

HHS COMMITTEE #1,2,&3
May 4, 2022
Worksession

MEMORANDUM

May 3, 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
Dr. James Bridgers, Chief, Public Health Services, DHHS
Betty Lam, Chief, Office of Community Affairs, DHHS
Jason Rundell, Management and Budget, DHHS
Deborah Lambert, Office of Management and Budget (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. PUBLIC HEALTH SERVICES

	FY22 Approved	FY23 Rec	Difference
Public Health	82,294,910	93,028,751	10,733,841
FTEs	543	571	28

Of the \$10.7 million increase in the Public Health Services Area, \$4.25 million is associated with funding for food insecurity and Nourishing Bethesda, which the Committee discussed on April 21; and \$3.29 million is associated with School Health Services, which the HHS and E&C Committees discussed on April 22. The increase in positions is also largely in School Health Services.

PHS Issue 1: Health Care for the Uninsured

This section of the packet will address five programs typically considered under the umbrella of Health Care for the Uninsured: Montgomery Cares, Care For Kids, Maternity Partnership, Health Care for the Homeless, and Dental Services. The County Executive’s FY23 budget does not recommend significant changes for these programs (outside of the increase to Health Care for the Homeless related to expanded shelter services). The April report on Health Care for the Uninsured is attached on circles 6-21 and includes utilization and other data for the current fiscal year.

The “Troika” leadership, which includes the Montgomery Cares Advisory Board (MCAB), the Primary Care Coalition, and the Health Centers Leadership Council, has submitted a request for increased funding in each program area (circles 22-40). Troika and MCAB also provided additional information in response to Council staff questions (circles 50-58). DHHS has provided additional information on each program area, as well as comments on some elements of the Troika requests (circles 42-49; 59-64). Council staff will highlight information from both the health partners and the department in each program area.

Overarching Issue: Rate Structure

In April 2020, DHHS implemented a block payment structure for Montgomery Cares health clinics to ensure stable funding for clinics impacted by COVID-19 restrictions. For FY23, DHHS intends to continue this structure and approach through the first quarter of the fiscal year, and review utilization data to determine how to proceed, with a possibility to return to fee-for-service beginning in the second quarter of the fiscal year. The Montgomery Cares and Care For Kids budget breakdowns are provided in tables below. For both programs the Executive's budget continues level funding for provider encounters and payments to medical providers.

The Troika leadership is requesting significant FY23 funding increases totaling approximately \$1.5 million in reimbursement rates for Montgomery Cares (\$1.2 million) and Care For Kids (\$272,000). According to the Troika advocacy statement (circle 26), this request represents a 20% increase in rates for primary care visits for Montgomery Cares, and is proposed as part of a phase-in plan to increase rates in alignment with current market conditions. The Care For Kids increase also reflects payment projections to be comparable with regional market conditions.

Both the Department and the Troika leadership acknowledge that an effort to transition to a Value-Based Care rate structure has been discussed and interrupted by the COVID-19 pandemic experience. DHHS states that there is no plan to transition to a new, value-based care structure in FY23, but that discussions around this systemic rate structure change are intended to continue during FY23.

In sum, there appears to be a great deal in flux around how reimbursement rates should be structured at this stage of the pandemic experience as well as around the ultimate vision for the future state of rate setting structures for Health Care for the Uninsured programs.

While the Care For Kids reimbursement rates are structured separately, similar questions are raised regarding the amount and range of rates for services relative to Medicaid and regional market conditions. The responses from both Troika and from DHHS indicate a willingness and a need to work collaboratively to align reimbursement rate structures for both Montgomery Cares and Care For Kids with regional administrative and other standards and to ensure competitiveness with rates.

Council staff recommends that the Committee defer consideration of additional funds for payments and rates in Montgomery Cares and Care For Kids pending this planning and assessment work as identified by the Department and Troika leadership. The structural changes and visioning outlined are significant in both scope and importance, and the Committee will want to monitor and receive status reports on the progress of the work over the coming months. Council staff also suggests that the Committee receive an update regarding the first quarter utilization experience prior to transitioning to fee-for-service payments.

Non-profit inflationary adjustment: Typically, the health clinics do not receive the non-profit inflationary adjustment as their reimbursement rates are set separately each year and are usually the mechanism for adjusting for costs. However, Council staff's recommendation to defer

reimbursement rate adjustments does not provide a mechanism to adjust for increased costs that clinic providers are experiencing along with other non-profits.

Council staff suggests that one approach could be to increase the amount budgeted for patient encounters/visits by the inflationary amount ultimately approved by the Council. This would allow for an overall increase in the amount available for clinic reimbursement through the block payment approach in the beginning of the fiscal year; DHHS could then adjust rates accordingly as the fee-for-service transition takes place later this year. If the Committee supports this or a similar approach, Council staff emphasizes that this is not intended to be a permanent increase to rates or a replacement for the planning and structural work that needs to take place. It is intended to be a one time only adjustment given the unusual circumstances of the upcoming fiscal year as a result of the extended pandemic experience and to implement some parity between the clinics and other non-profit providers.

The FY23 recommended budget level for Montgomery Cares patient encounters is \$5,508,000; a 6% increase would require \$330,480 on the reconciliation list. Each 2% above that would require \$110,160 on the reconciliation list to match the approach with other non-profits.

Montgomery Cares

Summary

- Provides medical care, referrals to specialty care, behavioral health, and assistance with certain pharmacy costs for uninsured adults.
- The Executive’s FY23 operating budget maintains funding for this program, reflecting continued block payments through at least the first quarter for providers.
- Troika requests \$1.2 million to increase reimbursement rates and \$108,280 to fund specialty care services to address treatments delayed during the pandemic. The MCAB advisory statement also requests \$150,000 specific to cancer care and treatment.

Discussion

DHHS provided the following data summarizing the recent and year-to-date utilization for Montgomery Cares.

Montgomery Cares	FY20	FY21	FY22 Jun – Feb 2022
Patients	23,804	19,777	16,211
Encounters (In-person)	54,367	33,911	27,037
Encounters (telehealth)	6,926	19,425	4,822
Total Encounters	61,293	53,336	31,859 (FY22 projection year end 43,658)

While this data shows the numbers of patients and encounters continuing to decline, the FY22 monthly utilization data on circle 9 shows that the trend is beginning to increase in numbers of patients and encounters in February and March.

The table below shows the budget elements for the Montgomery Cares budget:

Montgomery Cares	FY20 Budget	FY21 Budget	FY22 Approved	FY23 Rec
Projected Montgomery Cares Patients	25,770	25,770	25,770	25,770
Budgeted Number of Encounters	72,000	72,000	72,000	72,000
Primary Care Encounters/Visits	5,532,350	5,532,350	5,508,000	5,508,000
Pharmacy/MedBank/immunization	1,766,571	1,766,571	1,766,571	1,766,571
Cultural Competency	22,500	22,500	22,500	22,500
Behavioral Health	971,831	971,831	1,034,931	1,034,931
Oral Health	589,120	589,120	589,120	589,120
Specialty Care	1,119,020	1,119,020	1,219,020	1,219,020
Program Development	343,184	343,184	343,184	343,184
Information and Technology	295,360	295,360	295,360	295,360
PCC Administration	932,642	932,642	932,642	1,128,672
DHHS Administration	477,394	477,394	523,981	542,320
Facility Support	67,040	67,040	67,040	67,040
COVID Recovery Resources (Grant fund	500,000	500,000		
Teleheath Parity/Interpretation			65,000	65,000
TOTAL Montgomery Cares	12,617,012	12,617,012	12,367,349	12,581,718

Specialty Care: Both the joint advocacy statement and the MCAB statement reference the need for funding for specialty services in Montgomery Cares, with an additional request for cancer care services. DHHS also indicates support for additional funding for cancer care services in particular. Council staff notes that last year MCAB requested \$222,110 to increase specialty care services, and the Council added \$100,000 in the FY22 budget to support additional specialty care.

Care For Kids

Summary

- Provides medical and dental services to children who are not eligible for other healthcare programs.
- Troika requests \$271, 962 to increase reimbursement rates, and three positions totaling \$233,993.

Discussion

DHHS provided the following utilization information for Care For Kids:

CFK Utilization	FY20	FY21	FY22 Jun – Feb 2022
Unduplicated # of Pts	6,230	6,439	6,809 (FY22 projection 7,200)

CFK Pt Visits (contractors)	FY20	FY21	FY22 Jun – Feb 2022
Primary Care	251	360	1,899
Specialty Care	53	47	308
Specialty Dental	51	29	85
Behavioral Health	41	39	151
Total	396	475	2,443

Visit information reflects encounters for contracted providers only, not the total number of visits through school based health centers or Kaiser

DHHS reports significant increases in Care For Kids enrollment and participation. Program enrollment through March is 7,001 unduplicated patients, which is a 15% increase over the same time last year. The numbers for new patients increased even more significantly, an increase of 284% over the same time last year. The charts on circles 11-13 show more details.

The table below shows the budget elements for the Care For Kids budget:

Care for Kids	FY20	FY21	FY22 Approved	FY23 Rec
Personnel Contractual	370,091	388,817	644,123	676,727
Medical Providers*	690,080	675,333	762,916	762,916
Behavioral Health	72,929	69,472	69,473	69,473
Other Operating	55,047	52,377	62,113	69,148
Indirect Cost	98,158	100,454	127,706	130,681
Total Care for Kids Contract	1,286,305	1,286,453	1,666,330	1,708,945
TOTAL	1,286,305	1,286,453	1,666,330	1,708,945

Does not include cost for children services in school based health centers or through Kaiser

*FY23 - \$124,000 of the Speciality Dental care funds will be used by County Dental services to support direct, patient-centered speciality dental care services provided by pediatric dental specialists to CFK clients.

Staffing: The table on circles 44-45 shows the current staffing levels supporting Care For Kids. The table shows 6 full time contractual staff dedicated to the program, as well as part time support from other positions, two positions added to support the Newcomers initiative, and two positions in DHHS that support the program administration.

The three positions requested through the Troika joint advocacy statement include:

- \$76,337 for one administrative coordinator to address administrative needs associated with program growth; and

- \$157,656 for two positions to establish a quality improvement program for Care for Kids. The two positions identified are a Quality Improvement Manager and a Data Analyst.

Council staff notes that the Council added two positions to support Care For Kids in the FY22 budget, a Client Service Specialist and a Medical Assistant Case Manager. In addition, two Community Health Worker positions were added through the Newcomers initiative; the Council also added \$100,000 for medical services in FY22 in anticipation of the increased need for capacity.

The Council has also received a request from the Commission on Health for “a Senior Planning Specialist to serve as a data, planning, and evaluation specialist for the Health Care for the Uninsured (HCU) program” (circles 40-41). A Senior Planning Specialist in DHHS would be budgeted at \$121,350.

DHHS comments on circle 45 indicate that the Department does not view that a quality improvement program should be focused solely on Care For Kids. DHHS states its support for an integrated effort to establish quality improvements principles across all of the Health Care for the Uninsured programs as part of future, collaborative structural framework discussions.

Both the Commission on Health and the Joint Advocacy Statement reflect the need for an additional position in DHHS to expand data collection and evaluation, and to facilitate ongoing planning work toward strategic design and implementation of new system structures. DHHS indicates that the Department would prioritize work associated with system restructuring; however, Council staff views these requests as complementary and identifying the same needed support and planning capacity.

Council staff recommendations: Montgomery Cares and Care For Kids

- Support the Executive’s recommended funding level for these two programs of \$14.5 million in FY23.
- Defer consideration of rate increases, as outlined above, pending further planning efforts over the coming year.
- Defer consideration of the requested quality improvement positions for Care For Kids, also pending further collaborative planning efforts for the system of services for uninsured individuals.
- Consider requested specialty care in the context of other Troika requests summarized below.
- *If the Committee is concerned about the need for additional infrastructure support in these areas, Council staff suggests that the administrative position for Care For Kids (\$76,337) and the Senior Planning Specialist in DHHS (\$121,350) appear to most directly support imminent work given the significant utilization increases in Care For Kids and the wide ranging structural planning work that needs to be accomplished in the coming year.*

Health Care 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.
- The Troika Joint Advocacy Statement requests \$97,452 in specialty care for individuals experiencing homelessness, and an additional \$300,000 for psychiatric services for individuals in the emergency shelter system.

Discussion

The charts on circles 16-18 show increasing numbers of patients and encounters in the recent months of FY22, and provide additional updates.

On April 28, the Committee reviewed and concurred with the Executive's recommended addition of \$600,000 to increase psychiatric services in the emergency shelter system. 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 Troika joint advocacy statement also requests that \$300,000 be added in addition to this recommended increase to further expand psychiatric service availability. This request is further described on circle 29, which states that the intent is to increase services within the shelters and provide trainings for shelter staff.

Troika leadership also requests \$97,452 to increase access to specialty care services for individuals who are experiencing homelessness. This is also described on circle 29 which indicates that the funding would add funds for services and staffing capacity to facilitate access.

Council staff recommendation:

- Support the Executive's recommended increase of \$600,000 for psychiatric services in the emergency shelter system.
- Defer further addition to the psychiatric services for individuals who are experiencing homelessness. It may be beneficial to understand the impact of the Executive's recommended level of funding and monitor experience over the coming months.
- Consider requested specialty care in the context of other Troika requests summarized below.

Maternity Partnership

On circle 7 DHHS notes that the General Assembly passed legislation this spring to allow eligible pregnant women with income at or below 133% of the poverty line to be covered by Medicaid and their children regardless of immigration status. The women can be covered for postpartum care up to 12 months after delivery, and the children up to 1 year. This will significantly benefit women and children, and impact the County's Maternity Partnership Program.

Circles 14-15 provide an update on enrollment, which as of March is a 19% increase over the same time last year.

The Troika leadership is requesting \$114,500 to initiate a breastfeeding support program within Maternity Partnership Program. This request is detailed on circles 35-36, and includes funding for a nurse lactation specialist as well as some supplies for mothers. DHHS indicates that the lactation specialist would be able to work with all Maternal Child Health Programs, including those of other community partners.

Dental Services

Dental Services is an ongoing area of concern, and the challenges with finding sufficient provider capacity to support the level of need are reflected across all of the advocacy documents as well as the Department's comments. Circles 19-20 provide a program update, showing that 3,704 patients have been served through March of this year, with a 67% increase in patients and a 116% increase in the number of visits compared to the same time last year. Circle 20 also highlights ongoing challenges with recruiting staff.

Circle 7 highlights one positive development, which is that the General Assembly approved Dental Coverage for Adults through Maryland Medicaid. This will have a positive impact on the ability to provide much needed services.

The Troika request is for \$160,000 in two parts:

- \$60,000 for a consultant to facilitate a collaborative design process that will re-imagine the safety net for dental services;
- \$100,000 for specialty dental referral.

Council staff notes that the Council added \$250,000 in FY22 to support dental services in schools; this has been delayed in implementation due to COVID concerns, but DHHS reports that the services are expected to begin next year. The Council also added \$75,000 in FY22 to increase rates for contractual staff in the Dental Care Program.

The proposed scope of work for the consultant is outlined on circle 38; on circle 46, DHHS estimates that the report could be completed next spring. The Department also indicates the need for funding for adult and senior specialty dental care and highlights that university and

community partners could provide these services while the consultant design process is underway.

Council staff notes that a similar request for a study on designing a dental care safety net system was put forward last year also. The Committee has been very supportive of increases to dental care services in recent years, and in last year's discussions agreed with the goal of collaboration among public and private dental providers. If the Committee is interested in this proposal, it may be helpful hear more specifically from DHHS how the Department envisions implementing the \$60,000 for the consultant.

Health Care for the Uninsured Programs: Council Staff Summary Recommendations

- As noted earlier, Council staff recommends deferral of rate increases at this time, and consideration of mirroring the non-profit inflationary adjustment for Montgomery Cares providers.
- The Troika leadership has recommended additions in both infrastructure and specialty care services.
- With respect to specialty care, Council staff notes that the Council increased funding for specialty care in FY22, and that the numbers of patient encounters are just beginning to increase in recent months. It may be possible to re-evaluate the need for these services when the trend of visits and patient experience is more known later in the year.
- **The Committee may need to prioritize what infrastructure and specialty care additions outlined below can be funded at this time given affordability constraints, funding increases added in FY22, and the number of planning initiatives already facing the Department in FY23.**

Infrastructure:

- Two planning and data support positions requested by Troika and one by the Commission on Health.
- One administrative position for Care For Kids (\$76,337)
- *Of these, Council staff would prioritize one Senior Planning Specialist (\$121,350) for DHHS to facilitate the systemic structural planning needed to evaluate the reimbursement rates across multiple programs; and the Care For Kids administrative position due to increases in enrollment.*
- Consultant for Dental safety net system design (\$60,000)

Specialty Care:

- \$150,000 for cancer care treatment
- \$100,000 for adult specialty health care services
- \$90,000 for specialty care in Health Care for the Homeless
- \$100,000 for specialty Dental care
- \$114,500 for breastfeeding support initiative

PHS Issue 2: Updates and Consent Items

Council staff recommends approval of the program changes reflected below.

- **Mobile Health Clinic:** ARPA funding was allocated in FY22 to initiate a Mobile Health Clinic service, \$620,859 in operating funds and \$258,359 to purchase a vehicle. DHHS provided an update on the status of the efforts to implement this initiative (circle 59). The update states that the contract for the vehicle and recruitment for the positions will be ready to begin in spring 2022. The Council identified \$500,000 in ARPA funding in FY23 to continue to support this initiative; this amount is reflected in the Executive's recommended budget for Public Health Services.
- **Tuberculosis Program:** The Executive recommends \$85,666 and one position for the Tuberculosis Program. DHHS provided the following justification for this position:
This is a request for a much-needed general fund position. Our county continues to fluctuate between the highest and second-highest case rate of TB disease cases in the state of Maryland, which is higher than the case rate for our state. The program is also serving an increased number of Class B1 Waiver clients (persons new to the U.S. with TB infection and suspicious for active TB disease). In 2018, latent TB infection became reportable in addition to active TB disease cases resulting in increased documentation, data entry into The National Electronic Disease Surveillance System (NEDSS) and case management of preventive treatment. This is related to a focus on increased state-wide efforts to decrease future active disease cases by identification and preventive treatment of TB infection. Additionally, TB disease clients are noted to have more advanced disease and co-morbidities resulting in more complex medical and nursing case management.
- **Communicable Disease and Epidemiology Grant Adjustments:** The recommended budget for this program area includes multi-program adjustments totaling \$2,354,499. DHHS staff confirmed that most of these adjustments relate to various mid-year changes to grants, particularly grants related to HIV and AIDS; these changes follow the required processes as they come in during the year, and then are reflected here in summary for the new fiscal year. OMB provided the table below summarizing these grant changes.

	FY 22 Budget	FY23 Rec	Change
Immunization Hep - B (PF62081A)	\$ 344,000	\$ 344,003	\$ 3
Tuberculosis Control (PF62014A)	\$ 247,609	\$ 343,125	\$ 95,516
CDC Ending the HIV Epidemic (P2003834)	\$ 653,438	\$ 653,438	\$ -
End the HIV Epidemic (P2003836)	\$ 441,268	\$ 1,172,591	\$ 731,323
HHS AIDS Case Management (P20A1189)	\$ 406,280	\$ 407,074	\$ 794
HIV Partner Services (PF62066A)	\$ 338,761	\$ 295,603	\$ (43,158)
Hiv Positive Women (PF62083A)	\$ 131,096	\$ 126,539	\$ (4,557)
HIV Pre-Exposure Prophylaxis (P2003167)	\$ 108,430	\$ 100,000	\$ (8,430)
HIV Prevention Services (P20A1051)	\$ 621,365	\$ 621,369	\$ 4
HOPWA AIDS Administration (PF64133A)	\$ 1,101,307	\$ 1,436,115	\$ 334,808
RWA Charges for Services (P2003358)	\$ 345,228	\$ 462,576	\$ 117,348
Ryan White B Supplemental (P2003901)	\$ 778,450	\$ 1,603,450	\$ 825,000
Ryan White li - Consortia Serv (PF62077A)	\$ 2,068,013	\$ 2,282,847	\$ 214,834

II. ADMINISTRATION: OFFICE OF COMMUNITY AFFAIRS

The Office of Community Affairs within the Administration and Support Service Area coordinates the work of several programs: Community Action Agency; Equity and Language Access; Head Start; Legal Representation; and Minority Health Initiatives and Programs.

OCA Issue #1: Minority Health Initiatives and Programs

The Executive's FY23 Recommended Budget includes increases to the base budgets of all of the Minority Health Initiatives and Programs. Each is outlined separately below.

Asian-American Health Initiative

The Executive recommends an increase of \$1,210,263 for FY23 for the Asian-American Health Initiative (AAHI). The FY22 base amount for the AAHI is \$1,164,490; the resulting FY23 total would be \$2,374,753.

The AAHI has been deeply involved in COVID response efforts, supporting testing and vaccination outreach efforts, supporting the community's mental health and reducing stigma, and combatting discrimination and stereotyping through a variety of community, social media, and other outreach campaigns. AAHI has also continued its work with patient navigators and community grants program. The FY21 AAHI Annual Report can be accessed at the following link:

<https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/REPORTS/HHS/AAHI-FY21AnnualReport.pdf>

The FY23 budget increase primarily increases the community grant capacity of the AAHI, as well as adding positions to support this increased work (table on circle 73). Approximately \$920,000 is allocated to support grants to community organizations, including micro-grants. Primary Care Coalition will continue to be the fiscal agent for the AAHI grants.

Latino Health Initiative

The Executive recommends an increase of \$2,235,706 for FY23 for the Latino Health Initiative (LHI). The FY22 base amount for the LHI is \$2,291,721; the resulting FY23 total would be \$4,527,427. This amount includes support for the Por Nuestra Salud y Bienestar service model which was initiated as a one-stop wrap-around services program addressing the health and human needs of the Latino community during the COVID-19 pandemic. The funding also includes continued support of the health promotoras and other programmatic elements of the Latino Health Initiative. The LHI FY21 Annual Report can be accessed at the following link:

<https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/REPORTS/HHS/LHI-FY21AnnualReport.pdf>

The table on circles 74-75 outlines the elements supported by the recommended increase in funding. These largely build on current efforts, and include culturally and linguistically appropriate communications; case management; emotional support groups; and a Program Manager position.

The Latino Health Steering Committee is also requesting an additional \$946,704 in addition to the recommended increase in funding. This request is summarized below outlined more fully on circle 76 and reflects further expansion of the efforts and areas supported by the Executive's recommended funding level.

