatment, as opposed to the denominator in FY20 that included the entire universe of screened clients. The smaller denominator for FY21 resulted in the higher percentage for FY21. Applying the formula retroactively to FY20 increases the FY20 percentage from 26% to 39%.

⁴ Outcome is based on the total number eligible to graduate (due to court based time restrictions, a certain percentage are not even eligible to graduate).

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,262,790	28.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	408,456	0.00
FY23 Recommended	3,671,246	28.00

☼ Local Behavioral Health Authority

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of grants managed and contracts monitored	92	103	104	104	104
Percentage of contracts meeting county and state timeliness requirements	96%	97%	96%	96%	96%
Number of Rx drug pounds collected at drug take back events ¹	902	1,189	2,350	2,350	2,350

¹ For FY23, this measure is moved from Outpatient Behavioral Health Services-Child Program to Local Behavioral Health Authority due to transition of prevention programs into LBHA budget.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	12,779,472	23.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,299,338	1.00
FY23 Recommended	14,078,810	24.50

☼ Outpatient Behavioral Health Services - Child

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of clients served (unduplicated)	992	609	650	650	650
Percent of customers satisfied with Child and Adolescent Behavioral Health	98%	98%	98%	98%	98%
Percent of clients who showed symptom reduction at posttest or upon discharge ¹	75%	70%	70%	70%	70%

¹ For FY20, the Service Area combined symptom checklist with completed treatment. For FY21, the combined data shows 70% improvement. For FY22 and future, the Service Areas will add percentage of clients that completed treatment.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	7,249,363	30.25
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(24,670)	(1.00)
FY23 Recommended	7,224,693	29.25

☼ Specialty Behavioral Health Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of Specialty Behavioral Health Services clients discharged (Medication Assisted Treatment Program and Adult Drug Court)	209	211	180	180	180
Percent of clients receiving opioid treatment or court mandated addiction services who were successfully discharged	58%	55%	60%	60%	60%
Percent of customers satisfied with Medication Assisted Treatment ¹	95%	94%	90%	90%	90%
Percent of customers satisfied with Drug Court	94%	95%	90%	90%	90%

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,263,587	23.00

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.	236,556	1.00
FY23 Recommended	3,500,143	24.00

☼ Trauma Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of new Partner Abuse victims served ¹	1,155	1,721	1,500	1,500	1,500
Number of Partner Abuse victim clients waiting for counseling service (monthly average) ²	39	31	50	50	50
Percent of clients receiving therapy that demonstrate improvement on a domestic violence rating scale ³	95%	98%	93%	93%	93%

¹ Predict higher number of clients in future years, partially derived from uptick of domestic violence incidents during the pandemic.

² Due to high number of referrals during pandemic, prediction is for higher waiting list going forward.

³ Rating scale developed by Jacqueline Dienemann and Jacquelyn Campbell, Johns Hopkins University, School of Nursing, March 1999.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	6,476,064	30.55
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	143,190	0.00
FY23 Recommended	6,619,254	30.55

☼ Treatment Services

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	345,654	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(9,655)	0.00
FY23 Recommended	335,999	2.00

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
24-Hours Crisis Center	7,179,289	52.40	9,436,639	54.40
Access To Behavioral Health Services	3,413,866	29.00	3,332,814	28.00
Admin - Behavioral Health & Crisis Services	801,445	4.00	961,140	5.00
Adult Behavioral Health Services	1,755,490	11.50	1,667,924	10.50
Adult Forensic Services	3,262,790	28.00	3,671,246	28.00
Local Behavioral Health Authority	12,779,472	23.50	14,078,810	24.50
Outpatient Behavioral Health Services - Child	7,249,363	30.25	7,224,693	29.25
Specialty Behavioral Health Services	3,263,587	23.00	3,500,143	24.00
Trauma Services	6,476,064	30.55	6,619,254	30.55
Treatment Services	345,654	2.00	335,999	2.00
Total	46,527,020	234.20	50,828,662	236.20

Responses to Council Staff Questions- BHCS

1. Please provide an update on the Mobile Crisis and Outreach Teams (MCOTs) including the number of teams in service, where they are distributed, and the positions filled and those that still need to be recruited. What are the opportunities and the challenges in the expansion of the MCOTs? What is the budget and staffing for this program in FY22 and recommended for FY23?
 - As of 4/11/22, there are three mobile crisis and outreach teams (MCOTS) available on day and evening shifts at the Crisis Center, with an anticipated expansion to - Silver Spring by 6/1/22 and to Germantown by 7/1/22.
 - There are opportunities with the expansion of MCOT to reduce the volume of calls dispatched directly through law enforcement and to increase the visibility of the service to the community, particularly historically underserved populations.
 - The County added 6 therapist positions (\$658,996) in FY21, 4 peer support specialists and 2 therapist positions (\$521,140) in the FY 22 budget. -Along with 8 positions that were created due to funding from SAMHSA, the total number of positions created in the past two years is 20, which when all are hired will increase the number of MCOT staff to 44.. The expanded number of staff will also allow for deployment of 5 to 6 teams on day and evening shifts, Monday through Friday. No additional positions were recommended for the FY23 budget to allow time for the new hires and the new teams to establish themselves.
 - A current challenge with recruitment of therapists is that many clinicians are not willing to work with clients in a front facing capacity. Additionally, several candidates have declined job offers based upon the current starting salaries not being comparable to other employers in the metropolitan area.
2. Please update the school referral for crisis services report, which includes data on referrals by school type, gender, race, referral, and disposition reason? What documentation of Mobile Crisis Team (MCT) visits to schools and disposition, is currently available for FY19-FY22 to date, or if not available, what are the plans to collect these data through FY22 and beyond?

See Attachment: FY22 to 3.21.22 School Referrals Report

3. How long is the typical wait time for Partner Abuse victims and other victims of violence seeking counseling services, and what are current efforts to address these waiting times?

The typical time for a victim of Intimate Partner Violence (IPV) and other victims of violence to receive services at Trauma Services is between 3 to 8 weeks depending on the severity of the case. The program does prioritize recent acute victims, high lethality IPV and children. The program's efforts to address wait times include starting more therapeutic groups for

individuals to attend. Moreover, the program now provides shorter term services that are more targeted at helping a person achieve stability after victimization, based upon the current best evidence-based practices.

4. Please provide information on capacity and wait times for publicly funded behavioral health residential and outpatient services in the County, and residential and outpatient behavioral health services for children and youth.

Please see enclosed report titled [DHHS LBHA Provider Council Monthly COVID Survey Wait Time Report Apr 2022](#). This is the current wait time data collected via DHHS Local Behavioral Health Authority Provider Monthly Covid Status Survey.

The other wait time report titled [Access Team Monthly OP wait list February 2022](#) is provided by BHCS Access to Behavioral Health Services Team, including detailed wait time for therapist appointments and psychiatrist appointments for new patients by major PBHS outpatient providers in Montgomery County.

The third report on system capacity in PBHS is Optum Network Capacity report including Optum Behavioral Health Network Analysis for statewide jurisdictions and at sub-county level. (Two documents included: [Annual Network Development and Management Plan - MD 5.24.21](#) and [Optum Network Capacity V2](#)).

