



Committee: HHS
Committee Review: Completed
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Purpose: To make preliminary decisions – straw vote expected
Keywords: #DHHSOperatingBudget

REVISED
 AGENDA ITEM #33-42
 May 11, 2023
Worksession

SUBJECT

Department of Health and Human Services FY24 Operating Budget
 Early Care and Education Non-Departmental Account FY24 Operating Budget
 Children’s Opportunity Fund Non-Departmental Account FY24 Operating Budget
 DHHS FY23-28 CIP Amendments: High School Wellness Centers and Expanded Wellness Services

EXPECTED ATTENDEES

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)
 Jason Rundell, Acting Chief Operating Officer, DHHS
 Odile Brunetto, Chief, Aging and Disability Services, DHHS
 Ilana Branda, Acting Chief, Services to End and Prevent Homelessness, DHHS
 Dr. Christopher Rogers, Acting Chief, Public Health Services, DHHS
 Betty Lam, Chief, Office of Community Affairs, DHHS
 Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services, DHHS
 Dira Treadvance, Chief, Children, Youth, and Family Services, DHHS
 Deborah Lambert, Office of Management and Budget
 Nichelle Owens, Director, Division of Early Childhood and Title I Programs, Montgomery County Public Schools (MCPS)
 Amy Cropp, Director, Division of Prekindergarten, Special Programs, and Related Services, MCPS
 Robert Reilly, Associate Superintendent, Office of Finance, MCPS

FY24 COUNTY EXECUTIVE RECOMMENDATION

Department of Health and Human Services	FY23 Approved	FY24 CE Recommended	Change from FY23 Approved
Total Expenditures (General Fund)	\$332,107,450	\$371,172,458	11.8%
Personnel Costs	\$153,555,251 1,390.25 FT’s	\$167,632,220 1,476.44 FTE’s	9.2% 86.19 FTEs
Operating Costs	\$178,552,199	\$203,540,238	14%
Department of Health and Human Services	FY23 Approved	FY24 CE Recommended	Change from FY23 Approved
Total Expenditures (Grant Fund)	\$103,018,216	\$112,876,964	9.6%
Personnel Costs	\$52,342,450 466.41 FTEs	\$57,807,321 498.54 FTEs	10.4% 32.13 FTEs
Operating Costs	\$50,675,766	\$55,069,643	8.7 %
Total Expenditures (All Funds)	\$435,125,666 1,856.66 FTEs	\$484,049,422 1,974.98 FTEs	11.24%

COMMITTEE RECOMMENDATIONS

This staff report contains all HHS Committee, Joint HHS and E&C Committees and Joint HHS and PHP Committees recommendations for the Department of Health and Human Services and three associated Non-Departmental Accounts. The report is organized as follows:

- I. **Department of Health and Human Services Overview**
- II. **HHS Committee Recommendations by Service Area, including**
 - a. **Administration**
 - b. **Administration – Office of Community Affairs**
 - c. **Aging and Disability Services**
 - d. **Behavioral Health and Crisis Services**
 - e. **Children Youth and Family Services**
 - f. **Public Health Services**
 - g. **Services to End and Prevent Homeless (SEPH)**
- III. **HHS and PHP Joint Committee Recommendations for the HIF and SEPH**
- IV. **HHS and E&C Joint Committee Recommendations, including Newcomers NDA, the Early Care and Education NDA and the Children’s Opportunity Fund NDA**
- V. **HHS CIP Amendments: High School Wellness Centers and Expanded Wellness Services**

I. Department of Health and Human Services Overview

The County Executive’s FY24 Operating Budget for DHHS is an increase of \$48.9 million, 11.24 percent, above the FY23 approved level. Of this increase, \$39 million is in the County General Fund and \$9.8 million in the grant fund. There is a total increase of 118 full-time equivalents (FTEs) recommended for DHHS, an increase of 6 percent. Each service area of the department increases in the County Executive’s recommendation, as outlined below:

	FY23 Approved	FY24 Rec	Difference
Department Total	\$435,125,666	\$484,049,422	\$48,923,756
FTEs	1,856	1,974	118
Aging and Disability	62,473,715	66,477,883	\$4,004,168
FTEs	185	202	17
Behavioral Health & Crisis	50,828,662	53,176,954	\$2,348,292
FTEs	236	250	14
Children, Youth, and Family	115,473,738	119,751,275	\$4,277,537
FTEs	610	619	9
Public Health	\$94,468,891	\$107,826,046	\$13,357,155
FTEs	571	585	14
Services to End and Prevent Homelessness	\$45,308,810	\$66,314,688	\$21,005,878
FTEs	87	137	50
Administration	\$66,571,850	\$70,502,576	\$3,930,726
FTEs	167	181	14

A. Federal Funding and Emergency Response

Federal funding through the American Rescue Plan Act (ARPA) has supported several programs within DHHS to aid in public health, provide emergency relief and supports in the community, and build capacity and economic recovery from the COVID-19 pandemic. The Committee discussed that as Federal funding comes to an end, the Council will need to determine whether and to what extent these services can be continued with County funds and how to achieve sustainable practices going forward. This transition will require the County to understand and consider how to address the long-standing economic and social challenges that were exacerbated by the pandemic and continue to affect residents.

The chart below shows the changes in ARPA funding recommended for FY24. The specific program changes and funding impacts will be further detailed in the relevant service areas. The only recommended ARPA funds to be utilized by DHHS in FY24 are for the Emergency Rental Assistance program.

FY24 ARPA Executive Recommended Changes

Item	FY24 Rec Increase (Decrease)	FTE	Notes
Service Consolidation Hubs	(\$3,000,000)		Shifting \$3m to General Funds
Rental Assistance Program	(\$3,438,875)		Shifting to General Funds – Eviction Prevention \$1,719,438 and ERAP
Mobile Health Clinic	(\$500,000)	(5.0)	Shifting to General funds - \$711,891 and 5.0 FTEs
Emergency Rental Assistance (ERAP)	\$14,016,832		Covid-19 Rental Relief Program

B. Racial Equity and Social Justice

DHHS has demonstrated a commitment to promoting racial equity and social justice (RESJ) through the program and policies recognizing that systems of oppression can affect health care and the delivery of human and social services. In the FY24 budget process, the Department provided an overview summary of the racial equity and social justice impacts of their budget and programmatic decisions, but did not provide a RESJ statement per service area. The Committee expressed its intent for DHHS to provide this level of detail for future budget discussions and consideration of ongoing and new programs/services.

C. Vacancies and Lapse

The March 2023 vacancy report indicated that DHHS is the second highest County department in terms of number of vacancies, totaling 246 positions at that time. The Committee reviewed vacancies across all service areas of the department, as well as the overarching lapse assumptions.

- DHHS’ FY24 base lapse assumptions based on historical trends is -\$7,695,532.
- For FY24, the budget assumed an additional lapse reduction of \$3,049,437, for total FY24 lapse of -\$10,744,969.
- DHHS and OMB reported that all new positions requested for DHHS in FY24 are assumed lapsed for 6 months in FY24.

- The Executive’s April 28, 2023, memorandum regarding vacancy assumptions identified a non-recommended possible lapse increase of either \$627,000 (Scenario 1) or \$752,000 (Scenario 2). The Council is scheduled to discuss these assumptions in the context of all departments on Friday, May 12, 2023.
- Many of the position vacancies are in key hard to fill areas such as Child Welfare Services and School Health. The Committee expressed its intent to continue the discussion with DHHS in the coming year around strategies to fill these and other front-line positions.

D. Inflationary Increase to Eligible Non-Profit Service Provider Contracts (@7):

- The Executive included a 3% inflationary adjustment in his budget for all eligible non-profits. The HHS Committee recommended approval of this item. The total amount for all departments is \$3,886,248; the DHHS increase is \$3,074,436 **High Priority**
- In addition to the 3%, the HHS committee recommended adding a 2% increase to all eligible non-profit contracts, \$2,590,832 to the reconciliation list for all departments. The DHHS increase is 2,049,624. **High Priority**
- A third tranche of an inflationary adjustment was recommended by the HHS committee to provide an additional 3% adjustment to eligible non-profit contracts, \$3,886,248 to the reconciliation list; the DHHS increase is \$3,074,436. **Priority**

II. HHS COMMITTEE RECOMMENDATIONS BY SERVICE AREA

FY24 Recommended Budget Charts by HHS Service Areas are available at Pages A – F.

A. Administration

The Administration packet for this service area can be accessed [HERE](#) ; the staff report memo is attached at @1-12.

- **Service Consolidation Hubs:** Recommended approval of the CE recommendation of \$3,000,000 for the food hubs shifting funding from ARPA to county general funds. This budget will support seven hubs across the County. **High Priority**
 - This funding will provide the same level of base funding to seven hubs; DHHS reports that adjustments will be made to allocations in the coming year if hubs experience increased needs resulting from discontinuing County hub funding from Oak Chapel.
 - The Committee discussed the work of the Hubs and their ability to respond to the needs of each community that is being served. Discussed the long-term planning for the post-pandemic work of the Hubs including program policy, metrics tracked and number of residents served.
- **COO Staff Including Coding Unit:** Recommended approval of the CE recommendation of \$375,507 and 7 new FTEs for the Chief Operating Officer. DHHS anticipates these costs will be offset by revenues. **High Priority**
 - This funding will support contract monitoring and coding staff that will assist all areas of DHHS. The coding unit staff will maximize DHHS revenue and will extend the services provided to the county’s clients.

B. Administration - Office of Community Affairs

The Office of Community Affairs HHS Committee packet for this service area can be accessed [HERE](#) ; the staff report memo is attached at ©71-77.

Asian American Health Program

- The HHS Committee recommends approval of the CE recommendation of \$775,000. **High Priority**
- This funding will support the Healthy Communities Fund, the Asian American Center of Excellence Micro-Grants and staff support. The grants and micro-grants support health and social services, behavioral health, senior wellness, and technical support such as consulting, professional development and equipment.

African American Health Program

- The HHS Committee recommends approval of the CE recommendation of \$800,000. **High Priority**
- The funding will support Health Education and Wellness programming, S.M.I.L.E. program support and a new program, Medication Therapy Management (MTM) for Aging residents. The MTM program will address medication adherence and polypharmacy (use of multiple medicines) via MTM as well as cognitive decline among the aging and disabled populations. This service will equip caregivers to recognize early signs of Alzheimer's and other memory loss conditions as well as educate them on ways to improve and maintain cognitive functioning.

Latino Health Initiative

- The HHS Committee recommends approval of the CE recommendation of \$952,545. **High Priority**
- The funding will support the Encuentros program and an expansion of the newly state accredited Health Promoters program. The "Encuentros" program provides non-clinical emotional support groups that are highly effective in helping Latino residents to develop strategies to manage high levels of emotional distress. This will increase the number of Encuentros groups from 64 to 100, including the number of sessions provided from 384 to 600 sessions. The estimated number of residents served is 1,200.

Black Physician Healthcare Network

- For FY24, the CE has recommended level funding of the Black Physician Health Care Network (BPHN), \$2,500,000. The \$2.5 million will support Black residents with referrals, coordination and supports to Black primary care, dental and mental health providers who are culturally and linguistically competent in the County.
- The current reimbursement model of BPHN provides direct financial assistance and cost-sharing payments of medical services to help reduce the burden of co-pays, high deductibles and health care debt for residents with health care insurance as well as uninsured and underinsured residents.
- The Committee expressed the need for the Department to work with BPHN to establish parameters for the program model going forward and ensure alignment with other efforts.
- The Committee recommended adding \$1,000,000 million be placed on the Reconciliation as High Priority. The \$1,000,000 would support the existing program model. **High Priority**

C. Aging and Disability Services

Aging and Disability Services HHS Committee packet for this service area can be accessed [HERE](#); the staff report memo is attached at ©12-19.

▪ Developmental Disabilities Supplement

- The HHS Committee recommended adding the CE recommended amount of 2%, \$405,042. **High Priority.**
- The Committee recommended adding an additional 2% in addition to the CE recommendation of 2%, which would result in a total 4% increase for providers. This recommendation adds \$810,084 to the Reconciliation List above the Executive's level. **High Priority.**
- The Committee also placed a one-time increase of 4.7% for 6 months, \$475,924, on the reconciliation list to fund providers in advance of the State's forthcoming rate increase. **Priority**
- The Committee noted that in April 2023, the Governor proposed, and the General Assembly supported, \$117 million in total funds to provide a 4% rate increase in July 2023, followed by an 8% increase in January 2024, for DDA community services as part of the statute increasing the minimum wage on January 1, 2024.

▪ Adult Medical Day Care Provider Supplement

- The HHS Committee recommended adding the CE recommended amount of 2%, \$42,315. **High Priority.**
- The Committee discussed the importance of these programs to support families who want to continue to have their family member/loved one live with them and not have to utilize a nursing home or congregate facility.

- **Intellectual and Developmental Disabilities Commission:** Recommend approval of the CE recommendation of \$36,866 and a .5 FTE. The Council approved establishment of the Commission through Bill 10-23 on March 28, 2023. **High Priority**

▪ Medicaid Long Term Care Programs

- Recommend approval of the CE's recommendation of \$1,242,237 and 16 FTEs to support the Medicaid Long-term care programs: Autism Waiver, Adult Evaluation and Review Services and Community First Choice. DHHS staff bill for their services, so the staffing budget request is offset by expected revenues. **High Priority**
- This increase is attributed to the SB636 (End the Wait Act) requiring the Maryland Department of Health (MDH) to create and execute a waitlist reduction plan for each of the waiver programs by 50%.

D. Behavioral Health and Crisis Services

Behavioral Health and Crisis Services HHS Committee packet for this service area can be accessed [HERE](#); the staff report memo is attached at ©37-42.

For FY24, the Executive is recommending \$53,176,954, an increase of \$2,348,292 or 4.6%, from the FY23 level for Behavioral Health and Crisis Services (BHCS). The recommended operating budget includes 250.35 FTEs, a proposed increase of 14.5 FTEs.