Budget Item	CE Recommendation	CC Budget Request	Comments
Communications (contracted out via PCC)	\$ 197,300.00		Communications / media campaign
Health Promoters	\$ 82,850.00	\$ 40,150.00	Salud y Bienestar: 20 HP/day x 7 days/week CE recommendation: 5 HP/day x 3 days/week CC request: 5 HP/day x 5 days/ week (additional request will cover 2 extra days)
Information Line	\$ 150,604.00	\$ 150,604.00	Salud y Bienestar: 9 phone lines CE recommendation: 2 phone lines CC request: 4 phone lines (additional request for 2 lines)
Case Management (contracted out via PCC)	\$ 1,019,720.00	\$ 509,860.00	Salud y Bienestar:13,900 cases CE recommendation: 4,000 cases CC request: 6,000 (additional request for 2,000 cases)
Emotional Support Groups (contracted out via PCC)	\$ 487,811.00	\$ 83,290.00	Salud y Bienestar:50 cohorts (302 sessions) CE recommendation: 59 cohorts (354 sessions) CC request: 69 cohorts (414 sessions) (additional request for 10 cohorts)
Program Manager	\$ 144,367		Contractual position via PCC: salary \$113,300 + fringe \$31,067
Program Coordinator		\$ 104,994	Contractual position via PCC: salary \$82,400 + fringe \$22,594
Indirect/Administration (8.28% for personnel, communications, case management and emotional support groups)	\$ 153,114	\$ 57,806	Indirect/Administration cost will cover the 8.28% of the program manager position, communications, emotional support groups, and case management.
TOTAL	\$ 2,235,766	\$ 946,704	

African-American Health Program

On April 28, the County Executive submitted amendments to his FY23 Operating Budget Recommendation. The revised combined total recommendation for both the African-American Health Program and the Black Physicians Health Network is \$3,557,000. Of this amount, \$707,000 would need to be added to the reconciliation list to fund the recommended amendment and the revised total amount.

Black Physicians Health Network (BPHN): The County Executive’s recommendation includes \$2.5 million to “ensure the BPHN has the capacity to implement and culturally tailored model with serves the black communities within Montgomery County.” Circle 71 outlines the central elements of this budget proposal for FY23, and includes connecting uninsured and underinsured Black residents to health and mental health care; developing a network of providers and specialists to support health needs; provide one-on-one support to referred Black residents to navigate health and related support systems; and collaborate with the chronic disease programs of the African-American Health Program.

The February report of the BPHN can be accessed at the following link:

<https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/REPORTS/HHS/BPHN-MonthlyReport.pdf>

African-American Health Program: The Executive’s March 15 budget submission reflected \$350,000 for the AAHP; the April 28 amendment adds \$707,000 (*which would need to be added to the reconciliation list*) for an FY23 total of \$1,057,000. The African-American Health Program (AAHP) has an FY22 base amount of \$2,066,262; **if both elements of the FY23 recommendation are funded the FY 23 total for the AAHP would be \$3,123,262.**

The AAHP focuses its work to improve health outcomes for Black/African American residents in Montgomery County by reducing health disparities in six primary areas: diabetes/heart health, maternal and infant health, sexual health, mental health, and oral health. AAHP supports and oversees a range of primary and secondary prevention programs and efforts in each of these focus areas. The AAHP FY21 Annual Report can be accessed at the following link:

<https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/REPORTS/HHS/AAHP-FY21AnnualReport.pdf>

The AAHP Executive Committee submitted a budget proposal, attached on circle 84 and summarized in condensed form below, that totals \$2.822 million.

Position	Cost	Program
Program Lead Coordinator	\$113,000	Expansion of Maternal and Infant Health, Diabetes, HTN, Cancer, STI-HIV-AIDS
Registered Nurses x2	\$320,000	SMILE
Diabetes Educator	\$115,000	DPP
Nutritionist	\$102,000	dMeetings/Healthy Weight Management/Kickstart Your Health
Diabetes Educator	\$115,000	Chronic Disease Management
Lifestyle Coach	\$96,000	dMeetings/Healthy Weight Management/Kickstart Your Health
Mental Health Specialist	\$115,000	ALL
Community Liaison	\$80,000	dMeetings/Healthy Weight Management/Kickstart Your Health
Community Coordinator	\$80,000	dMeetings/Healthy Weight Management/Kickstart Your Health
Program Promoter	\$35,000	ALL
Cancer Project Coordinator	\$77,000	New
Cancer Project Evaluator	\$40,000	New
Lead Workforce Program Coordinator	\$113,000	ALL
Workforce Program Liaison x2	\$160,000	ALL
AAHP Internship Participant x10	\$146,000	ALL
AAHP Fellowship Participant x	\$310,000	ALL
AAHP Staff (Staff, Intern, and Fellow) Development	\$30,000	ALL

Direct Operating Expenses	Cost	Justification
Private/Public Health Projects	\$500,000	10 projects @ 50K
Cancer Challenge Project	\$35,000	
Health Promotion; Health Communication	\$200,000	Health Promotion
Upcounty Space	\$40,000	Upcounty space

Total Cost **\$2,822,000**

DHHS provided the budget outlined below associated with the County Executive's revised recommended total of \$1,057,000:

Position	Cost	Program Target
Registered Nurses x2	\$300,000	Secondary Prevention
CDE Diabetes Educator	\$115,000	Primary Prevention
Nutritionist	\$102,000	Primary Prevention
Chronic Disease Care Coordinator/Evaluator	\$115,000	Secondary Prevention
Mental Health Specialist	\$115,000	Primary Prevention
Community Coordinator	\$80,000	Primary Prevention

Cancer Project Coordinator	\$77,000	Secondary Prevention
Cancer Project Evaluator	\$40,000	Secondary Prevention
Dietician/Lifestyle Coach	\$113,000	Primary Prevention
AAHP Staff (Staff, Intern, and Fellow) Development	\$30,000	Primary Prevention

Total Cost	\$1,057,000
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Council staff notes that there is significant alignment between the elements in the DHHS proposal and the elements in the AAHP Steering Committee proposed FY23 budget. These complementary components support expansion of several programmatic efforts of the AAHP, including the Diabetes Prevention Program, SMILE maternity and infant health program, Kickstart Your Health, and other community health promotion efforts.

Council staff recommendation:

- **Council staff concurs with the County Executive’s recommended FY23 funding levels for all Minority Health Initiatives and Programs, including the April 28 amendment.**
- These funding levels result in significant increases for all of the Minority Health Initiatives and Programs. The funding levels will allow the programs to carry forward and continue important work that was initiated both before and during the pandemic; expand on the levels of these program efforts that can be provided; and provide opportunity to plan for the next steps of new programming combined with continued growth and expansion.
- The Committee will want to return during the year to continue to receive updates on the work of the initiatives and programs, and on the ongoing planning and coordination efforts to determine what level of resources and programs best meet the ongoing service needs moving forward.

OCA Issue #2: Updates and Consent Items

Council staff recommends approval of the program changes reflected below.

Community Action Agency: For FY23, the Executive is recommending \$5,511,985 and increase of \$877,221 over the FY22 level for the Community Action Agency. There is a proposed increase of 2.2 FTEs.

Multiprogram Adjustments

- The proposed funding and FTE increases in the Community Action Agency are considered multi-program adjustments, which include compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.
- The adjustment is primarily attributable to the shifting of navigation services to this program, moving grants into the base, and inflationary adjustments. The additional funding supports the integration of the Department’s navigation practices with the TESS Community Action Center. Executive staff explains that:

In addition to providing direct services in highly impacted communities and populations, the navigation unit will implement comprehensive training among key Department staff (case managers and direct service workers) to increase their knowledge of the service system and will strengthen the effectiveness of the Department in reaching high need communities. The positions will provide service continuity for people/communities served through Community Action Agency's CSBG CARES funded navigators, which conclude in September 2022. Resources were reallocated from other areas, which is why this shows as a multi-program adjustment.

Volunteer Income Tax Assistance Program Update

The Executive has provided the following update for VITA services, which are housed in the Community Action Agency, in FY22:

DHHS served 1330 households, a 30% increase from FY21, with in-person services delivered at Community Action's office in Rockville, at the Casey Community Center in partnership with the City of Gaithersburg, and at WorkSource Montgomery in Wheaton, in partnership with United Way's Financial Empowerment Center and CAFE Montgomery MD. Montgomery residents received more than \$5,583,548 in refunds and credits, including more than \$1,822,180 million in combined federal, state and local Earned Income Tax Credits, and \$740,635 in Child Tax Credits.

DHHS had anticipated higher numbers, but virtual service delivery was necessitated due to Omicron, and this and the mid-season shift to a hybrid model affected productivity and volunteer participation. DHHS experienced vacancies with the contracted positions-- lack of qualified candidates in a super charged hiring environment, with candidates choosing to work for commercial tax preparation firms. Both FT program specialist II worked substantial OT. VITA volunteers, who spoke Farsi, Russian, French, Portuguese, Spanish, Taiwanese, Cantonese and Mandarin, contributed 2,339 hours to the program.

Council staff notes that Council considered adding ARPA funding of \$180,000 to expand VITA and other tax preparation and outreach services in FY22. Because of delays in determining the use of ARPA funds, however, this funding was ultimately not provided to support the program's Tax Year 2021 services.

Legal Representation: The Executive's recommended FY23 budget shifts this program function and the associated \$551,100 to Community Engagement Clusters.

III. FOLLOW-UP ITEMS

FUP Issue #1: Allocation plan for food insecurity funding

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

The Committee requested additional information from DHHS regarding the intended allocation of these funds as the new fiscal year begins, understanding that significant planning work will be done around the system of food supports and providers in the coming months.

DHHS provided the following:

The expectation for this money is to give it to Capital Area Food Bank and Manna to purchase food and to provide each food assistance provider identified with an account. The goal is to leverage the bulk buying power of those organizations and start transitioning toward a post-COVID model. At this funding level, the amount given to each provider (which includes the Hubs) will likely be a little less than half of what they have received in the past. As always, the various partners and stakeholders, including the CE, Council, Montgomery County Food Council, and others, will monitor the situation and respond as needed.

Council staff understands that the recommended funding level is significantly lower than the supplemental appropriations have been able to provide, and that this is causing uncertainty and concern in the food support community. At the same time, Council staff supports the intended approach to begin the year with this funding level and work toward sustainability and coordination with community networks and providers.

FUP Issue #2: Confirm OFSR recommendation

The County Executive is recommending \$1.06 million in the FY23 budget to establish a new Office of Food System Resilience (OFSR), including three new positions. Pending creation of the new OFSR through legislation (anticipated later this year), the CE has placed the \$1.06 million budget for the OSFR in the Community Engagement Cluster (CEC) and the \$4 million for food support in the DHHS budget.

The Committee had extensive discussion about the new OFSR and the need for planning in the coming months around this effort. **Council staff is returning to this budget item to confirm that the HHS Committee recommendation is to concur with the Executive's**

recommendation to place the funding for the OFSR in the Community Engagement Cluster for FY23.

FUP Issue #3: Manna Food Requested Funding

Manna Food Center has requested increased funding of \$1 million for FY23; the County Executive has not included the additional funding in his budget (see circles 85-88 for the January 30th, 2022 request letter). The request includes:

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

The Committee reviewed this request on April 21, and requested additional information on the relationship of this request to existing and ongoing efforts. Council staff notes that resolving the appropriate level of ongoing resources for the County’s partnership with Manna Food, as well as other potential community partners, will be a critically important element of the work to establish the OSFR and to develop a strategic and systemic approach to the County’s support of the network of community providers.

Manna provided additional documentation of the funding request and demonstrating that Manna leverages significant non-County funding for the food bank operations. Manna indicated that the highest priority items from the total request to carry the current efforts forward into the new fiscal year total \$805,000 as follows:

- \$275,000 for staff training, retention, and compensation;
- \$230,000 to support culturally appropriate food purchasing;
- \$300,000 to support facility costs.

Manna provided the following summary statement regarding the request for funding:

Private contributions provide the vast majority of funds for the food bank functions of Manna. To continue to innovate and create impact, Manna needs support of our multi-racial staff, our facilities anchored in both Upcounty and East County, and purchasing power for food to supplement food donations and food rescued.

FUP Issue #4: Councilmember Proposed Initiatives

- Council President Albornozy proposes support for the Crossing Paths program, which seeks to reduce senior isolation which has been exacerbated by COVID-19 pandemic conditions through intergenerational programming and supports. The proposal would provide \$60,000 to Catholic Charities, which would then leverage other in-kind supports from community partners and volunteers. More information is at circles 77-78.

- Councilmember Glass received communication from the DC Diaper Bank requesting additional funds of \$150,000 above the Executive’s level of funding (letter attached at circles 79-81). The letter notes that the increased funding level in the Executive’s recommendation for the Service Consolidation Hubs will increase the amount of supplies that the DC Diaper Bank can provide through the hubs. The letter requests the additional \$150,000 to provide support to organizations that are not part of the hub model network.
- Councilmember Friedson wrote a memorandum to the HHS Committee (circle 82-83) proposing that \$132,000 be added to the reconciliation list for Community FarmShare, in collaboration with Linkages to Learning and Montgomery County Public Schools Community Schools. The goal is to expand the provision of weekly, fresh produce bags from local farms to the homes of families in need from identified MCPS schools.



Public Health Services

RECOMMENDED FY23 BUDGET
\$93,028,751

FULL TIME EQUIVALENTS
570.84

☼ **RAYMOND L. CROWEL, PSY.D.,** DIRECTOR

FUNCTION

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

PROGRAM CONTACTS

Contact Dr. James Bridgers of the HHS - Public Health Services at 240.777.4253 or Lindsay Lucas of the Office of Management and Budget at 240.777.2766 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

☼ Admin - Public Health

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,930,554	12.00
Add: Funding to Support the County's Response to Food Insecurity	4,000,000	0.00
Add: Funding to Support Non-Profit Food Provider, Nourishing Bethesda	250,000	0.00
Decrease Cost: Mobile Health Clinic ARPA Funding Decreases From FY22 Appropriation by \$120,859 (Providing \$500,000 in ARPA Funding in FY23)	(120,859)	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.	314,832	0.50
FY23 Recommended	6,374,527	12.50

☼ Cancer & Tobacco Prevention

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Total number of new and repeat clients who undergo colonoscopies (CRF-Funded)	131	55	220	200	200

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Total number of people encountered at outreach events ¹	6,294	1,460	2,000	2,500	2,500
Number of participants in smoking cessation program	329	424	1,000	980	960
Percent of new clients who undergo colonoscopies	60%	20%	75%	80%	80%
Percent of clients reached who completed smoking cessation program	24%	28%	20%	20%	20%

¹ Due to COVID restrictions, community outreach events were cancelled limiting our ability for expanded outreach. This will start to recover once the pandemic stabilizes and people feel more comfortable attending in-person outreach events.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,242,694	1.60
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(74,807)	3.70
FY23 Recommended	1,167,887	5.30

☼ Communicable Disease & Epidemiology

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of rabies investigations that occur in Montgomery County monthly by Disease Control Program	511	923	540	540	540
Number of babies born to Hepatitis B infected mothers who complete the recommended protocol	96%	80%	95%	95%	95%
Percent of contacts of smear positive clients diagnosed with latent TB who start preventative treatment	93%	90%	88%	88%	88%
Percent of customers satisfied with STD Services ¹	95%	N/A	95%	95%	95%

¹ Please note: No data were collected for FY21.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	12,995,656	82.80
Add: One Position to Meet Demands of the Tuberculosis Program	85,666	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.	2,354,499	0.00
FY23 Recommended	15,435,821	83.80

☼ Community Health Services

Maternal and Child Health Services provides preventive health access services to uninsured and underinsured populations. Services include Women Health Services, Maternity Partnership Program, nurse case management, and home visits to targeted populations such as pregnant women, pregnant and parenting teens, children up to one year of age, and at-risk infants. Other services include staffing support for immunization clinics, STD services, pregnancy testing in regional health centers, and care coordination services for women and children in the Medical Assistance-managed care program. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases).

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of pregnant women screened and enrolled in a Managed Care Organization (MCO) for prenatal services	2,551	1,808	2,200	2,200	2,200
Percentage of repeat Maternity Partnership patients who do not delay subsequent pregnancy by 18 months or more (Close Child Spacing) ¹	3%	N/A	5%	5%	5%
Percentage of healthy birth weight babies (greater than or equal to 2,500 grams) born to pregnant women in the Maternity Partnership Program	97%	96%	95%	95%	95%
Percent of Infant at Risk referrals that receive a contact by the Area Health Center staff within 10 days ²	96%	96%	90%	90%	90%

¹ Due to changes in procedures due to COVID, we were not able to collect the data during FY21. We are now on track to collect again in FY22.

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	8,957,839	68.65
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	166,308	(5.20)
FY23 Recommended	9,124,147	63.45

☼ Dental Services

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of pediatric dental referrals to outside pediatric specialist ¹	293	137	30	30	50
Percent of appointments that are missed/canceled	28%	11%	20%	20%	20%
Dental Services - Percent of children that complete their dental treatment plan ²	15%	16%	30%	30%	30%

¹ Since we began providing in-house pediatric services, there has been a dramatic reduction in the need to refer patients out for pediatric dentistry specialty services. For FY22, we have added a second pediatric dentist from University of Maryland to provide in-house pediatric dentistry services. This should cause a further reduction in the number of pediatric patients referred outside for services over the period from FY22 - FY24.

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	3,378,607	16.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	113,728	0.00
FY23 Recommended	3,492,335	16.00

☼ Health Care for the Uninsured

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of low income uninsured County adults who received primary care at one of the participating clinics	23,804	19,777	23,000	26,000	30,000
Number of encounters - Montgomery Cares	61,293	53,336	65,000	75,000	80,000
Percentage of Care for Kids clients who access Oral Health Services	32%	25%	40%	50%	50%
Percent of vulnerable populations that have a primary care visit - Adults	35%	35%	50%	50%	50%
Percent of vulnerable populations that have a primary care visit - Children	80%	80%	85%	85%	85%

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	14,158,540	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.	290,915	0.00
FY23 Recommended	14,449,455	4.00

☼ Health Planning and Epidemiology

The Health Planning and Epidemiology program serves as the expert in planning and analytic epidemiology within HHS and is responsible

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of community health outcome and social determinants of health indicators tracked	250	250	250	250	250
Number of presentations accepted or invited to conferences/meetings to communicate health statistics and research findings	4	2	2	2	2
Expansion of the knowledge base on community health outcomes for improved decision making as measured by the number of foundational public health surveillance/research reports/publications released ¹	N/A	0	2	2	2

¹ This was a new measure for FY21.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	511,412	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.	37,695	0.00
FY23 Recommended	549,107	4.00

☼ **Licensure and Regulatory Services**

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of routine inspections of food service facilities ¹	5,740	4,365	6,124	6,307	6,370
Percent of mandated inspections completed	67%	50%	80%	80%	80%
Percentage of nursing homes with actual harm deficiencies ²	20%	21%	N/A	N/A	N/A
Percentage of swimming pools found to be in compliance upon regular inspection	91%	94%	91%	91%	91%
Percent of food service facilities not having a critical violation upon routine inspection	71%	76%	73%	73%	73%

¹ Due to the impact of COVID, fewer routine inspections of food service facilities occurred in FY21.

² Nursing home inspections will no longer occur beyond FY21.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	5,108,836	42.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(436)	0.00
FY23 Recommended	5,108,400	42.50

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

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

Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
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Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Number of individuals who participated in a Public Health Emergency Preparedness trainings and exercises ¹	938	2,872	300	350	350

¹ FY20-21 numbers influenced by COVID-19 activities.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,181,550	7.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	29,153	0.00
FY23 Recommended	1,210,703	7.80

☀ School Health Services

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

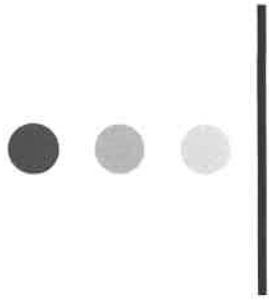
Program Performance Measures	Actual FY20	Actual FY21	Estimated FY22	Target FY23	Target FY24
Immunizations administered to students at SHS Immunization Center and SBHWCs ¹	N/A	3,586	19,000	19,000	19,000
Percent of students that return to class and are ready to learn after a health room visit	91%	84%	91%	91%	91%

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	32,829,222	303.45
Enhance: Conversion of Ten-Month School Health Staff to Support Summer Programs	830,253	10.92
Enhance: Add Six Nurses to Address Staffing Shortage and to Meet Staffing Policy	646,547	6.00
Enhance: Funding for School Health Staff at New Gaithersburg Elementary School	175,347	1.88
Enhance: Adding Two Positions to Support Training of School Health Staff	170,959	1.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,464,041	7.74
FY23 Recommended	36,116,369	331.49

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
Admin - Public Health	1,930,554	12.00	6,374,527	12.50
Cancer & Tobacco Prevention	1,242,694	1.60	1,167,887	5.30
Communicable Disease & Epidemiology	12,995,656	82.80	15,435,821	83.80
Community Health Services	8,957,839	68.65	9,124,147	63.45
Dental Services	3,378,607	16.00	3,492,335	16.00
Health Care for the Uninsured	14,158,540	4.00	14,449,455	4.00
Health Planning and Epidemiology	511,412	4.00	549,107	4.00
Licensure and Regulatory Services	5,108,836	42.50	5,108,400	42.50
Public Health Emergency Preparedness & Response Program	1,181,550	7.80	1,210,703	7.80
School Health Services	32,829,222	303.45	36,116,369	331.49
Total	82,294,910	542.80	93,028,751	570.84