For Residential Treatment Center (RTC) and the RICA Evaluation Unit, new admissions generally must wait 3 to 4 months for an admit date. This is a statewide concern and in Montgomery County the Regional Institute for Children and Adolescents John L. Gildner (RICA) is the only RTC. Montgomery County children and youth however can be admitted to any Maryland State RTC if they meet the eligibility criteria. There are no publicly funded adolescent substance use residential programs in Maryland.

The Behavioral Health Administration has slotted 348 Residential Rehabilitation beds for Montgomery County (8 of which will be active later this year). The waitlist for Residential Rehabilitation Programs (RRP) oscillates between 130 to 150 applicants in any given year. The LBHA receives applications from state hospitals, local hospitals, detention centers, housing programs, shelters, specialized courts, and the community at large. Historically, there has always been a greater need for RRP beds than there have been beds available; a shortage which has only been exacerbated by the COVID pandemic. As of 2022, Montgomery County is the highest utilizer of psychiatric state hospital beds and as such priority is given to this population per the state mandate. Wait times vary significantly since the availability of intensive, general, Transition Age Youth (TAY) beds, and other specialty RRP beds is in constant flux and dependent upon the discharge of current residents.

EveryMind's Response to OMBs Questions re: Transition to 9-8-8 – April 2022

Please explain how the funding to support the transition to the 988 National Suicide Prevention Hotline will be used.

The funding to support transition to the 988 National Suicide Prevention Lifeline (NSPL) will be used to strengthen EveryMind's staffing capacity and structure, operations, technology, and infrastructure. This infrastructure is required to meet the anticipated tripling in call and text value NSPL predicts. Some specific strategies for how funding will be used includes, but is not limited to:

- External consultant to provide expertise on staffing structure and operational infrastructure to better prepare us for 9-8-8 rollout and demand
- External consultant to provide expertise around data collection, tracking, analysis, and evaluation to strengthen our reporting and impact
- Additional staff hiring and capacity to expand text/chat hours of operation by adding 8 hours and becoming 24/7 for text/chat services
- Additional staff capacity for management and supervision of expanded infrastructure
- Additional capacity for workforce recruitment, onboarding, and training – for managers and specialists (both paid and volunteer)
- Purchase of equipment and other technology needs

For FY22 and projected FY23, please provide the program budget broken out by operating and personnel costs, program revenues broken out by funding source, and the staffing schedule for phone and text lines by shift, position, and paid/volunteer status.

See attached spreadsheet, which has been updated from January 2022 based on what we have learned over the last few months. The spreadsheet includes a DRAFT budget based on our current business model and staffing structure. We are currently working with an external consultant, ICMI, who is completing an analysis of our staffing structure and operational infrastructure. ICMI will provide recommendations for a revised business model and staffing structure for EveryMind based on projected 988 demand and impact. We will use the recommendations to inform and drive an updated business model and staffing structure for our work. As a result, **we anticipate changes to our projected FY23 budget**, which will be updated in May 2022.

Please provide the total number and average daily number of calls/texts fielded in FY21 and FY22 to date, the total number and average daily number of missed calls/texts, and the shifts in which the most missed calls/texts occurred.

See table on page 2-3 of this document, which has these data outputs.

In FY22, we expect to exceed the overall call and text numbers from FY21 and meet the overall chat numbers from FY21.

At the start of Q4, we have the following data to highlight:

- To date in FY22, the number of texts surpassed FY21's total texts by 36%.
- 66% of texts and chats and 10% of calls were from youth under the age of 24 in FY21.
- To date in FY22, 60% of texts and chats and 7% of calls were from youth under the age of 24.
- 83% of texts and chats and approximately 10% of calls required suicide screenings in FY21.
- To date in FY22, 87% of texts and chats and 18% of calls required suicide screenings.
- To date in FY22, the hotline has conducted 7,741 suicide screenings via call, text, and chat.
-


Missed chats are not included in the table. This data is not provided by NSPL due to their system, which rolls chats from one call center to the next based on availability.

In FY21, Sundays were the busiest days for missed calls and the midnight to 4am and 4am to 8am shifts experienced the most missed calls. These are the only two shifts that do not have text and chat coverage. So far in FY22, no similar pattern has emerged yet.

EveryMind Hotline Data						
	FY21	FY21 Daily Average	FY22 (July-March)	FY22 (July-March) Daily Average		
Total # of calls answered	23862	65.38	19146	69.88		
Total # of chats answered	6162	16.88	4491	16.39		
Total # of texts answered	880	2.41	1201	4.38		
Total # of calls missed	8857	24.27	4782	17.45		
Total # of texts missed	130	0.36	70	0.26		
Shifts when most texts are missed	Midnight - 4am, 4am-8am		Midnight - 4am, 4am-8am			

FY22 Call Volume/Missed calls by shift						
Month/year	Busiest shift Incoming calls	Busiest shift Lifeline calls	Busiest shift missed calls	Busiest day Incoming calls	Busiest day Lifeline calls	Busiest day missed calls
July	8pm-midnight	midnight-4am	8pm- midnight	Wednesday	Wednesday	Sunday
August	8pm-midnight	8pm- midnight	8pm- midnight	Friday	Friday	Sunday
September	8pm - midnight	8pm- midnight	8pm- midnight	Tuesday	Friday	Saturday
October	8pm- midnight	8pm- midnight	8pm-midnight	Monday	Monday	Saturday
November	8pm-midnight	8pm-midnight	4pm-8pm	Monday	Thursday	Sunday
December	noon-4pm	8pm-midnight	4pm-8pm	Tuesday	Tuesday	Monday
January	noon-4pm	8pm-midnight	4pm-8pm	Monday	Sunday	Monday
February	4pm-8pm	noon-4pm	8pm-midnight	Tuesday	Monday	Sunday
March	noon-4pm	8pm-midnight	4pm-8pm	Tuesday	Tuesday	Tuesday
FY21 Call Volume/ Missed calls by shift - average of year						
Month/year	Busiest shift Incoming calls	Busiest shift Lifeline calls	Busiest shift missed calls	Busiest day Incoming calls	Busiest day Lifeline calls	Busiest day missed calls
average	noon - 4pm, 4pm-8pm	8pm-midnight	Midnight -4am	Thursday	Saturday, Sunday	Sunday

EveryMind Hotline Data

 Your mental wellness. Our mission.	FY21	FY21 Daily Average	FY22 (July-March)	FY22 (July-March) Daily Average		
	1000 Twinbrook Parkway Rockville, MD 20851 • T 301.424.0656 F 301.738.1030 • Every-Mind.org					
Total # of calls answered	23862	65.38	19146	69.88		
Total # of chats answered	6162	16.88	4491	16.39		
Total # of texts answered	880	2.41	1201	4.38		
Total # of calls missed	8857	24.27	4782	17.45		
Total # of texts missed	130	0.36	70	0.26		
Shifts when most texts are missed	Midnight - 4am, 4am-8am		Midnight - 4am, 4am-8am			

FY22 Call Volume/Missed calls by shift

Month/year	Busiest shift Incoming calls	Busiest shift NSPL calls	Busiest shift missed calls	Busiest day Incoming calls	Busiest day NSPL calls	Busiest day missed calls
July	8pm-midnight	midnight-4am	8pm- midnight	Wednesday	Wednesday	Sunday
August	8pm-midnight	8pm- midnight	8pm- midnight	Friday	Friday	Sunday
September	8pm - midnight	8pm- midnight	8pm- midnight	Tuesday	Friday	Saturday
October	8pm- midnight	8pm- midnight	8pm-midnight	Monday	Monday	Saturday
November	8pm-midnight	8pm-midnight	4pm-8pm	Monday	Thursday	Sunday
December	noon-4pm	8pm-midnight	4pm-8pm	Tuesday	Tuesday	Monday
January	noon-4pm	8pm-midnight	4pm-8pm	Monday	Sunday	Monday
February	4pm-8pm	noon-4pm	8pm-midnight	Tuesday	Monday	Sunday
March	noon-4pm	8pm-midnight	4pm-8pm	Tuesday	Tuesday	Tuesday

Your mental wellness.