The HHS Committee is recommending the following addition to the reconciliation to BHCS:

- Residential Rehabilitation Supplement and CE Recommended Reduction: Recommended adding \$110,549 to the reconciliation list as a **high priority** to restore reductions proposed by Executive to substance use disorder residential rehabilitation service contracts with Cornerstone Montgomery, Inc., Family Services, Inc., and the Rock Creek Foundation.
- The reduction would negatively impact the delivery of critically needed services offered by these organizations. This item has been raised as a potential savings in previous budgets, and the Council has rejected each previous proposed reduction.

E. Children, Youth and Families

Children, Youth and Families HHS Committee packet for this service area can be accessed [HERE](#) and the Youth Harm Reduction Initiative packet is [HERE](#); the staff memos are attached at ©43-46 and ©81-84.

For FY24, the Executive is recommending an increase of \$4,277,537 or 4.6%, from the FY23 level for Children, Youth, and Families Services. The recommended operating budget includes 618.57 FTEs, a proposed increase of 8.04 FTEs. Many of the programs in this services area were reviewed by the Joint HHH and E&C Committee.

The HHS Committee recommended placing \$673,699 on the reconciliation list as a high priority to continue programming previously funded through the Youth Harm Reduction Initiative. In addition, the Committee also recommended adding \$180,000, as a priority reconciliation list item, as unallocated funding for the initiative to provide additional service capacity.

F. Public Health Services

Public Health Services HHS Committee packet for this service area can be accessed [HERE](#) ; the staff report memo is attached at ©58-70.

- **Vacancy Reduction** – the HHS Committee recommends reducing funding associated with a .5 FTE vacant position, Community Service Aide III (-\$53,729) - **High Priority**
- **COVID Response Readiness**
 - Recommend approval of \$1,730,000 to support Vaccinations (\$300,000), Surveillance (\$430,000) and Testing (\$1,000,000) - **High Priority**
 - \$3,051,300 in COVID-19 testing. DHHS shared that they have 450,000 testing kits in storage currently with varying expirations dates. Part of the stockpile is for various programs/departments such as shelters, Corrections etc. The libraries have around 10,000 testing kits currently also. **Priority**

- **Food Staples:**
 - Recommend approval of the CE’s recommendation \$3,150,000 to support the food staples program. This amount includes \$150,000 for the Farm to Food Program. **High Priority**
 - Recommend approval of \$3,000,000 as priority for the food staples program. **Priority**
 - HHS Committee Chair Albornoz sent a memorandum to Councilmembers regarding his interest in providing funding support for the full amount of the Executive’s \$6 million recommendation through use of American Rescue Plan Act (ARPA) funding. (Pages G -H)

- **Mobile Health Clinic:** Recommend approval of the CE’s recommendation of \$711,891 in the DHHS budget for staff and operating the mobile health clinic. Discussed the importance of using this resource to address health disparities and reach communities throughout the county. Discussed the range of services that may be provided including telehealth - **Priority List**

- **Charles Koiner Conservancy for Urban Farming:** Recommend approval of the CE recommendation of \$50,000 to support a community-led urban farm in Wheaton, MD to grow food for hyper-local distribution (including donation to nonprofit food distribution partners) using sustainable agriculture practices. **High Priority**

- **Manna Food Center** – the HHS Committee recommends restoring the Executive’s reduction to Manna Food Center of \$300,000 to support operations and infrastructure. **Priority**

- **Tuberculosis Program** – Recommend approval of the CE recommendation of \$44,742 adding 1 FTE to support the Tuberculosis monitoring program. **High Priority**

- **Environmental Health Plan Review Specialist:** Recommend approval of the CE recommendation of \$62,665 adding 1 FTE to support inspections and reviews. This position is needed to fulfill the state mandated inspection requirement, reduce the risk of food borne outbreaks in restaurants, and respond in a timely manner to customer complaints. **High Priority**

- **Nourishing Bethesda** – Recommend approval of the CE recommendation of \$24,000 in one-time funding to support Nourishing Bethesda longer weekly operational hours and enhanced food distribution. **High Priority**

- **HealthCare for the Uninsured: Care for Kids, Montgomery Cares, County Dental Program, (©68-73):**
 - For Care for Kids add \$100,682 to the High Priority list to increase the funding for medical providers. These increases will assist with current workload and in preparing for new migrant and asylum-seeking children – **High Priority**
 - For the Montgomery Cares program, add \$2,000,000 to increase funding for primary care visit reimbursement. This will change the reimbursement rate from \$76.50 to \$102.15 per encounter at 72,000 encounters for FY24. The Committee also recommends approval for the CE recommend amount of \$30,000 for the Behavioral Health Psychiatric Consultation services in Montgomery Cares. **High Priority.**

- For County Dental Services, add \$181,982 to shift 9 FTEs from contract to merit staff. The positions consist of Dental Hygienists and Dental Assistants. **High Priority**
- The Committee requested an update by September 2023 and will convene a session to review the Health Care for the Uninsured programs including detail on the transition from block payment, eligibility and policies.

G. Services to End and Prevent Homelessness – Shelter Services

The Services to End and Prevent Homelessness HHS Committee packet for this service area can be accessed [Here](#) and [Here](#); the staff report memo is attached at ©47-52.

- **Overflow Sheltering**
 - Recommend approval of \$1,511,606 in one-time funding to provide overflow sheltering. **High Priority**
 - Recommend approval of \$1,511,605 in one-time funding to provide overflow sheltering. **Priority**
- **COVID-19 Sheltering:** Recommend approval of the CE recommendation of \$1,001,675 in one-time funding to support individuals who need to isolate due to COVID-19. DHHS will assess the hotel sheltering mid-year to evaluate the continued need for isolation space outside of congregate sheltering. **High Priority**
- **Security Funding:** Recommend approval of the CE recommendation of \$388,702 for Security Services at three Interfaith Shelter in the County. **High Priority**

III. HHS and PHP Joint Committee Recommendations – HIF and SEPH

Services to End and Prevent Homelessness (SEPH) Joint Committee packet for this service area can be accessed [Here](#); the staff report memo is attached at ©53-57.

- **Increase in Rental Rates**
 - For the Housing Initiative program, the Committees supported the CE recommendation of \$1,700,000 to keep up with rental increases. This funding will allow the program to continue to serve 500 households. **High Priority**
 - For the Permanent Supportive Housing, the Committee recommends an increase of \$300,000 to keep up with rental increases. This funding will allow the program to continue to serve 160 households. **High Priority.**
- **Eviction Prevention:** the Committees recommended approval of the \$1,719,438 in the DHHS budget shifting from ARPA funding to County general funds. **High Priority**
- The Joint committees had an extensive discussion on the **Emergency Rental Assistance Program (ERAP) - ARPA funding of \$14,016,832.** This funding is rolled over from FY23 ARPA funding supporting the ERAP/Covid-19 Rental Relief Program (CRRP) within DHHS. The program closed to new applications in January 2023. The Committee members strongly expressed that the CRRP program should be prioritized to open once DHHS resolves the program requirements and other

policy changes that should be implemented. The Committees will hold a worksession by October 2023 to hear updates on expenditures related to the ERAP.

IV. HHS and E&C Joint Committee Recommendations on Issues Involving Education and Collaboration if the School System, including: Newcomers (Bienvenidos Initiative), Early Care and Education, School-Based Health and Mental Health Services, Partnerships, Early Care and Education NDA, and Children’s Opportunity Fund NDA

The HHS and E&C Committee packet for these items can be accessed [HERE](#); the staff report memo is attached at ©21-36.

- The Joint Committee reviewed and recommended approval of the Executive’s proposed FY24 operating budget funding for the following programs and initiatives: Early Childhood Services, Child Care Subsidies, Head Start, Linkages to Learning, School Health Services, High School Wellness Centers, High School Cluster Projects, and Early Care and Education NDA.
- **Newcomers (Bienvenidos Initiative):** Recommended approval of the CE’s recommendation of \$6,436,122 and 14 ftes to support the Newcomers program. **High Priority** The Bienvenidos Initiative has been supported through one-time funding since FY22. The total funding for FY23 Newcomers was \$6,014,669. The new funding will support enhanced case management, mental health services, street outreach and expanded hours of operations at School Based Wellness centers. The Newcomers funding does not support the Emergency Assistance provided to migrants arriving from the US southern border in Washington DC. SAMU First Response is supported through FEMA and the County maintains an agreement with SAMU to utilize a County building for respite services
- **Children’s Opportunity Alliance (COA) NDA:** Recommended adding \$200,000 to the reconciliation list as a **high priority** for the COA NDA. Committee members indicated the need for the COA to report on its completed strategic and work plans, identify specific contract deliverables, and delineate in collaboration and coordination with DHHS how the work in this area will be conducted.
- **New School-Based Health Center at South Lakes Elementary School:** Recommended adding the following amounts to the reconciliation list as **high priorities**, to support services at the new School-Based Health Center at South Lakes Elementary School, as proposed the Executive: \$185,356 for nurse staffing, 1.88 FTEs, and \$409,713 for operating expenses.
- **George B. Thomas Sr. Learning Academy (GBTLA) contract:** Recommended adding back \$300,000 to the reconciliation as a **high priority** for the GBTLA contract in Child and Adolescent School and Community Based Services. The Executive proposed a 50% reduction of \$560,337 to the contract based on the number of students served. Council staff notes that after receiving input from GBTLA, Committee members supported changing the amounts to be added to the reconciliation list from two tranches of \$200,000 to one tranche of \$300,000.

V. HHS CIP Amendment: High School Wellness Center and Expanded Wellness Services

The HHS and E&C Committee packet for these items can be accessed [HERE](#); the staff report memo is attached at ©78-80.

- Recommended approval of the Executive’s recommendation to change funding source for \$1,000,000 in G.O. Bonds to State Aid. The Joint Committee recommended approval of language in the Project Description Form to maintain programmed capacity but remove references to specific expansion sites. The Joint Committee requested that DHHS perform a comprehensive analysis of need and convene the School-Based Health and Wellness Center Advisory Committee to determine recommendations for the priority order of schools

This report contains:

FY24 Recommended Budget charts by Services Area	Pages A – F
HHS Committee Chair Memo – Food Staples Funding	Pages G - H
April 17 HHS Committee staff report memo	© 1-20
April 24 HHS/E&C staff report memo	© 21-36
April 24 HHS Committee staff report memo	© 37-52
April 26 HHS/PHP Committee staff report memo	© 53-57
April 27 HHS Committee staff report memo	© 58-77
April 24 HHS/E&C CIP staff report memo	© 78-80
May 4 HHS Committee staff report memo (Youth Harm Reduction)	© 81-84

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DHHS - ADMINISTRATION

	CE Rec	HHS Committee Rec: High Priority	Committee Rec: Priority	FTE	Comments
Non-profit Inflationary Adjustment - 3%	\$3,074,436	\$3,074,436			High Priority - CE number adjusted for all contracts
Non-profit Inflationary Adjustment Increase - 2%		\$2,590,832			High Priority - additional 2% increase
Non-Profit Inflationary Adjustment Increase - 3%			\$3,074,436		Priority - additional 3% increase
Service Consolidation Hubs	\$3,000,000	\$3,000,000		1.0	High Priority - Support 7 food hubs in the County
CAO Admin/Coding Unit(Revenue Offset)	\$375,507		\$375,507	7.0	
Convert Contractor positions to merit	\$32,347	\$32,347		24.0	
Asian American Health Initiative	\$775,000	\$775,000			High Priority - HCF Grants and Micro-grants
Latino Health Initiative	\$952,545	\$952,545			High Priority - Encuentros (Mental Health Support)
African American Health Program	\$800,000	\$800,000			High Priority - Medication Therapy Management, Health Outreach, SMILE
Black Physicians Healthcare Network		\$1,000,000			
TOTALS		\$12,225,160	\$3,449,943	32.0	

FY24 HHS Required Changes

Item	Recommended Increase (Decrease)	FTE	One-time only?
Annualize FY23 Comp	\$7,075,781		N
EICM Upgrades	\$600,000		N
Risk Management	\$521,113		N
Annualize FY23 Positions	\$457,541		N
Printing and Mail	\$81,021		N
Kronos – Maintenance & License	\$3,938		N
Technical adjustment	\$0	12.81	N
Motor Pool Adjustment	(\$102,397)		N
Retirement Adjustment	(\$274,437)		N
Annualize FY23 Personnel	(\$1,117,260)		N
Elimination of FY23 One Time items	(\$9,016,955)		Y
Net change	\$603,938	12.81	

DHHS - AGING AND DISABILITY

	CE Rec	HHS Committee Rec: High Priority	HHS Committee Rec: Priority	FTE	Comments
DD Supplement - 2%	\$405,042	\$405,042			CE Recommendation - High Priority
DD Supplement Increase - 2%		\$405,042			High priority - additional increase of 2% by HHS Committee
DD Supplement Increase - 4.7%			\$475,924		Priority 4.7% increase for 6 months in one-time funding
AMDC Supplement - 2%	\$42,315	\$42,315			
Medicaid Long Term Services and Supports	\$1,242,237	\$1,242,237		16	Supports new legislation SB636/Medicaid Revenue offset for the Autism Waiver, AERS & CFC
DD Advisory Council	\$36,866			0.5	
TOTALS	\$1,726,460	\$2,094,636	\$475,924	16.5	

DHHS - BEHAVIORAL HEALTH AND CRISIS SERVICES

	FY24 CE Rec	HHS Committee Rec: High Priority	HHS Committee	FTE	Comments
Residential Rehabilitation Providers	(\$110,549)	\$110,549			High Priority: Restore CE reduction to Supplement for Residential Rehabilitation providers
TOTALS	-\$110,549	\$110,549	\$0	0.0	