Health Care for the Uninsured Monthly Report April 2022

Health Care For The Uninsured State Legislation

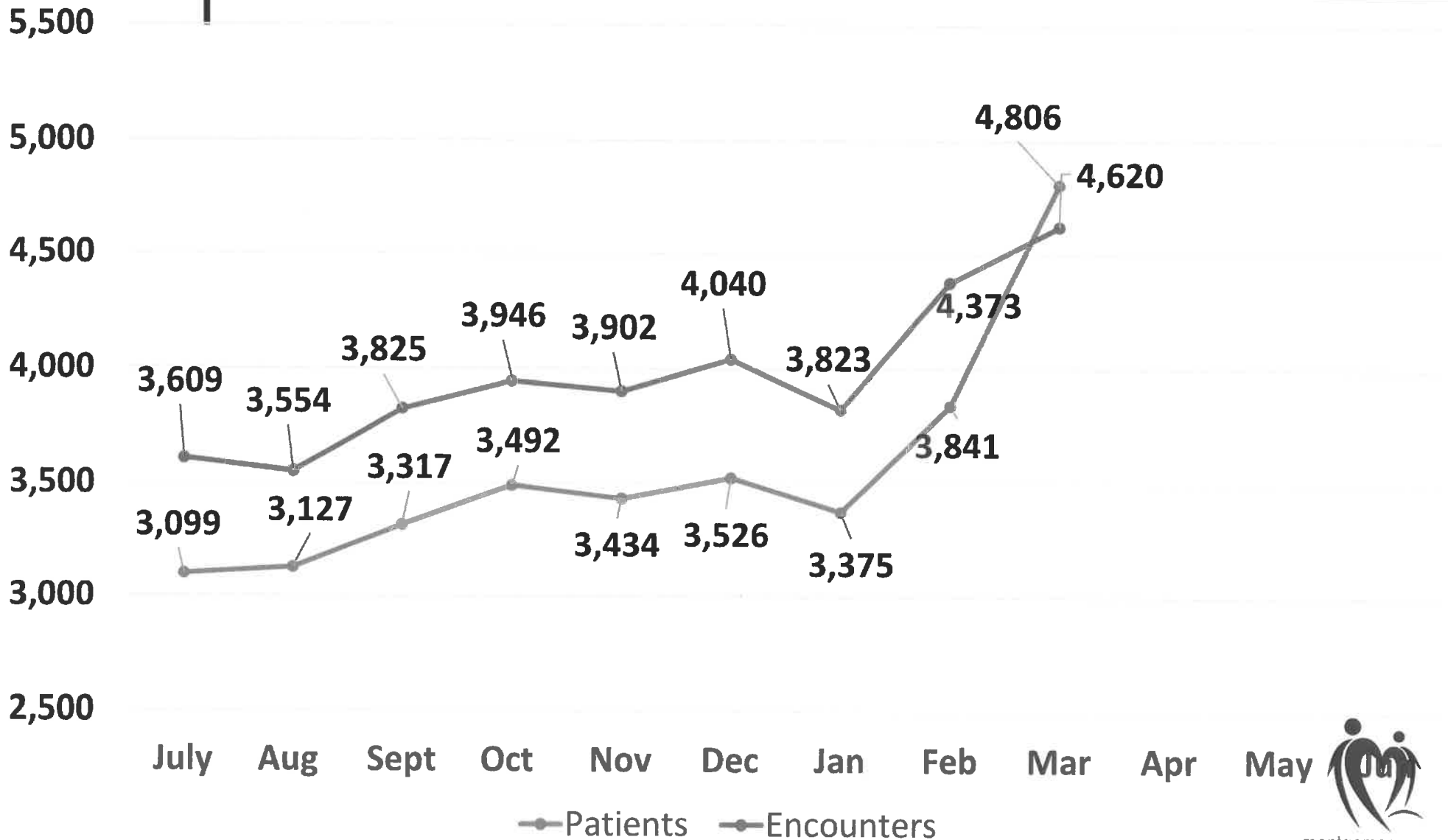
- Maryland Medicaid – Dental Coverage for Adults. For the first time in 3 decades, Maryland Medicaid adults will have dental coverage (including preventive, restorative, diagnostic, periodontal) starting in January 2023. This is for eligible Maryland residents enrolled in Medicaid who annual income is at or below 133%
- Maryland Medical - Children and Pregnant Women (Healthy Babies Equity Act) - allows eligible pregnant women to be covered by Medicaid who annual income is at or below 133% regardless of immigration status and their children up to the age of 1 year. The women are covered for postpartum care up to 12 months after delivery

Health Care For The Uninsured State Legislation

County Council HHS Committee

- The committee will meet May 4th to discuss the FY23 Operating Budget – Public Health programs. The meeting is 2:00 PM - 4:30 PM viewable via video conference

FY22 Montgomery Cares Data – Monthly Utilization



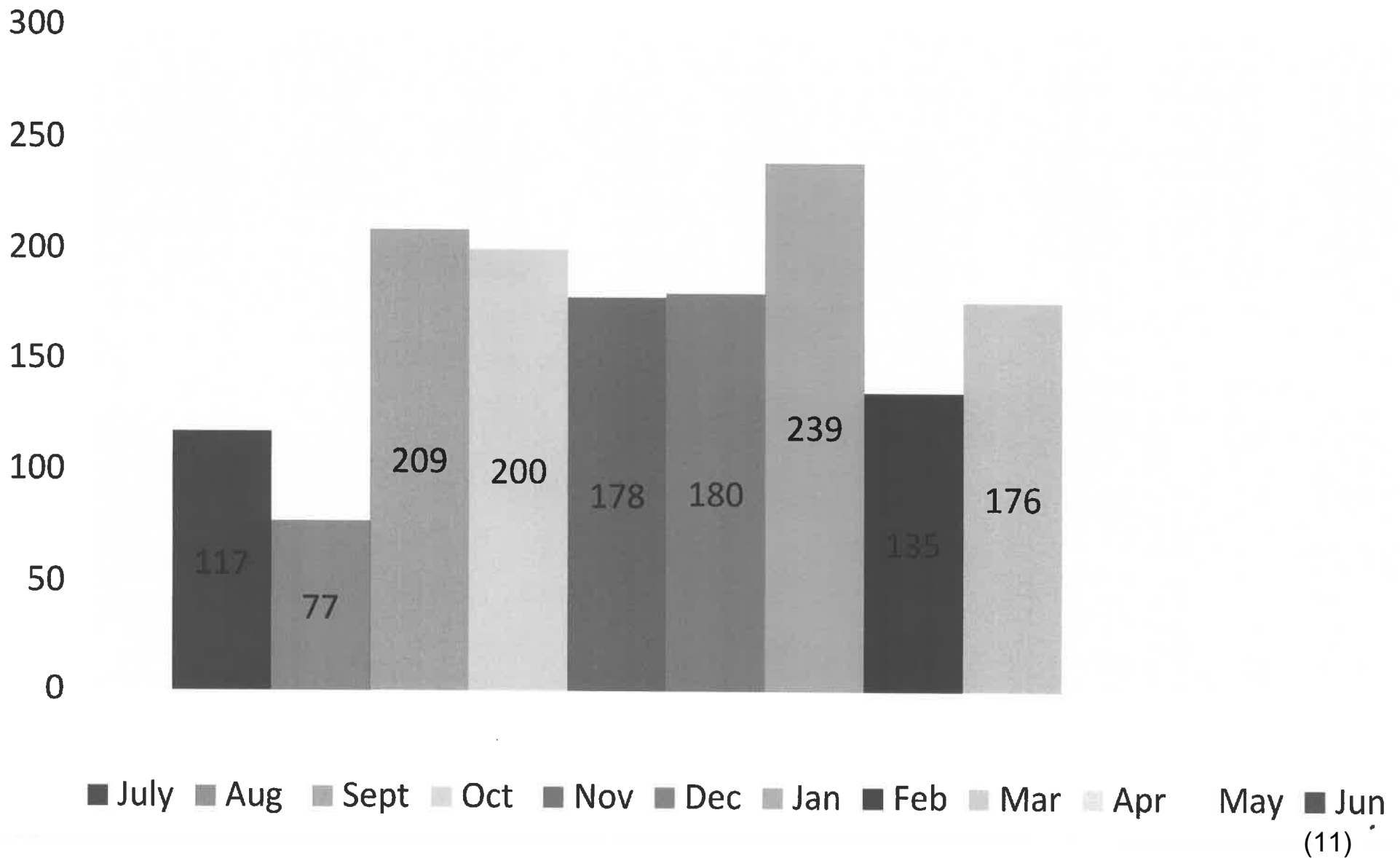


Montgomery Cares – Program Updates

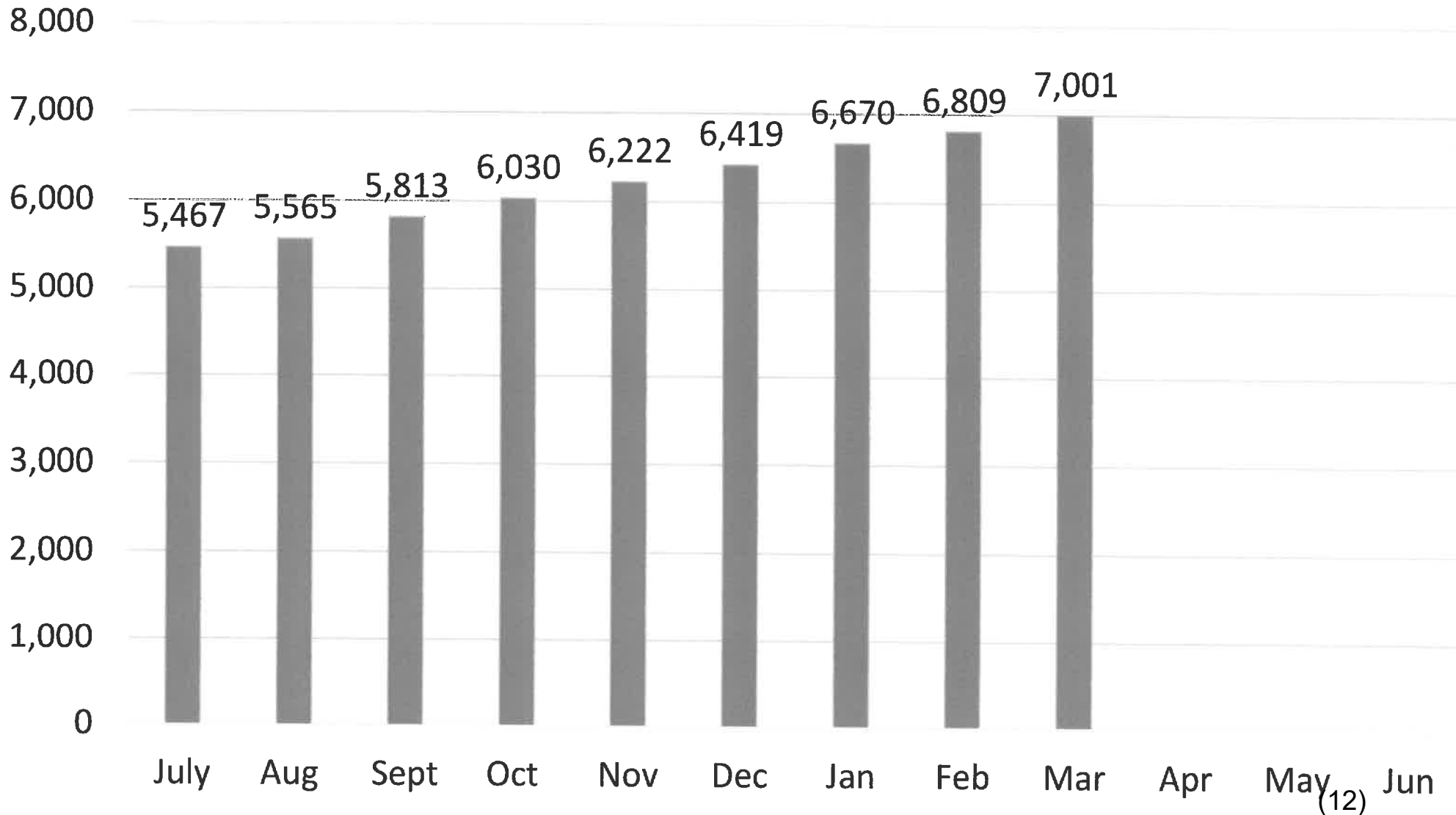
- Montgomery Cares served 17,974 patients through March 2022 with a total of 37,330 patient visits (in-patient and telehealth) at the ten participating clinics. A 9% increase in patients and -6% reduction in encounters compared to the same time last year
- Projections place year-end totals at approximately 45,878 encounters (FY21 - 53,336 encounters).
- July – Mar 2022: The split of encounters is 55% in-patient and 45% telehealth.



FY22 Care for Kids Monthly Data – New Enrollees



FY22 CFK Monthly Data – Unduplicated Patients

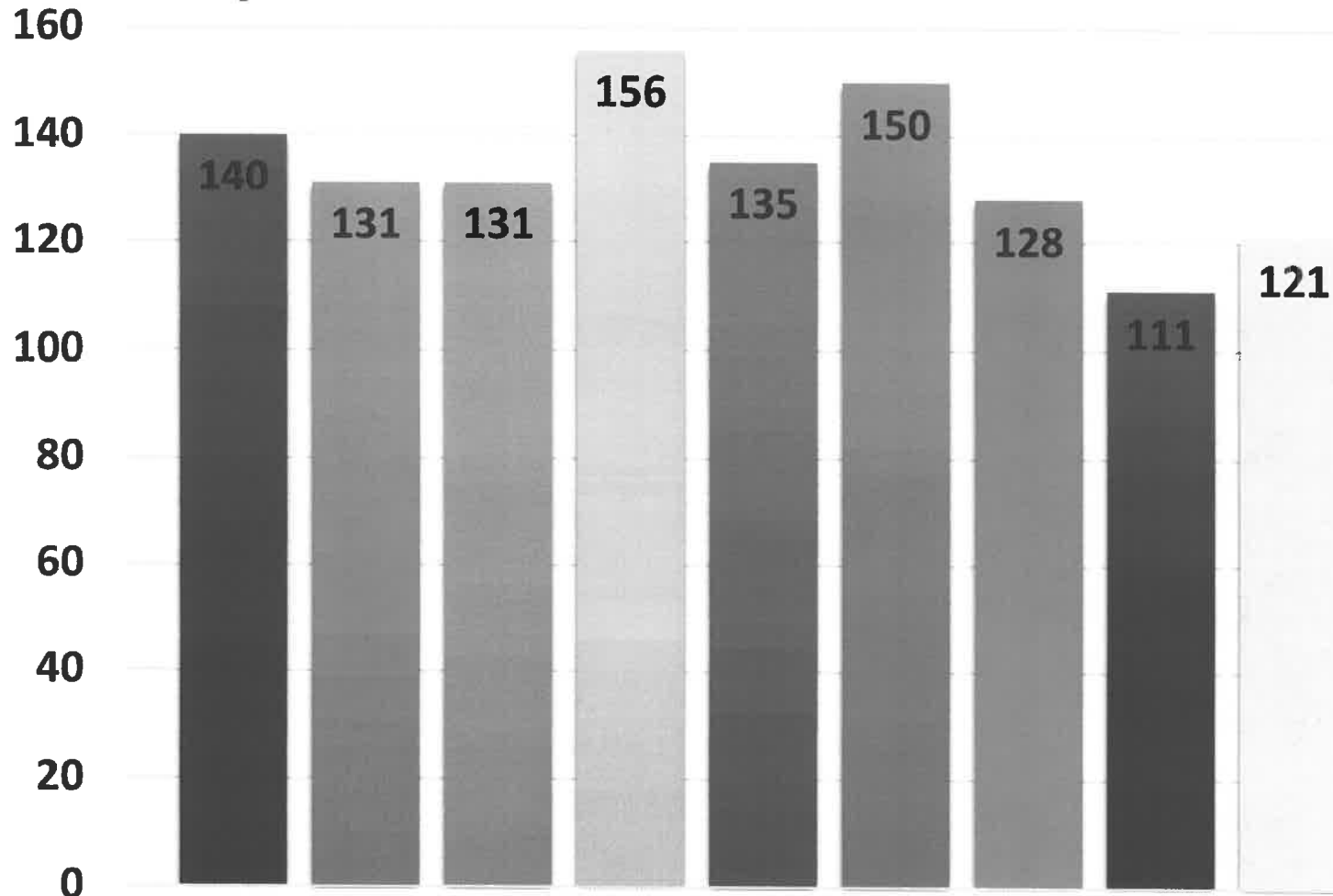




Care for Kids – Program Updates

- Program enrollment through Mar 2022 is 7,001 which is a 15% increase over the same time last year (6,095).
- Numbers for new patients are significantly up compared to the same time last year 284% (FY21 – 393, FY22 -1,511).
- The volume of new and renewing children has resulted in increased workload for CFK including volume of calls.

FY22 Maternity Partnership Monthly Data



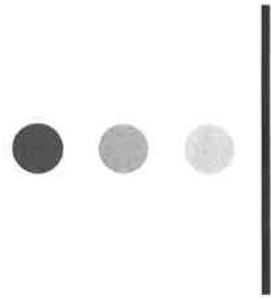
Patients Enrolled

■ July ■ Aug ■ Sept ■ Oct ■ Nov ■ Dec ■ Jan ■ Feb ■ Mar ■ Apr ■ May ■ June



montgomery cares
for health

(14)

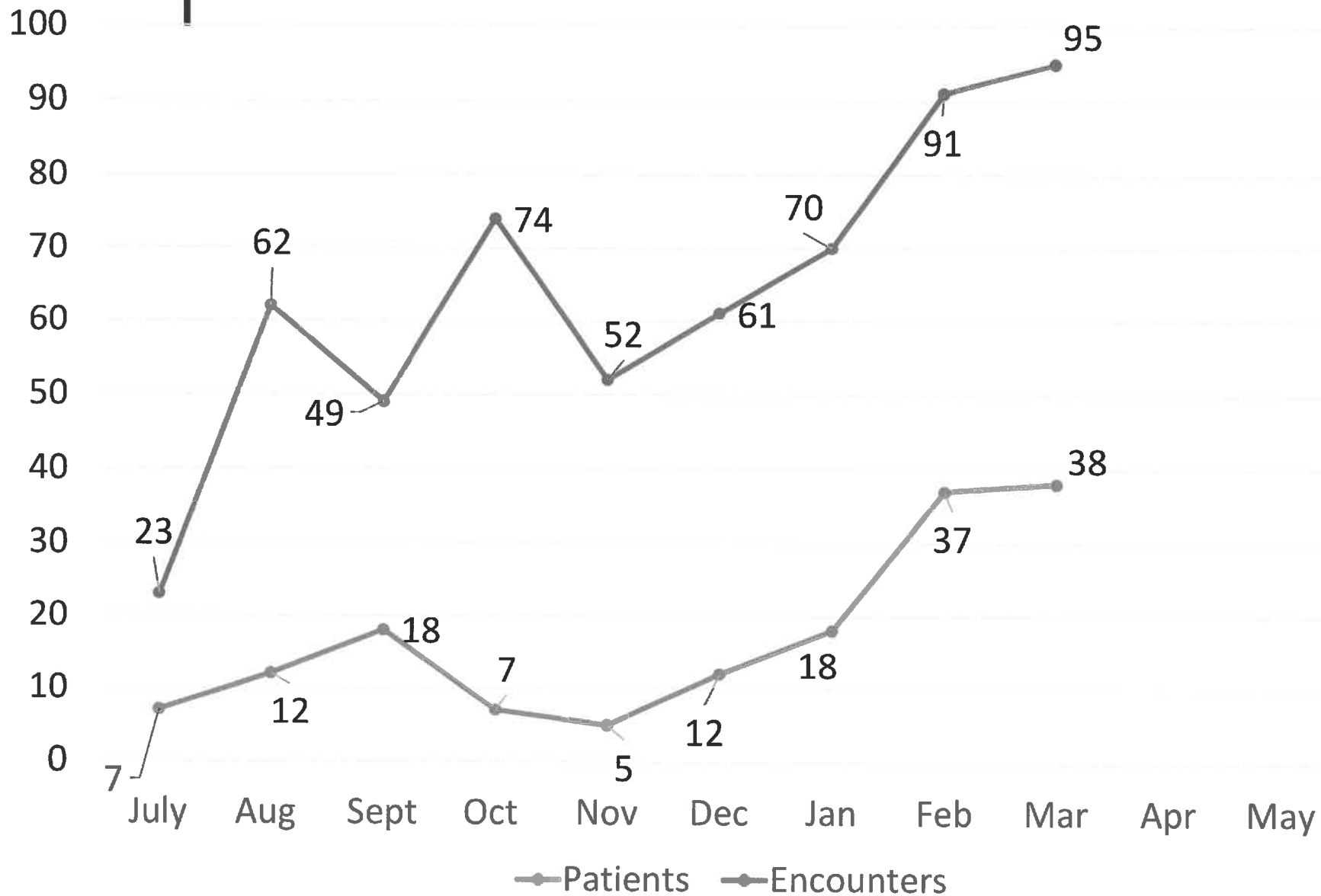


Maternity Partnership – Program Updates

- Program enrollment through March 2022 is 1,203 which is a 19% increase over the same time last year (1,014). Projected utilization for the FY is 1,503 women (69 more women served than last year)
- The program is exploring if there are other providers who would like to participate in the MPP program (including those outside of Montgomery County). We want to ensure women have options for prenatal care providers and to get them in to care as soon as possible



FY22 Health Care for the Homeless – Monthly





Health Care for the Homeless

Program Updates

- The new Neel Street shelter has 12 medical beds for men that the Health Care for the Homeless Program nurses manage on a weekly basis. All medical beds for women (4) are full. SEPH is working on a new Medical Permanent Supportive Housing (PSH) Program that will come on line soon to serve medically and psychiatrically vulnerable clients hard to place in housing once stabilized.
- Behavioral Health Psychiatric Services - The need for behavioral health services within the SEPH Continuum of Care continues to grow. The number of clients being seen continues to expand and the need continues to grow with sheltered and unsheltered residents. The physician provides up to 20 hours weekly of onsite psychiatric services for any shelter guest requesting services, transitioning out of the hospital and complex cases that are unable to be served in the traditional community psychiatric environment. Psychiatric referrals have doubled and continue to increase.