FY21 Call Volume/ Missed calls by shift - average of year

Month/year	Busiest shift Incoming calls	Busiest shift NSPL calls	Busiest shift missed calls	Busiest day Incoming calls	Busiest day NSPL calls	Busiest day missed calls
Average	noon - 4pm, 4pm-8pm	8pm-midnight	Midnight -4am	Thursday	Saturday, Sunday	Sunday

HHS COMMITTEE #1C
April 28, 2022
Worksession

MEMORANDUM

April 26, 2022

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession:** FY23 Operating Budget
Department of Health and Human Services
Children, Youth and Family Services

PURPOSE: Review and make recommendations on items in the Children, Youth and Family Services FY23 operating budget that were not reviewed by the Joint HHS E&C Committee

Those expected for this worksession:

Victoria Buckland, Acting Director, Department of Health and Human Services (DHHS)
Jason Rundell, Budget Team Leader, DHHS
Dira Treadvance, Chief, Children, Youth and Families, DHHS
Deborah Lambert, Fiscal and Policy Analyst, Office of Management and Budget (OMB)

The County Executive's Recommended Budget for Children, Youth, and Family Services is attached at ©1-6.

A. Overview

For FY23, Children, Youth and Family Services is organized into nine program areas. This service area provides protection, prevention, intervention, and treatment services for children and their families and education, support, and financial assistance for parents, caretakers, and individuals.

The following tables show the programs in the service area and budget and FTE changes from FY22. The Executive has proposed increased funding for the service area of \$15,494,587 or 16.4% for FY23. There is a proposed increase of 23 FTEs.

			Change FY22 to FY23
Children, Youth, and Families Expenditures	FY22 Budget	FY23 Rec	
Admin - Children, Youth & Families	\$1,068,312	\$5,698,632	433.4%
Child & Adolescent School & Community Based Svcs	\$5,412,564	\$6,690,002	23.6%
Child Care Subsidies	\$3,446,273	\$3,331,508	-3.3%
Child Welfare Services	\$25,724,754	\$27,581,188	7.2%
Children's Opportunity Fund	\$255,000	\$284,451	11.5%
Early Childhood Services	\$11,275,962	\$12,293,572	9.0%
Early Care and Education Policy Office	\$449,031	\$0	-100.0%
Linkages to Learning	\$7,733,217	\$11,400,498	47.4%
Office of Eligibility Support Services	\$30,738,110	\$32,097,348	4.4%
Positive Youth Development	\$8,637,465	\$10,858,076	25.7%
TOTAL	\$94,740,688	\$110,235,275	16.4%

			Change FY22 to FY23
Children, Youth, and Families Workyears	FY22 Budget	FY23 Rec.	
Admin - Children, Youth & Families	7.5	14.3	90.7%
Child & Adolescent School & Community Based Svcs	10.5	15.0	42.9%
Child Care Subsidies	7.5	6.0	-20.0%
Child Welfare Services	206.3	209.3	1.5%
Children's Opportunity Fund	0.0	0.0	0.0%
Early Childhood Services	42.8	45.8	7.0%
Early Care and Education Policy Office	3.0	0.0	-100.0%
Linkages to Learning	7.5	9.0	20.0%
Office of Eligibility Support Services	266.4	274.1	2.9%
Positive Youth Development	20.0	21.0	5.0%
TOTAL	571.5	594.5	4.0%

Description of Program Areas

The following provides a description of the 9 program areas in this service area.

CYF Programs	Description	FY23 Rec	FY23 FTEs
Admin-Children, Youth Families	Provides leadership and direction for administration of CYF.	\$5,698,632	14.3
Child and Adolescent School and Community Based Services	Contracts for services with community providers. Includes respite, community empowerment, family, parent, and youth services. Provides coordination for initiatives among public and private agencies.	\$6,690,002	15
Child Welfare Services	Provides protective, rehabilitative & support services for maltreated children and their families. Includes investigations, protective services, kinship care, foster care, adoption, and in-home services.	\$27,581,188	209.3

Child Care Subsidies	Administers County’s Working Parents Assistance program and supplemental payments for eligible residents participating in the State Child Care Scholarship program.	\$3,331,508	6.00
Children’s Opportunity Fund	Supports policy priorities that address social determinants that impact the achievement gap for vulnerable children and their families.	\$284,451	0.00
Early Childhood Services	Serves children from birth to age five with services that support families, early care and education programs, and the community. Administers the Infants and Toddlers Program and State and County initiatives. Provides technical assistance and training for child care providers and parent engagement, home visits, and family support.	\$12,293,572	45.80
Linkages to Learning	Community school partnership focused on health, behavioral health, social and community development support to mitigate effects of poverty and reduce non-academic barriers to learning.	\$11,400,498	9
Office of Eligibility and Support Services (OESS)	Serves low-income families and individuals in meeting basic needs, including food, medical coverage, shelter, and child care. Determines eligibility for TCA, TDAP, Refugee Cash Assis., SNAP, PAA, and various categories of Medicaid.	\$32,097,348	274.1
Positive Youth Development (PYD)	Culturally-based, trauma-informed PYD and family strengthening services. Includes violence and gang prevention and intervention, Y Opportunity Centers, High School Wellness Centers, and Street Outreach Network, and Safe Space Program.	\$10,858,076	21

Most of the programs in this service area, or initiatives within particular programs, are reviewed jointly with the Education & Culture Committee. The areas that will be reviewed by the HHS Committee are Child Welfare Services, OESS, and specific budget adjustments in PYD and Administration-CYF.

B. Multiprogram Adjustments

Each program has a multi-program adjustment, reflected in the following table, which includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

CYF Programs	Multiprogram Adjustment Expenditures	Multiprogram Adjustment FTES
Admin-Children, Youth & Families	\$1,473,160	(2.20)
Child and Adolescent School and Community Based Services	\$782,438	4.50
Child Welfare Services	\$1,545,266	0.00
Child Care Subsidies	\$(114,765)	(1.50)
Children’s Opportunity Fund	\$29,451	0.00
Early Childhood Services	\$902,040	2.00
Linkages to Learning	\$3,036,655	0.50
Office of Eligibility and Support Services	\$1,359,238	7.70
Positive Youth Development	\$1,965,611	1.00

Council staff recommendation: Approve the adjustments as proposed by the Executive.