DHHS - CHILDREN YOUTH AND FAMILIES

	FY24 CE Rec	HHS Committee Rec: High Priority	HHS Committee Rec: Priority	FTE	Comments
Newcomers	\$6,436,122	\$6,436,122		14.0	One-time funding Support continuity of services through the
Linkages to Learning	\$409,713	\$409,713			Operating Expenses for Linkages to Learning School-Based Health Center at South Lakel
Youth Harm Reduction Initiative	\$673,699	\$673,699			One-time funding support
Youth Harm Reduction	\$180,000		\$180,000		Unallocated funding for Youth Harm Reduction Initiative for additional capacity
George Thomas Learning Academy	(\$560,337)	\$300,000			Restore partial funding to George B. Thomas Learning Academy
TOTALS	\$7,139,197	\$7,819,534	\$180,000	14.0	

DHHS - PUBLIC HEALTH SERVICES					
	CE Rec	HHS Committee Rec: High Priority	HHS Committee Rec: Priority	FTE	Comments
004604 CSA III Position		-\$53,729		-0.5	Eliminating position that has been vacant for 4 plus years
Food Staples	\$6,150,000	\$3,150,000			<i>One-Time Funding to support food distribution</i>
Food Staples			\$3,000,000		<i>One-time funding to support food distribution</i>
COVID-19 Response	\$4,781,300	\$1,730,000			<i>One-Time Funding for Vaccines, Surveillance & Testing</i>
COVID-19 Response			\$3,051,300		<i>One-time funding to supporting testing</i>
Mobile Health Clinic	\$711,891	\$711,891		5.0	High Priority - Shifting from ARPA funding to County funding
MCares Reimbursement	\$2,000,000	\$2,000,000			High Priority - increase the primary care reimbursement rate to \$102.15 for clinic providers
Manna Foods	(\$300,000)		\$300,000		Priority - Restoration of funds
SBHC - Nurse Staffing	\$185,356	\$185,356		1.9	Nurse staffing of School-Based Health Center at South Lake Elementary School
County Dental - Contract to Merit	\$181,982	\$181,982		9.0	High Priority - Dental Hygienist and Dental Assistants transition from contract to merit employees
Care for Kids		\$100,682			High Priority - Support for Medical Services
Koiner Urban Farming	\$50,000	\$50,000			High Priority - supporting an urban farm in Wheaton
Environmental Health Review Specialist	\$62,665	\$62,665		1.0	High Priority - new FTE to support L&R required inspections
TB Program	\$44,742	\$44,742		1.0	High Priority - new FTE to support TB reporting requirements
MCares Behavioral Health	\$30,000	\$30,000			Funding to support the BH Psychiatric consultation
Nourishing Bethesda	\$24,000	\$24,000			<i>One-time funding for operational support and enhanced food distribution</i>
TOTALS	\$13,921,936	\$8,217,589	\$6,351,300	17.4	

DHHS - SERVICES TO END & PREVENT HOMELESSNESS

	FY24 CE Rec	HHS Committee Rec: High Priority	HHS Committee Rec: Priority	FTE	Comments
ERAP/ARPA Funding (Non-Rec List Item)	\$14,016,832	\$14,016,832		28	FY24 ARPA funding to support the Emergency Rental Assistance/COVID Rental Relief Program
Overflow Sheltering	\$3,023,211	\$1,511,606			<i>One-Time funding</i> to support individuals/families needing immediate housing based on need.
Overflow Sheltering			\$1,511,605		<i>One-Time funding</i> to support individuals/families needing immediate housing based on need.
Eviction Prevention	\$1,719,438	\$1,719,438			High Priority - replacing ARPA funds
COVID-19 Sheltering	\$1,001,675	\$1,001,675			<i>One-time funding</i> to support individuals who have tested positive and need to isolate
Security Funding for Interfaith Shelters	\$388,702	\$388,702			Supporting Security services at 3 Interfaith shelters
Housing Initiative Program	\$1,700,000	\$1,700,000			High priority: funding needed to support increase rent cost and support the same number of households
Permanent Supportive housing	\$300,000	\$300,000			High priority: funding needed to support increase rent cost and support the same number of households
TOTALS	\$8,133,026	\$6,621,421	\$1,511,605	0	



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MD

GABE ALBORNOZ
COUNCILMEMBER AT-LARGE
HEALTH & HUMAN SERVICES, CHAIR
EDUCATION & CULTURE

MEMORANDUM

May 8, 2023

TO: All Councilmembers
FROM: Councilmember Gabe Albornoz
SUBJECT: FY24 Funding for Food Staples in DHHS Operating Budget

Dear Colleagues,

I am writing regarding the FY24 funding for Food Staples in the Department of Health and Human Services (DHHS) Operating Budget. The County Executive recommended an FY24 total of \$6.0 million in one-time funding in DHHS to continue the County's response to food insecurity. Through the Food Staples Program, DHHS in partnership with Capital Area Food Bank and Manna Food Center distribute food to over 80 local providers who provide direct food assistance. In FY23, the County supported this program through a total of \$12 million in County funds, which were appropriated first in \$4 million through the annual budget process last spring and second in \$8 million of supplemental funding this winter.

The HHS Committee reviewed the recommended FY24 funding and supported the Executive's recommendation in two tranches on the reconciliation list: \$3.15 million as high priority and \$3 million as priority, and of the high priority, \$150K is identified for the Farm to Food Program. We did this in order to be fiscally cautious per the Council's overall approach this year, and with the acknowledgement that we may have to return later in the year to respond as needs and conditions evolve. The Committee also emphasized the need for DHHS and the newly established Office of Food System Resilience to develop a strategic plan for strengthening community food networks; setting criteria and metrics for food distribution; and creating a sustainable path forward for County funding to leverage other resources.

At this time, I believe there remains too much need in our community and too many unknown variables for providers for the Council to reduce our initial funding of Food Staples below the Executive's recommended level. At the same time, I acknowledge our collective effort to reduce

the fiscal impact of the FY24 Operating Budget. As discussed by the Council at its March 21st update on the American Rescue Plan Act (ARPA) funding, the prior Council had set-aside (but not yet appropriated) \$6.45 million from the County's general ARPA distribution to support food security and distribution. I plan to make a motion during the Council review of this item in the DHHS budget discussion on Thursday, May 11, that the Council appropriate this \$6.45 million of ARPA funding to support the Food Staples program in FY24. This will remove the County funding of \$6.0 million from the reconciliation list and will alleviate some of the funding pressures on FY24; it will also use one-time-only ARPA funding for program funding that has been designated one-time pending further evaluation and analysis. Most importantly, this approach will provide stability for our community partners and providers and support for the needs in our community as we work to develop a sustainable and strategic plan going forward.

Please let me or my staff know if you have any questions. I look forward to your support of this important effort.

MEMORANDUM

April 13, 2023

TO: Health and Human Services Committee

FROM: Tara Clemons Johnson, Legislative Analyst
Essie McGuire, Senior Legislative Analyst

SUBJECT: FY24 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

Expected Attendees:

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)
Jason Rundell, Acting Chief Operating Officer, DHHS
Joshua Watters, Deputy Director, Office of Management and Budget (OMB)
Deborah Lambert, Senior Fiscal and Policy Analyst, OMB
Grace Pedersen, Fiscal and Policy Analyst, OMB
Odile Brunetto, Chief, Aging and Disability Services, DHHS

Service Area Review Schedule:

Health and Human Services (HHS) Committee

April 17	April 24	April 27th
Overview	Children, Youth and Families (except jointly reviewed items)	Public Health
Administration (except for Office of Community Affairs) including Food Security	Behavioral Health and Crisis Services	Administration (Office of Community Affairs)
Aging and Disability	Services to End and Prevent Homelessness (Shelter Services and non-joint items)	Follow-up Items
Office of Food Security Resilience		

Joint HHS and Education and Culture Committee

April 24th and May 3rd	
Early Childhood Education	School Based Health Centers
Child Care Subsidies	High School Wellness Centers
Children Opportunity Fund	Mental Health Supports
School Health Services	
Linkages to Learning	
May 3rd Follow-Up Items	

Joint HHS and Planning, Housing and Parks

April 26th
Rental Assistance Programs in the Department of Housing and Community Affairs (DHCA) and in Services to End and Prevent Homelessness

OVERVIEW

The County Executive’s FY24 Operating Budget for DHHS is an increase of \$44.9 million, 11.24 percent, above the FY23 approved level. Of this increase, \$39 million is in the County General Fund and \$9.8 million in the grant fund. There is a total increase of 86 full-time equivalents (FTEs) recommended for DHHS, an increase of 6%. The FY24 recommended budgets for this discussion are available at circles 1-20.

	FY23 Approved	FY24 Rec	Difference
Department Total	\$435,125,666	\$484,049,422	\$48,923,756
FTEs	1,856	1,974	118
Aging and Disability	62,473,715	66,477,883	\$4,004,168
FTEs	185	202	17
Behavioral Health & Crisis	50,828,662	53,176,954	\$2,348,292
FTEs	236	250	14
Children, Youth, and Family	115,473,738	119,751,275	\$4,277,537
FTEs	610	619	9
Public Health	\$94,468,891	\$107,826,046	\$13,357,155
FTEs	571	585	14
Services to End and Prevent Homelessness	\$45,308,810	\$66,314,688	\$21,005,878
FTEs	87	137	50
Administration	\$66,571,850	\$70,502,576	\$3,930,726
FTEs	167	181	14

Council President’s Approach to the FY24 Operating Budget

Council President Glass sent a memorandum to Councilmembers outlining his intended approach to reviewing additions in the FY24 Operating Budget above the FY23 approved funding level. This memorandum is attached on circles 21-23; Council staff highlights the following aspects that are particularly relevant to the HHS Committee review:

- All tax supported additions, whether originated by the Executive or Councilmembers, are to be placed on the reconciliation list.
- Items on the reconciliation list must be identified as “high priority” or “priority”; items can be split with funding in both categories.
- Committees should work to identify other base budget reductions to the extent possible.
- Staff should indicate the role of Federal funding in the budgets, either ongoing or being replaced by County funds.

Council staff will structure the staff reports for Committee review according to these elements. For each service area, staff will outline the changes, identify relevant considerations such as revenue impact, and propose a priority designation.

Racial Equity and Social Justice

DHHS has demonstrated a commitment to promoting racial equity and social justice (RESJ) through the program and policies recognizing that systems of oppression can affect health care and the delivery of human and social services.

The Department provided the following summary of the racial equity and social justice impacts of their budget and programmatic decisions:

In 2009, DHHS established a department wide Equity Workgroup. There are two dedicated staff responsible for strategic planning and follow up work resulting from the workgroup. The staff maintain communication with the Office of Racial Equity and Social Justice (OREJ) regarding activities taking place so there is collaboration and coordination. DHHS has recently begun to map planned activities based on the understanding of what the RESJ expectations are and reporting requirements to the Council and public.

DHHS shared that demographic data including race/ethnicity, language preference and country of origin fields have been included in two integrated data systems, the Enterprise Integrated Case Management (EICM) system and the Electronic Health Record (EHR). DHHS believes that the collection of this information is important for program planning and operation. Moving forward, it will be the basis for programs in using the Equity lens in decision-making. The Planning, Analytics and Customer Service Office (PACS) leads the department's data and analytics and has supported Public Health, Services to End and Prevent Homelessness, and Food HUBS by using demographic, geographic, and program usage data to understand and implement strategies to provide critical services in the last 3 years of the pandemic. There are several efforts within HHS that use data, including demographic data and census data to inform their work, such as Healthy Montgomery's dashboard that offers in-depth information, such as gender-based disparities in health outcomes across dozens of metrics.

The Office of Racial Equity and Social Justice (ORESJ) shared the department indicates that it is meeting all of the requirements outlined by the rubric - and in some instances going beyond them

- it is clear that DHHS work began prior to the passage of Bill 44-20. Due to this, DHHS work is not completely in alignment with the goals of ORESJ as the information provided details efforts to advance equity, however, there is not an explicit racial equity lens.

DHHS did not provide a RESJ statement per service area. **Council staff recommends** that this level of detail be provided to the Committee for future budget discussions and consideration of ongoing and new programs/services.

Public Testimony

The Council is holding public hearings on the FY24 Recommended Operating Budget April 11th and 13th. The Committee will continue to include testimony in its reviews and considerations throughout the Committee budget worksessions and can return to issues in later meetings as needed.

A. Federal Funding and Emergency Response

Federal funding through the American Rescue Plan Act (ARPA) has supported several programs within DHHS to aid in public health, provide emergency relief and supports in the community, and build capacity and economic recovery from the COVID-19 pandemic. As Federal funding comes to an end, the Council will need to determine whether and to what extent these services can be continued with County funds and how to achieve sustainable practices going forward. This transition will require the County to understand and consider how to address the long-standing economic and social challenges that were exacerbated by the pandemic and continue to affect residents.

The chart below shows the changes in ARPA funding recommended for FY24. The specific program changes and funding impacts will be further detailed in the relevant service areas. The only recommended ARPA funds to be utilized by DHHS in FY24 are for the Emergency Rental Assistance program.

FY24 ARPA Executive Recommended Changes

Item	FY24 Rec Increase (Decrease)	FTE	One-time only?	Notes
Service Consolidation Hubs	(\$3,000,000)		N	Shifting \$3m to General Funds
Rental Assistance Program	(\$3,438,875)		N	Shifting to General Funds – Eviction Prevention \$1,719,438 and ERAP
Mobile Health Clinic	(\$500,000)	(5.0)	N	Shifting to General funds - \$711,891 and 5.0 FTE
Emergency Rental Assistance (ERAP)	\$14,016,832		N	

B. DHHS Required Changes

The FY24 recommended budget for DHHS includes items Council staff has identified as required changes: charges or annualizations needed to continue or maintain essential services, increasing costs for central IT services, and other personnel cost adjustments. **Council staff recommends that these items be approved but not placed on the reconciliation list**, as they will need to be added to the budget to complete prior commitments or for routine administrative matters.