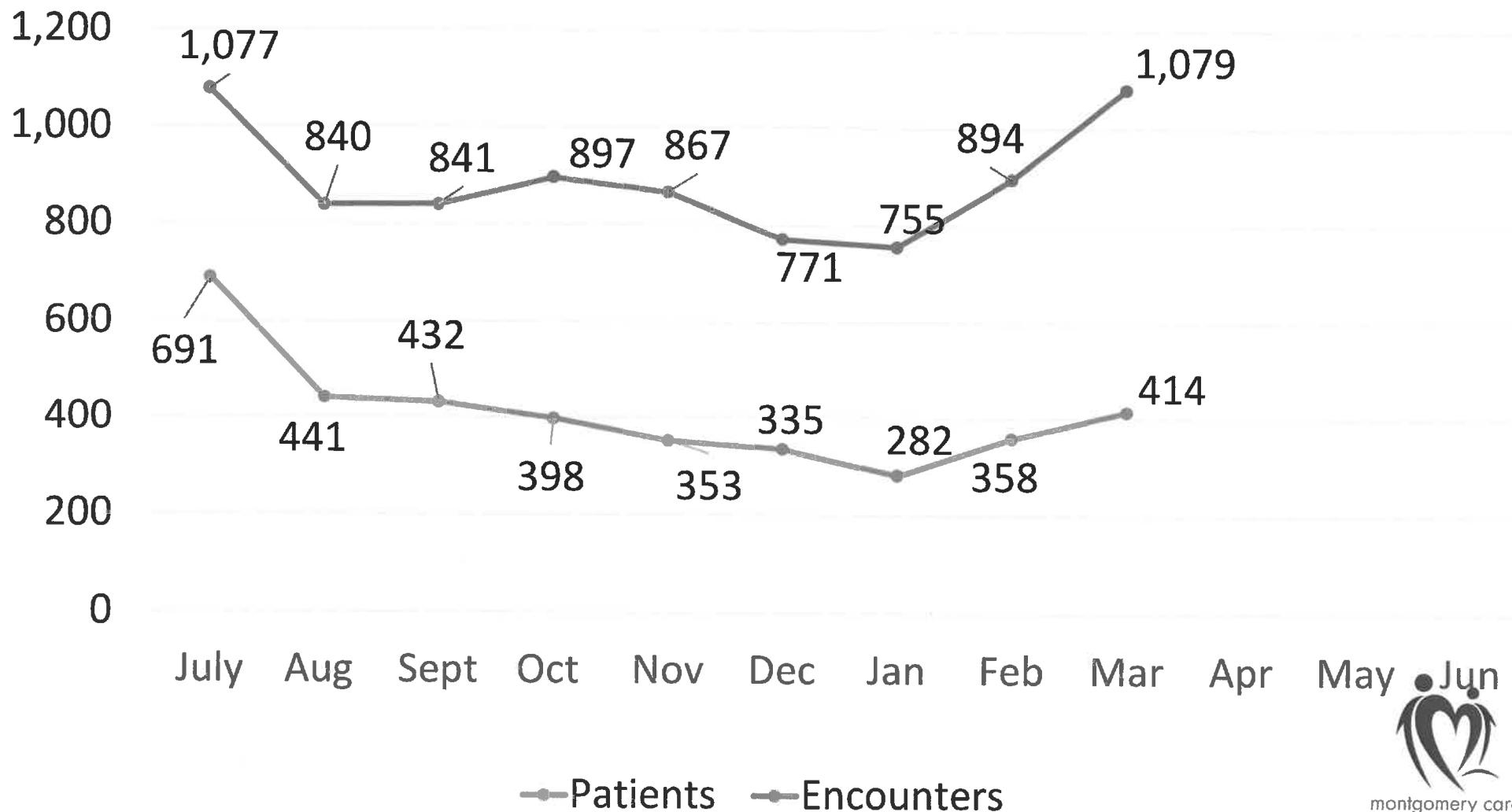
Health Care for the Homeless

Program Updates

- Medical Respite – Program continues to build a steady and consistent process on enhancements to referral process and programmatic needs. Staff is providing educational sessions with hospitals, external partners and internal DHHS departments on the referral process and purpose of program. We will continue to assess ways to increase referrals and admission for appropriate homeless clients in need of recuperative care. Our referral numbers are slowly increasing as awareness increases.



FY22 County Dental Data - Monthly





County Dental – Program Updates

- County Dental served 3,704 patients through Mar 2022 with a total of 8,021 patient visits. An 67% increase in patients and 116% increase in the number of visits compared to the same time last year
- We are still experiencing challenging in recruiting staff. There are a few vacancies (Dental Assistant, Princ Admin aid etc) that we're eager to fill asap. Due to COVID-19, the program has had staff and providers out of the office. This has caused greater reliance on temp staff which is not always available and costly.
- School sealant update: the sealant program was put on hold by MCPS for this school year due to COVID, but we are on track to begin next school year.



	Most Recent Month (Mar 2022)	Year to Date FY 22	Year to Date FY 21	Percent change FY22 vs. FY1	Total served in FY21
Montgomery Cares					
Patients	4,620	17,974	16,543	9%	19,777
Encounters (in-person)	4,806	31,843	21,932	45%	
Encounters (telehealth)	665	5,487	17,662	-69%	
Total Encounters	5,471	37,330	39,594	-6%	53,336
Care for Kids					
Newly Enrolled	176	1,511	393	284%	704
Enrolled Participants		7,001	6,095	15%	6,439
Maternity Partnership					
Patients Enrolled	121	1,203	1,014	19%	1,434
Dental Services					
Patients	414	3,704	2,219	67%	3,135
Encounters	1,079	8,021	3,705	116%	5,996
Homeless Health					
New Patients	38	154	164	6%	190
Encounters	95	577	506	14%	(214)

APRIL 2022 (CORRECTED)

Healthcare for the Uninsured

FY2023 Joint Advocacy Statement



PREPARED BY

Health Centers Leadership Council
Primary Care Coalition
Montgomery Cares Advisory Board
(Support)



In FY21, safety-net organizations worked with DHHS to mount a response to an unprecedented public health crisis while continuing to meet primary care needs of vulnerable patients.



19,800 adults received medical care

53,300 in person encounters
20,800 telehealth encounters
1,700 specialty care encounters



6,400 children received health care

520 arrived as unaccompanied minors
140 received specialty dental care
370 received glasses



\$5.8 million in free brand name medications

Secured through MedBank partnership
with pharmaceutical programs

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- 02** Overview of Budget Requests
- 03** Budget Priorities Justification
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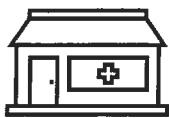
Introduction: Rebuild and Rise

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs. On behalf of the Health Centers leadership Council, representing the executive directors of 10-safety-net health centers, Montgomery Cares Advisory Board, and the Primary Care Coalition, we ask that Council continue to make strategic investments to shore up the public-private partnerships that have been critical in improving the health of our community and responding to public health crises.

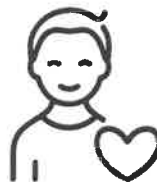
The importance of enhancing public-private capacity to improve the health safety net serving our community cannot be disputed. This infrastructure has been vital in the fight against COVID-19 by:

- Providing treatment and remote monitoring of non-critical infected patients
- Managing health conditions to prevent avoidable hospital use
- Caring for residents who delayed treatment during the pandemic and therefore have more complex health conditions than they might otherwise have had
- Augmenting public health system capacity for testing, vaccination, and community education and outreach efforts

Like other health care and social services organizations, safety-net clinics are facing workforce burnout and significant recruitment and retention challenges while rallying to support post-pandemic recovery efforts. The priorities described in this document will help truly advance health equity and social justice in our community and design a recovery process that is not merely a return to the status quo but an opportunity to **rebuild and rise!**



Support clinic sustainability by providing reimbursement for primary care services sufficient to meet rising costs.



Make Care for Kids a robust program with the appropriate scale and capabilities to ensure existing CFK children and newcomers have access to comprehensive care and case management.



Enhance Healthcare for the Uninsured Programs to Provide Healthy Starts and Services Across the Lifespan .



Develop a coordinated public-private safety-net oral health system enhancing capacity of DHHS, nonprofit dental clinics, schools of dentistry, and private dental practices.

Overview of Budget Requests

Request	Budget
Montgomery Cares: Reimburse primary care encounters to cover increased operating costs	\$1,192,812
Montgomery Cares: Specialty care services to address treatments delayed during pandemic	\$108,280
Healthcare for Homeless: Fund specialty care access for Healthcare for the Homeless patients	\$97,452
Healthcare for Homeless: Psychiatric services in shelter setting for residents experiencing homelessness	\$300,000
Care for Kids: Fund primary care services to meet needs of growing enrolled population and provide fair market reimbursement for providers	\$271,962
Care for Kids: Add 1.0 FTE Administrative Coordinator to address administrative needs associated with program growth	\$76,337
Care for Kids: Establish quality improvement program in Care for Kids	\$157,656
Dental: Launch collaborative design process to reimagine dental safety-net	\$160,000
Maternity Partnership: Launch breastfeeding support program within Maternity Partnership	\$114,500
Total	\$2,478,999

In addition to the above we wish to record support for the following items included in the County Executive proposed budget: \$4.4 million for Newcomers Assistance including funds for 2.0 FTE in Care for Kids to screen and enroll children/families in health services at time of school enrollment.

Budget Priorities Justification



Request: \$1,192,812

as part of a phase-in plan to gradually increase the reimbursement rate for primary care visits to provide a regionally competitive reimbursement for primary care and ensure adequate funding for the comprehensive services that underpin value-based care delivery. (\$1.1 million plus 8.28% indirect rate)

Recipient:

Providers via MCares Contract

This significant increase is warranted due to inflation, considerable increases in market competitive salaries for medical personnel, and other direct cost increases. The requested primary care reimbursement increase for Montgomery Cares also reflects increasing service requirements on providers and current market conditions. The size of the request represents the many years in which the reimbursement rate for Montgomery Cares primary care has lagged the market.

The request represents a 20% increase for primary care visits provided by Montgomery Cares providers in FY23 as part of a three-year phase-in plan to achieve a regionally competitive rate that aligns with what similarly situated health centers are reimbursed.

Year	Target Rate (2% increase)	MCares Rate % of Target	MCares Rate	Primary Care Total	Year Over Year Increase
FY22	\$200.00	38%	\$76.50	\$ 5,508,000.00	
FY23	\$204.00	45%	\$91.80	\$ 6,601,600.00	\$ 1,101,600.00
FY24	\$208.08	80%	\$166.46	\$ 10,392,680.45	\$ 3,791,080.45
FY25	\$212.24	100%	\$212.24	\$ 12,175,807.12	\$ 1,783,126.67

As part of this phase in plan, payment for primary care encounters will continue to be allocated using the alternative payment methodology that was implemented in the spring of 2020 to shield clinics from revenue uncertainty during the pandemic. The introduction of the alternative payment mechanism also provided a serendipitous steppingstone toward a value-based care model. While the specific rate calculation under value-based care is still to be determined, alternative payment is typical under such arrangements.

Regional competitiveness. With the establishment of Montgomery Cares in 2005, Montgomery County was a trailblazer creating a system of care that would provide access to high quality health services for low-income and uninsured residents. Unfortunately, Montgomery County has not kept up with the pace of change.

The DC Healthcare Alliance is a locally funded program providing medical assistance to non-Medicaid eligible District residents who have an income below 200% of FPL. The Alliance uses a Managed Care Model and reimburses providers using an Enhanced Ambulatory Patient Group methodology.

Adult preventive medicine is reimbursed at a rate equating to 100% of the Medicare fee schedule: [1] \$157.89 using the same combination of evaluation and management codes that were used to establish the Montgomery Cares reimbursement rate. Launched in 2019, the Prince George's County Health Assures program, is a locally funded safety-net fund that was created to provide access to health services for uninsured residents of Prince George's County who are not eligible for other programs. Prince George's Health Assures reimburses primary care visits at a flat rate of \$180 per visit.

Market pressures. Historically, Montgomery Cares reimbursement has been calculated using a formula that considers evaluation and management fees for new and returning patients. When first established, the rate was pegged 70% of the Maryland Medicaid rate for evaluation and management visits. Over time the reimbursement rate has fallen to 56% of the typical Medicaid rate and 38% of the average rate paid to federally qualified health centers and other safety-net providers. This enhanced rate is used as our basis for analysis because it recognizes the added costs associated with managing patients with complex medical and social needs.

Although compensation was lacking prior to the pandemic, Montgomery Cares providers rose to the challenges presented by Covid-19 adapting operations, initiating new service areas, and working tirelessly to safeguard the health of our community. Consistent with national workforce trends clinics staff have experienced significant burnout. Staffing shortages naturally result in increased labor costs and higher expenses for health care providers. In this market environment safety-net clinics are competing for the same workers as private practices and hospital systems which provide higher compensation. Clinics are now faced with crippling staffing shortages, but without sufficient revenue to offer competitive compensation they are struggling to recruit and retain the health care workers.

[1] D.C. Government Department of Health Care Finance <https://dhcf.dc.gov/release/important-notice-primary-care-providers>
U.S. Faces Crisis of Burned-Out Health Care Workers, U.S. News and World Report, November 2021 <https://www.usnews.com/news/health-news/articles/2021-11-15/us-faces-crisis-of-burned-out-health-care-workers>

"Nationally about 20% of health care workers have quit during the pandemic... 4 out of 5 of those who remain say that staff shortages have affected their ability to work safely and to satisfy patient needs."

Victor Dzau, president of the National Academy of Medicine quoted in U.S. News and World Report





Request:

- \$97,452 Healthcare for Homeless Specialty Care
- \$108,280 Montgomery Cares Specialty Care

Recipient:

PCC via Services to End and Prevent Homelessness and MCares Contract respectively.

As we continue the path toward recovery from the Covid-19 pandemic adjustments in care-seeking behavior and health system capacity challenges have formed a perfect storm. Patients who deferred treatment during the early years of the pandemic are no longer able to postpone these needs. Providers, including specialty practices, are facing staff burnout and increased costs. Specialty care access challenges are even greater for patients who are experiencing homelessness because the Healthcare for the Homeless primary care provider is not currently linked to the Project Access specialty care network.

Funds to coordinate access to specialty care for patients serviced by the healthcare for the homeless. It is estimated that 150 to 200 people experiencing homelessness per year could benefit from specialty care services provided through the established specialty care network. This request would add funds and staffing capacity needed to facilitate access for these patients.

- \$ 53,500 for payment to specialty practices
- \$ 21,000 for part time RN referral specialist to coordinate specialty care for Healthcare for the Homeless patients
- \$ 15,500 for part time Client Services Referral Specialist for Healthcare for the Homeless patients
- \$100,000 for specialty care for Montgomery Cares patients

Request: \$300,000

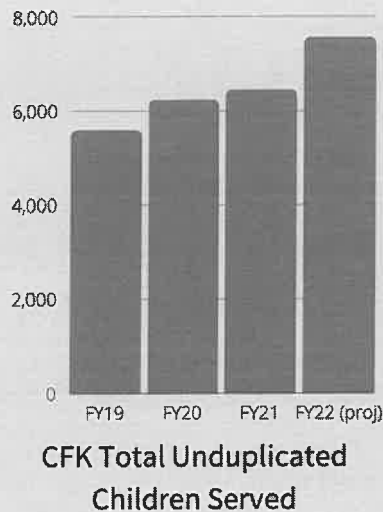
Recipient:

Onsite psychiatric services at homeless shelters

DHHS Services to End and Prevent Homelessness

Our goal with this request is to reduce avoidable hospital use by providing ongoing onsite psychiatric support at all shelter locations in the County. The request will include visits from a certified psychiatrist, psychotherapy services from a permanent therapist, and monthly trainings for staff and clients. The psychiatrist onsite will be able to engage 50 – 60 clients in psychiatric treatment that may otherwise go untreated. Majority of these cases are complex cases who need in person visits and don't do well with telehealth.

- 40 hours weekly for psychotherapy services
- 5 to 8 hours weekly to support weekly medication management, psychiatric discharge planning, etc.
- 0.5 FTE addiction counselor



Make Care for Kids a robust program with the appropriate scale and capabilities to ensure existing CFK children and newcomers have access to comprehensive care and case management.

Request: \$271,962

Fund Care for Kids medical services line to meet needs of growing enrolled population and provide fair market reimbursement for providers.

In the first quarter of FY22, Care for Kids enrolled an average of 119 new children per month (immediate post pandemic). In Q1 and Q2 of FY20 (pre-pandemic) CFK was enrolling 230 new children on average per month. These are net new enrollments signaling program growth over the existing participants.

Increases in enrollment are putting pressure on the service network. The program must be prepared to place more children with contracted health care providers and reimburse these providers whose practices are recovering from the economic effects of the pandemic and who are struggling to meet operating costs in an era of inflation and rising labor

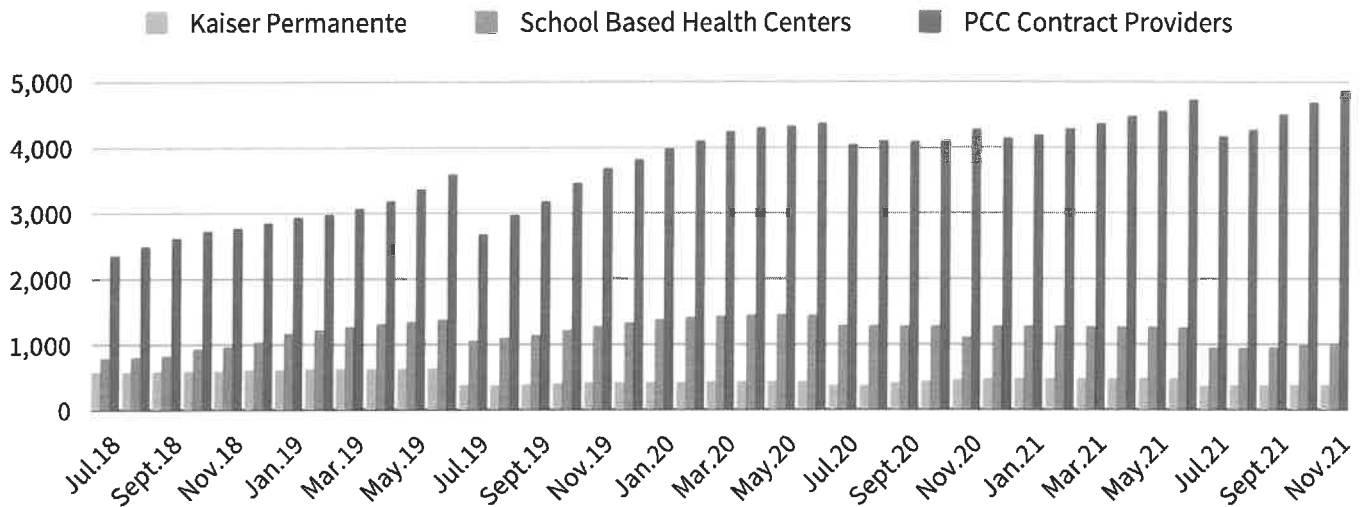
Recipient:

Providers via CFK Contract

costs. Benchmarking CFK reimbursement to Medicaid would create a more sustainable network of culturally sensitive providers able to meet the primary care needs of the CFK population.

The CFK Network consists of three categories of provider: Kaiser Permanente (Pro-Bono), School Based Health Centers, and Contracted Providers. As enrollments rise, the proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers. Competitive reimbursement positions CFK to recruit more providers into the network which may be necessary given rapid program growth that is expected to continue in the coming years.

Using historic utilization data, the projected cost of increasing payments to be comparable with prevailing market rates is between \$203,000 and \$272,000. The larger amount was chosen because of a belief that CFK numbers will return to pre-pandemic levels in FY23.



CFK Provider Network Distribution Over Time

Using average cost through all acute CPT codes rates - Projection using FY19 through FY21

CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$125.88	154	\$19,323.19	\$10,745.00	\$8,578.19
99211-99215	\$60.00	\$96.98	1982	\$192,186.00	\$118,900.00	\$73,286.00
99381-99385	\$80.00	\$123.77	534	\$66,112.74	\$42,733.33	\$23,379.41
99391-99395	\$70.00	\$110.35	1892	\$208,800.59	\$132,451.67	\$76,348.92
99354	\$106.79	\$130.73	246	\$32,203.16	\$26,305.94	\$5,897.22
				Total		\$187,489.74
				(8.28% Indirect Expense)		\$15,524.15
						Total \$203,013.89

Using average cost through all acute CPT codes rates - Projection using FY18 through FY20

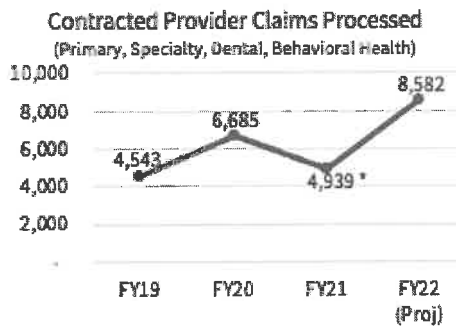
CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	\$70.00	\$125.88	415	\$52,283.82	\$29,073.33	\$23,210.49
99211-99215	\$60.00	\$96.98	3020	\$292,853.31	\$181,180.00	\$111,673.31
99381-99385	\$80.00	\$123.77	1749	\$216,428.98	\$139,893.33	\$76,535.64
99391-99395	\$70.00	\$110.35	904	\$99,793.18	\$63,303.33	\$36,489.85
99354	\$106.79	\$130.73	136	\$17,779.28	\$14,523.44	\$3,255.84
				Total		\$251,165.13
				(8.28% Indirect Expense)		\$20,796.47
						Total \$271,961.61

Request: \$76,337

Add capacity to the Care for Kids program to assure continued high quality program administration and respond to unprecedented program growth.

Recipient:

PCC via CFK Contract



* FY21 encounters low due to pandemic related anomalies.

As the number of children actively enrolled in CFK increases, so too does the level of service provided and the associated number of claims and invoices from providers that need to be adjudicated, processed, and paid. CFK billing infrastructure is at a breaking point and will not be able to keep up with the pace of claims without added capacity. Staff project processing over 8,500 claims in FY22 an 89% increase over the number of claims processed in FY19. Our high estimate for FY23 could generate over 12,000 claims for primary care alone.

The PCC seeks to add 1.0 FTE Administrative Coordinator: Claims and Billing. In addition to ongoing claims adjudication and processing, there are increased administrative needs such as liaising with OESS to ensure complete and timely transfer of information between eligibility determination and enrollment, and managing relationships with provider offices. This role may also take over other administrative functions in support of the program Director so that the Director can focus on strategic oversight and prepare the program for continued growth.



Request: \$157,656

Establish a quality improvement program in Care for Kids

Recipient:

PCC via CFK Contract



Unlike, Montgomery Cares, Care for Kids does not have funding to regularly monitor clinical outcomes for the thousands of children receiving care. Experience with the adult program demonstrates that dedicating resources for a clinical quality improvement program has tremendous benefits on health outcomes. In the adult program, quality improvement efforts have led to substantial increases in cancer screening rates, and improved diabetes and hypertension control at a population level. Children in CFK should have the same attention to clinical outcomes as their counterparts enrolled in Medicaid or insured programs which included dedicated resources to assess and continuously improve clinical quality.

The addition of 0.75 FTE Quality Improvement Manager and 0.5 FTE Data Analyst would help align CFK with other pediatric safety-net programs and with Montgomery Cares. These staff would be responsible for implementing a quality improvement program within Care for Kids consistent with the principles recommended by a 2019 workgroup of MCAB, Health Center Leadership Council, and PCC stakeholders with professional expertise in clinical quality improvement and quality assurance. The recommended quality program would include the following components.

- \$92,600 for 0.75 FTE Quality Improvement Manager (salary and fringe)
- \$53,000 for 0.5 FTE Data Analyst (salary and fringe)

Measures development and reporting

- Adapt from existing endorsed clinical measures e.g. HEDIS Medicaid or CMS Core set, Dental Quality Alliance, etc.
- Gain consensus and commitment to measure set ensuring balance of outcome and process measures
- Define technical specifications
- Reporting for key clinical indicators using clinical data, diagnostic and billing codes
- Data analysis at determined interval identify trends and outcomes related to agreed upon measures

Shared learnings

- Measures performance reviewed at a determined interval (quarterly)
- Identify trends and opportunities for improvement
- Determine change initiatives

Quality improvement coaching

- Technical assistance to support improvement activities
- Change management support

A DentaQuest Institute study found that:

- In 2016 there were 42,000 emergency room visits in Maryland related to dental care.
- The rate of dental related ED visits is 40% higher than the national rate.



Request: \$160,000

Convene a collaborative design process engaging community stakeholders to co-create a multi-year strategy to enhance safety-net dental services.