C. Other Expenditures

1. Child Welfare Services (CWS)

The Executive is recommending the following adjustments to CWS in FY23:

Item	Description	Amount
Program Manager I for Data Analytics & Quality Assurance Unit	Will provide oversight and management of all CWS audit-related compliance measures to ensure CPS mandates are timely, supported by documentation, and ensure children are placed in safe and permanent homes.	\$107,243
Translation Services	Supports legal mandated translation services	\$73,125
Principal Administrative Aide for Assessment Manager’s Office	Supports completion of full background screening for community-based agency or school system staff reducing the risk of maltreatment and abuse of staff provide unsupervised service before completion of the process. Reduces use of expensive overtime.	\$70,440
Legal Secretary in County Attorneys Office	Shortage of staff handling guardianship issues for CWS and APS to keep up with increased workload.	\$60,360

Council staff recommends approving the budget adjustments for Child Welfare Services, as recommended by the County Executive. The funding supports services that are needed to keep up with the work of CWS, including Child in Need of Assistance and TPR/Guardianship petitions, and other needed functions.

Council staff notes that CWS performance measurements show significant increases in FY22 and target FY23 in the number of children in child Care and the number of newly accepted cases. The Committee may be interested in hearing from the department about these trends and how they are affecting the work of the department.

2. Admin – Children, Youth and Families

- **Kresge Grant: Expiration of Kresge Grant and continue East County Opportunity Zone after grant expiration** **\$(750,000)**
- **Preschool Development PG B-5 Toolkit Grant reduction** **\$260,933**
- **Shift Therapeutic Recreation Services funded by ARPA to General Fund** **\$(25,000)**
- **Shift Therapeutic Recreation Services funded by ARPA to General Fund** **\$(750,000)**

The adjustments in this program that have not been reviewed by the Joint HHS E&C Committee relate to reductions in grant funding, and in some cases, shifts to General Fund dollars. For the Kresge grant, the Executive is recommending the continuation of East County

Opportunity Zone services after the grant expires. ARPA funding of \$750,000 for therapeutic recreation services is shifted out of this program, added back with General Fund dollars of **\$255,000 to Positive Youth Development** and the remainder in Child and Adolescent School and Community-Based Services, already reviewed by the Joint HHS E&C Committee.

Council staff recommends approval of the adjustments to Admin- Children, Youth and Families and corresponding therapeutic recreation adjustments in Positive Youth Development.

D. Possible Follow-Up Topic – Staff Recruitment and Retention

Many programs and departments in County Government have experienced challenges in retaining and recruiting front-facing positions during or in the aftermath of the pandemic. The manpower shortages placed strain on remaining employees charged with delivering core services for the Department. Thus, it is not surprising that Child Welfare Service and Office of Eligibility Support Services, two core CYF programs that have previously struggled with staff recruitment and retention, experienced substantial challenges during this time.

CWS has observed that while “case numbers are not dramatically higher in FY22 . . . the significant difference in average caseloads per worker in FY22 is due to the fact that CWS had had 25 CPS workers taking cases in FY21 versus 13 in FY22, as a result of position vacancies.” On top of staffing issues, OESS had to pivot to a telework plan and virtual business model and then deal with challenges in transitioning to a new eligibility and enrollment system. See DHHS responses attached to the packet.

The Committee may be interested in hearing from the Department about how it was able to continue meeting the needs of County residents and lessons learned through this process.

The packet contains the following attachments:

	<u>Circle #</u>
County Executive’s Recommended FY23 Operating Budget for Children, Youth and Family Services	©1-6
DHHS responses to Council staff questions	©7-13



Children, Youth and Family Services

RECOMMENDED FY23 BUDGET

\$110,235,275

FULL TIME EQUIVALENTS

594.53

☼ RAYMOND L. CROWEL PSY.D., DIRECTOR

FUNCTION

The mission of Children, Youth and Family Services is to promote opportunities for children to grow up safe, healthy, ready for school, and for families and individuals to achieve well being and self sufficiency. This mission is realized through the provision of protection, prevention, intervention, and treatment services for children and their families, and through educational, support, and financial assistance for parents, caretakers, and individuals. These services work to build on the strengths of both the individual and the community in addressing issues of child development, abuse, neglect, health, and economic security.

PROGRAM CONTACTS

Contact Dira Treadvance of the HHS - Children, Youth and Family Services at 240.777.1223 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 - Children, Youth & Families

This program provides leadership and direction for the administration of Children, Youth and Family Services.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,068,312	7.50
Add: Newcomers Enhancements and Assistance	4,421,227	6.00
Increase Cost: Continue Funding For East County Opportunity Zone after Kresge Grant Ends Using General Funds	260,933	3.00
Decrease Cost: Preschool Development PG B-5 Toolkit Grant	(25,000)	0.00
Shift: Therapeutic Recreation Services Funded in FY22 by ARPA Moved to General Fund	(750,000)	0.00
Decrease Cost: Kresge Grant Expiration	(750,000)	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.	1,473,160	(2.20)
FY23 Recommended	5,698,632	14.30

☼ Child & Adolescent School & Community Based Services

This program provides for the coordination, planning, and implementation of key interagency initiatives among public and private agencies in the community to meet the needs of the children, youth, and their families. The Cluster Projects utilize cross-sector multi-agency teams and care coordination services to rapidly connect families from large school catchment areas to needed social and mental health supports to improve family stability. The East County Initiative provides care coordination services to East County residents and integrates project management of a Kresge Foundation Opportunity Ecosystem grant to advance human services, employment coaching, and other needed supports. Other services provided through this program are delivered through contracts with community-based partners and include youth academic, mentoring, skill building and mental health services, family services, and community empowerment efforts.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of families served by Cluster Projects ¹	273	214	300	300	300
Number of families receiving ongoing services in East County Opportunity Zone (ECOZ) ²	226	332	120	100	100
Percent of families completing surveys that are satisfied with services ³	89%	70%	90%	90%	90%

¹ FY21 figures lower due to: 1) Initial slow-down in referrals from MCPS due to virtual classes; & 2) intensity of needs (& related amount of staff time per case) increasing during pandemic.

² The 120 families projected to receive services in FY22 represent the number of families/individuals with active, on-going case management cases. The FY21 numbers included one-time service requests/referrals, which would not all result in on-going case management cases.

³ The decrease from FY20 to FY21 was largely attributable to reduced customer satisfaction with program capacity to meet direct financial assistance needs during the pandemic, as opposed to prior years (specifically rent relief). The considerably expanded need during COVID increased the processing and approval time for assistance.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	5,412,564	10.50
Replace: School and Community Youth Services Therapeutic Recreation Services Previously Funded by ARPA with General Funds	495,000	0.00
Replace: Mental Health Services for MCPS Students Previously Funded by ARPA with General Funds	250,000	0.00
Shift: Mental Health Services for MCPS Students Funded in FY22 by ARPA Moved to General Fund	(250,000)	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.	782,438	4.50
FY23 Recommended	6,690,002	15.00

☼ Child Care Subsidies

The Child Care Subsidies program administers the County's Working Parents Assistance (WPA) program which provides child care subsidies for County residents who are over the income eligibility for the Maryland Child Care-Subsidy Program (CCSP) as well as supplemental payments for those in CCSP.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of families authorized to receive a childcare subsidy ¹	1,333	1,590	1,749	1,750	1,750
Percent of invoices received over vouchers issued ²	71%	82%	80%	80%	80%

¹ Provider payment rates and increased income thresholds will allow more families and children to participate in the scholarship and subsidy programs