FY24 CE Recommended Changes: Required Changes

Item	Recommended Increase (Decrease)	FTE	One-time only?
Annualize FY23 Comp	\$7,075,781		N
EICM Upgrades	\$600,000		
Risk Management	\$521,113		N
Annualize FY23 Positions	\$457,541		N
Printing and Mail	\$81,021		N
Kronos – Maintenance & License	\$3,938		N
Technical adjustment	\$0	12.81	
Motor Pool Adjustment	(\$102,397)		N
Retirement Adjustment	(\$274,437)		N
Annualize FY23 Personnel	(\$1,117,260)		Y
Elimination of FY23 One Time items	(\$9,016,955)		Y
Net change	\$603,938		

C. Department Vacancies

As of March 2023, DHHS is the second highest County department in terms of number of vacancies, totaling \$20.9 million and 246 positions. Below is the chart of the vacancies in the DHHS service areas.

	Vacancies (FTE)	FY24 Rec
Department Total	246	\$20.9 million
Aging and Disability	22	\$2.6 million
Behavioral Health & Crisis	28	\$3.3 million
Children, Youth, and Family	109	\$6.1 million
▪ <i>Child Welfare</i>	48	\$2.1 million
▪ <i>OESS</i>	44	\$2.3 million
Public Health	62	\$6.2 million
▪ <i>School Health Positions</i>	40	\$3.6 million
Services to End and Prevent Homelessness	11	\$1.2 million
Administration	14	\$1.5 million

- Of the \$20 million in vacancies, \$3.9 million (56 positions) have been vacant over one year, \$840k (13 positions) have been vacant over 2 years.
- The vacancies include 18 executive/manager level positions funded at \$3.2 million. This includes positions such as the vacant Director of DHHS, the Chief Operating Officer, and a Psychiatrist.
- The recommended budget includes an additional lapse adjustment of **(\$3,049,437)**, assuming higher than expected vacancies for FY24. This lapse would be 14.5% percent of the current vacancies in DHHS.
- The department shared that the length of an open vacancy may be misleading. If a position is reclassified or moved, it does not show the date from when it became a different position. It maintains the original date.

The Committee may want to discuss with Executive staff the strategies to approach filling these vacancies across the department. As Council staff presents the analysis of each DHHS service area, information on vacant positions and new FTEs will be highlighted.

ADMINISTRATION

CE Recommended Changes: Administration

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
Service Hubs	\$3,000,000	1.0	N	Replacing ARPA funding
Food Staples	\$3,150,000		Y	(Public Health)
Transfer position – DHHS to OHR	(\$105,892)	1.0		
Convert contractor positions to merit	\$32,347	24	N	Consistent with legal advice; partial cost offset
Net Total	\$9,044,108			
TIER II: PRIORITY				
Non-profit Inflationary Adjustment	\$3,074,436			
CAO Admin/Coding Unit (Revenue Offset)	\$375,507	7.0	N	Improves billing efficiency; partial revenue offset
Food Staples	\$3,000,000		Y	(Public Health)
Net total	\$6,074,436			

A. Administration Vacancies

As of March 2023, the Administration Service area of DHHS has 14 vacancies totaling \$1.4 million. The details are included in the following bullets:

- The Chief Operating Office has 7 vacancies totaling \$625,000. The 7 vacancies have been open less than one year. The Committee may want to question DHHS on timing of hiring or any intended lapse.
- The Director’s office has 5 vacancies including the Director of DHHS, totaling \$600,000. Two of the vacancies are over one year old. There are also 2 vacancies in the Office of Community Affairs.

B. Inflationary Adjustment to Eligible Non-Profit Contracts: \$3,074,436

Provides an adjustment to eligible non-profit and other contracts in the base budget of DHHS and contracts in other departments that meet the eligibility criteria. The contracts would otherwise remain level funded unless a specific increase is recommended.

- For FY24, the County Executive recommends **\$3,074,436** to provide a 3% inflationary increase.
- Recent funding history:

FY20	FY21	FY22	FY23	FY24 Rec
3%	0	3%	8%	3%

- The recommended increase for FY24 is significantly less than last year’s adjustment. Executive staff states that the 3% level of adjustment was recommended because the Consumer Price Index (CPI) over the last 24 months has been approximately 11%; combining the FY23 8% inflationary adjustment plus the recommended 3% for FY24 would be consistent with the CPI over the last 24 months.
- In public hearing testimony, some non-profit providers requested an additional 3% inflationary adjustment in FY24, for an FY24 total of 6%.

Council staff recommendation: support the recommended inflationary of **3%** referencing the CPI over the last 24 months and the FY23 inflationary adjustment. Staff will identify the policy for awarding this increase through language in the final budget resolution.

B. Community Grants Shifted to Base Budget

For FY24, the County Executive recommends shifting 7 grants totaling \$326,284 from community grants to the DHHS base budget.

- A list of these grants is attached at circle 24 and can be accessed at the following:
- http://www.montgomerycountymd.gov/OMB/Resources/Files/omb/pdfs/FY24/psprec/80-FY2024-REC_CommunityGrantstoBaseBudget.pdf
- The budget states that the shifted grant amounts indicated include the recommended 3% non-profit inflationary increase (discussed above).

Council staff recommendation:

- **Support** shifting the 7 identified grants totaling \$326,284 to the DHHS base budget
- Adjust amounts, if necessary, in alignment with the ultimately approved amount for the non-profit inflationary adjustment, if changes are made to meet affordability constraints.

D. Service Consolidation Hubs, \$3 million

The Service Consolidation Hubs located throughout the County were initiated during the pandemic and brought local community partners together to provide food distribution, food home deliveries, and other social services at eight different locations. The Hubs were started during the onset of the pandemic through federal funds – CARES Act and ARPA. The FY24 CE’s recommendation will fully transition the Hubs program to County general funds.

The FY24 recommended budget is an increase of \$3 million in new County funds to support seven hubs. This is replacing the FY23 funding level of \$3 million in ARPA funding. DHHS reported the total hub funding amount is approximately \$5.4 million. The direct allocations for the hubs totals \$3.2 million; the rest of the funds are administered centrally and support food, diapers, programs, and case management.

Service Data

DHHS provided background and updated information on the Service Consolidation Hubs. The data below show the service delivery experience by Hub to date in the fiscal year. On average, the Hubs service over 6,250 families weekly in food services.

FY23 Hubs Service Data: July 1, 2022 - March 20, 2023												
site	Households		Children		Seniors		Individuals		Pounds Distributed		Distributions	
	Average/Wk	Total	Average/Wk	Total	Average/Wk	Total	Average/Wk	Total	Average/Wk	Total	Average/Wk	Total
Clifton Park Baptist /SS	1,104	41,967	1,451	55,151	658	25,002	3,480	132,241	16,290	619,026	9	353
Harvest/ Olney	613	23,275	1,103	41,901	457	17,352	2,960	112,483	18,516	703,592	1	46
Hughes/ Wheaton Glenmont	700	26,608	1,176	44,688	535	20,320	3,109	118,128	19,046	723,766	3	130
Interfaith/ Rockville	499	18,945	730	27,729	120	4,553	1,705	64,798	16,794	638,175	2	64
Oak Chapel/ 20906	366	13,926	667	25,336	281	10,671	1,703	64,699	17,432	662,430	4	164
Kingdom Fellowship/ East County	927	35,238	1,237	47,003	416	15,816	3,120	118,556	23,818	905,092	4	164
Seneca Creek/Gburg	851	32,345	1,652	62,776	524	19,902	4,680	177,851	24,148	917,605	25	936
UpCounty Hub	1,192	45,277	2,483	94,338	658	25,000	5,100	193,807	31,984	1,215,397	9	328
TOTAL	6,252	237,581	10,498	398,922	3,648	138,616	25,857	982,563	168,029	6,385,083	58	2,185

FY24 funding levels for the hubs is as follows:

Hubs	FY23 Approved	FY24 Recommended
Black Rock	\$ 650,000	\$ 650,000
Clifton	\$ 650,000	\$ 650,000
Seneca	\$ 400,000	\$ 400,000
Kingdom	\$ 400,000	\$ 400,000
Interfaith	\$ 400,000	\$ 400,000
Hughes	\$ 400,000	\$ 400,000
Harvest	\$ 300,000	\$ 300,000
Oak Chapel	\$ 300,000	\$ -
Total	\$ 3,500,000	\$ 3,200,000

Staff notes that funding for the Oak Chapel Hub was not included for FY24. The Executive shared that services and food distribution provided by the Oak Chapel hub overlapped with other sites: the Oak Chapel hub served one zip code while other hubs served greater areas and there are two other hubs (Hughes and Harvest) that are within a 5-mile radius. Council staff also notes that the funding identified for the Oak Chapel site in FY23 was supported through ARPA funding.

- Oak Chapel leadership submitted correspondence that they would like to continue to receive food allocations through DHHS in FY24. In FY23, Oak Chapel operated as full-service choice style pantry providing food (including shelf staples, fresh produce, dairy, and meat), baby diapers/wipes, feminine hygiene products, and case management services

Council Staff recommendations: Support the Executive’s recommended FY24 funding level for the Service Consolidation Hubs.

E. Food Staples Program, \$6.15 million

Summary

- The Executive’s FY24 recommended budget includes **\$6 million** in one-time funding in DHHS to continue the County’s response to food insecurity. An additional **\$24,000** is allocated to Nourishing Bethesda to support its operational efforts in providing food assistance.
- The Food Staples Program is to support food assistance providers within Montgomery County. DHHS in partnership with Capital Area Food Bank and Manna Food Center distribute food to over 80 local providers who provide direct food assistance.
- The Food Staples is included in the budget as a one-time item; however, it was funded in FY23 with general funds.

Discussion

The County is transitioning to a post pandemic response to Food Security. Federal funds supported an extensive food distribution network through the pandemic as Federal funds have come to an end there is a need to determine ongoing programmatic sustainability.

To date, the Council has approved over \$45 million in emergency food assistance funding since June 2020, including: \$23.1 million in FY21, \$10.6 million in FY22 and \$12.2 million in FY23. DHHS estimates that the food staples program supports upwards of 60,000 people weekly.

The program is supported by three DHHS staff. Going forward, additional guidance and coordination will be carried out through the newly established Office of Food Systems Resilience (OFSR).

The \$12.2 million in food staples funding in FY23 was appropriated in two parts: \$4 million was included in the FY23 budget initially and the Council approved \$8 million in a supplemental appropriation in the fall. The total \$12.2 million was funded through General funds. Executive staff stated that the intent for the FY24 recommended funding level of \$6 million is to monitor experience in the coming year.

Council Staff Recommendation:

- Support the Executive's recommended **\$6 million** funding level for food support in DHHS and continue to reevaluate based on experience during the upcoming year.
- The Committee may want to consider placing this funding in two increments of \$3 million each, one as high priority and one as priority, to allow flexibility in determining the funding level to start the fiscal year.
- Request DHHS and the OFSR to develop a sustainable program model to be shared with Council for review in September 2023. Information on scope, target population, eligibility, key stakeholders, and an outcome evaluation will help establish a long-term strategic plan. If needed, the Council could revisit the FY24 funding level in the context of that strategic plan.

DHHS provided the following update on the Food Access Call Center (FACC):

Requests for FACC assistance were received via an online referral form. The FACC attendant reviewed the submitted information prior to contacting the household. In this respect, outbound calls were primarily made from the FACC.

DHHS noted a significant reduction in requests for FACC assistance towards the end of 2022. As a result, the center was closed on December 31, 2022. Residents requiring food assistance remain able to contact MC311 in order to coordinate with the HUBS as well as the local non-profits/faith-based institutions providing nutritional assistance in Montgomery County.

- During FY23 approximately 1000 referral forms were received and addressed by the FACC.

- FACC requests were received in either English or Spanish. DHHS intentionally recruited a bilingual representative fluent in both languages to effectively respond to the requests.
- Residents using smart phones often requested the web links to nearby HUBS and/or food pantries to follow-up independently. Households experiencing significant distress often required much more time with the FACC representative (20 minutes or more). Towards the end of the fiscal year, as the impact of COVID-19 eased, reductions in received requests and average length of outbound calls were noted.

F. Office of the Chief Administrative Officer Administrative (CAO) Staff Including Coding Unit (Revenue Offset) \$375,507

DHHS has shared the following on the staff support needed for the CAO office:

Administrative Requested Increase

This FY24 recommended budget item includes staffing for general increased volume in the Office of the Chief Operating Officer (OCCO) as well as staffing for the coding unit. The staffing needed for increased volume in OCCO includes:

- 2 Program Manager II’s
- 1 Administrative Specialist II
- 1 Fiscal Assistant

The increase in volume is related to a variety of increases in administrative functions without comparative increases in administrative staff. The department has grown and with that growth there is a great increase in the administrative burden. See below for the amount of growth in some key Admin functions, though these are not the only growth DHHS has experienced. This also does not take into account the growth we will have in admin work from the additional budget items in FY24. DHHS is seeking to keep up with the administrative burden by strengthening the staff in these core functions.

DHHS ADMIN BURDEN SUMMARY	FY21	FY22	FY23 Budget
Contract Management			
Contracts Management staff (fte's)	11	11	13
Number of Contracts	377	726	726
Number of Contracts per staff	34	66	56
Human Resources			
Human Resources Staff	6	6	7
Labor Relations Staff	1	1	1
Number of HHS Positions	1,086	1,880	1,958
Ration Human Resources Staff to Positions	181	313	280

Ratio Labor Relations Staff to Positions	1,086	1,880	1,958
Fiscal Team			
Fiscal Team staff	7	6	6
Number of Invoice Lines	11,446	16,520	16,520
Purchase order Lines per Staff	1,635	2,753	2,753

Note - FY23 has level amounts for fiscal and Contracts, however DHHS expects growth

Note - FY23 positions does not include supplemental positions and FY24 will likely increase.