The 2020 U.S. Census reports 86,000 Montgomery County residents are uninsured, and 71,000 live in poverty.[1] It is estimated that some 36,000 (rising to 39,000 by FY25) of these are eligible for Montgomery Cares or Care for Kids and will rely on the local dental safety-net for this care; the existing structure of County supported oral health care can serve just 8,500 individuals per year. Although many organizations provide some oral health services to low-income residents, the system is fragmented and access to services is layered with complex navigation and referral systems, long wait times, and inconsistent policies that create lack of parity in accessing services. Existing institutions are seeking to expand their capacity to further meet the demand for services and additional organizations are seeking to join a network of care – expanding the capacity of the dental safety-net in Montgomery County. Additional services can be offered through enhanced coordination among safety-net dental providers operating in the County. (See Appendix A: Safety-Net Dental Capacity in Montgomery County).

A multi-year year strategy is recommended to enhance safety-net dental services for Montgomery County residents by strengthening collaboration among providers and developing processes and protocols to ensure information sharing and promote coordination of care between medical and oral health providers. The most effective collaborative efforts are born out of collaborative design processes. Therefore, we recommend engaging an independent consultant to facilitate a series of multi-partner design meetings to engage with safety-net dental providers and discuss what a dental network and referral processes should look like. (See Appendix B: Dental Collaborative Facilitator Scope of Work)

This design process should occur as soon as possible, and recommendations should be pilot tested in FY23 so that operational resources for sustainability can be considered for the FY24 operating budget.

- \$60,000 for consultant to lead collaborative design process
- \$100,000 to provide specialty dental referral for patients

[1] U.S. Census Bureau: 8.1% of 1,062,061 residents are uninsured. 6.7% are uninsured.

<https://www.census.gov/quickfacts/fact/table/montgomerycountymaryland#> and

Baltimore Sun, August 22, 2019 <https://www.baltimoresun.com/health/bs-hs-maryland-dental-pilot-program-20190822-imqsqrsls5gv3df6dqd2sr6tqe-story.html>

Recipient:

DHHS Public Health Service

Breast milk provides the best nutrition, immune protection and regulation of growth and development for the infant and the mother and decreases rates of infant and maternal morbidity and mortality.

- Reduces risk of infections; breastfed babies have stronger immune systems
- Reduces risk of Sudden Infant Death Syndrome (SIDS)
- Protects against allergies, asthma, diabetes, and obesity
- Breastfed babies have been shown to have higher intelligence
- Reduces risk of postpartum depression in breastfeeding moms
- Reduces risk of postpartum hypertension, cardiovascular disease, diabetes, obesity and other maternal morbidities.
- Reduces risk of breast, uterine and ovarian cancer in mom
- Helps suppress ovulation and can aid in healthy child spacing
- Breast feeding saves a household money: Formula costs between \$800 and \$3,000 a year, depending on the brand and specific needs of a baby. Plus, there are added costs of bottles, bottle, and formula accessories

Request: \$114,500

Provide healthy starts services by launching a breastfeeding support program within Maternity Partnership.

Recipient:

DHHS Public Health Service

Positive effects of breastfeeding are well documented. To reap the health and economic benefits associated with breastfeeding, health programs must support breastfeeding promotion. Although mothers in Montgomery County receive breastfeeding support in the hospital or birthing center before they go home, mothers and infants are typically discharged just as breastfeeding dynamics rapidly change and the infant's nutritional needs increase. Holy Cross Hospital reports that 99% of the Maternity Partnership patients initiate breastfeeding before leaving the hospital, yet MPP data indicates that at approximately 2 weeks postpartum, only 26% are exclusively breastfeeding, 62% are breastfeeding, but supplementing with formula and the remaining 12% have stopped breastfeeding altogether and are only giving formula. There is a strong base of evidence showing that breastfeeding interventions using lactation consultants and counselors increase the number of women initiating breastfeeding and improves breastfeeding rates.

Home visits that promote breastfeeding dynamics in the postpartum period provide continued support to mothers and babies to establish and maintain breastfeeding.

- \$19,800 for breastfeeding supplies such as breast pumps and other supplies
- \$12,500 for safe-newborn supplies for families in need such as safe sleep blankets, and pack'n' play
- \$82,200 for a lactation consultant RN

The scope of work for the lactation consultant will include:

- Home visits and/or telephone consultation with prenatal and postpartum women to provide one-on-one breastfeeding guidance
- Coordinate support groups, breast feeding classes and other educational/support opportunities for MPP patients
- Provide training and consultation to Area Health Center staff
- Provide training and consultation to other County and community programs serving high risk pregnant and postpartum women.
- Coordinate breastfeeding guidance and services with hospital prenatal clinic staff, hospital Mother-Baby staff, WIC staff, and other community programs working with pregnant and postpartum women.



Appendix A: Safety-Net Dental Capacity in Montgomery County

Local dental partners for low income and uninsured Montgomery County residents include.

- The County Dental Program operated by DHHS that serve children, adults and seniors
- Four of the ten nonprofit safety-net dental clinics participating in Montgomery Cares also provide dental services:
 - **Catholic Charities Dental Clinic:** receives DHHS funding through PCC's Montgomery Cares contract to serve MCares adults. It also is contracted under CFK to provide pediatric specialty dental care. Further, Catholic Charities has a dental clinic in the District of Columbia and can provide services to patients at that site (including some specialty), but because the location of the service site, rather than the eligibility of the patient, drives service reimbursement that presents a barrier to care that could reasonably be met.
 - **Muslim Community Center (MCC) Dental Clinic:** receives DHHS funding through PCC's Montgomery Cares contract to serve MCares adults. It does not provide pediatric dentistry.
 - **CCI Health and Wellness Dental Clinic** and **Mary's Center:** both are FQHC's that provide dental services but do not receive funding through PCC's Montgomery Cares contract.
- **American Diversity Group** is a new safety-net dental provider serving ~350 patients per year in Montgomery County. ADG does not operate a dental clinic but partners with private practice dentists to provide discounted services. ADG hosts dental fairs that provide dental screenings and treatments. And facilitates emergency access to care serving referrals from community organizations.
- Various private dental practices.

Appendix B: Dental Collaborative Facilitator Scope of Work

The consultant shall serve as a convener of multi-partner meetings (“dental design collaborative”), inclusive of at least the organizations listed above, for discussion of topics to include:

- Options to load balance/refer among safety-net providers in order to utilize available appointment slots and specialists not available at all providers, and decrease wait time to appointment for patients.
 - How will providers know what services are available across the safety-net provider network, when, and at what volume? (CHNA oral health survey may provide a baseline)
 - How can any resource availability database be maintained, regularly updated, and made accessible? (a living resource)
 - What is a viable referral processes across the network? Are referrals centrally managed (similar to Project Access), or decentralized? Is patient navigation needed?
 - What additional specialty services or provider capacity is needed to serve the volume and specific specialty needs of the low-income population? (considering impact of a potential Maryland adult Medicaid dental benefit)
- Is there value in creating a more formal safety- net dental provider network? If so, what form would this take?
- Is there interest/value in an ongoing safety-net dental learning collaborative (e.g. to share data, identify service gaps, improve referral processes, advocate)?

From above discussions/input, Consultant shall provide recommendations on:

- Designs for a dental network, resource database, referral process or other mechanisms that more efficiently utilize the available dental safety-net providers to reduce patient wait times. Design shall include cost estimates for operating the network, referral processes, etc.
- Additional dental providers or capacity to recruit or grow within the dental safety-net.
- An ongoing dental learning collaborative

Consultant must provide the dental design collaborative the option to review Consultant recommendations prior to finalizing. If a Consultant recommendation differs from those the dental design collaborative, Consultant shall include a notation describing the difference with the dental design collaborative.

Thank You!

For more information or follow up questions contact:

Hillery Tumba, Director of Organizational Strategy

Primary Care Coalition

hillery_tumba@primarycarecoalition.org



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel
Director

April 6, 2022

Mr. Gabe Albornoz
President, County Council &
Chair, Health & Human Services
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

Dear Mr. Albornoz,

The Montgomery County Commission on Health is in full support of allocating funding for a Senior Planning Specialist to serve as a data, planning, and evaluation specialist for the Health Care for the Uninsured (HCU) program. This letter details the specifics of that position. We believe this position is just one concrete step that should be part of a larger effort to invest in Public Health Services to ensure that it has the robust infrastructure necessary to respond to future crises, as well as to protect and promote the health and well-being of all Montgomery County residents.

The Montgomery County Department of Health and Human Services (DHHS), with the support of the County Council acting as the Board of Health, is to be commended for many aspects of the COVID-19 response, including the incredible outreach that resulted in our unparalleled vaccination rates. However, the pandemic also exposed vulnerabilities in our public health system. To meet current and future challenges—including the health consequences of climate change, behavioral health, violence as a public health issue, the next pandemic, among others—the County needs to build capacity in the following areas:

- Skilled workforce with adequate capacity to serve our population of more than 1 million;
- Modern data systems;
- Focus on working across sectors and engaging with community members to address the myriad social determinants of health; and
- Emphasis on equity in all its operations.

The Senior Planning Specialist is a preliminary investment that would support and advance each of those areas. As previously outlined in correspondence to the County Executive (cc'd to the County Council) on November 1, 2021, the position will help bolster partnerships and data sharing with County HCU staff, the Primary Care Coalition (PCC), the Minority Health Initiatives and Programs, and other private providers who provide health and social services to Montgomery County's uninsured, underinsured, and underrepresented populations. Improved data sharing across the public-private community of providers who serve these populations will help modernize current data collection practices and expand DHHS' capacity to use data and evaluation to inform evidence-based program and

policy decision making.

It is critical for the Montgomery County DHHS' budget to include funding for this new role. The HCU program provides vital health services to low-income, underinsured, and uninsured adults and children in Montgomery County by way of the PCC and other contractors and it is necessary to implement better processes for planning, evaluation, data collection, and analysis. Improving the data collection and evaluation landscape will support DHHS' vision for the provision of value-based care, which promotes better quality of care and health outcomes for medically vulnerable populations.

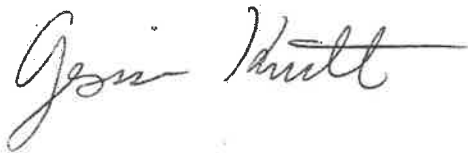
Currently, DHHS lacks adequate staff capacity to conduct robust evaluation and compile data across the HCU program on a frequent basis. More routine monitoring of clinical (e.g., A1C levels, screenings, patient outcomes) and administrative data (e.g., number of visits) would support the DHHS' efforts to better determine program effectiveness and analyze disease burden in uninsured, underinsured, and underrepresented communities throughout the County.

The Senior Planning Specialist would analyze data based on patient demographics (e.g., race and ethnicity, geography, and language spoken) to inform decisions about the allocation of resources. The new staff person would assess current data gaps, develop a more seamless and uniform process for extracting data, and develop internal dashboards to facilitate assessment and planning. Ultimately, data from the HCU program could be merged with other data sources (e.g., CountyStat, County Council Community Grants) to better capture social service and healthcare resource utilization by the County's uninsured and underinsured populations. Gaining a more holistic understanding of patient needs would further enable DHHS to serve the most vulnerable in our County and to evaluate the effectiveness of those efforts.

Building DHHS staff capacity to coordinate with public-private partners about data will help the County ensure we are adequately meeting the needs and benchmarks for the uninsured, underinsured, and underrepresented populations served. We strongly advise that you provide funding for a Senior Planning Specialist position who will support the County's growing data needs in an efficient and transparent manner.

We believe this position is essential, and know it is just one step towards building the capacity to ensure a robust infrastructure. The Commission on Health is happy to speak about additional steps that should be taken to strengthen the County's ability to protect and promote the health of all residents of Montgomery County.

Sincerely,



Jessica Kronstadt
Chair, Montgomery County Commission on Health

Cc: Montgomery County Council, Jennifer Bryant, Director of Office of Management and Budget,
Raymond Crowel, Director Montgomery County DHHS

Department of Health and Human Services

Senior Planning Specialist

The Council has received a letter from the Commission on Health (attached) supporting funds for a Senior Planning Specialist for Health Care for the Uninsured noting the need for additional capacity for data analysis and evaluation. MCAB also recommends a Senior Planning Specialist but has specifically recommended it for the Care for Kids program to work on quality improvement and value-based care for Care for Kids. If the Council were able to fund a Senior Planning Specialist for DHHS, what work would the Department prioritize, and would the position be able to assist with the proposals to explore a Value-based Care Model for both Montgomery Care and Care for Kids? Please also confirm the funding that is needed for personnel and operating costs for this position.

There are two separate Senior Planning Specialist requests. One request from Commission on Health and the second request from MCAB. The Department would prioritize the MCAB position.

Commission on Health - The Senior Planning Specialist is to serve as a data, planning and evaluation specialist for the Health Care for the Uninsured (HCU) program. The Senior Planning Specialist will help support the partnership and data sharing with County staff, the Primary Care Coalition (PCC), the Minority Health Initiatives and other programs/providers who provide health and social services to Montgomery County's uninsured and underinsured populations. This position will intersect with all HCU program, Montgomery Cares, Care for Kids, Maternity Partnership Program, Dental Services, and Healthcare for the Homeless. The role will also be responsible for data collection and analyses and program evaluation for implementing a data driven population health strategy working with our contractors and other County programs to interpret data to inform program operations on an ongoing basis.

Personnel and operating costs for this position:

\$110,155 (Salary and Fringe)

\$6,200 (Laptop, monitor, docking station, etc)

\$5,000 (Annual license for SAS and SPSS)

MCAB - The DHHS has communicated its priority to implement a value-based care system across the Health Care for the Uninsured (HCU) program. The Senior Planning Specialist would lead ongoing planning, implementation, and evaluation toward a strategic design and implementation of value-based care across the HCU program. Immediate focus would be on Montgomery Cares, Care for Kids, and Dental. One key feature of value-based care is quality improvement. As such, this position would provide lead support working with MCAB/PCC/HCLC on the design of a quality improvement framework for all HCU programs.

Personnel and operating costs for this position:

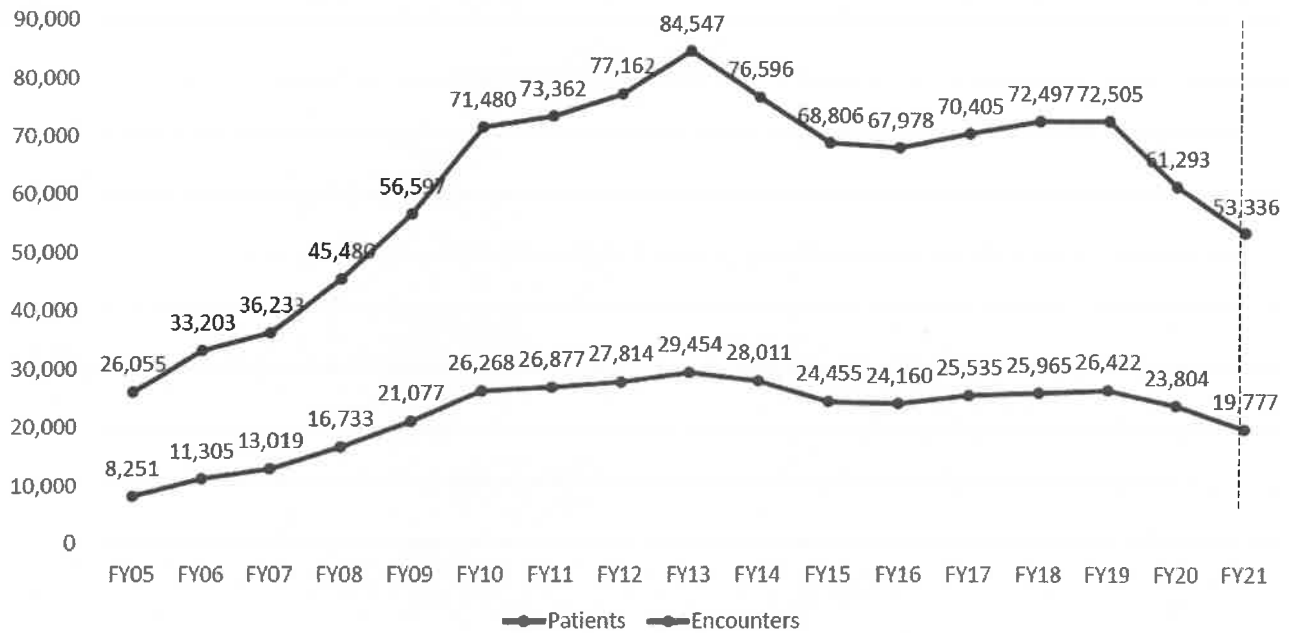
\$110,155 (Salary and Fringe)

\$6,200 (Laptop, monitor, docking station, etc)

Montgomery Cares

- Please fill out the attached table for FY22 approved and FY23 recommended for the Montgomery Cares program - please see attached

Montgomery Cares FY2005 – FY2021



Montgomery Cares	FY20	FY21	FY22 Jun – Feb 2022
Patients	23,804	19,777	16,211
Encounters (In-person)	54,367	33,911	27,037
Encounters (telehealth)	6,926	19,425	4,822
Total Encounters	61,293	53,336	31,859 (FY22 projection year end 43,658)

What is the Department’s intent regarding the continuation of “block payments” for FY23? Confirm that this will continue to be based on the encounters from FY20.

Montgomery Cares Block Payment

The block payment was put into place April 2020 due to COVID-19. This was to fiscally respond to the immediate needs of clinics due to revenue streams being severely impacted with restrictions of in-person visits, reduction of staff (affected or exposed to COVID-19), and loss of patient co-pay revenue. DHHS wanted to ensure clinics remained financially viable, at least through Montgomery Cares, during the public health crisis.

- The payment is equal to the individual Montgomery Cares clinic average of the five highest of six-monthly payments during the period before COVID-19 (July - December 2019).
- For FY23, the block payment will continue part of the year and DHHS will transition back to fee for service. Once Value-Based care is implemented within Montgomery Cares, an alternative payment structure, for example, capitation, will be in place to reimburse clinics.

What is the Department’s intent regarding the eligibility of residents who are eligible for a Qualified Health Plan (QHP) through the exchange during FY23? Will clinics be able to continue to provide two visits while eligibility is being determined?

- The Department will continue to promote that QHP eligible residents enroll in a QHP. As a safety-net program, health care services provided through Montgomery Cares are limited (no hospital coverage, limited specialty care etc.) in comparison to a QHP. If a patient is QHP eligible and meet the eligibility requirement for Montgomery Cares, they can be enrolled in MCares.
- The two-visit policy is in place for Montgomery Cares clinics to receive reimbursement and patients to receive care regardless of eligibility/insurance status (or lack of documentation at the time of the visit). If a new or renewing patient lacks sufficient eligibility documentation and needs care, clinic staff can determine if a new patient is “presumptively eligible” for the Montgomery Cares program and provide service.

MCAB is recommending \$106,455 to support funding to support 1.1 FTE and other cost for PCC to support a Value-based Care Pilot that would first focus on empanelment. This is not in the MCAB/PCC/HCLC recommendation. DHHS has discussed its interest in developing a Value-based Care system. Is there a reason that this funding, if approved, should go to PCC instead of DHHS?

Not supported by DHHS. DHHS does not support funding for empanelment support staff and interim and final evaluation for FY23. While empanelment is the first step and fundamental to value-based care and population health management, a critical prerequisite to empanelment is a clear and strong eligibility policy and process. Throughout FY23, DHHS will continue working with Montgomery Cares Advisory Board, Health Center Leadership Council, and Primary Care Coalition (Troika) to design and implement an eligibility policy and process that will become the impetus for MCares transition to value-based care and phase one empanelment.

Care for Kids

Please fill out the attached table for Care for Kids for actual 2021 enrollment, FY22 approved and FY23 Recommended Budget. Please see attached.

Please provide the full staffing complement for Care for Kids, both County staff and PCC/contractual staff. Designate which positions were approved as a part of the original FY22 budget and through the Newcomers Assistance supplemental.

Care for Kids Contracted Staff - Position Title	Full Time equivalent (FTE), this contract	Description
VP Health Equity	0.093351	PCC/contractual staff

Chief Information Officer	0.035000	PCC/contractual staff
Contracts and Payables Administrator	0.012500	PCC/contractual staff
Director Client Services Operations	0.909091	PCC/contractual staff
RN Case Manager	1.000000	PCC/contractual staff
Supervisor, Client Services	1.000000	PCC/contractual staff
Client Services Specialist	1.000000	PCC/contractual staff
Client Services Specialist	0.250000	PCC/contractual staff
Client Services Specialist	1.000000	PCC/contractual staff
Client Services Specialist	1.000000	PCC/contractual staff
Assistance Case Manager – Vacant	1.000000	PCC/contractual staff
Community Health Worker - Vacant	1.000000	PCC/contractual staff FY22 new position – funded through the Newcomers project
Community Health Worker – Vacant	1.000000	PCC/contractual staff FY22 new position – funded through the Newcomers project

DHHS – Staff Supporting Care for Kids
Program Manager, Health Care for the Uninsured
Administrative Specialist, Montgomery Cares

MCAB/PCC/HCLC have requested funding for two positions to monitor clinical outcomes and quality improvements for Care for Kids. Does DHHS have a view about this request? If so, does DHHS have a scope of what it recommends so that the HHS Committee can evaluate whether the two positions requested would align with how DHHS would structure this effort?

Not supported by DHHS. Overall, DHHS is looking at integrated Quality Improvement (QI) principles for all the Healthcare for the Uninsured (HCU) programs as a strategic approach. While DHHS acknowledges that each HCU program is unique and different, an integrated approach to QI that builds upon value-based care principles will help maximize the efficiency and effectiveness of County resources and ensure superior value to our patients/residents. Furthermore, DHHS’ position is that consistent with HCU values, there must be a DHHS and Troika agreed upon QI framework and program structure. In their FY23 Advocacy Packet, Troika identified QI principles recommended by a 2019 workgroup of MCAB, Health Center Leadership Council, and PCC stakeholders. Unfortunately, the 2019 workgroup did not include DHHS. DHHS views this approach incongruent with the public-private partnership principles that Care for Kids was founded upon and that DHHS is committed to maintaining. *Prior to County Council appropriation of funding to establish a QI program in Care for Kids, DHHS recommends that there be collaborative work between Troika and the Department to review and update the QI principles recommended by Troika’s 2019 workgroup and/or develop a new QI framework and program for Care for Kids.* The agreed upon QI framework and program will become the bases for a future fiscal year’s funding request and reflected in PCC’s Care for Kids contract. Starting in FY23, DHHS will use the MCAB supported Senior Planning Specialist to collaborate with Troika on the development of an agreed upon QI framework and program, for Care for Kids that can be

implemented in a future fiscal year. There may be a future contract staffing request, but no additional CFK contract staff focused on Quality Improvement is needed at this time.