² This was a new measure for FY20.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,446,273	7.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(114,765)	(1.50)
FY23 Recommended	3,331,508	6.00

☼ Child Welfare Services

This program provides protective, rehabilitative, and supportive services for children who are maltreated and for their families. This program also provides supportive and financial help to relatives, foster parents, and adoptive parents. Investigations, protective services, kinship care, foster care, adoption, and in-home services are also provided through this program. In-Home/Family Preservation Services provide social services to families with children who are at risk of removal from home due to neglect or abuse. These services are provided by the County on behalf of the State of Maryland Department of Human Services.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of children served in foster care ¹	567	547	590	589	575
Number of families receiving in-home services ²	299	280	272	272	272
Number of newly accepted cases (IR, AR and Non-CPS) ³	2,413	2,241	2,562	2,949	3,000

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Percent of children living in family settings	72%	76%	76%	76%	76%
Percent of families receiving in-home services that do not have a child protective service investigation with an abuse or neglect finding within one year after receiving services	95%	96%	96%	96%	96%

¹ Not all newly accepted Child Welfare Services cases result in placing children in foster care or families receiving in-home services. Therefore, the trend in the number of newly accepted cases may not align with the trends in the number of children being served in foster care or the number of families receiving in-home services.

² Not all newly accepted Child Welfare Services cases result in placing children in foster care or families receiving in-home services. Therefore, the trend in the number of newly accepted cases may not align with the trends in the number of children being served in foster care or the number of families receiving in-home services.

³ Not all newly accepted Child Welfare Services cases result in placing children in foster care or families receiving in-home services. Therefore, the trend in the number of newly accepted cases may not align with the trends in the number of children being served in foster care or the number of families receiving in-home services.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	25,724,754	206.30
Enhance: Funding for Child Welfare Services to Meet Program Requirements and Keep Up with Increasing Demand	107,243	1.00
Enhance: Legally Mandated Children, Youth, and Families Translation Services	73,125	0.00
Enhance: Position to Perform Child Protective Service Clearances	70,440	1.00
Enhance: Funding for a Position Created in County Attorneys Office and Charged Back to Child Welfare Services to Administer Child Welfare Cases	60,360	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.	1,545,266	0.00
FY23 Recommended	27,581,188	209.30

☼ Children's Opportunity Fund

The Children's Opportunity Fund (COF) Non-Departmental Account was established in partnership with the Greater Washington Community Foundation in May 2016. COF provides funding to support policy priorities that address the social determinants that impact the achievement gap for vulnerable children and the barriers faced by their families. The Fund is supported by a Leadership Working Group made up of the County Executive, the Montgomery County Public School (MCPS) Superintendent, a member of the Board of Education, and a member of the County Council. This Leadership Working Group is staffed by the Executive Director of COF and will advise the Fund's Steering Committee on policy priorities relating to children at risk of not succeeding in school, for the purpose of advising and guiding the Steering Committee in making recommendations for the Fund. The Fund will direct resources to County inter-agency and cross system collaborations, promote public-private partnerships, and identify new funding sources in collaboration with the Community Foundation to aggressively close the achievement gap in Montgomery County and impact the social-economic determinants that affect outcomes for children and their families.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	255,000	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.	29,451	0.00
FY23 Recommended	284,451	0.00

☼ Early Childhood Services

Early Childhood Services (ECS) serves children from birth to age five with services that support families, early care and education programs, and the community. The program administers the Federally mandated Infants and Toddlers Program (ITP) in collaboration with Montgomery County Public Schools (MCPS), the County's Resource and Referral Center (R&R) as part of the statewide R&R Network for support of high-quality child care and the early education workforce, the State Infant & Early Childhood Mental Health Project (IECMH), and the County Child Care in Public Space Program (CCIPS). ECS staffs the Commission on Child Care and Early Childhood Coordinating Council (ECCC). ECS oversees several contractual services including community-based Pre-Kindergarten, home visiting, and family support.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of children served by the Infants and Toddlers program ¹	4,899	4,004	5,474	5,474	5,474

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Percent of customers satisfied with Early Childhood Mental Health	94%	100%	100%	100%	100%
Percent of regulated center-based child care programs that hold a quality of care rating of at least 3 out of 5 in Maryland EXCELS ²	53%	23%	51%	51%	51%
Percent of regulated family child care programs that hold a quality of care rating of at least 3 out of 5 in Maryland EXCELS	16%	15%	21%	21%	21%

¹ Numbers served for FY20 and FY21 were reduced due to the COVID pandemic.

² Decrease in this measure due to COVID closures.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	11,275,962	42.83
Add: Position to Administer Contract and Coordinate Activities with Early Care and Education Coordinating Entity	115,570	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.	902,040	2.00
FY23 Recommended	12,293,572	45.83

☼ Linkages To Learning

Linkages to Learning is a community-school partnership with an integrated focus on health, social services, community engagement, and leadership to support student learning, strong families, and healthy communities. Linkages to Learning services include mental health and social wraparound services to mitigate the effects of poverty and reduce non-academic barriers to learning. This program is a partnership with Montgomery County Public Schools and local public and private non-profit agencies. Services are provided in elementary and middle school communities with high indicators of poverty.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Percent of clients completing surveys reporting satisfaction with services received ¹	98%	97%	90%	90%	90%
Percent of students receiving mental health services through Linkages to Learning that experience maintained or improved psychosocial functioning after 6 months, as assessed via validated measure ²	73%	N/A	73%	73%	75%

¹ Projected outcomes reduced for FY22-24 to be in alignment with outcome expectations outlined in RFP.

² A reduced number of surveys were collected in FY21 due to the disruptions of the pandemic and providing services virtually. Outcomes have not been calculated due to the pandemic disruptions in admin support to aggregate data.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	7,733,217	7.50
Enhance: Operating Budget Impact for Linkages to Learning Program at Odessa Shannon Middle School	359,427	1.00
Enhance: Operating Budget Impact for Linkages to Learning Program at Gaithersburg Elementary School #8	271,199	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.	3,036,655	0.50
FY23 Recommended	11,400,498	9.00

☼ Office of Eligibility and Support Services

The Office of Eligibility and Support Services (OESS) serves low-income families and individuals facing significant challenges in meeting basic needs including food, medical coverage, and childcare. OESS determines eligibility for Temporary Cash Assistance (TCA); Temporary Disability Assistance Program (TDAP); Refugee Cash Assistance; Supplemental Nutrition Assistance Program (SNAP- formerly known as Food Stamps); Medical Assistance for the Aged, Blind, and Disabled (including long-term care); and the Affordable Care Act which includes Community Medical Assistance, Maryland Children's Health Program, Medical Assistance for Families and Children, and Refugee Medical Assistance. OESS provides these services on behalf of the State of Maryland Department of Health and Human Services. In addition, OESS determines eligibility for the County's healthcare for the uninsured services (Maternity Partnership, Care for Kids, Senior Dental Program, and Montgomery Cares).