CAO Coding Unit for DHHS

The staffing needed for the coding unit includes:

- 2 Program Specialist II's
- 1 Office Services Coordinator

The Coding unit assists all areas of DHHS by correcting the existing codes and customizing codes for each practice, which will maximize DHHS revenue and will extend the services provided to the county's clients. The benefits provided include:

- Improved patient care: Coders ensure that medical records are complete and accurate, which leads to better patient care and treatment outcomes.
- Reduced billing errors: Accurate coding reduces billing errors, ensuring that patients are billed correctly and that insurance claims are processed accurately.
- Compliance with regulations: Coders ensure that medical records are compliant with all regulations and standards, including HIPAA and other industry regulations.
- Public health reporting: Accurate coding helps in tracking the incidence and prevalence of diseases, identifying risk factors, and evaluating the effectiveness of various treatments and interventions.
- Cost savings: Accurate coding leads to reduced billing errors and improved financial performance for healthcare providers, resulting in cost savings.

The budget chart details that the cost of the staff is more than fully offset with anticipated revenues.

Revenue Offset	FY24 Rec – Cost	Revenue	Net Cost
CAO Admin Staff including Coding Unit	\$375,507	\$799,355	\$ (423,848)

Council staff recommendation: Support the Executive's recommended addition of \$375,507 to increase billing efficiency and realize additional revenue offsets.

AGING AND DISABILITY

	FY23 Approved	FY24 Rec	Difference
Aging and Disability	62,473,715	66,477,883	\$4,004,168
FTEs	185	202	17

CE Recommended Changes: Aging and Disability

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
DD Supplement: 2% increase	\$405,042		N	
AMDC Supplement 2% increase	\$42,315		N	
DD Advisory Council	\$36,866	0.5	N	Implements Council Bill #10-23
Autism Waiver Prog	\$570,575	10	N	SB636/Revenue offset in detail
Adult Evaluation and Review Services	\$374,591	6	N	SB636/Revenue offset in detail
Community First Choice	\$297,071		N	SB636/Revenue offset in detail
Net Total	\$1,726,460			
TIER II: PRIORITY				
Net total				

A. Aging & Disability Vacancies

As of March 2023, the Aging and Disability service area has 22 vacancies totaling **\$2.6 million**. Of the 22 vacancies, 6 FTEs have been vacant over one year; these include 4 Community Health Nurses, 1 Social Worker, and 1 Program Manager.

The FY24 recommended A&D budget adds 17 new FTEs. All the new FTEs are dedicated to the Medicaid Long Term Care programs which experienced an expansion with new the state legislation, SB636 Waitlist Reduction (End the Wait Act). The bill requires a reduction in the wait list for Medicaid waiver programs so residents are not waiting for the critical services and supports they need.

Council staff recommendation: The Committee may want to discuss the need for the vacant positions over one year old. Nationally, there has been a shortage in the health care workforce particularly among nurses and concerns about compensation. The Community Health nurses vacancies are likely an indicator of the significant challenges in sustaining the County government health care workforce post-pandemic.

B. Supplement for Developmental Disability Service Providers: \$405,042

Summary

- **For FY24, the Executive recommends a two percent increase of \$405,042 to bring the total supplement amount to \$20,657,130 for FY24.** The recommended increase is

less than what was requested by the Inter-Agency Coordinating Committee on Developmental Disabilities (Inter-ACC/DD).

- The FY24 recommended budget also includes implementation of the Intellectual and Developmental Disabilities Commission, an increase of **\$36,866 and a .5 FTE**. The Council approved establishment of the Commission through Bill 10-23 on March 28, 2023.
- In April 2023, the Governor proposed, and the General Assembly supported, \$117 million in total funds to provide a 4% rate increase in July, followed by an 8% increase in January 2024, for DDA community services as part of the statute increasing the minimum wage on January 1, 2024.

Discussion

The Inter-ACC/DD is a coalition of 41 service providers operating community-based support services in Montgomery County funded primarily by the Maryland Developmental Disabilities Administration (DDA). Provider agencies receive approximately \$295 million annually from DDA to support about 4,000 Montgomery County residents with intellectual and developmental disabilities.

Inter-ACC/DD submitted documentation (attached on circles 25-27) regarding the FY24 request, recent history of State and County revenues for providers, and an update on challenges and operations at this stage of the COVID-19 pandemic experience. They are struggling to maintain health and safety for individuals and staff, direct service hours have returned to pre-pandemic levels despite staffing shortages, and several county providers have not transitioned fully into the new Maryland Long Term Services and Support System (LTSS) billing system. Per Inter-ACC/DD, even with the new rates through LTSS, the state funds each service at an average of 86% of the total rate. During the 2023 legislative session, the Maryland Department of Health leadership expressed their commitment to ensuring that there is not a delay in providers entering into LTSS on July 1, 2023.

DD providers in Montgomery County face challenges regarding reimbursement rates due to both the higher cost of living in Montgomery County and the state's minimum wage. Governor's Moore's FY24 proposed budget included funds to transition DD providers toward the State's \$15/hour minimum wage goal; however this increase is reflective of what was planned in current law. The Governor's proposed budget accelerates the timeline of the minimum wage adjustment to \$15/hour by October 1, 2023; however, it does not address the Cost of Living in Montgomery County. The slated timeline for the Governor's increase is 4 percent on July 1st and another 8 percent in January 2024. Combined this would be a 12% increase in FY24.

The Inter-ACC/DD FY24 requested funding amount is an 8.7% increase, total funding of \$22,014,020. This amount is \$1,356,890 more than the amount in the CE March 15 budget. Per Inter-ACC/DD, this amount is not an expansion but a request for the supplement to reflect the cost of business. Inter-ACC/DD cites the 8.7% increase is the U.S. Social Security cost of living adjustment as measured by the consumer price index, [SSA.gov/COLA](https://ssa.gov/COLA).

The chart below identifies examples of alternative funding levels by percentage. The largest increase in the chart, 4%, reflects 46% of the increased amount requested by Inter-ACC/DD. The levels below relate to the County supplement; if a 2% increase is approved by the County, as of July 1st the providers will receive a 6% increase (2% from the County and the State’s 4%). As of January 2024, the providers will receive an additional 8% increase from the State which will be a total increase of 12% from the State.

FY24 DD Supplement Examples		
2%	3%	4%
\$405,042	\$607,563	\$810,084

Staff notes that County Council received testimony and letters for the increased FY24 DD supplement amount at 8.7%

Council Staff recommendations: Support the Executive’s recommended amount of **\$405,042**.

- The Governor has committed to increasing provider rates by 12% in FY24. The Committee could discuss any remaining gaps and impacts on the DD providers and community after the increase is implemented in Spring 2024.

C. Adult Medical Day Care Supplement: \$42,315

Summary

- **For FY24, the Executive recommends a two percent increase of \$42,315, to bring the total supplement amount to \$2,158,106. The percentage increase is consistent with the recommendation for the DD Supplement.**

Adult Medical Day Cares (AMDC) provide critical support to individuals aged 16 and older who are medically compromised or are functionally and/or cognitively impaired. These individuals cannot live independently, but with support can continue to live at home. AMDCs provide a range of services, including transportation and meals, and provide an important source of social activities for participants.

Starting in FY19, the County has provided support funding to eligible AMDC providers. The State’s Medicaid reimbursement rates make it difficult to meet higher costs of business in Montgomery County, including the minimum wage. The funding history for the program is as follows:

- In FY19 and FY20, the Council appropriated **\$651,012** for these support payments.
- The FY22 approved budget was **\$670,542**. During FY22, Council approved an appropriation of \$1.2 million in ARPA funding. These funds were used to support the AMDC providers who had to close their facilities during first part of COVID-19.
- The FY23 approved budget was **\$2,115,790**, an increase of \$1,445,248 over the FY22 base.

Adult Medical Daycare is reimbursed on a per day basis. The FY23 reimbursement rate was \$104.81 per day. A single per-day reimbursement rate is used by Medicaid for any participant, regardless of their level of care needs. The Montgomery County Coalition of Medical Day Cares shared that due to Covid-related reduction in attendance at AMDCs, the effective revenue is currently lower than that in 2019, while the cost of operation has grown higher due to significant increases in labor rates and inflationary pressures.

For FY24, the Maryland Association of Adult Daycare Services (MAADS) estimates that there will continue to be a revenue gap despite the Governor’s planned minimum wage increase. This is based on post-covid reduction in in-facility attendance, combined with termination of the administrative fee. The MAADS is requesting \$3 million in FY24 support for gap funding at the “effective County wage” or 120% of minimum wage. The MAADS information is attached at circles 28-29.

The chart below identifies examples of alternative funding levels by percentage. The largest increase in the chart is, 4% or **\$84,630**. This amount reflects 72% of the increased amount requested by MAADS. The levels below relate to the County supplement; if a 2% increase is approved by the County, as of July 1st the providers will receive a 6% increase (2% from the County and the State’s 4%). As of January 2024, the providers will receive an additional 8% increase from the State which will be a total increase of 12% from the State.

FY24 ADMC Supplement Examples		
2%	3%	4%
\$42,315	\$63,473	\$84,630

Council staff recommendation: Support the CE recommend amount of **\$42,315**.

- As described above, the Governor has committed to increasing provider rates by 12% in FY24. The Committee could discuss any remaining gaps and impacts on the AMDC community after the increase is implemented in spring 2024.

D. Grants to organizations supporting people with disabilities, \$1.5 million

The County Executive has recommended grants to support organizations supporting people with disabilities. **The grants are not for the Committee to consider as part of the Aging and Disability budget, however, Council staff did want to note that this grant opportunity will be available for community organizations.** It is possible that some of the organizations under the Developmental Disability providers could apply for and be awarded grant funding. DHHS shared that this funding is not intended to expand or supplement existing programs funded by HHS, or other Departments, but would be for new programs and initiatives that don’t fit into a single Department or existing set of programs.

E. Autism Waiver Program, \$570,575, 10 FTEs (Medicaid revenue offset)

DHHS shared the following on the increased demand and expansion of the Medicaid Long-Term services.:

Increased Staff to meet Autism Waiver program demands \$112,526, 2.0 FTEs

The Autism Waiver (AW) Program allows eligible children with Autism Spectrum Disorder to receive waiver and Medicaid services in their community. This program is operated under a Memorandum of Understanding (MOU) with Montgomery County Public Schools (MCPS). The Maryland State Department of Education (MSDE) is the lead state agency, but MDH is also a partner in the program.

In response to the increased case count, the FY24 CE recommended budget includes **2 merit Program Specialist II (case managers) positions** to address the current workload (bringing the total number of Service Coordinator/Case Managers to 9). With 9 Coordinators the average caseload will be 45. Per the MOU with MCPS, the optimal caseload for a Coordinator is 40, so that would require the program to have 9 coordinators. This increase in the number of clients served will be ongoing as the State ramps up its efforts to get more children off of the Autism Waiver Waiting List.

Expansion of the Autism Waiver program, \$458,049, 8.0 FTE

The recommended budget includes **7 Program Specialist II (PSII) positions** and **1 Program Manager (PMII) position**, in response to the SB636 - End the Wait Act. During the 2022 legislative session SB636 was passed. This bill requires MDH to reduce the waiting list for several Home and Community Based Services Waiver programs (including the Autism Waiver registry) by 50% starting in FY24. Unlike other waiver programs, MDH’s plan for the AW program is to add all new waiting list clients during FY24.

DHHS is the only provider of Autism Waiver Service Coordination (case management) in the County so the program will have to quickly ramp up staffing to be in compliance with the new legislation. **Coordinators do bill for their services, so the staffing budget request is offset by expected revenues.** All of the personnel additions for the Autism Waiver Program will be permanent.

Revenue Offset	FY24 Rec – Cost	Revenue	Net Cost
Increased Staff to meet Autism Waiver program demands	\$112,526	\$112,526	
Expansion of the Autism Waiver program	\$458,049	\$280,000	\$178,049

Council Staff recommendations: Support the total funding recommended for FY24 for the Autism Waiver program.

F. Adult Evaluation and Review Services, \$374,591, 6.0 FTE(Medicaid revenue offset)

SB636 (End the Wait Act) requires Maryland Department of Health (MDH) to create and execute a waitlist reduction plan for each of the waiver programs by 50%. The legislation requires a minimum of 600 people be contacted (sent an application) monthly statewide. Montgomery, Prince Georges County, and Baltimore will receive the largest share of the resulting referrals. The program believes it is realistic to expect an increase of 150 referrals per month, or 1,800 total referrals over the course of FY24.

The Assessment, Evaluation, and Review Services (AERS) nurse team is responsible for conducting assessments for all long-term services. Even if 20% of people contacted do not want the services they signed up and waited for, the result would be 1,440 over the course of the year (1800 x 80%). **1,440 assessments will require 5 nurses (1440/12 months = 120 assessments/month.** Nurses perform an average of 23 assessments/month each, 120/ 23 = 5.2 nurses). The 6th position is a Nurse Case Manager to supervise the new nurses. The new personnel will be permanent merit positions.

Below is the AERS volume handled by the existing team for FY20, FY21, FY22, and estimated volumes for FY23 and FY24.

FY20	FY21	FY22	FY23 Estimate*	FY24 Estimate**
3387	3,226	3017	3,800 – 4,200	4,500-5,000

*FY23: volume expected with implementation of new law in FY23 Q3)

**FY24: volume expected with full impact of new law

The revenue generated from the increased volume of assessments under the new law should fully offset the cost of the new nursing positions.

Revenue Offset	FY24 Rec – Cost	Revenue	Net Cost
AERS Services	\$374,591	\$374,591	---

Council Staff recommendations: Support the total funding recommended of \$374,591 for FY24 for the Assessment, Evaluation, and Review Services (AERS) nurse team.

G. Community First Choice, \$297,071 (Medicaid revenue offset)

The County Executive is recommending an increase in the Community First Choice (CFC) Nurse Monitoring program, a service mandated by the State. The increase is needed to reflect growing costs caused by State rule changes. Among these changes is a state-funded increase in hourly service rates. Increased state funding results in higher revenues, however the program is contractually required to pass 80% of the increase to its four contractual providers so costs also grow.