Dental Collaborative and Dental Specialty Care

- **The request combines these two items – please confirm that they are linked and that the request for specialty care funding would not be requested if the consultant funding is not approved.**

The two items are linked as any dental collaborative would include participants providing specialty dental care. The specialty care funding would still be requested if consultant funding is not approved.

- **Please provide an estimated timeline for the report and recommendations from the consultant regarding the dental collaborative. This funding is shown as going to DHHS. DHHS will need time to develop the scope and solicit potential consultants. Would it make more sense to complete the work of the consultant (\$60,000) and then return with a request for funding for services based on the consultant’s recommendations?**

An estimated timeline would be for the final report to be due March 1, 2023. However, the timing depends on exact dates that PHS receives the appropriated funds, issuing of an Informal Bid or RFP, and execution of vendor contract. The process could take up to a year. There is a current need for funding to help adults and seniors who need specialty dental care. Unfortunately, DHHS clinics are currently unable to meet the need for specialty care to adults and seniors. However, the need for adults and seniors’ specialty dental services can be provided initially by Howard University School of Dentistry, University of Maryland Shady Grove, and subsequently by the participants in the dental collaborative. DHHS would change our specialty dental program to advance the consultant’s recommendations.

- **In addition to the dental services provided by Montgomery Cares clinics, please confirm that the vision for this collaborative includes other partners such as the Universities at Shady Grove and Howard University.**

DHHS vision for this collaborative is to include the University of Maryland School of Dentistry Shady Grove, Howard University, Montgomery Cares clinics and other willing community partners. DHHS asks that County Council include specific language that allows a Memorandum of Agreement (MOA) to be permissible for the scope of services with Howard University School of Dentistry and University of Maryland School of Dentistry, along with a new contract when designating funds for this new FY23 program.

MCAB/PCC/HCLC

Council staff welcomes any comments DHHS may want to share regarding the MCAB/PCC/HCLC recommendation in addition to requesting responses to the following.

Montgomery Cares

- The request for a 20% increase in the reimbursement rate for encounters (from \$76.50 to \$92.04) is \$1,100,000 in the MCAB/PCC/HCLC advocacy request and \$1,211,524 in the MCAB statement. Please clarify the full amount being requested.
- Historically, Montgomery Cares and Care for Kids were not expected to provide the same rates as Medicaid. As noted in the advocacy statement, the original intent was that primary care would be reimbursed at about 70% of Medicaid. Is it now the position of MCAB/PCC/HCLC that rates should generally mirror Medicaid?
- Please confirm that MCAB/PCC/HCLC is recommending one rate that would be used for all encounters whether they are in-person or through telehealth.

Amount is not supported by DHHS. Montgomery Cares is a unique program in that because it has been historically designed to be a safety-net program funded with County tax dollars at lower than similar regionally situated health centers and Medicaid rates, DHHS has instituted modest administrative and policy regulations and quality of care standards. Due to the historically lower reimbursement rates compared to similar regionally situated health centers and Medicaid, the MCares program has historically and purposeful not set administrative and policy regulations and quality of care standards that aligns with similar regionally situated health centers and Medicaid that reimburse for health care at higher rates. Additionally, due to the historically lower reimbursement rates compared to similar regionally situated health centers and Medicaid, the MCares program's regulatory compliance oversight has not purposefully been as robust nor align with similar regionally situated health centers and Medicaid that reimburse for health care at higher rates. To maximize value for both the patient, payer, and provider, health care reimbursement rates, administrative and policy regulations and quality of care standards must have a synergistic effect. For these reasons, at present, DHHS is not in support of Troika's three-year phase-in plan to align MCares reimburse rates with regional health centers and Medicaid rates. DHHS believes, working in collaboration with Troika stakeholders, administrative and policy regulations, and quality of care standards for MCares, must begin to align with regional health centers and Maryland Medicaid concurrently with gradual increases to the reimbursement rates for primary care visits that are similar to the aforementioned regional health care programs. DHHS advises County Council not to legislate a three-year phase-in reimbursement rate for primary care visits until DHHS has had a chance to work in collaboration with Troika to (1) agree on a plan to reasonably align MCares administrative and policy regulations, and quality of care standards with similar regionally situated health centers and Maryland Medicaid, and (2) agree upon a phase-in reimbursement rate for primary care services starting in FY25 that is on par with similar regional situated health centers as well as consideration for a reasonable percentage of Maryland Medicaid rates.

MCAB is recommending \$150,000 for better access to cancer care and treatment for Montgomery Cares patients. Please provide additional detail on what this funding will be used for and whether the funding is to be for PCC or DHHS. Also, it appears this item was left out of the summary page in the MCAB advocacy statement.

DHHS supports this request. This funding is for DHHS for direct cancer care and treatment services. Specifically, the goal is to develop a partnership with an area hospital (or the hospital systems in Montgomery County), or large outpatient oncology network with a hospital relationship. There's an increasing demand for cancer care for uninsured Montgomery County residents, however, there are limited resources available. The Maryland Cancer Fund (MCF) grant funding is available for Montgomery Cares patients who can provide proof of Maryland residency for the last 6 months and proof of income, however, the program is resource limited. MCares patients who do not qualify for MCF, cancer care/treatment is beyond the scope of Project Access specialists and/or the current MCares budget.

Care for Kids

- **The recommendation is to increase the rates for acute CPT codes to 100% of Medicaid at a total cost of \$272,000. Currently the codes are reimbursed at a range of percentages, for example Code 99201-99215 is reimbursed at 55% of Medicaid; 99211-99215 is reimbursed at 61% of Medicaid, and 99354 at 81% of Medicaid. If 100% of Medicaid reimbursement cannot be provided, should all rates be consistent – for example, all rates funded at 80% of Medicaid?**

Amount is not supported by DHHS. *Justification same as referenced above with Montgomery Cares increase reimbursement rate, with respect to Care for Kids' administrative and policy regulations, quality of care standards, and compliance oversight which has historically and purposefully not aligned with Maryland Medicaid.* DHHS advises County Council not to legislate a 100% of Medicaid reimbursement rate for Care for Kids medical services until DHHS has had a chance to work in collaboration with Troika to (1) agree on a plan to reasonably align Care for Kids administrative and policy regulations, and quality of care standards with Maryland Medicaid, and (2) agree upon a phase-in reimbursement rate for medical services starting in FY25 that is a reasonable percentage of Maryland Medicaid rates. DHHS will use the MCAB supported Senior Planning Specialist to support with this work.

Breastfeeding Support/Maternity Partnership

- **Requested funding would be provided to DHHS for a Lactation Specialist/RN \$112,092 (salary plus fringe \$105,892 and infrastructure \$6,200) and breastfeeding supplies (\$19,800) and safe sleep supplies (\$12,500).**
- **Is it expected that AAHP's SMILE program will be able to refer clients to the lactation specialist if needed or would this support only be for uninsured women in the Maternity**

partnership program? The scope notes that the lactation specialist will coordinate with WIC and other community programs.

Yes, the Lactation Consultants would be able to work with all of our Maternal Child Health Programs (MCH), including SMILE, Babies Born Healthy, Pregnant Teen Program and Maternity Partnership Program. In addition to direct patient care, the Lactation Consultant would provide training and support to staff in all of the MCH Programs as well as coordinate with other community programs promoting breastfeeding such as WIC, Holy Cross, Mary's Center, CCI...etc.).



FY23 Council Advocacy Questions – MCAB responses

- Council President Albornozy requested MCAB, PCC, and HCLC provide a prioritization of the requests for the HHS Committee and Council to consider if it is not feasible to include the full amount of funding requested. MCAB/PCC/HCLC will work on this jointly

Montgomery Cares

- The request for a 20% increase in the reimbursement rate for encounters (from \$76.50 to \$92.04) is \$1,100,000 in the MCAB/PCC/HCLC advocacy request and \$1,211,524 in the MCAB statement. Please clarify the full amount being requested.

MCAB response: The full amount needed to increase the reimbursement rate is \$1,211,524. A breakdown of the increase is in the chart below. The funding is part of a contract which has an indirect rate of 8.28%. If the exact amount isn't added, DHHS doesn't have additional funds to cover the indirect amount.

	Request	Indirect (8.28%)	Total Requested
Primary Care: Increase reimbursement rate	\$1,118,880	\$92,643.26	\$1,211,523.26

- Historically, Montgomery Cares and Care for Kids were not expected to provide the same rates as Medicaid. As noted in the advocacy statement, the original intent was that primary care would be reimbursed at about 70% of Medicaid. Is it now the position of MCAB/PCC/HCLC that rates should generally mirror Medicaid?

MCAB response: MCAB doesn't support reimbursement at Medicaid levels. As safety-net program(s), requirements of the participating clinics are not similar to Medicaid such as compliance with provider screening and enrollment, licensure, participation in a Managed Care Organization, claims and billing and etc. We do support that primary care should be reimbursed at 70% of Medicaid.

"However, as we strive for greater uniformity in services by the clinics we don't want the reimbursement rate to fall below actual cost."

- Please confirm that MCAB/PCC/HCLC is recommending one rate that would be used for all encounters whether they are in-person or through telehealth.

MCAB response: MCAB is recommending one rate for in-person and telehealth encounters

- MCAB is recommending \$106,455 to support funding to support 1.1 FTE and other cost for PCC to support a Value-based Care Pilot that would first focus on empanelment. This is not in the MCAB/PCC/HCLC recommendation. DHHS has discussed its interest in developing a Value-based Care system. Is there a reason that this funding, if approved, should go to PCC instead of DHHS?

MCAB response: this request has been rescinded by the Board. We will review this need during FY23

- MCAB is recommending \$150,000 for better access to cancer care and treatment for Montgomery Cares patients. Please provide additional detail on what this funding will be used for and whether the funding is to be for PCC or DHHS. Also, it appears this item was left out of the summary page in the MCAB advocacy statement.

MCAB response: The demand for cancer care within Montgomery Cares has been growing with limited resources to help patients. The Maryland Cancer Fund grant funding is available for Mcares patients who can provide proof of Maryland residency for the last 6 months and proof of income, however, the program is resource limited. The goal is to develop a partnership w/ an area hospital (or the hospital systems in Montgomery County), or large outpatient oncology network with a hospital relationship. The funding is for DHHS

Maternity Partnership

Breastfeeding Support/Maternity Partnership

- Requested funding would be provided to DHHS for a Lactation Specialist/RN (\$82,200) and breastfeeding supplies (\$19,800) and safe sleep supplies (\$12,500).
- Is it expected that AAHP's SMILE program will be able to refer clients to the lactation specialist if needed or would this support only be for uninsured women in the Maternity partnership program? The scope notes that the lactation specialist will coordinate with WIC and other community programs

MCAB response: Yes, the Lactation Consultants would be able to work with all Maternal Child Health Programs, including SMILE, Babies Born Healthy, Pregnant Teen Program and Maternity Partnership Program. In addition to direct patient care, the Lactation Consultant would provide training and support to staff in all of the MCH Programs as well as coordinate with other community programs promoting breastfeeding such as WIC, Holy Cross, Mary's Center, CCI...etc

HealthCare for the Homeless

- Please clarify whether the \$300,000 that MCAB/PCC/HCLC is request for psychiatric care and \$90,000 for specialty care case management and services is included in the County Executive's recommendation for \$600,000 for "additional health and psychiatric services for increase in year-round clients at homeless shelters."

MCAB response: The new 300K Psychiatric Services & 90K for specialty care are not included in the 600K. These are new request for the following in addition to current services:

For 300K new advocacy ask supporting data (New Request for FY23 in addition to current funding):

- Expansion of services for psychiatric services to include outreach psychiatric services to unsheltered clients, provide addiction counseling, develop a pilot MAT program for a

small cohort of clients in emergency shelter and continue to expand services to provide the level of care needed in all emergency shelters for men and women.

- The provider of services is a community psychiatrist who specialize in work with clients on ACT teams, clients in a nontraditional setting and extremely vulnerable populations with severe mental illness.
- Supportive data for a MAT Program on site in shelter - Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.
 - There has been an increase in overdoses at the shelters and it would benefit our clients to have direct access to services for addiction services in shelter as they do for primary care and other psychiatrics services. These services being on site within the shelter provides better access, higher chance for improved success rate and continuity of care and provide clients an opportunity to be an active participants in their care with improved compliance.
- \$90,000 for specialty care case management and services
 - Provide access to project access specialty providers for uninsured clients being served in the shelter by the current shelter primary care provider. This would provide greater access to resources to a growing population of uninsured clients with more significant health and behavioral health needs and more significant long term care needs such as oncology, orthopedic, gastrointestinal, endocrinologist and urology. This population of clients has grown since the start of the pandemic and has continue to increase in needs to best serve this population. The case management services that would come along with this request would allow for enhance service delivery, collaboration and continuity of care.

The current 600K funding does not cover new request. The 600K covers the following:

For the 600K increase in the FY23 CE recommended budget

- 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. Allows the one time funding from previous year to continue supporting the much needed psychiatric services within the County emergency shelters. Allows DHHS to provide a therapist for clients as requested within shelters, which the request has increased for over the last year. 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.

County Dental Services

Dental Collaborative and Dental Specialty Care

- The request combines these two items – please confirm that they are linked and that the request for specialty care funding would not be requested if the consultant funding is not approved.

MCAB response: The two items are linked as any dental collaborative would include participants providing specialty dental care. The specialty care funding would still be requested if consultant funding is not approved

- Please provide an estimated timeline for the report and recommendations from the consultant regarding the dental collaborative. This funding is shown as going to DHHS. DHHS will need time to develop the scope and solicit potential consultants. Would it make more sense to complete the work of the consultant (\$60,000) and then return with a request for funding for services based on the consultant's recommendations?

MCAB response: Per County staff, this could take some time, as DHHS is assuming an Informal Bid or RFP would have to be put out. It could take up to a year.

- In addition to the dental services provided by Montgomery Cares clinics, please confirm that the vision for this collaborative includes other partners such as the Universities at Shady Grove and Howard University.

MCAB response: yes, the goal for this collaborative is to include the University of Maryland School of Dentistry Shady Grove, Howard University, Montgomery Cares clinics and other willing community partners engaged in providing dental care

FY23 Budget Advocacy Responses to Council Staff Questions
 Provided By: Troika – The Joint Advocacy Group for Healthcare for the Uninsured Programs

Montgomery Cares

1) The request for a 20% increase in the reimbursement rate for encounters (from \$76.50 to \$92.04) is \$1,100,000 in the MCAB/PCC/HCLC advocacy request and \$1,211,524 in the MCAB statement. Please clarify the full amount being requested.

The difference is likely due non-inclusion of PCC 8.28% indirect rate and a calculation error in the packet. At the encounter rate level, a 20% increase over \$76.50 will be \$91.80. Apologies for this error. At times it has been preferred to add indirect as a sum up on the final rather than on each requested line. The request packet has been updated to reflect PCC’s indirect rate where applicable.

FY22 Primary Care Budget	\$5,508,000
Requested 20% Increase	\$1,101,600
Requested Increase with PCC 8.28% Indirect	\$1,192,812

2) Historically, Montgomery Cares and Care for Kids were not expected to provide the same rates as Medicaid. As noted in the advocacy statement, the original intent was that primary care would be reimbursed at about 70% of Medicaid. Is it now the position of MCAB/PCC/HCLC that rates should generally mirror Medicaid?

The Troika presents a multi-year strategy to increase the rate over time to be more in line with a Medicaid rate as used for safety-net health centers. This year’s request paves the way toward Value Based Care (VBC) with expectations for care delivery more in line with those of a Medicaid provider while also addressing rate stagnation that has occurred over the years.

Over time we seek to transition the reimbursement rate to a more sustainable level for the clinics; a rate that is sufficient to cover the cost of a visit within a VBC model. The benchmark is a regionally competitive rate for similarly situated health centers of \$180 - \$200. The current request does not achieve the vision since it only gets to 45% of the target.

With regard to the historic Medicaid benchmark, the table below to shows how MCares reimbursement compares on a fee for service basis. A 20% increase would achieve 68% of Medicaid at 2021 rates

[(\$76.50*1.2)/\$135.63].

Rate Calculation	2019	2020	2021
99204 (Medicaid new patient visit)	\$ 166.09	\$ 166.09	\$ 169.09
99214 (Medicaid established patient visit)	\$ 108.50	\$ 109.75	\$ 130.48
<i>Calculating weighted average</i>			

40 percent: 1 new visit and 2 established visits			
$(\$130.48*2 + \$169.09)*0.4$	\$ 153.24	\$ 154.24	\$ 172.02
60 percent: 3 established visits			
$(\$130.48*3)*0.6$	\$ 195.30	\$ 197.55	\$ 234.86
Cost per encounter (weighted average/3)	\$ 116.18	\$ 117.26	\$ 135.63
MCares Rate	\$ 74.50	\$ 76.50	\$ 76.50
MCares % of Medicaid	64%	65%	56%

Please confirm that MCAB/PCC/HCLC is recommending one rate that would be used for all encounters whether they are in-person or through telehealth.

We are recommending one rate for in-person and telehealth encounters to be applied in a manner consistent with §15–141.2 which provides for the same rate for in-person, video, and audio appointments. This supports flexibility in care delivery that addresses patient preference and responsiveness to telehealth approaches and allows for clinics to adjust as needed if health emergencies arise without incurring financial penalty.

We anticipate continued block payments in FY23 and are asking for a 20% increase assessed on the block payment formula for payment and distribution. Because we are expecting continued block payments the distinction between telehealth vs in-person rates is a bit of a misnomer.

MCAB is recommending \$106,455 to support funding to support 1.1 FTE and other cost for PCC to support a Value-based Care Pilot that would first focus on empanelment. This is not in the MCAB/PCC/HCLC recommendation. DHHS has discussed its interest in developing a Value-based Care system. Is there a reason that this funding, if approved, should go to PCC instead of DHHS?

Troika is supportive of MCAB decision to rescinded this request and review the need for a VBC pilot during FY23. Troika looks forward to ongoing VBC design discussions in FY23.

MCAB is recommending \$150,000 for better access to cancer care and treatment for Montgomery Cares patients. Please provide additional detail on what this funding will be used for and whether the funding is to be for PCC or DHHS. Also, it appears this item was left out of the summary page in the MCAB advocacy statement.

Troika hopes this recommendation is not in competition with other priorities, but supports MCABs recommendation. There is an existing need to provide a full range of oncology treatment. Currently, Maryland Cancer Fund only provides up to \$20,000 for eligible applicants with a lifetime cap of \$40,000, regardless of unused funds.

Care for Kids

The recommendation is to increase the rates for acute CPT codes to 100% of Medicaid at a total cost of \$272,000. Currently the codes are reimbursed at a range of percentages, for example Code 99201-99215 is reimbursed at 55% of Medicaid; 99211-99215 is reimbursed at 61% of Medicaid, and 99354 at 81% of Medicaid. If 100% of Medicaid reimbursement cannot be provided, should all rates be consistent – for example, all rates funded at 80% of Medicaid?

The table below reflects the budget impact of an 80% rate increase for CFK based on projected utilization rates for FY23.

Proposed New CFK Primary Care Rates - 80% of Medicaid						
CPT Codes	Current	80% Medicaid	FY23 Encounters (Projected)	80% Medicaid Total	Current Total	Difference
99201-99205	\$70.00	\$100.71	415	\$41,827.06	\$29,073.33	\$12,753.72
99211-99215	\$60.00	\$77.59	3020	\$234,282.65	\$181,180.00	\$53,102.65
99381-99385	\$80.00	\$99.01	1749	\$173,143.18	\$139,893.33	\$33,249.85
99391-99395	\$70.00	\$88.28	904	\$79,834.55	\$63,303.33	\$16,531.21
99354	\$106.79	\$104.58	136	\$14,223.42	\$14,523.44	(\$300.02)
				Total		\$115,337.42
					(8.28% Indirect Expense)	\$9,549.94
					Total	\$124,887.36

The Advocacy Document requests \$145,600 for Quality Improvements (manager and data analyst). The MCAB table requests \$157,656. Please confirm the correct amount for each position and the total cost.

The requested amount is \$157,656 with the discrepancy attributed to the PCC indirect rate.

0.75 FTE Quality Improvement Manager

Current Request	\$92,600
Indirect Rate (8.28%)	\$7,667.28
Total Request	\$100,267.28

} **Total Request: \$157,655.60**

0.5 FTE Data Analyst

Current Request	\$53,000
Indirect Rate (8.28%)	\$4,388.40
Total Request	\$57,388.40

Dental Collaborative and Dental Specialty Care

The request combines these two items – please confirm that they are linked and that the request for specialty care funding would not be requested if the consultant funding is not approved. If the consultant is not approved, Troika would still request an increase in specialty dental funding.

The two items are connected. To be effective the dental collaborative must include specialty dental providers. The specialty care funding would still be requested to address unmet need for specialty dental services if consultant funding is not approved.

Please provide an estimated timeline for the report and recommendations from the consultant regarding the dental collaborative. This funding is shown as going to DHHS. DHHS will need time to develop the scope and solicit potential consultants. Would it make more sense to complete the work of the consultant (\$60,000) and then return with a request for funding for services based on the consultant's recommendations?

The Troika recommended scope for Dental Collaborative Facilitator is in Appendix B. page 15 of Advocacy packet. The goal would be to convene the collaborative in summer and early fall in order to pilot and develop a basis for a future request around specialty dental scoping up or down based on requirements as identified through the process. It is important to note that with passage of HB0006/SB150 Medicaid dental coverage is expanded and so the uninsured population will shrink. In addition to scoping the collaborative, there is now a need to make sure patients who will become eligible for dental coverage through Medicaid have a dental provider who accepts Medicaid. Providers accepting Medicaid would improve the safety-net health centers as well as county operated dental clinics.

In addition to the dental services provided by Montgomery Cares clinics, please confirm that the vision for this collaborative includes other partners such as the Universities at Shady Grove and Howard University.

Yes, the Collaborative would aim to engage all providers serving residents who do not have dental insurance including DHHS operated dental clinics, nonprofit operated dental clinics, academic/training institutions (as referenced above), and private practitioners who provide dental services including participants in the AAHP Black Physicians and Dentists network.

Breastfeeding Support/Maternity Partnership

Requested funding would be provided to DHHS for a Lactation Specialist/RN (\$82,200) and breastfeeding supplies (\$19,800) and safe sleep supplies (\$12,500). Is it expected

that AAHP's SMILE program will be able to refer clients to the lactation specialist if needed or would this support only be for uninsured women in the Maternity partnership program? The scope notes that the lactation specialist will coordinate with WIC and other community programs.

Yes, the Lactation Consultants would be able to support other Maternal Child Health Programs in addition to the Maternity Partnership Program, including SMILE, Babies Born Healthy, and our Pregnant Teen Program. In addition to direct patient care, the Lactation Consultant would provide training and support to staff in all of the MCH Programs as well as coordinate with other community programs promoting breastfeeding such as WIC, Holy Cross, Mary's Center, CCI, etc.).