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Percent increase in families accessing Food Stamps as a support to self sufficiency measured as the number of families applying for Food Stamp assistance (compared to FY05 as the base year) ¹	183%	183%	186%	186%	186%

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of SNAP Applications Approved ²	22,845	18,310	18,205	18,205	18,205
Number of Temporary Cash Assistance (TCA) job seekers that entered unsubsidized employment YTD	560	443	690	690	690
Twelve month work participation rate for work-eligible Temporary Cash Assistance (TCA) recipients in federally defined work activities ³	42%	42%	50%	50%	30%
Temporary Cash Assistance (TCA) job retention rate 90 days	95%	95%	95%	95%	95%

¹ SNAP increased in FY21 due to the Covid-19 emergency. This increase started in the last Quarter of FY20 and continued throughout the entire FY21 period. OESS believes that the Department of Human Service Waivers and unemployment impacted the amount of customers seeking benefits.

² The SNAP applications for FY21 leveled off as Federal waivers expired. The increased FY20 SNAP application approvals were an anomaly due to the Covid-19 Pandemic, especially during the last four months of the fiscal year. Projections have been revised to aligned with pre-pandemic application approval figures.

³ The 42% is to-date report as the federal fiscal year ends on 9/30/21. Please also note the state indicated in the multi-year (SFY 2022-2024) Partnership Agreement for Self-Sufficiency Plan (PASS Plan) guidelines reducing the workforce participation rate (WPR) from 50% to 30 % in an effort to put people before performance.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	30,738,110	266.40
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,359,238	7.70
FY23 Recommended	32,097,348	274.10

☼ Positive Youth Development

This program focuses on providing culturally-based and healing-informed positive youth development and family strengthening services, including violence prevention; gang prevention; intervention and support for youth and families who are at-risk of gang involvement and those already involved in gang activity; and youth and their families who may have been involved in or exposed to violence and complex trauma. The key elements include a Program Administrator who manages and monitors the Up-County and Down-County Youth Opportunity Centers, High School Wellness Centers, the Safe Space Program, and the Street Outreach Network. Services and supports are provided through community-based work, community education, and partnerships. This program works closely with multiple County agencies as part of the Positive Youth Development Initiative (PYDI) and other community groups to address gang, youth, and community violence issues throughout the County.

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of youth in safe, supervised PYDI programming ¹	3,058	2,675	3,550	4,802	5,255
Percent of clients who are satisfied with the Youth Opportunity Centers and Wellness Centers and would recommend to others ²	N/A	N/A	99%	99%	99%

¹ PYD is changing their FY22 and FY23 projections to 3,550 and 4,802, respectively. The original projections were lower due to the initial impact of COVID. The increased projection for FY23 is based on both a full year of the implementation of the Seneca Valley Wellness Center, the YMCA Family Intervention Contract, Therapeutic Recreation, and the 4 New Full-time Newcomer Positions.

² Due to COVID-19, the program was unable to administer sufficient customer satisfaction surveys in FY21 due to school closures and in-person limitations on home visits.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	8,637,465	20.00
Replace: Therapeutic Recreation Services Previously Funded by ARPA with General Funds	255,000	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.	1,965,611	1.00
FY23 Recommended	10,858,076	21.00

REALIGNED PROGRAMS

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	449,031	3.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(449,031)	(3.00)
FY23 Recommended	0	0.00

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
Admin - Children, Youth & Families	1,068,312	7.50	5,698,632	14.30
Child & Adolescent School & Community Based Services	5,412,564	10.50	6,690,002	15.00
Child Care Subsidies	3,446,273	7.50	3,331,508	6.00
Child Welfare Services	25,724,754	206.30	27,581,188	209.30
Children's Opportunity Fund	255,000	0.00	284,451	0.00
Early Care and Education Policy Office	449,031	3.00	0	0.00
Early Childhood Services	11,275,962	42.83	12,293,572	45.83
Linkages To Learning	7,733,217	7.50	11,400,498	9.00
Office of Eligibility and Support Services	30,738,110	266.40	32,097,348	274.10
Positive Youth Development	8,637,465	20.00	10,858,076	21.00
Total	94,740,688	571.53	110,235,275	594.53

Questions not requested in conjunction with Joint Committee

CWS

Please provide the FY22 and recommended FY23 County funding for the Treehouse? What is the total budget by funding source for the Treehouse in FY22, what is anticipated for FY23?

Treehouse is an independent agency, and as such, the majority of the information below was provided by them.

<i>The Tree House CAC of Montgomery County Financial Overview</i>		
<i>Revenues</i>	<i>FY22*</i>	<i>FY23**</i>
Montgomery County Contract	\$ 675,787.78	\$ 716,335.04
State of MD- Transitional Trauma	\$ 150,000.00	\$ 150,000.00
State Grants (Crime and Prevention)	\$ 251,560.00	\$ 201,560.00
Federal Grants	\$ 45,000.00	\$ 45,000.00
Private Foundation	\$ 14,000.00	\$ 200,000.00
Other income	\$ 140,635.00	\$ 240,000.00
Total Revenue	\$ 1,276,982.78	\$ 1,552,895.04

* Projections based upon 7/1/21-3/31/22 (Q1, Q2, Q3)

** Budget Projections for FY23

NOTE: County In-Kind Contributions – In FY22, salary and fringe is provided in the form of two County merit positions (Community Health Nurse II and SW III/Forensic Interviewer). In-Kind rent equivalent for space square footage is unavailable, at this time. FY22 and FY23 (Projected) In-Kind Personnel Cost is \$279,339.

Please provide the number of children served by the Treehouse in FY21 and FY22 broken out by age, gender, and service provided. Has there been a wait list or wait time for services in FY21 or FY22? If so, what has been the average wait time for English or non-English speakers? What is the program’s current capacity to serve Spanish speaking children and families?

FY21 (7/01/20 – 6/30/21)

Clients Served

552 – Female (66%)

281 – Male (33%)

__7 – Unidentified (1%)

840 Total

Client Ages

0-6 yrs - 242 (29%)

7-12 yrs - 317 (38%)

13-18 yrs - 276 (33%)

>18 yrs - 5 (<1%) *adult caregivers- advocacy services only*

840 Total

Services Provided

434 – Forensic Interviews

274 – Medical

210 – Mental Health

163 – Family Advocacy

50 – MDT Meetings

1,131 - Total

FY22 through Q3 (7/01/21 – 3/31/22)

Clients Served

488 – Female (72%)

182 – Male (27%)

7 – Unidentified (1%)

677 Total

Client Ages

0-6 yrs - 191 (28%)

7-12 yrs - 244 (36%)

13-18 yrs – 237 (35%)

>18 yrs - 5 (1%) *adult caregivers- advocacy services only*

677 Total

Services Provided

270 – Forensic Interviews

265 – Medical

233 – Mental Health

113 – Family Advocacy

24 – MDT Meetings

905 - Total

To understand these numbers better:

- Most forensically interviewed clients do not receive any additional services from the TH.
- The Family Advocate often receives direct referrals for services independent of medical exams or mental health therapy.
- There are clients we see once who never follow through on future sessions.
- If a child receives therapy, that is considered one service only, no matter how many therapy sessions she/he receives.
- If the FI interviews siblings of an alleged victim, only the victim is counted as a forensic interview case.