The program estimates that revenues will exceed the increases in operating expenses, as they do routinely. In FY20, an additional appropriation was approved in recognition of this. Costs and revenues have continued to increase, and DHHS projects that additional funding will be needed in FY24. CFC currently operates with 5 FTEs. There are no personnel increases associated with this request.

Revenue Offset	FY24 Rec – Cost	Revenue	Net Cost
CFC Nurse Monitoring Services	\$297,071	\$297,071	---

Actual number of clients served per FY and estimated volume in FY due to SB636.

- FY 22: 2800 clients
- FY 23: estimated 3,000 clients
- FY 24: estimated 4,000 clients (added about 60% from AERS projection)

Council Staff recommendations: Support the total funding recommended of \$297,071 for FY24 for the Community First Choice program.

H. Senior Care Grant (Area Agency on Aging) \$273,553

The Maryland Senior Care Program is a state-wide service delivery system that helps adults 65 years and older, and who are at risk of long-term care placement, to continue living independently in their communities. DHHS receives this grant annually and the Maryland Department of Aging determines the allocation amount to jurisdiction each FY to support the Area Agencies on Aging (AAA).

In Montgomery County, services provided through the Senior Care Grant include Personal Care/Chore, Home Delivered Meals, Adult Day Care/Senior Center Plus, Medication(s), Transportation, Medical Supplies, Emergency Response Systems, Grants to Families, Dentures, Dental Care, and Exercise Classes.

Council staff recommends support for the FY24 Senior Care grant, \$273,553.

I. Aging and Disability Consent Item

Council staff recommends support of the budget changes outlined below.

Item	Rec Increase (Decrease)	FTE	One-time only?	Notes
Medicaid Long Term Care Staff (Multi program)		1.0	N	

This report contains:

FY24 CE Recommended DHHS budget overview	©1-9
FY24 CE Recommended Administration and Support Budget	©10-14
FY24 CE Recommended Aging and Disability Services Budget	©15-20
Council President Glass Memorandum on the FY24 Operating Budget Approach	©21-23
FY24 Recommended Community Grants shifting to HHS	©24
FY24 Inter-ACC/DD Budget Request	©25-27
FY24 Maryland Association of Adult Daycare Services Statement	©28-29

M E M O R A N D U M

April 21, 2023

TO: Health and Human Services Committee
Education & Culture Committee

FROM: Vivian Yao, Legislative Analyst
Tara Clemons-Johnson, Legislative Analyst

SUBJECT: FY24 Operating Budget: **Newcomers (Bienvenidos Initiative), Early Care and Education Non-Departmental Account (NDA), Early Childhood Services, Child Care Subsidies, Children’s Opportunity Alliance NDA, Head Start and Pre-Kindergarten Services, Linkages to Learning, School Health Services, High School Wellness Centers and Services, High School Cluster Projects, and Partnerships,**

PURPOSE: Review and make recommendations on FY24 Operating Budget items that involve the Department of Health and Human Services and Montgomery County Public Schools.

Those expected to participate in the worksession include:

Department of Health and Human Services
James Bridgers, Director
Jason Rundell, Acting Chief Operating Officer
BB Otero, Special Assistant to the County Executive
Dira Treadvance, Chief, Children, Youth, and Family Services (CYF)

Office of Management and Budget
Deborah Lambert, Fiscal and Policy Analyst

Montgomery County Public Schools
Dr. McKnight, Superintendent
Robert Reilly, Associate Superintendent of Finance
Ivon Alfonso-Windsor, Supervisor, Budget Unit
Thomas Klausning, Assistant to Associate Superintendent of Finance
Nichelle Owens, Director, Division of Title I and Early Childhood Programs and Services
Amy Cropp, Director, Division of Prekindergarten, Special Programs, and Related Services

Relevant excerpts from the County Executive’s Recommended Budget for the Department of Health and Human Services and Early Care and Education and Children’s Opportunity Alliance Non-Departmental Accounts (NDA) are attached at ©1-10.

I. OVERVIEW

The Joint HHS and E&C Committee will review FY24 budget items that involve DHHS and MCPS, including Newcomers (Bienvenidos Initiative), Early Care and Education (ECE) NDA, Child Care Subsidies, Early Childhood Services, Children’s Opportunity Alliance NDA, Head Start and Pre-Kindergarten Services, Linkages to Learning Centers and School-Based Health Centers, School Health Services, High School Wellness Center, High School Cluster Projects, and Partnerships.

Consistent with the Council President’s approach to reviewing the FY24 Operating Budget, Council staff has made initial priority recommendations for tax-supported additions that the Joint Committee will review through the course of the meeting.

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
Tier I: High Priority				
Newcomers Initiative Enhancements and Assistance	\$ 6,436,122	14.00	Y	
Operating Expenses for new Linkages to Learning and School-Based Health Center (SBHC) at Southlake ES	\$ 409,713	0.00	N	
Operating Budget Impact for Nurses to Staff Linkages and SBHC at Southlake ES	\$ 185,356	1.88	N	
Net Total	\$ 7,031,191	15.88		
Tier II: Priority				
Increase to COA budget	\$ 200,000	0.00		
Net total				

I. NEWCOMERS (BIENVENIDOS INITIATIVE)

Newcomers (Bienvenidos Initiative)

Background

Coordinated efforts to increase funding and align programs and services came together as the Newcomers initiative and were driven by the unprecedented increase in the number of unaccompanied and asylum-seeking children, youth and families from the southern U.S. border and arriving in Montgomery County. Between 2014 - 2022, Montgomery County was the 11th highest receiving County in the nation of unaccompanied children seeking to unify with families/sponsors. In addition, there are unaccompanied children and families who arrive to the County by independent means and the numbers are not fully known. With the growing numbers of migrant families coming to the County, the Newcomers initiative has focused on a comprehensive response system of support and assistance to address the unique needs of all elements of the Newcomer population.

Newcomers are assisted through the Navigation Network. The Network is a coordinated team of community and school-based partners who work together to proactively link newly

arriving migrant and asylum-seeking children and families/sponsors to existing services. The Network will facilitate case management, referral to services, community outreach and communications through culturally competent community-based partners.

DHHS shared that funding provided for Newcomers serves recently arrived and asylum-seeking immigrant youth and families from Latin America, including families coming by bus into the Washington DC metro area. Some of the top countries include: Venezuela, Colombia, Peru, El Salvador, Honduras. While the number of incoming buses from Texas and Arizona have decreased, DHHS continues to receive individuals and families by other forms of transportation, such as by plane. These fares are purchased by community-based organizations, friends and family, and individuals and families arrive in the Washington DC metro area in need of assistance, resources, and support.

Below is a chart on numbers served from the Office of Refugee Resettlement (ORR), Montgomery County Public Schools (MCPS) International Admissions and Enrollment (IAE), and Bienvenidos program partners delivering services to newcomers. The data does not include children who arrive by other means to the County with parents or caregivers or to live with family members and are not tracked through ORR.

	FY21	FY22	FY23 <i>Thru March</i>
Unaccompanied Children Released to Montgomery County by ORR	666	1,658	766 <i>(Thru Jan)</i>
International Students enrolled by MCPS	1,086	4,068	3730
International Students enrolled by MCPS presenting paperwork from ORR	58	1,482	1069
Newcomers Served by <i>Bienvenidos</i> Community Partners	N/A***	5,667	3486

***Children and adults in households with one or more migrant/asylum-seeking members that arrived in Montgomery County since Jan 2021*

****Bienvenidos was initially funded in FY22*

At least 50% of bus passengers are men, more than 30% are women and almost 15% are children and youth. In addition, DHHS continues to receive many unaccompanied minors seeking to reunify with their parents/sponsors.

According to reports from network providers, the number of asylum seekers is increasing, and it is expected to continue. DHHS provided the following estimates:

FY23 – July-February:

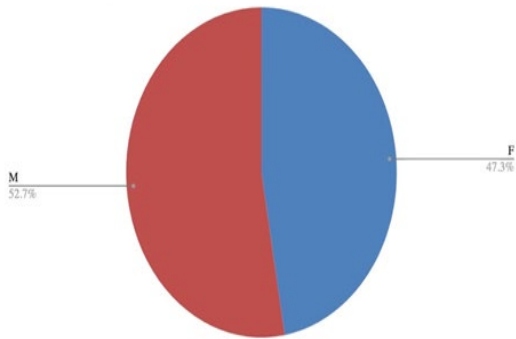
- 4,000+ Households
- 8,000+ Individuals

FY24 Projections:

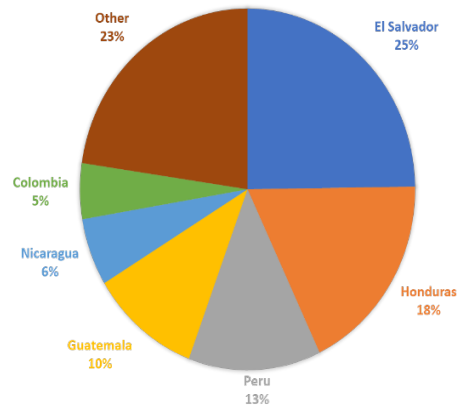
- 6,000+ Households
- 10,000+ Individuals

DHHS also shared the following demographics on the Newcomers program:

Newcomers by Gender 2023

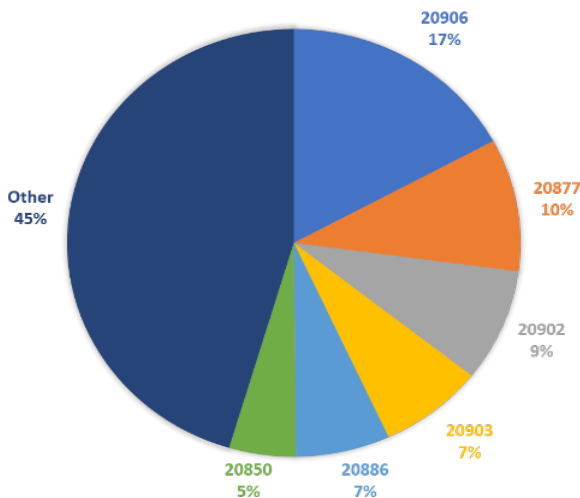


NEWCOMER COUNTRIES OF ORIGIN

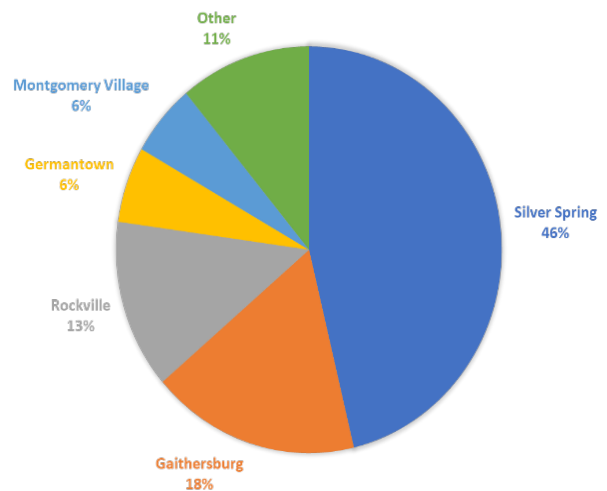


Graph provided by MCPS International Admissions and Enrollment (IAE)

NEWCOMER RESIDENCE BY ZIP CODE



NEWCOMER CURRENT CITIES OF RESIDENCE



Data is collected through the providers assisting families through case management and navigation.

Emergency Assistance - Migrants Arriving from the U.S. Southern Border

Beginning April 2022, Texas and Arizona began bussing migrant individuals and families to the Washington Metropolitan region in protest of the Federal administration policy decisions. The County worked with SAMU First Response to provide the centralized respite support services. Immediate respite services include food, space to sleep 3-5 nights, clothing, hygiene items and support for travel arrangements.

The Montgomery County Respite Center is managed by SAMU, and the center has served over 1,300 migrants. SAMU receives FEMA funding for these operations and maintain an agreement with the County to use the respite facility. SAMU has the major responsibility of providing respite, and for supporting and triaging migrants arriving via bus in DC. Bienvenidos

only serves families identified by SAMU that have nowhere else to go and wish to remain in Montgomery County.

DHHS shared the following on the difference in the *Bienvenidos* initiative and SAMU/Migrants bussed into DC:

“At inception, *Bienvenidos* was created to serve migrant and asylum-seeking youth and families that arrived in Montgomery County by intention. This included a special focus on unaccompanied minors placed by the Office of Refugee Resettlement (ORR) with sponsors in Montgomery County, as well as those arriving undetected at the border; but also included children arriving with adult family members. In all cases, however, these migrant populations were arriving to a household (at least upon first entry into the county) - most often the household of an extended relative or friend, or another informal connection established prior to their arrival in Montgomery County. However, in April of 2022, when the region saw a surge of migrants being bussed from Texas and Arizona, the initiative stepped up to help mitigate the overwhelming need expressed by nonprofits, volunteers and mutual aid groups that were receiving these buses. SAMU First Response entered into an agreement with the County to operate the first respite center in the region to assist with these needs. SAMU operates the center with FEMA funding and refers some of the individuals and families for additional services and support from *Bienvenidos*, including but not limited to case management, legal support, etc. Per agreement with SAMU, families referred to DHHS are those whom SAMU has verified have no other place to go and want to stay in Montgomery County. The vast majority of newcomers arriving at the respite center move on to other final destinations.”

FY24 Recommended Budget

- The FY23 approved budget was \$4,421,277; a special appropriation was approved for \$1,593,442; bringing the total FY23 funding for the Newcomers Initiative to **\$6,014,669**.
- The Executive’s FY24 recommended budget includes **\$6,436,122 and 14 FTEs**.
- Both the FY23 and recommended FY24 funds are identified as one-time only.