Health Care for the Homeless

Please clarify whether the \$300,000 that MCAB/PCC/HCLC is request for psychiatric care and \$90,000 for specialty care case management and services is included in the County Executive's recommendation for \$600,000 for "additional health and psychiatric services for increase in year-round clients at homeless shelters."

Neither of these is included in the County Executive's budget.

The \$90,000 specialty care the request is to cover the RN triaging, referral coordination, and payment to specialists for patients referred by the Healthcare for the Homeless program primary care provider (Kelly Collaborative). Currently, the HCH primary care provider is not part of MCares network and therefore patients in need of specialty aren't able to access the Project Access or CCHCN specialty. This request is to add capacity so that HCH patients can also benefit from these formalized specialty care referral networks. This is essential to ensure that comprehensive care can be provided to this population. If further treatment is needed following health screenings and primary care visits, there must be appropriate avenues for specialty referrals and that is not provided under the current contract as stated above.

The \$300,000 psychiatry request is to add capacity including medication assisted therapy to address substance use disorders and additional psychotherapy for HCH patients delivered in shelter.

The \$600,000 in the CE budget is effectively a maintenance addition to provide the same level of service to a larger population of people experiencing homelessness.

Specialty Care

Please clarify whether the \$100,000 for specialty care is to increase funding for Montgomery Cares clients, Healthcare for the Homeless clients, or both.

The \$100,000 request is for Montgomery Cares patients only. This is a separate request from Healthcare for the Homeless as the two contracts will be separated in FY 2023.

Public Health

- **Please provide a status update on implementing the mobile health clinic and the total amount of funding that will be available for this in FY23.**

With Fleet Management's guidance, DHHS has identified a vendor, Matthews Specialty Vehicles, who will build the mobile medical vehicle. Currently, Fleet management is working with procurement to procure and purchase a custom vehicle via an existing bridge contract. It is anticipated that a contract will be in place prior to the end of FY22 and that vehicle delivery will take place Spring of 2023.

Funding will cover the vehicle purchase and salaries for 5 new FTEs that will include a Nurse Practitioner, Clinical Social Worker, 2 Community Health Workers and a Driver/Administrative Aide. All five positions have been approved and PINs created. Recruitment of the positions will commence in April 2022. The staff will develop a program implementation plan. Staff will also be responsible for developing program procedures, protocols, etc.

Funding allocated for the vehicle purchase in FY22 ARPA grant funds will carry over into FY23. FY23 Appropriation using ARPA funds for salary and misc costs is \$500,000.

- **Please provide the rationale for an additional position in the TB program. Is this due to increases in cases or other increased efforts? Please confirm that this is a General Funded permanent position and not tied to State funding.**

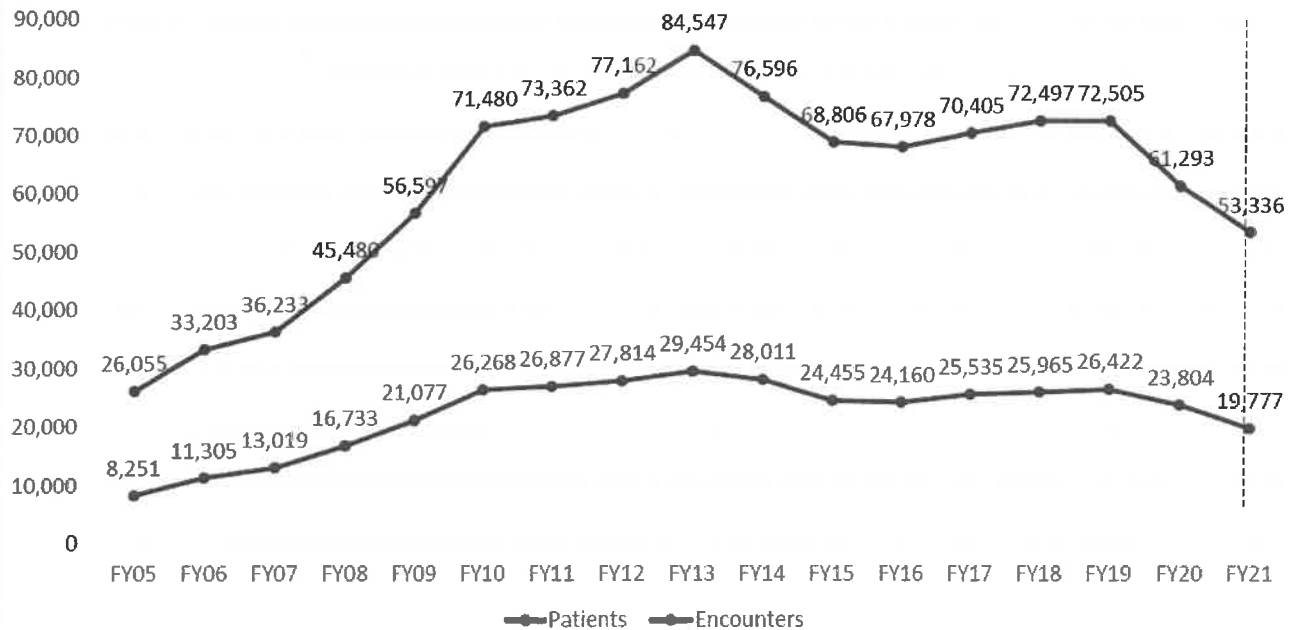
This is a request for a much-needed general fund position. Our county continues to fluctuate between the highest and second-highest case rate of TB disease cases in the state of Maryland, which is higher than the case rate for our state. The program is also serving an increased number of Class B1 Waiver clients (persons new to the U.S. with TB infection and suspicious for active TB disease). In 2018, latent TB infection became reportable in addition to active TB disease cases resulting in increased documentation, data entry into The National Electronic Disease Surveillance System (NEDSS) and case management of preventive treatment. This is related to a focus on increased state-wide efforts to decrease future active disease cases by identification and preventive treatment of TB infection. Additionally, TB disease clients are noted to have more advanced disease and co-morbidities resulting in more complex medical and nursing case management.

- **Please provide FY22 updates on CFK/MC/HCH/MHP/Dental programs in terms of numbers of patients, visits, and other metrics previously provided. Why did the CE**

feel that continued level funding for these programs is sufficient at this time? Is the CE expecting to continue “block payments” to the Montgomery Cares Clinics for all or part of FY23?

Montgomery Cares (MCares)

Montgomery Cares FY2005 – FY2021



Montgomery Cares	FY20	FY21	FY22 Jun – Feb 2022
Patients	23,804	19,777	16,211
Encounters (In-person)	54,367	33,911	27,037
Encounters (telehealth)	6,926	19,425	4,822
Total Encounters	61,293	53,336	31,859 (FY22 projection year end 43,658)

CE funding for FY23 Montgomery Cares

- No additional funding was recommended by the CE for Montgomery Cares besides the inflationary adjustment provided to non-profit providers. However as the program emerges out of the public health emergency there may be new operational and administrative challenges facing the MCares network. DHHS looks forward to ongoing communication and policy determination with the County Council, County Executive and community partners as we transition to a value-based care model for Montgomery Cares.

Montgomery Cares Block Payment

- The block payment was put into place April 2020 due to COVID-19. This was to fiscally respond to the immediate needs of clinics due to revenue streams being severely impacted with restrictions of in-person visits, reduction of staff (affected or exposed to COVID-19), and loss of patient co-pay revenue.
- The MCares clinics are non-profit organizations most having limited cash reserves which made it challenging to meet payroll and pay for fixed costs during the immediate shutdown. DHHS wanted to ensure clinics remained financially viable, at least through Montgomery Cares, during the public health crisis
- For FY23, the block payment will continue part of the year and DHHS will transition back to fee for service. Once Value-Based care is implemented within Montgomery Cares, an alternative payment structure will be in place to reimburse clinics.

Care for Kids (CFK)

CFK Utilization	FY20	FY21	FY22 Jun – Feb 2022
Unduplicated # of Pts	6,230	6,439	6,809 (FY22 projection 7,200)

Visit information reflects encounters for contracted providers only, not the total number of visits for CFK

CFK Pt Visits (contractors)	FY20	FY21	FY22 Jun – Feb 2022
Primary Care	251	360	1,899
Specialty Care	53	47	308
Specialty Dental	51	29	85
Behavioral Health	41	39	151
Total	396	475	2,443

- CFK In-kind services – CFK does not report broadly on the number of visits due to the lack of comprehensive collection measures and data tracking. Kaiser, School Based Health Centers and PH Dental provide a significant proportion of CFK direct medical services in-kind (not in the CFK budget or reimbursed by the program). Due to the in-kind/pro-bono relationship, providers are not contractually required to submit visit data, however we work collectively to understand the data that is able to be provided and the delivery of services.
- The distribution of CFK patients between providers are 77% contracted providers and 23% pro-bono.

CE funding for FY23 CFK

- No additional funding was recommended by the CE for Care for Kids besides the inflationary adjustment provided to non-profit providers. DHHS will monitor the expenditure levels post-pandemic to determine if there is additional funding needed.

Maternity Partnership (MPP)

Fiscal Year	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTALS
FY20	143	149	139	152	110	125	158	145	125	70	41	77	1,434
FY21	74	104	125	105	107	95	125	125	152	149	108	151	1,420
FY22	141	131	131	158	136	150	128	111					1,520 Projection

CE funding for FY23

No additional funding was recommended by the CE for Maternity Partnership. DHHS will continue to monitor program spending post-pandemic to determine if additional funding is needed in the future.

County Dental

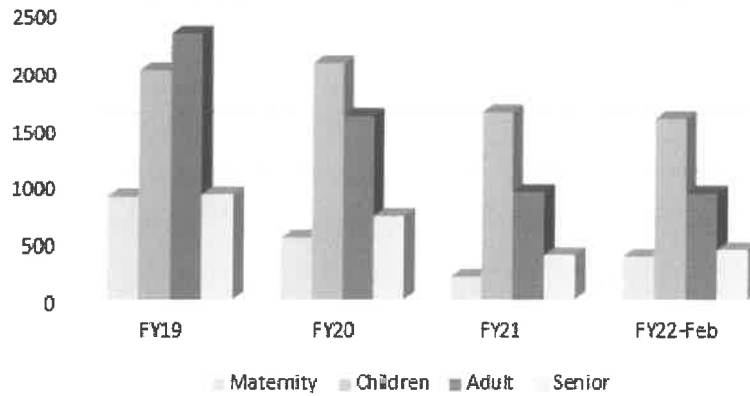
County Dental	FY20	FY21	FY22 Jun – Jan 2022
Patients	4,886	3,135	2,932
Encounters	8,436	5,996	6,048

- Please provide an update on the current rates for contractual staff in the Dental program and whether the Dental program is having success in hiring staff with the current rates.

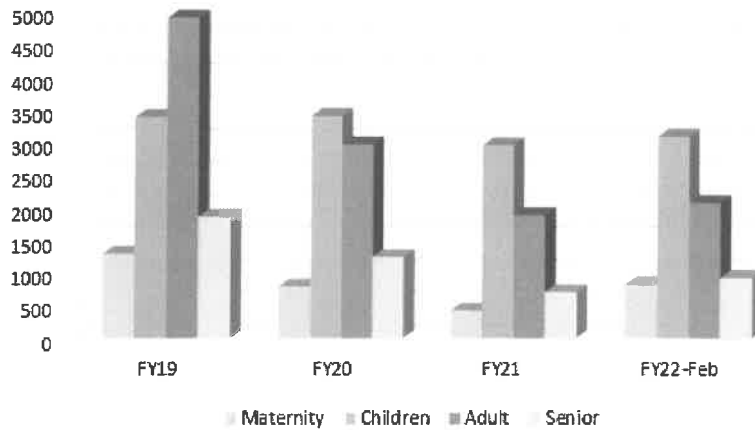
Dental Program Updates FY22 July – Feb

POPULATION		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	YTD
Maternity	# patients	54	50	50	44	39	29	50	58	374
	# patient visits	67	100	106	104	108	91	111	144	831
Children	# patients	322	223	217	179	181	161	111	170	1564
	# patient visits	609	364	373	383	373	340	290	365	3097
Adult	# patients	219	99	98	125	93	99	88	99	920
	# patient visits	269	246	234	277	271	259	244	283	2083
Senior	# patients	96	69	67	50	40	46	33	31	432
	# patient visits	132	130	128	133	115	81	110	102	931
Monthly Total	# patients	691	441	432	398	353	335	282	358	3,200
	# patient visits	1077	840	841	897	867	771	755	894	6942

Patients per Population Group FY19-FY22 Feb



Patient Visits per Population Group FY19-FY22 Feb



WAIT TIMES

- General Dentistry appointments Adult/Senior/Maternity – 1 month
- Oral Surgery appointments – 2-3 months
- Pediatric Dentistry appointments – 3 weeks
- Emergency appointments Adult/Senior/Maternity/Child – same day or next day

Please provide an update on the current rates for contractual staff in the Dental program and whether the Dental program is having success in hiring staff with the current rates.

The dental program has had challenges in hiring staff at the current county contractor rates. There are contract positions that remain vacant, and those positions filled have a high staff turnover rate.

Hourly Rates for Contracted Support Staff				
Contractor	Position	Time of Year		
		FY22 - April	Present	FY23
PCC	Dental Assistant	\$19.76	\$21.50	\$23.10
	Principal Administrative Aide	\$17.80	\$18.00	\$20.00
Athena	Dental Assistant	\$16.20	\$16.20	\$16.20
SPS	Principal Administrative Aide	\$16.00	\$16.00	\$16.00

- What is planned for the HCH psychiatric services funding? The funding appears intended to support contractual services, what specifically is anticipated? Will this expand existing services, or need a new RFP process?** 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 and uses those beds year-round; there is no longer any special winter overflow increase to bed capacity. Allows the one-time funding from previous year to continue supporting the much-needed psychiatric services within the County emergency shelters. This allows us to provide 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. These expenses are the necessary expenses to continue the same level of service in the larger, new shelter and to provide services to that expanded number year-round.



Administration and Support

RECOMMENDED FY23 BUDGET
\$63,418,730

FULL TIME EQUIVALENTS
167.00

✱ **RAYMOND L. CROWEL PSY.D., DIRECTOR**

FUNCTION

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

PROGRAM CONTACTS

Contact Victoria Buckland of the HHS - Administration and Support at 240.777.1211 or Deborah Lambert of the Office of Management and Budget at 240.777.2794 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✱ Admin - Office of Community Affairs

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	240,218	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.	143,834	1.00
FY23 Recommended	384,052	3.00

✱ Admin - Office of the Chief Operating Officer

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	24,259,046	91.00
Enhance: Upgrade Existing Enterprise Integrated Case Management System That is Past End-of Support	1,200,000	0.00
Enhance: Consolidate Existing IT Infrastructure That is Approaching End-of-Support into a Hyper-Converged Infrastructure System That Will Provide More Efficient and Cost Effective System Management	700,000	0.00

FY23 Recommended Changes	Expenditures	FTEs
Enhance: Additional Staff on the Contract Team and Human Resources Team in the Office of the Chief Operating Officer Due to Increased Workload	246,521	3.00
Increase Cost: Fund Contract for More Accurate Cost Allocation Plan and Random Moment Time Studies	152,000	0.00
Enhance: CivicGov Online Application for License and Regulatory Services	125,000	0.00
Enhance: Crisis Center Phone Upgrade Necessary to Effectively Perform its Mission	50,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	1,890,568	(2.00)
FY23 Recommended	28,623,135	92.00

☀ Admin - Office of the Director

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	10,491,548	25.00
Enhance: Funding to Support Services Provided by the Service Consolidation Hubs	2,601,600	0.00
Enhance: Communications and Public Engagement Team to Enhance Timely Communication With the Public Regarding Services	91,599	1.00
Decrease Cost: Service Consolidation Hubs ARPA Funding Decreases From FY22 Appropriation by \$600,000 (Providing \$3,000,000 in ARPA Funding in FY23)	(600,000)	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(1,730,366)	1.00
FY23 Recommended	10,854,381	27.00

☀ Community Action Agency

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

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

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

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

☀ Equity and Language Access

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

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

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

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

³ Represents participants who marked "agreed" or "strongly agreed" on this question

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	1,223,221	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.	(4,120)	0.00
FY23 Recommended	1,219,101	2.00

☀ Head Start

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

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

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

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

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	4,807,949	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.	(41,509)	0.80
FY23 Recommended	4,766,440	2.80

☀ Minority Programs

The three minority programs - the African American Health Program (AAHP), the Latino Health Initiative (LHI), and the Asian American

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

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

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

² This is a measure tracked by AAHI. Historically, AAHI had set the projection at 85% for the past fiscal years. For FY23, department staff will work with the AAHI to align prior data with projections.

FY23 Recommended Changes	Expenditures	FTEs
FY22 Approved	5,572,380	27.00
Enhance: Increase the FY23 Base Budget for the African American Health Program	2,850,000	0.00
Enhance: Increase the FY23 Base Budget for the Latino Health Initiative	2,235,706	0.00
Enhance: Increase the FY23 Base Budget for the Asian American Health Initiative	1,210,263	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	191,287	(1.00)
FY23 Recommended	12,059,636	26.00

REALIGNED PROGRAMS

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

☼ Legal Representation

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

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

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
Admin - Office of Community Affairs	240,218	2.00	384,052	3.00
Admin - Office of the Chief Operating Officer	24,259,046	91.00	28,623,135	92.00
Admin - Office of the Director	10,491,548	25.00	10,854,381	27.00
Community Action Agency	4,634,764	12.00	5,511,985	14.20
Equity and Language Access	1,223,221	2.00	1,219,101	2.00
Head Start	4,807,949	2.00	4,766,440	2.80
Legal Representation	551,100	0.00	0	0.00

PROGRAM SUMMARY

Program Name	FY22 APPR Expenditures	FY22 APPR FTEs	FY23 REC Expenditures	FY23 REC FTEs
Minority Programs	5,572,380	27.00	12,059,636	26.00
Total	51,780,226	161.00	63,418,730	167.00

1. Please provide the budget for the Community Action Agency by personnel and operating costs for FY22 and FY23 recommended, along with positions and FTEs for the program.

Budget	FY22			FY23		
	General Fund	Grant Fund	Total	General Fund	Grant Fund	Total
PC	\$ 582,018	\$ 476,903	\$ 1,058,921	\$ 886,924	\$ 412,399	\$ 1,299,323
OE	\$ 3,087,904	\$ 224,976	\$ 3,312,880	\$ 3,732,636	\$ 224,976	\$ 3,957,612
Total Budget	\$ 3,669,922	\$ 701,879	\$ 4,371,801	\$ 4,619,560	\$ 637,375	\$ 5,256,935
FTE	4.97	4.28	9.25	7.77	3.68	11.45

Positions	FY22			FY23		
	General Fund FTE	Grant Fund FTE	Total FTE	General Fund FTE	Grant Fund FTE	Total FTE
Manager III	0.60	0.30	0.90	0.60	0.30	0.90
Administratives Specialist II	0.20	0.80	1.00	-	0.20	0.20
Community Services Aide III	-	1.00	1.00	-	1.00	1.00
Program Aide	-	0.10	0.10	-	0.10	0.10
Program Manager I	2.00	-	2.00	2.00	-	2.00
Program Specialist II	1.67	1.58	3.25	1.67	1.58	3.25
Program Specialist I	-	-	-	0.50	-	0.50
Office Services Coordinator	0.50	0.50	1.00	0.50	0.50	1.00
Administrative Aide	-	-	-	2.50	-	2.50
Total	4.97	4.28	9.25	7.77	3.68	11.45

2. Has the program carried a waitlist for services in FY22? If so, when and how many people were waiting for services at its peak? What was the average wait time for services?

For Vita, a waitlist was not maintained, but with extensive outreach, requests for appointments far exceeded capacity. Between January through April 12, the www.montgomerycountymd.gov/CASHBACK website analytics reflected 5,066 unique pageviews for the scheduling page alone, with 20,038 pageviews to the full website. To manage demand, the scheduling team supported taxpayers' access to the appointment system as well as the submission and tracking of documentation required in advance of virtual appointments, using a shared spreadsheet to track callers and their messages, and a secure folder to organize documents. Once people have been scheduled, their information is removed from the scheduling waitlist. DHHS does not track information regarding the average wait time for services, but during peak weeks, estimate that an average of 300 callers left messages on the voicemail (in addition to those who had a "live" responses). MC311 Customer Service Reps also responded to 357 calls and service requests.

3. How many people has VITA been able to serve for tax year 2020 and 2021? How does this level compare to pre-COVID years?

TY 2021: 1,297. Hybrid services, with virtual services from January 2022- mid March, with in-person services added in Rockville, Gaithersburg, and at two "pop-up" dates at WorkSource Montgomery.

Statistics for this FY are incomplete as seasonal preparation is concluding, and preparation for 2018, 2019, 2020, and 2021 tax returns will resume in late May.

TY 2020: 1,020. Virtual services only

TY 2019: 1,746. In-person, with virtual services from the middle of March 2020

TY 2018: 2,200

TY 2017: 1,936

Of the \$2.85 million increase identified for the AAHP in the CE budget

Note, the CE has sent over an amendment for an additional \$707,000. The responses below reflect the total increase of \$3,557,000.

- **How much of this recommended funding has DHHS identified for the Black Physicians Health Network (BPHN)?**

\$2.5m has been identified for the BPHN in FY23.

- **What activities and services are proposed to be supported by this funding amount?**

The \$2.5m will ensure that the BPHN has the capacity to implement a culturally tailored model which serves the diverse Black communities within Montgomery County, MD and document the efficacy of this urgent health intervention. The BPHN will:

- **Connect** uninsured, underinsured Black residents to healthcare and mental health providers at no cost to the County resident.
- **Develop** a network of 70 medical and mental health providers and specialists located in each quadrant across Montgomery County, accessible to selected communities and chronic disease hotspots, offering non-traditional office hours and flexible access.
- **Provide** one on one support to referred Black residents which enhances their capacity to navigate medical systems and related structures (food insecurity, housing assistance, financial support, medical assistance).
- **Collaborate and coordinate** with the African American Health Program's Chronic Disease Program to provide diabetes and hypertension education, management, and cross-referrals.
- **Establish** the BPHN as a brand that is recognizable across the County's Black Diaspora

The funding will pay for a limited range of medical *and* mental health services and ensures that Black residents are connected to needed community resources. A portion of the requested FY23 funding will support health education, awareness, and outreach & marketing to ensure that the Diaspora is informed of the BPHN's services/supports. In addition, funding underwrites the administrative costs for fiduciary oversight and financial management in accordance with the Montgomery County Council's resolution, and the terms of the contract with the National Center for Children and Families (NCCF).