Wait List

The waitlist for mental health therapy gradually declined throughout FY21 and was reduced to single digits from April through September 2021. There were no clients on the waitlist from October – mid-December 2021. Currently, the Tree House has 26 children on a Spanish-speaking wait list; 22 on an English-speaking wait list. This is the longest the wait lists have been since the Fall 2020. Montgomery County reflects the rest of Maryland and the country is seeing double-digit increases in cases, beginning over the holiday season and continuing through March, 2022. The Tree House had two therapists leave in January and February which also contributed to the current capacity issues. Tree House has been able to hire three new clinicians who start in April, June and July respectively, which will greatly reduce the wait

lists. In addition, Tree House has received a commitment for two Doctoral-level psychology externs starting in July, and two Masters-level interns in August/September which will also reduce, if not eliminate, the waiting lists.

Currently, the mental health team consists of five full-time child trauma therapists, one full-time transitional trauma therapist, one transitional trauma therapy intern, one doctoral-level psychology extern, a supervising psychologist (provides supervision only and does not treat clients), and the clinical director. All five of the child trauma therapists and the psychology extern are bilingual (four are Spanish, one French, one ASL). The child trauma therapist starting 7/1/2022 is also bilingual (English/Spanish). Additionally, the family advocate and administrative support team are all Spanish/English-speaking.

Please explain the need for additional funding for CWS in FY23 - \$107,243 (what position? full year cost?), position for CPS clearances (what position? Full year cost?), position in County Attorney's office.

Program Manager I – Child Welfare Services/Data Analytics & Quality Assurance Unit
FY23 Recommended Cost/Full-Year Cost (no lapse): \$107,240

The recommended Program Manager I position will be dedicated to the oversight and management of all CWS audit-related compliance measures (OIG Federal/State/County audits CWS has no dedicated staff person responsible for the oversight and management of audit-related monitoring and oversight of compliance which are ongoing and year-round. It is imperative that CWS stays compliant with state and federally mandated regulations. Those policies are in place to ensure that all child protective service mandates are met timely, ensuring case documentation is entered timely into the case record, and that children are placed and remain in safe and permanent homes.

Principal Admin Aide – Child Welfare Services/Assessment Manager's Office
FY23 Recommended Cost/Full-Year Cost (no lapse): \$74,440

CPS background clearance requests are mandated by Maryland State law for childcare providers, school personnel, foster home providers, child welfare staff, resources homes (COMAR 07.02.25.04) and childcare centers (COMAR 13A.16.06.03).

Clearances are an ongoing, permanent and legally mandated function. The number of clearance requests received in FY20 was 6,500 and in FY21 was approximately 1800 (lower due to the pandemic). The current turnaround time for completion of clearances is 6-8 weeks. Given the turnaround time to complete clearances, children and other vulnerable populations are at greater risk of maltreatment and abuse, when/if community-based agency staff or school system staff provide unsupervised direct care prior to completion of a full background screening. In addition, CWS hires/recruitments are delayed. DHHS has required CWS staff to work overtime to help with this caseload. Requiring existing CWS staff to work overtime on an ongoing basis, at a compensation rate of 1.5 rate, is very expensive, negatively impacts staff morale, and contributes to staff burnout.

Legal Secretary – Office of the County Attorney/Division of Health & Human Services
FY23 Recommended Cost (3 months' lapse): \$60,360
FY23 Full-Year Cost: \$78,470

The OCA Division currently has one HHS legal secretary handling all Termination of Parental Rights (TPR) and Guardianship matters (both child guardianship matters generated by Child Welfare Services and adult guardianship generated by Adult Protective Services), as well as adoptions. Additionally, the Division has one OCA secretary solely focused on handling the entirety of the 200+ Child in Need of Assistance (CINA) matters filed every year. Over the past two years, the composition of the Division has changed significantly, and the current ratio of attorneys-to-support-staff is not sufficient. The Division has taken on additional attorney positions such that the ratio is now 12 attorneys (including four contractor attorneys) to two secretaries. Previously, this ratio was 10 to 2.

In FY21, the Division filed 45 TPR/guardianship petitions. This is a significant increase from FY19 (25 petitions the entire FY) and FY20 (22 petitions). It is important to note this increase is *not* driven by the COVID-19 pandemic. As a matter of law and best practice, TPRs are not filed until 1 or 2 years after a child initially comes into care, so the entire volume of FY21 TPR matters was generated by cases that came in before the pandemic. The juvenile court is moving cases to permanency faster, resulting in more decisions requiring Child Welfare to file for TPR. These are labor-intensive cases for the HHS legal secretary and the attorneys. Approximately one year after a TPR concludes, the case generally results in adoption, the filing of which are also part of the HHS legal secretary's duties, thus we expect a proportional increase.

How many social worker vacancies is CWS carrying? What is the monthly average caseload for filled Social Worker positions by unit in FY21 and FY22? (Part 2 response is below)

Per the previously submitted vacancy report, at that time there was 1 Social Worker Supervisor vacancies, 12 Social Worker III vacancies and 22 Social Worker II vacancies, though this number is regularly changing.

Average Caseloads (comparison based on point-in-time data from February 2021 and February 2022)

FY21

Out Of Home - 12.4

In-Home/Family Preservation - 7.6

CPS - 15.4

FY22

Out Of Home -10.6

In-Home/Family Preservation - 6.7

CPS - 34.3

NOTE: Regarding CPS, actually case numbers are not dramatically higher in FY22. Instead, the significant difference in average caseloads per worker in FY22 is due to the fact that CWS had had 25 CPS workers taking cases in FY'21 versus 13 in FY'22, as a result of position vacancies.

Number of Youth in Care (comparison based on point-in-time data in February 2021 and February 2022)

OOH

- FY21 - 433 youth in care
- FY22 - 350 youth in care

In-Home (represents both In-Home/Family Preservation Units and the Sex Abuse Continuing Services Unit)

- FY21 - 92 families
- FY22 - 67 families

CPS

- FY21 - 386 cases (Investigation Response (IR)/Alternative Response (AR)/Non-CPS)
- FY22 - 447 cases (IR/AR/Non-CPS)

OESS

Please report on any applicable compliance rates for OESS programs in FY21 and FY22?

The compliance rates for OESS programs in FY21 and FY22 are as follows:

Family Investment/Income Supports Program Compliance for FY21: 99.4

Family Investment/Income Supports Program Compliance for FY 22: 99.6. Reporting from July 2021 through October 2021.

Note: Montgomery County transitioned to the new MDTHINK Eligibility and Enrollment system in November 2021, and due to system issues, Compliance has not been included in our reporting. We anticipate resuming Compliance reporting in FY23.

How many vacancies is OESS carrying? How many income support workers are vacant?

Per the submitted vacancy report, OESS had 43 vacancies.

Income Supports case workers: 26 Government Assistance Eligibility Specialists (GAES) I/II/III, 2 GAES Supv, 7 Community Services Aide II/III per submitted vacancy report.

How has the program kept up with work despite expanded needs during the pandemic?

OESS quickly moved forward with modifying its Telework Plan which was ready to be implemented since 2017. Thus, the Virtual Business Model was born and is in full use today. OESS management met two to three times weekly, brainstorming and strategically planning, communicating with the entire staff every step of the way while maintaining transparency under one OESS with a focus on communication and continued access to all our programs for the residents of Montgomery County. OESS staff stepped up to the challenge and every staff member did their part to help steer the ship and we were ready to serve our customers, while working with our community partners to ensure our most venerable customers were served.

OESS quickly converted operations to a Countywide Processing System as the State's Department of Human Services (DHS) moved to a Statewide Processing System (SPS). This allowed for customer cases to be processed by any of the caseworkers in the regional offices regardless of a customer's zip code. The Countywide Processing System remains in place.