The 14 ftes are term positions, one-time only funds and consist of the following:

- In FY22, **four** Community Services Aide III (CSAIII) positions were created for Positive Youth Development/Street Outreach Network
- In FY23, **two** positions were converted from contractor to merit: Program Manager II and the Office Services Coordinator
- In FY24, **eight** staff include
 - **six** staff are converting from contractor to merit (Program Manager I, Human Service Specialist, four CSA’s
 - **one** Manager III
 - **one** Program Manager I (SEPH)

Based on the budget information available from DHHS, Council staff has compiled the line items budget below associated with relative planned expenditures for FY24. Changes from the FY23 approved budget to FY24 include the following:

- Enhanced case management to connect youth and families with resources and safety-net services

- Mental Health – increased crisis stabilization and therapeutic services to Newcomer children and adolescents
- Newcomer Street Outreach: working with SEPH, the program will contract with non-profits to provide culturally and linguistically appropriate street outreach services.
- Wellness Centers - expanding hours of operation for Wellness Centers to provide additional support to newcomers. Locations: Northwood HS, Watkins Mill HS, Seneca Valley HS, Gaithersburg HS, Wheaton HS, Kennedy HS (newest HSWC operational in the County)

	FY24 Budget Rec (One-Time)
6 Contract staff transitioning to merit – 6 fte	\$450,343
Program Manager I –staff to support street outreach including monitoring contracts (lapsed)	\$53,844
Manager III (includes operating for positions, lapsed 6 months. Will oversee program)	\$73,438
Newcomer Coordinator and Admin Support	\$200,302
4 CSAIII Position for SON - Positive Youth Development	\$360,280
Total Personnel	\$1,138,207
Monitoring and evaluation. Partnership for Evaluation of effectiveness of interventions	\$60,000
Case Management	\$765,653
Navigation Network & Case Management Support-METS sites with LtL & cluster programs	\$257,699
Navigation – orientation, referral and application assistance for benefits	\$450,000
Communication support	\$40,000
Family Reunification Support	\$165,000
Mental and Behavioral Health Support – home/comm based; indiv., family and group counseling	\$1,063,831
Youth Programming & Activities: PYD Outreach activities, Youth Conferences, Imagination Station	\$200,000
Health care. Two community health workers at Rocking Horse	\$137,238
Expand Wellness Center hours of operation	\$600,144
Safe Center – Human Trafficking	\$157,000
Flex Funds – Client Services Emergencies – gift cards for clothing/Deportation medical exam	\$200,000
New Employee Operating Expenses and Training	\$50,000
SEPH – Newcomer Street Outreach – nonprofits providing street outreach services	\$306,200
Strategic Planning	\$138,875
Newcomer emergency Transitional Lodging	\$558,450
Food Security for Newcomers	\$147,825
Total Operating Expenses	\$5,297,915
TOTAL PERSONNEL AND OPERATING	\$6,436,122

Prior to budget action, Council staff will work with DHHS to clarify all personnel and operating costs for FY24.

Council staff understands that the Newcomers budget is loaded as a one-time item that will be reviewed for inclusion in future budgets based on existing needs. FY24 will be the 4th year of continued one-time funding for Newcomers. The Committee may want to discuss with Executive staff what the process and timeline are to evaluate the ongoing needs and funding levels that will be proposed to support these efforts going forward.

Council staff recommends approval of the proposed one-time funding for the Newcomers (Bienvenidos Initiative), \$6,436,122. Council staff recommends these funds be placed on the reconciliation list as High Priority; given that there is no base funding, the recommended funding level is needed to provide continuity of services. However, Council staff also recommends that DHHS and partners develop a strategy over the coming months for a sustainable program model and level of funding going forward.

II. EARLY CARE AND EDUCATION

The Joint Committee will review FY24 budget items related to the delivery of early care and education in the County. Expanding access to quality early care and education has been a major focus in the County for many years. Recent acceleration of this expansion has occurred with implementation of the Early Care and Education Initiative, begun in 2020, at the behest of then-Council President Navarro and County Executive Elrich, and efforts of the State in implementing the Blueprint for Maryland’s Future legislation and increasing investment in the State Child Care Scholarship program. In addition, increased public support of private childcare providers has been crucial to the continued viability of childcare businesses in the aftermath of the COVID pandemic.

A. Early Care and Education Non-Departmental Account (ECE NDA)

The Early Care and Education Initiative (ECEI) has been focused on expanding the number of quality ECE seats in a mixed delivery system, ensuring the sustainability of family and center-based programs, increasing resources to providers and families, identifying existing unused or underutilized classrooms in high need areas, increasing utilization of local child care subsidies, and supporting recovery work during the COVID pandemic.

The following table shows the approved/recommended funding, expenditures, and unspent/carryover funding for the initiative from FY20 through FY24.

	FY20	FY21	FY22*	Est. FY23	FY24 Rec
Beginning Balance	0	3,195,131	4,070,250	10,951,622	13,885,855
PY Carryforward Amount			(802,172)	1,913,690	
Approved Budget	5,992,589	5,992,589	10,992,589	10,992,589	11,178,526
Total Resources	5,992,589	9,187,720	14,260,667	23,857,901	25,064,381
Expenditures (expenses/encumbrances)	2,797,458	5,117,470	3,309,045	9,972,046	
Remaining Balance	3,195,131	4,070,250	10,951,622	13,885,855	

*Negative PY Carryforward amount due to FY21 expenses that were moved to the CRF in FY22.

The Executive recommended \$11,178,526 for the ECE NDA in FY24, an increase of \$185,937. Projected unspent funding of \$13,885,855 in FY23 will be reappropriated to FY24, resulting in total available resources of \$25,064,381 in FY24 and 12 FTEs. Adjustments to the NDA include the following:

- \$2,838 for FY24 compensation adjustment of \$2,838
- \$183,099 in Multiprogram Adjustments
- Shift of operating expense to personnel cost to add four merit staff positions
- Reduction of 9.96 FTEs for the Recreation Summer School Wrap program that were supported by ECE NIA one-time funding

The planned expenditures in FY24 include:

- **Community Development Financial Institution (CDFI) development and implementation:** \$5.7 million
- **WPA/Supplement Subsidy program up to 450% FPL:** \$5.75 million
- **Subsidy Seats Pilot:** \$2.8 million
- **WPA Portal development:** \$1.5 million
- **Educational scholarships** to Montgomery College and Towson: \$1 million
- **Family Involvement Centers** at 3 sites (Gaithersburg, Rockville and Silver Spring): \$500,000
- **Quality Childcare Development Center:** \$1 million
- **Implementation of the Basics Program:** \$160,000
- **Community-based Head Start** for 3-year-olds aging out of early Head Start: \$900,000

Council staff recommends approval of the FY24 budget for the ECE NDA.

B. Child Care Subsidies

For FY24, the recommended budget for the Child Care Subsidies Program total \$1,933,711 and 6 FTEs, a decrease of \$1,397,797 or 72.3% below the FY23 level, and a level number of FTEs.

The Executive is proposing the following line-item adjustment to the program:

- **Shift funding for Working Parent Assistance and State Scholarship Supplement for Children Ages 0-5 to ECEI NDA** **-\$1,435,583**

The decrease is described as a shift in Working Parents Assistance (WPA) and State Child Care Subsidy Supplement funding for children ages 0-5 to the Early Care and Education Initiative Non-Departmental Account instead of the DHHS Operating Budget. The total amount available for local subsidy dollars in the program for older children in FY24 is \$1,241,005. There is additional capacity in the ECEI NDA to cover this reduction in subsidy for young children; however, Council staff notes that this reduction would result in an overall decrease to in resources targeted to ECE and childcare in the FY24 operating budget.

Council staff recommends approval of this shift. Having the ECE NDA support increased access to childcare for children ages 0-5 is consistent with the scope of the NDA. Moreover, given the significant amount of funding that is projected to roll over to FY24, the capacity of the NDA can accommodate this additional expense.

Information on subsidy expenditures in FY21 through FY23 is provided at ©13 and show an increasing trend in subsidy use, presumably due in part to expanding eligibility limits and increasing reimbursement rates. Use of child care subsidies is projected to continue increasing as a result of increased outreach.

C. Early Childhood Services

For Early Childhood Services (ECS), the Executive’s FY24 budget includes \$12,794,086 and 46.83 FTEs, which is an increase of \$500,514 or 4.1% and 1 FTE from the FY23 budget. ECS services children ages 0-5 and their families, early care and education programs, and the community. The program administers the Infants and Toddlers Program in collaboration with MCPS, the County’s Resource and Referral Centers, the State Infant & Early Childhood Mental Health Project, and the Child Care in Public Space program.

The Executive proposed the following line-item adjustments to the program:

Decrease in DHHS Preschool Development Birth to 5 Grant -\$25,000

This grant originated with the Early Childhood Policy Office and was used to partially fund the BASIC project. The project is now being funded through the ECE NDA, and Montgomery County Collaboration Council for Children, Youth and Families is administering the project. There is no anticipated service impact from this reduction. **Council staff recommends approval.**

D. Children’s Opportunity Alliance (Early Childhood Coordinating Entity)

Pursuant to Bill No. 42-21, the Council designated the nonprofit Montgomery County Children’s Opportunity Alliance Incorporated as the County’s ECE Coordinating Entity by resolution on July 12, 2022, and the Executive subsequently approved this resolution. Bill No. 42-21 recognized that ECE is an essential service and economic imperative for the well-being of the County’s children, families, employers, and the greater community and established the role of the ECE coordinating entity in convening stakeholders, developing priorities, and supporting the development of an equitable, robust system of high quality, accessible and sustainable ECE focused on children from birth to 5 years old.

The following table summarizes the public funding budgeted to supporting the Children’s Opportunity Fund/Children’s Opportunity Alliance efforts in FY23 and the proposed budget for FY23

Funding Source	FY23	FY24
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County: Children’s Opportunity Fund NDA	\$425,000	\$425,000
County: DHHS Children Youth & Family Services	\$290,637	\$290,637
County: Special Appropriation	\$200,000	--
County: FY24 adjustment – 3% increase to nonprofit service contracts	--	\$12,750
MCPS (included in the BOE FY24 recommendation)	\$125,000	\$125,000
TOTAL	\$1,040,637	\$840,963

For FY24, the County Executive is recommending \$728,387 in the Children’s Opportunity Alliance Non-Departmental Account. The recommended funding consolidates amounts previously included in the FY23 Children’s Opportunity Fund NDA and the DHHS Children, Youth and Families Service Area base budget. The Executive is also recommending a three percent inflationary adjustment to COA, as a nonprofit service provider.

Council staff notes that the recommended level of funding does not reach the total appropriated by the Council in FY23. The recommended funding for COA was determined before the Council acted on a \$200,000 special appropriation on April 18, 2023. Although the latest budget that COA presented to the Executive and Council anticipated a funding gap in June 2023, Executive staff remained uncertain whether the COA would spend out the FY23 budget completely and indicated that if funding is running short at the end of FY23, then certain expenditures, including grant-making, could be delayed until the COA Board completes the strategic planning process. In addition, Executive staff explained that the COA Board has not yet approved a budget for FY24 and that further work needs to be done to ensure that work supported through the COA budget is not duplicative of that performed by other key stakeholders including DHHS. Thus, the Executive felt it would be prudent to provide level funding for COA in FY24.

The Council received a letter from COA Board President Kevin Beverly (©33) dated April 17, which requests FY24 funding of \$1.4 million. He explains that the organization has a clearer understanding of the cost of operations now, and the strategic planning process for the organization will be starting soon and the organization will have numerous opportunities for intentional and strategic community engagement. Representatives of the COA are expected to attend the Joint Committee meeting and be available to answer questions from Committee members.

The Joint Committee may want to consider adding funding to the Reconciliation List to match funding that the organization has been awarded in FY23 plus the appropriate inflationary increase, as the organizations expenses are not likely to fall below the total amount that they are receiving in this fiscal year. Because the COA strategic planning process is not likely to be complete until the fall of 2023 and the work plan for the organization still needs to be developed with input from key stakeholders, the Council may wish to hold off making the full requested appropriation until these foundational pieces of work have been completed. In any case, the Joint Committee should schedule an update after COA completes its strategic plan.

E. Head Start and Prekindergarten Services

Head Start

The Executive is recommending \$4,896,061 and 2.8 FTEs for Head Start in FY24, an increase of \$129,621 from the FY23 funding level. The program is housed in the Administration and Support service area. The increase is a multiprogram adjustment. Each program has a multi-program adjustment that includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

The number of seats is anticipated to remain level in FY24 at 648 seats. Information about the number of full day and part day seats was not available at the time of packet publication.

Council staff recommends approval, but recommends that the Joint Committee request additional information about the amounts budgeted to deliver these programs and the number of seats available by age.

Pre-Kindergarten Update

MCPS reports that Pre-Kindergarten will be funded through local funds and State Aid to Education (Blueprint), and it is awaiting the release of MSDE’s Pre-Kindergarten Expansion Grant application. It has provided the following information about Pre-K seats and enrollment in the following two tables.

	FY 2023	Proposed FY 2024
Pre-K Expansion Grant Funded	60	60*
Pre-K Locally Funded	2,360	2,420
State Aid for Education Blueprint Pillar 1	240	240

Program	Enrollment as of 03/07/23	Percent Enrolled as of 03/07/23
Head Start	640/648	99%
Pre-K	2,368/2,600	91%
Head Start and Pre-K	3,008/3,248	93%

Part-Day	1,357/1,537	88%
Full-Day	1,652/1,711	97%

Council staff comments: The Committee may want to request additional data on budget amounts allocated to Pre-K by funding source, the number of part-day and full-day seats by type of program, and the number of seats and budget for Pre-K Special Education services. This information, which has been provided in the past, was not available prior to packet publication. It is unclear what funding streams are proposed to support Pre-K services in FY24.

The April 19 E&C packet for the MCPS FY24 Operating Budget showed a significant decrease of approximately \$6.9 million in Blueprint funding for Pre-K, and MSDE has concluded that there were no Pre-K eligible providers in Montgomery County. The Joint Committee should seek additional information about how Blueprint and local funds are supporting Pre-K, and confirm that MCPS is contracting with previous Pre-K Expansion Grant providers with local dollars in place of State funding.