- **How much of this recommended increase in funding has DHHS identified for the AAHP?**

An additional \$1,057,000 has been identified to expand AAHP's existing focus on primary and secondary prevention and population-based initiatives designed to educate, train, and support improved health outcomes in the Black Montgomery County residents. Within this scope of work, specific diseases and health disparities (e.g. diabetes, infant and maternal health, men's health, etc.) are focused on. The \$1,057,000 is composed of \$350,000 that was included in the FY23 CE Recommended budget plus a \$707,000 CE Amendment that will be forthcoming.

What activities and services are proposed to be supported by this funding amount?

Position	Cost	Program Target
Registered Nurses x2	\$300,000	Secondary Prevention
CDE Diabetes Educator	\$115,000	Primary Prevention
Nutritionist	\$102,000	Primary Prevention
Chronic Disease Care Coordinator/Evaluator	\$115,000	Secondary Prevention
Mental Health Specialist	\$115,000	Primary Prevention
Community Coordinator	\$80,000	Primary Prevention
Cancer Project Coordinator	\$77,000	Secondary Prevention
Cancer Project Evaluator	\$40,000	Secondary Prevention
Dietician/Lifestyle Coach	\$113,000	Primary Prvention
AAHP Staff (Staff, Intern, and Fellow) Development	\$30,000	Primary Prevention

Total Cost **\$1,057,000**

- **What is the base funding amount for the AAHP that is continued from FY22?**
AAHP base funding amount is \$2,025,854.00 of which \$1, 482,152.00 is allocated to McFarland and Associates, Inc to implement AAHP core services and \$12,400.00 allocated to Crittenden Services of Greater Washington through a community grant to address high risk middle and high school female. The remaining funds \$531,302 are allocated to four merit staff salaries for oversight of contract/grant vendors, special projects, benefits, turnover, travel, general office supplies, non-professional and professional services, equipment, and other office support.
- **What services, activities, or programs are supported by this base funding?**
 - Chronic Disease Prevention and Management Classes – Conducts chronic disease health education classes for individuals who are who are interested in preventing, sustaining, or managing chronic conditions such as diabetes, hypertension, and cancer. This effort is complimented by meeting, an online diabetes management course for those interested. This also include the implementation of the nationally accredited programs of ADCES Diabetes Self-Management Program and CDC’s Diabetes Prevention Program (pending). Service is provided by consultants, chronic disease nurse, and clinical director.
 - SMILE – Offers nurse case management, support, and guidance to expectant women and parents of infant up to age one. This includes childbirth and breastfeeding education during the year. Service is provided by registered nurses and supported as needed by a licensed social worker and community health workers.
 - HIV Testing and Sexual Health Education – Conducts HIV testing and provides sexual health education and resources at various locations within Montgomery County. Community Health Workers provides this service.
 - Community Health Promotion – Partners with local organizations, faith-based entities, and others to address health issues, customize services and screenings for high-risk populations. All staff provides this type of services.

Asian American Health Initiative FY23 Budget Proposal

	AAHI FY23 CE Recommended Budget Increase	Comments
Healthy Communities Fund:		
FTE to support this fund	\$ 187,716	1.70 FTE
Grants to AAHI serving community organizations	\$ 850,000	
General Administrative Costs	\$ 92,547	
Sub-Total	\$ 1,130,263	
Asian American Center of Excellence:		
Micro-Grants	\$ 70,000	
General Administrative Costs	\$ 10,000	
Sub-Total	\$ 80,000	
TOTAL REQUEST	\$ 1,210,263	

LHI Steering Committee Request

Budget Item	LHSC FY23 CE Recommended Budget Increase	Comments
Communications (contracted out via PCC)	\$ 197,300	The lack of culturally and linguistically appropriate informational/ educational resources for the Latino community continues being a barrier to access health and social services. Additional funds will allow the LHI to utilize some components of the Emmy-winning Abuelina campaign to be adapted to promote LHI programs (i.e. asthma awareness and education), and to access media coverage through influential media outlets reaching the Latino community. The LHI will leverage the media relationships and partnerships created under PNSB by sharing information via existing County media outlets and other free/ low cost media outlets. LHI staff will continue disseminating information through the established social media platforms.
Health Promoters	\$ 82,850	LHSC CE Recommended provides 5 HP @\$65/day x 3 days/week x 48 weeks (\$46,800) + coordination services (\$36,050).
Information Line	\$ 150,604	Provides two additional lines for \$150,604. The information line provides county residents with information about health, medical, and human services in Montgomery County. During the pandemic, the number of the line became widely known in the Latino community, and currently it is a key point of entry for services provided by Salud y Bienestar, and other County health and social services, including the <i>Bievenidos- Aqui para Ti</i> - Newcomers Initiative.
Case Management (contracted out via PCC)	\$ 1,019,720	Provides case management services of \$1,019,720 (4,000 cases) @ \$254.93/case. Funds recommended will cover the cost to serve 4,000 families/ year. In addition, the HHS has a contract in place to provide case management services to 567 low income primarily non-English speaking Latino youth plus 647 newcomer clients (arrived within the last 6 months). Considering these 3 pieces, the HHS will be able to provide 5,214 case management services/year. LHI will explore the possibility of utilizing existing contracts to expand the case management services for the Latino community. This may avoid the burden of creating an additional contract for the Department and/or avoid expenses related to the indirect cost associated to the existing PCC contract.

LHI Steering Committee Request

Budget Item	LHSC FY23 CE Recommended Budget Increase	Comments
Emotional Support Groups (contracted out via PCC)	\$ 487,811	Provides 354 (59 cohorts) x \$1,321.5/session + 10 trainings/coaching sessions @ \$2,000/training/session. The Community Mental Health component of Salud y Bienestar has demonstrated to be highly successful addressing the non-clinical needs of the Latino community. It has also been highly effective identifying clients in need of clinical therapy and referring them to County and/or private clinical services. LHI has a strong working relationship with HHS's Behavioral Health and Crisis Services which will continue to be leveraged by the LHI to facilitate coordination and referrals for clinical services.
Program Manager (contractual position via PCC:salary \$113,300 + fringe \$31,067)	\$ 144,367	Maintain the contractual Program Manager position recommended by the LHSC. The Salud y Bienestar model was established as a holistic approach to implement wrap around services for the Latino community. The success of Salud y Bienestar can be attributed in part to the program integration strategy and enhanced coordination of existing health programs and services targeting Latinos. The incumbent of this position will oversee the implementation of the new and expanded LHI components and to foster and maintain relationships and close coordination with partners and
Indirect/Administration (8.28% for personnel, communications, case management and emotional support groups)	\$ 153,054	Indirect/Administration cost will cover the 8.28% of the program manager position, communications, emotional support groups, and case management.
TOTAL	\$ 2,235,706	

Budget Item	CE Recommendation	CC Budget Request	Comments	CE Recommendation	CC Request will allow us to :
Communications (contracted out via PCC)	\$ 197,300.00		Communications / media campaign		
Health Promoters	\$ 82,850.00	\$ 40,150.00	Salud y Bienestar: 20 HP/day x 7 days/week CE recommendation: 5 HP/day x 3 days/week CC request: 5 HP/day x 5 days/ week (additional request will cover 2 extra days)	CE recommended to reduce over 89% of the health promoters time compared with SyB	Reduce the health promoters force only by 82% compared with SyB (maintain 5 HP X 5 days/week)
Information Line	\$ 150,604.00	\$ 150,604.00	Salud y Bienestar: 9 phone lines CE recommendation: 2 phone lines CC request: 4 phone lines (additional request for 2 lines)	CE recommended to reduce 78% of the information line capacity compared with SyB	Reduce the capacity of the line only by 44% (maintain 4 lines - 57%)
Case Management (contracted out via PCC)	\$ 1,019,720.00	\$ 509,860.00	Salud y Bienestar:13,900 cases CE recommendation: 4,000 cases CC request: 6,000 (additional request for 2,000 cases)	CE recommended a reduction of 71% (from 13,900 cases to 4,000).	Maintain a reduction of only 57% (6,000 cases)
Emotional Support Groups (contracted out via PCC)	\$ 487,811.00	\$ 83,290.00	Salud y Bienestar:50 cohorts (302 sessions) CE recommendation: 59 cohorts (354 sessions) CC request: 69 cohorts (414 sessions) (additional request for 10 cohorts)	CE recommended to allocate funding to provide 354 emotional support group sessions	Increase funding to provide 60 additional session for a total of 414 sessions.
Program Manager	\$ 144,367		Contractual position via PCC: salary \$113,300 + fringe \$31,067		
Program Coordinator		\$ 104,994	Contractual position via PCC: salary \$82,400 + fringe \$22,594		Maintain the program coordinator position to coordinate the day to day operations of the the LHI programs and facilitate coordination between partners.
Indirect/Administration (8.28% for personnel, communications, case management and emotional support groups)	\$ 153,114	\$ 57,806	Indirect/Administration cost will cover the 8.28% of the program manager position, communications, emotional support groups, and case management.		
TOTAL	\$ 2,235,766	\$ 946,704			

Crossing Paths

In the fall of 2019, Catholic Charities and the Justice and Advocacy Council of the Archdiocese of Washington convened a working group in Montgomery County to plan a response to growing numbers of senior citizens coming to local parish leaders and ministries expressing anxiety and concern regarding their feelings of isolation. The J and A heard similar concerns at the many public hearings and town hall meetings its members attended. Both groups agreed that responding to the concerns of local seniors was critical.

Since Catholic Charities was in the midst of efforts to expand the role of local parishes and Catholic schools in social service ministries, developing a parish or school-based response to senior isolation was timely. With thousands of Catholics in the County as potential volunteers to participate in efforts to reduce isolation among the elderly, what was needed is a structured way to engage them. With 38 parishes serving more than 100,000 Catholics and 25 Catholic schools serving the County families, Catholic Charities envisioned a response that would not merely utilize the human resources of these communities, multiply their impact by building a broader community partnership to create a large community based intergenerational to address isolation. They formed a planning committee which included representatives of Charities, local parishes and schools, the Archdiocese leadership, the Justice and Advocacy Council, Senior Villages staff from Montgomery County Office of Aging and Disability, and three experienced local nonprofits, Empowering the Ages, Victory Housing and the Ignatian Volunteer Corps.

The group met often for several months and agreed to hold a major convocation of Catholic community leaders from parishes, schools and non-profits such as Victory Housing, Inc. to inform and promote community intergenerational programs. From the convocation, the planning group hoped to identify 4-6 communities to pilot innovative intergenerational projects. The convocation was scheduled for March 2020. Like so many other things, it was canceled due to the pandemic.

While unfortunate, this initiative is remarkably timely as the pandemic has impacted our county dramatically. The sense of isolation for the elderly has vastly increased. And feeling alone is now all too common for other age groups as well, especially children.

Recognizing this, the planning group continued with the goal to establish the pilot programs. Two programs were established in the fall of 2020, one at Connelly School in Potomac and one at Don Bosco in Takoma Park. Early feedback is positive. The planning group has evolved into a program steering group. The **Crossing Paths** program has begun!

The unique potential of this project and its operational partners is significant. **Catholic Charities** is a collaboration leader in Montgomery County. They know how to bring people together to do good. Their area wide programs include over 7,200 volunteers. They have a proven capacity to raise private money. Their programs are guided by the principle that they do good for the community not because the 200,000 recipients of their services are Catholic (the majority are not), but because their organization is! **Empowering the Ages** is a highly respected professional nonprofit known for creative and effective intergenerational programming. The **Ignatian Volunteer Corps** is an experienced non organization that matches volunteers with nonprofits operating in several states across the nation. **Victory Housing, Inc** is one of the largest and creative nonprofit senior housing programs in the region. The **Senior Villages program in the MC Department of Health and Human Services, Aging and**

Disability, helps to develop and support one of the largest networks of Senior Villages in the US. **The Archdiocese of Washington** has the capacity to promote activities and ministries among hundreds of thousands of Catholics and their local parishes, schools, nonprofits and parish-based ministries ranging from AA programs to food pantries. With these and other partners, the Crossing Paths program is very likely to succeed in engaging many people of all ages in intergenerational activities that will reduce the tragedy of individual isolation in our county.

Because it relies heavily on privately raised funds and volunteers, the Crossing Paths program is a good value for our community. Some County funds, however, are necessary to initiate new programs and sustain existing ones at highest quality.

Program request from County \$60,000

- Program initiation (Empowering the Ages) \$7000 per site x 5 sites = \$35,000
- On-going volunteer leadership and support (Ignatian Volunteer Corps)
\$3000 per site, per year x 5 sites == \$15,000
- Project management (Catholic Charities) \$10,000 per year

Catholic Charities requests, \$60,000 in county funding which will be matched with cash and in-kind services from partner agencies and organizations.

We look forward to working with the County Council on this project.



Councilmember Glass
Health and Human Services Committee Members
1301 Piccard Drive
Rockville, MD 20850

Dear Councilmember,

Thank you for your commitment to supporting families in Montgomery County. Over the last 12 years, Greater DC Diaper Bank has distributed over 25 million diapers and hundreds of thousands of dollars of other essentials to families in our community. In 2021 we distributed 3,275,725 diapers in Montgomery County (a value of \$949,960). We also provided \$171,025 of Baby Pantry essentials (wipes, formula, period products, incontinence products, etc.) Our diapers serve as a gateway to other services. They open doors to strong and lasting relationships between families and local community organizations enabling families to receive the supports they need to thrive.

The pandemic laid bare the needs we have long known exist in our communities. Starting in March 2020 we saw a drastic increase in need and a corresponding outpouring of donations, grants, and government support to meet that need. In 2019, GDCDB distributed 2 million diapers throughout the region. By 2021 we quadrupled that and distributed nearly 10 million diapers. This exponential growth was only possible because of the simultaneous increase in government support, including approximately \$450,000 (in 2020 and 2021 combined) from Montgomery County to support county residents, and the outpouring of support from our community.

We are grateful for the funds the county allocated to support the Service Consolidation Hubs (SCH) in FY23, including the \$600,000 allocated to support our work with the SCHs. These



dollars will allow us to provide 2 million diapers (double what we provided in 2021), in addition to wipes and other essentials, to the SCHs in the County. **In 2021, our partnership with the SCHs provided 1,064,500 diapers and served 2,305 families and 2,553 babies and we are so grateful for the role we serve in this work.**

We are proud of the amazing impact we've had together through the Service Consolidation Hubs. However, due to the funds being solely focused on the SCHs in FY23, rather than supporting all our work in the county, and the end of crisis-level giving from individual donors (something that every basic-needs nonprofit is currently facing), coupled with inflation and increase in the overall cost of doing this work, we are now in the position of needing to reduce our support to other partners within the county. Throughout the pandemic, individual donor support increased, but as pandemic fatigue weighs heavily we have seen a rapid decline in support. In 2020 and 2021 we covered much of the cost of products and overhead from our general funds. Those funds have dwindled leaving us with the difficult decision of where to pull diapers from in order to meet the needs of the Service Consolidation Hubs. This donor drop off is a reflection of what all organizations are seeing in the current nonprofit landscape.

In 2021, outside of the SCHs, we served 10,124 families and 11,397 babies in Montgomery County through 14 partners. This total distribution was valued at \$796,054 (\$641,255 in diapers and \$154,799 in other essential products like formula, breastfeeding supplies, car seats, and cribs). These families have established trusting relationships with our partner organizations. If we ask them to seek out support at a different location, we are putting them at risk of not receiving services or products at all.

Our goal for this year and next is sustaining this heightened level of distribution and serving all partners in the County at the levels we did in 2021 while also doubling our supplies to the SCHs. To preserve the vital relationships between families and community partners and meet the



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increased needs of the SCHs, **GDCDB requests an additional \$150,000 to cover products needed (diapers, car seats, wipes, period products, formula, etc.) to serve families in Montgomery County accessing diapers through non-SCHs partners.** Over the last several years, we have achieved amazing outcomes together for the families in Montgomery County and our hope is to continue serving them all. We are grateful for your time and consideration. If you have any questions, please feel free to reach out to me with any questions.

Sincerely,

Rebecca H. Kolowé, DM, MA
Interim Executive Director
rkolowe@dcdiaperbank.org



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

ANDREW FRIEDSON
COUNCILMEMBER
DISTRICT 1

MEMORANDUM

TO: Health and Human Services Committee
FROM: Andrew Friedson *AF*
SUBJECT: Community FarmShare Expansion | Consideration for the Reconciliation List
DATE: 5/2/21

Request

I am writing to request the Health and Human Services Committee¹ add \$132,000 to the FY23 Operating Budget Reconciliation List for Community FarmShare², in collaboration with Linkages to Learning (LTL) and Montgomery County Public Schools (MCPS) Community Schools. The goal is to expand³ the provision of weekly, fresh produce bags from local farms⁴ to the homes of families in need from identified MCPS schools.

Benefits

This model provides micro and macro-level benefits including the provision of fresh, culturally-appropriate, nutrient-dense, local produce directly to families who need it most. It is an economic investment into our local, small-scale produce farms and is key to building a resilient food system by expanding regenerative/organic/naturally grown table crop production in Montgomery County. In addition, this initiative closely aligns with the County's Food Security Plan and Climate Action Plan.

Program Details and Budget

For FY23, Community FarmShare would provide approximately 200 **additional** shares for a Fall weekly produce bag program and another 200 shares for a Spring program. Due to different farms' production schedules and capacity, there would be some differences in the start and end time details of the season, but typically each of the farms runs a 10-week season for the Fall (at the beginning of the school year) and another 10 weeks in the Spring.

Each weekly bag includes about six to 10 different seasonal items, on average about 12 pounds of fresh produce, or 20 servings of fresh fruit and vegetables per week. Additional program components include reusable bags and culturally appropriate, bilingual recipe cards to support the best use of fresh produce and reduce waste, especially for families who may be less familiar with cooking with fresh produce.

¹ As the Office of Food System Resilience is not yet staffed, the most appropriate department to monitor the contract at this time would be Health and Human Services.

² Community FarmShare is a Montgomery County nonprofit that links families experiencing food insecurity to fresh produce from farms. By purchasing all produce from Montgomery County small-scale vegetable farms, Community FarmShare also supports economic development, and is key in helping to build a resilient food system in the region, which benefits all eaters.

³ During the 2021 – 2022 school year, Community FarmShare, LTL and MCPS Community Schools supported 39 shares across YMCA LTL, Harmony Hills ES, Watkins Mill ES, Daly ES, and Weller Road, ES.

⁴ Current farm partners include One Acre Farm, Sandy Spring Gardens, Common Root Farm, and Blueberry Gardens.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

ANDREW FRIEDSON
COUNCILMEMBER
DISTRICT 1

While Community FarmShare, LTL, and MCPS continue to determine the specific structure of program delivery, they have utilized the Community Schools Coordinator’s recent assessment of all food and food-related support programs serving each of the MCPS Community Schools to determine which schools are most in need and also currently have the fewest existing resources. A preliminary list of the schools for inclusion follows:

- Arcola ES (D4)
- Gaithersburg ES (D3)
- Harmony Hills ES (D4)
- New Hampshire Estates ES (D5)
- Sargeant Shriver (D4)
- Summit Hall ES (D3)
- Wheaton Woods (D4)
- Three new Community Schools

Both MCPS Community Schools and LTL conduct regular family needs assessments. Through this existing channel, families in the seven to 10 schools above that identify food and healthy food access as important needs in their family, can be offered to participate in this first program year. The model boasts flexibility, allowing the program to meet shifting community demands and address isolated “pockets” of need, even among schools identified as being in more resource rich communities.

	Fall 2022	Spring 2023
Number of shares	200-250	150-200
Duration of season	10 weeks	10 weeks
Beginning date	Mid Sept	Variable, mid April
Direct Cost (price of produce; funds invested in local farms)	\$60,000 for 200 shares (\$30/bag)	\$60,000 for 200 shares (\$30/bag)
Admin cost (part time program manager)	\$6,000	\$6,000

Total FY 23 cost: \$132,000

The program structure for Fall and Spring is based on the County’s fiscal year but Community FarmShare indicates its interest and ability to continue the program into the summer if funding is available.

Community FarmShare actively applies for private grants, corporate funding, and private individual funding and is interested in further discussions to match some percentage of County funding if this proposal is to move forward. If Community FarmShare receives county funding for this program, this will significantly help further fundraising efforts as it would enable the organization to leverage public dollars to raise more private funds.

Summary

A modest investment of \$132,000 addresses three key issues in our community – nutritious food access and food equity, building up a resilient, local food system that benefits all eaters, and economic development within our agricultural community. We look forward to receiving your support.

Please do not hesitate to reach out to me or Mary Gies (mary.gies@montgomerycountymd.gov) on my staff with any questions.

STELLA B. WERNER OFFICE BUILDING • 100 MARYLAND AVENUE, 5TH FLOOR, ROCKVILLE, MARYLAND 20850
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WWW.MONTGOMERYCOUNTYMD.GOV

AAHP FY23 main contract budget 1

Position	Cost	Program Target	Priority Area	Program
Program Lead Coordinator	\$113,000	Primary and Secondary		Expansion of Maternal and Infant Health, Diabetes, HTN, Cancer, STI-HIV-AIDS
Registered Nurses x2	\$320,000	Secondary	Maternal Health/Infant Mortality	SMILE
Diabetes Educator	\$115,000	Primary	Diabetes	DPP
Nutritionist	\$102,000	Primary	Diabetes/HTN	dMeetings/Healthy Weight Management/Kickstart Your Health
Diabetes Educator	\$115,000	Secondary	Diabetes	Chronic Disease Management
Lifestyle Coach	\$96,000	Primary	Diabetes/HTN	dMeetings/Healthy Weight Management/Kickstart Your Health
Mental Health Specialist	\$115,000	Primary	ALL	ALL
Community Liaison	\$80,000	Primary		dMeetings/Healthy Weight Management/Kickstart Your Health
Community Coordinator	\$80,000	Primary		dMeetings/Healthy Weight Management/Kickstart Your Health
Program Promoter	\$35,000	Primary	ALL	ALL
Cancer Project Coordinator	\$77,000	Secondary	Cancer	New
Cancer Project Evaluator	\$40,000	Secondary	Cancer	New
Lead Workforce Program Coordinator	\$113,000	Youth/Young Adult	ALL	ALL
Workforce Program Liaison x2	\$160,000	Youth/Young Adult	ALL	ALL
AAHP Internship Participant x10	\$146,000		ALL	ALL
AAHP Fellowship Participant x	\$310,000		ALL	ALL
AAHP Staff (Staff, Intern, and Fellow) Development	\$30,000	Primary	ALL	ALL

Total Cost \$2,047,000

Direct Operating Expenses	Cost	Justification
Private/Public Health Projects	\$500,000	10 projects @ 50K
Cancer Challenge Project	\$35,000	
Health Promotion; Health Communication	\$200,000	Health Promotion
Upcounty Space	\$40,000	Upcounty space

Total Cost \$775,000

Total Costs \$2,822,000

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

Via email with copy to Dr. Raymond Crowel

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

Manna's Impact-to-Date

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

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

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

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

Impact of Future Support

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

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

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

New Critical Investments

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

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

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