We had to mobilize our entire staff to be ready to tackle this COVID-19 national emergency and ready were we. There were job losses, businesses closing and some for good, federal emergency aid and many Federal and State waivers were in place. OESS had major increases in applications, emails, phone calls, mail and faxes while moving away from paper to electronic. Every facet of communication was on full display and with all these increases followed an increase in our customer base. Additionally, OESS created a Command Center to address the influx of customer inquiries. The Center was supported by non-eligibility processing and contract staff to allow eligibility workers to process the increased volumes of applications that the administration was receiving during the heightened period of the COVID-19 pandemic. The Center quickly morphed into a Customer Service and Assistance Center (CSAC) as extensive customer inquiries continued, and MC-311 began transitioning the Tier-II responsibilities to the OESS team. In addition to local funding for contract positions, the DHS has supported Montgomery County with funding for five (5) positions over the next two year, and we have created term-merit Community Services Aide (CSA) positions to support the CSAC. We continue our mass recruitment for GAES I/II positions as a number of staff have left over the past two years, mainly from retirement and resignations.

Furthermore, the DHS got several waivers from the Federal Government which assisted local departments with processing the increased applications being received. These waivers included extensions on redeterminations, waivers for interviews (unless application was questionable, or customer did not submit required documentation) and approving applications with extensions of up to 90 days to allow customers to submit verifications. The DHS also provided overtime funds to help with the extensive work that was upon us.

How many SNAP applications were approved in FY19?

There were 16,550 SNAP applications approved in FY19.

PYD

Please break out the PYD budget for FY22 and FY23 by program/service and contracts with private providers, e.g., Youth Opportunity Centers, High School Wellness Centers, Space Safe Program, SON, Family Strengthening, Therapeutic Recreation, etc.

Please see below chart with budget amounts and notes of contractors for FY22. Please note that numbers do not exactly match the proposed budget due to Inflationary adjustments being included here.

	General Fund		Grant Fund		Total	
	FY22 Budget	FY23 Budget	FY22 Budget	FY23 Budget	FY22 Budget	FY23 Budget
Street Outreach Network and Safe Space						
Personnel Costs	\$ 1,847,383	\$ 2,048,465	\$ -	\$ -	\$ 1,847,383	\$ 2,048,465
Family Intervention Pilot (YMCA)	\$ 300,000	\$ 318,000			\$ 300,000	\$ 318,000
Family Strengthening (Catholic Charities)	\$ 185,658	\$ 196,797			\$ 185,658	\$ 196,797
SON Programming	\$ 183,954	\$ 183,954			\$ 183,954	\$ 183,954
Therapeutic Recreation (Play ball, 480 Club, Impact)	\$ 18,406	\$ 97,906	\$ 75,000	\$ -	\$ 93,406	\$ 97,906
Safe Spaces Operating	\$ 20,000	\$ 20,000			\$ 20,000	\$ 20,000
General Operating Expenses	\$ 904	\$ 904			\$ 904	\$ 904
Subtotal	\$ 2,556,305	\$ 2,866,026	\$ 75,000	\$ -	\$ 2,631,305	\$ 2,866,026
Youth Opportunity Center						
Contractual Services (Identity)	\$ 1,492,776	\$ 1,576,957			\$ 1,492,776	\$ 1,576,957
Building Or Space Rentals/Leases	\$ 89,567	\$ 89,567			\$ 89,567	\$ 89,567
Subtotal	\$ 1,582,343	\$ 1,666,524	\$ -	\$ -	\$ 1,582,343	\$ 1,666,524
High School Wellness Center						
Personnel Costs	\$ -	\$ 110,155			\$ -	\$ 110,155
Wheaton HSWC Contract (Identity)	\$ 598,900	\$ 678,645			\$ 598,900	\$ 678,645
Watkins Mill HSWC Contract (Identity)	\$ 640,231	\$ 678,645			\$ 640,231	\$ 678,645
Gaithersburg HSWC Contract (Identity)	\$ 640,231	\$ 678,645			\$ 640,231	\$ 678,645
Seneca Valley HSWC Contract (Identity)	\$ 530,000	\$ 561,800			\$ 530,000	\$ 561,800
Northwood HSWC Contract (NCCF)	\$ 642,939	\$ 681,515			\$ 642,939	\$ 681,515
Kennedy HSWC Contract	\$ -	\$ 562,840			\$ -	\$ 562,840
HSWC Additional Case Manager and Therapist	\$ -	\$ 1,004,400			\$ -	\$ 1,004,400
HSWC Therapeutic Recreation		\$ 180,000	\$ 180,000	\$ -	\$ 180,000	\$ 180,000
General Operating Expenses	\$ 10,404	\$ 10,404			\$ 10,404	\$ 10,404
					\$ -	\$ -
Subtotal	\$ 3,062,705	\$ 5,147,049	\$ 180,000	\$ -	\$ 3,242,705	\$ 5,147,049
Positive Youth Development - Intervention and Prevention Supports						
Gang Prevention (LAYC)	\$ 333,596	\$ 353,570			\$ 333,596	\$ 353,570
Mental Health, Family Reunification & Case Management (Identity)	\$ 348,629	\$ 369,547			\$ 348,629	\$ 369,547
Montgomery County After School Programs (Identity)	\$ 379,587	\$ 402,363			\$ 379,587	\$ 402,363
Drug Prevention and Intervention (Maryland Treatment Center)	\$ 80,000	\$ 80,000			\$ 80,000	\$ 80,000
Professional/Licensure Training (Build, National Compadres)	\$ 62,186	\$ 66,108			\$ 62,186	\$ 66,108
General Operating Expenses	\$ 13,501	\$ 13,501			\$ 13,501	\$ 13,501
Subtotal	\$ 1,362,477	\$ 1,285,089	\$ -	\$ -	\$ 1,217,499	\$ 1,285,089
Total PYD	\$ 8,563,830	\$ 10,964,688	\$ 255,000	\$ -	\$ 8,673,852	\$ 10,964,688

Please identify vacancies in PYD and the programs that the vacancies are assigned to.

Please see previously sent Vacancy List.

Please identify regular program delivery sites by program and the usual schedule of program delivery.

<u>Programming Location for SON and Safe Space</u>	<u>Frequency of Programming</u>
Benjamin Banneker	2x per week
Blair Ewing Rockville	1x per week, 1x follow-up
Blair Ewing Silver Spring	2x per week
Blair High School	2x per week
Briggs Chaney Middle	2x per week
Clarksburg High School	1x per week
Eastern Middle School	1x per week
Gaithersburg High School	1x per week, 1x follow-up
Gaithersburg Library	1x per week, 1x follow-up
Halle Wells Middle School	1x per week, 1x follow-up
Kennedy High School	1x per week, 1x follow-up
Magruder High School	1x per week, 1x follow-up
Neelsville Middle School	1x per week, 1x follow-up
North Bethesda	2x per week
Northwest High School	2x per week
Northwood High School	3x per week
Paint Branch	1x per week
Pembridge Community Center	1x per week
Plumgar Recreation	2x per week
Robert Frost	1x per week
Rocky Hill Middle School	1x per week
Watkins Mill High School	1x per week
White Oak Community Center	2x per week