In addition, Council staff understands that there have been changes made to the Blueprint legislation, and Joint Committee may want to schedule a follow up discussion post-budget to understand the changes and impact on the delivery of services in the County.

Additional information provided by MCPS after the packet publication deadline is attached at ©42-46.

III. SCHOOL HEALTH AND SCHOOL-BASED MENTAL HEALTH SERVICES

The Joint Committee has long supported school-based services that support the well-being of students and their families and made the mental health needs of youth and families a top budget priority in FY23 in the response to the COVID-19 pandemic. The Joint Committee will review the CE’s FY24 operating budget implications for these programs, including Linkages to Learning and School-Based Health Centers, School Health Services, High School Wellness Centers, and High School Cluster Projects.

A. LINKAGES TO LEARNING AND SCHOOL BASED HEALTH CENTERS

The Executive recommends \$14,305,487 and 9.0 FTEs for Linkages to Learning (Linkages) in FY24, an increase of \$827,666 and level number of FTEs from the FY23 approved level. The Linkages community-school partnership provides integrated health, social services and community engagement to support student learning, strengthen families, and support health communities.

New South Lake School-Based Health Center

The Executive is recommending the following two adjustments to support services at the South Lake School-Based Health Center:

- Operating Budget Impact for Nurses to staff the new center \$185,356
- Operating Expenses for the New Linkages to Learning School-Based Health Center \$409,713

Executive staff explains that this funding will be administered by School Health and Linkages to Learning programs. The funding will support 1 Nurse and 1 School Health Tech to the School-Based Health Center, contractual cost related to somatic services, and an increase in contractual costs related with the Linkages services.

Council staff recommends approval of these increases as high priorities given the need for the services in the South Lake community.

Service data and needs assessment results for Linkages is attached at ©18-19.

Community School Coordinator

The Council received significant testimony concerned about losing the Linkages to Learning Community School Coordinator at schools that had a MCPS Community School Liaison. Executive staff provided the following explanation regarding its approach:

Linkages to Learning contract is currently in the RFP process, so the final details of the contract for FY24 have not been determined. However, it is correct that the RFP specifies that Linkages will not be funding a Community School Coordinator position at schools where MCPS has a full time Community School Liaison who is providing community school coordination services for the school. Currently, there are schools that have both an Linkages Community School Coordinator and an MCPS Community School Liaison, both tasked with doing community school coordination.

It was determined that the best use of HHS funds at these sites was to focus on providing Therapy and Case Management services, which MCPS is not able to provide. This is based on the approved FY23-FY25 Strategic Plan Staffing Recommendation Report Addendum (see attached file):

“HHS is recommending that at sites receiving state Blueprint funds, the LTL contract shift funds from Community School Coordination services to increasing Case Management and Behavioral Health support services. As the number of schools receiving state Blueprint funding has grown, the number of LTL schools with a full time MCPS CSL has increased to over half of the LTL sites. The amount of programming and support offered by the MCPS CSLs at these sites has also increased. Having both an HHS funded LTL Community School Coordinator (CSC) and an MCPS CSL at the same school has presented some challenges with role definition, coordination, and duplication of services. Because MCPS can provide community school coordination at these 16 sites through their CSLs, HHS is recommending that funds previously used for CSCs now be used to increase the number of Family Case Managers, Child and Family Therapists, or Community Services Aides at schools with the highest needs for these direct services.”

While the Linkages Community School Coordinator position may be eliminated at these schools, all of these schools will continue to receive community school coordination services through MCPS. Thus, HHS is not eliminating community school coordination at any

school, but rather focusing on the behavioral health and case management services, which are most frequently requested by the schools.

B. SCHOOL HEALTH SERVICES

For FY24, the Executive recommends \$38,444,518 and 333.37 FTEs for School Health Services, and increase of \$2,326,149 and 1.88 FTEs from the FY23 level. The increase is categorized as multiprogram adjustments, which includes the somatic health increases for the South Lake School-based Health Center described above.

The program provides mandated health services to students in Montgomery County Public Schools, including 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. Primary health care is provided to students enrolled at School-Based Health Centers or High School Wellness Centers.

Vacancies

School Health Services is one of several programs in DHHS that has carried a significant number of vacancies. As of March of this year, School Health had 40 vacancies, though only four positions have been vacant more than a year. Of the 40 vacancies, there were 20 vacant School Health Technician positions, 16 Community Health Nurse positions, and two Nurse Manager positions. The number of vacancies is not particularly surprising as there have been numerous reports locally and nationally about difficulties in recruiting and retaining nurses. Council staff does not recommend abolishing vacant position in School Health Services, but the Joint Committee may be interested in discussing strategies for recruiting and retaining these critical positions.

C. HIGH SCHOOL WELLNESS CENTERS (HSWC)

The Executive's FY24 Operating Budget includes \$8,151,571 to continue operations at six High School Wellness Centers at Northwood, Gaithersburg, Watkins Mill, Seneca Valley, Wheaton, and Kennedy High Schools. These programs provide somatic health, mental health, youth development and other social support services.

The following table shows the recommended budgets for each HSWC by site.

	School health PC*	School health OE	PYD PC	PYD OE	Total
Gaithersburg	\$ 201,608	\$ 184,934		\$ 961,754	\$ 1,348,296
Watkins Mill	\$ 201,608	\$ 184,934		\$ 961,754	\$ 1,348,296
Wheaton	\$ 201,608	\$ 184,934		\$ 917,116	\$ 1,303,658
Northwood	\$ 201,608	\$ 184,934		\$ 964,678	\$ 1,351,220
Seneca valley	\$ 201,608	\$ 184,934		\$ 839,824	\$ 1,226,366
Kennedy	\$ 201,608	\$ 184,934		\$ 830,264	\$ 1,216,806
All Sites	\$ 267,886		\$ 89,043		\$ 356,929
Total	\$ 1,477,534	\$ 1,109,604	\$ 89,043	\$ 5,475,390	\$ 8,151,571
	*Note PC is avg of positions.				

Data on demographics and student services by the High School Wellness Center and other PYD programs is attached at ©28.

D. HIGH SCHOOL CLUSTER PROJECTS

The High School Cluster Project model began as a joint effort between MCPS and Montgomery County government to create a service delivery model in the Kennedy Cluster to address the root causes of racial/ethnic achievement gap. The following tables shows the FY23 and recommended FY24 budget for the Cluster Projects in the Kennedy, Springbrook, Paint Branch and Watkins Mill Clusters.

FY22 Kennedy/Springbrook/Paint Branch & Watkins Mill Cluster Projects		FY23 Kennedy/Springbrook/Paint Branch & Watkins Mill Cluster Projects	
OPERATING	BUDGET	OPERATING	BUDGET
Emergency Housing	\$8,450	Emergency Housing	\$8,450
Educational Camps	\$12,000	Educational Camps	\$12,000
Emergency Taxi Services	\$1,000	Emergency Taxi Services	\$1,000
Central Dup – Other	\$500	Central Dup – Other	\$500
Metropolitan Area Travel	\$2,000	Metropolitan Area Travel	\$2,000
Burial Assistance	\$1,000	Burial Assist.	\$1,000
Client Assistance (HHS)	\$12,977	Client Assistance (HHS)	\$12,977
Other Professional Services	\$204,000	Other Professional Services	\$204,000
TOTAL HHS OPERATING	\$241,927	TOTAL HHS OPERATING	\$241,927
Client Assistance MCPS	\$18,000	Client Assistance MCPS	\$18,000
TOTAL HHS & MCPS	\$259,927	TOTAL HHS & MCPS	\$259,927
PERSONNEL (HHS)	BUDGET	PERSONNEL (HHS)	BUDGET
Full Time Salaries (5 WYs)	\$573,970	Full Time Salaries (5 WYs)	\$621,091
Part Time Salaries (2 - 0.5 WYs)	\$102,951	Part Time Salaries (2 - 0.5 WYs)	\$113,631
TOTAL PERSONNEL	\$676,921	TOTAL PERSONNEL	\$734,722
TOTAL COMBINED	\$936,848	TOTAL COMBINED	\$994,649

Council staff recommends approval of the budget for the Cluster Projects.
Additional information on Cluster Project services and outcomes is provided at ©20.

IV. PARTNERSHIPS

For FY24, the Executive is recommending \$6,541,318 and 14 FTEs for the Child & Adolescent School & Community Based Services program, an decrease of \$148,684 or 2.2% and 1 FTEs, from the FY23 Approved Budget. The program provides for the coordination, planning, and implementation of key interagency initiatives among public and private agencies to meet the needs of children, youth and their families.

A number of services provided through this program are delivered through contracts with community-based partners. A list of FY23 contracts with community-based organization through this program is provided at ©22. Council staff understands that these contracts are assumed in the FY24 operating budget.

The Executive is recommending the following line-item adjustment in this project:

- **Adjust George B. Thomas Sr. Learning Academy (GBTLA)
contract based on number of children served** **\$560,337**

The Executive is recommending a 50% decrease to the GBTLA contract. The contract with GBTLA provides for service to a minimum of 3,250 students; however, program enrollment has not surpassed more than 28% of the contract minimum through the first half of FY23. As of the last attendance report dated December 17, 2022, the program reported enrollment of 396 students with attendance from 348 students. Moreover, the highest enrollment in FY23 was 896 on October 29, and the highest number of students in attendance was 422.

Executive staff explains that the recommended level of funding for FY24 was “calculated to allow GBTLA to retain enough infrastructure to still be able to serve what is hoped will be an increase in the number of students served from the past few years.” FY23 marked the return to in-person tutoring.

The Council received testimony against reducing the program’s funding attached at ©35-41.

MEMORANDUM

April 21, 2023

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession:** FY24 Operating Budget
Department of Health and Human Services
Behavioral Health and Crisis Services

PURPOSE: Review and make recommendations on the FY24 operating budget

Those expected for this worksession:

Jonathan Bridgers, Director, Department of Health and Human Services (DHHS)
Jason Rundell, Acting Chief Operating Officer, DHHS
Rolando Santiago, Chief, Behavioral Health and Crisis Services, DHHS
Taman Morris, Fiscal and Policy Analyst, Office of Management and Budget (OMB)

The County Executive’s Recommended Budget for Behavioral Health and Crisis Services is attached at ©1-6. Responses to Council staff questions are attached ©10-16.

I. BEHAVIORAL HEALTH AND CRISIS SERVICES

A. OVERVIEW

	FY23 Budget	FY24 Budget	Difference	% Change
Behavioral Health and Crisis Services	\$ 50,828,662	\$53,176,954	\$ 2,348,292	4.6%
FTEs	236.20	250.35	14.15	6.0%

For FY24, the Executive is recommending an increase of \$2,348,292 or 4.6%, from the FY23 level for Behavioral Health and Crisis Services (BHCS). There is a proposed increase of 14.5 FTEs.

Description of Program Areas

Behavioral Health and Crisis Services (BHCS) is organized into 10 program areas that promote mental wellness, prevent substance abuse and suicide, and ensure access to a comprehensive treatment recovery system of effective services and supports for children, youth and families, adults, and seniors with behavioral health needs. The following tables describes the programs in the service area and the proposed budget and FTEs for FY 24.

BHCS Programs	Description	FY24 Rec	FY24 FTEs
24-Hours Crisis Center	24-Hours Crisis Center: Telephone, walk-in, mobile crisis outreach, single adult shelter system screening and referrals, and crisis residential services to persons experiencing situational, emotional or mental health crises.	\$12,266,620	68.40
Access to Behavioral Health Services	Connects uninsured and low-income consumers with mental health and/or substance problems to appropriate community services. Short-term case management and psychiatric services to vulnerable clients including recent discharge from hospital or jail. Intensive social work services for individuals with serious mental illness. Urine Monitoring serves those required to submit to breathalyzer and urine surveillance serves those who request services to support recovery from substance abuse.	\$3,60,340	29.00
Admin - Behavioral Health & Crisis Service	Provides leadership, oversight and guidance for the administration of BHCS.	\$202,163	4.00
Adult Behavioral Health Services	Outpatient Mental Health Center serves a primarily immigrant populations with sever and persistent mental illness. Site-based services include psychiatric evaluation and medication management, individual and group and family therapy and office-based management services.	\$1,768,384	12.00
Adult Forensic Services	Clinical Assessment and Transition Services; Jail Addiction Services, Clinical Assessment and Planning and Stop, Triage, Engage, Educate, Rehabilitate (STEER).	\$3,772,080	28.00
Local Behavioral Health Authority	State-mandated Local Behavioral Health Authority (LBHA). Responsible for systems planning, management, and oversight of The County behavioral health system. Manages State and Federal grant County funded program. Ensures quality of care, quality improvement access to fee-for-services programs. System planning including assessing and determining gaps in treatment and rehabilitations. Manages all BHCS service area contracts.	\$13,214,909	23.65
Outpatient Behavioral Health Services - Child	Offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment and care coordination services for youth and their families.	\$7,608,083	29.75
Specialty Behavioral Health Services	Administers the Adult Drug Court Treatment Program, Medication Assisted Treatment Program and Urine Monitoring Program.	\$3,588,637	24.00
Trauma Services	Includes Abused Persons Program, Victim Assistance and Sexual Assault Program. Provides comprehensive, individualized, culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims & victims of general crime.	\$6,721,571	29.55
Treatment Services	Manages the County Operated Behavioral Health Continuum of Care and provides administrative support for Treatment Services Administrator	\$364,167	2.002

Council President's Approach to the FY24 Operating Budget Council

President Glass sent a memorandum to Councilmembers outlining his intended approach to reviewing tax-supported additions in the FY24 Operating Budget above the FY23 approved funding level. This memorandum is attached on ©7-9. Council staff highlights the following aspects that are particularly relevant to the PHP review:

- All tax supported additions, whether originated by the Executive or Councilmembers, are to be placed on the reconciliation list.
- Items on the reconciliation list must be identified as “high priority” or “priority”; items can be split with funding in both categories.
- Committees should work to identify other base budget reductions to the extent possible.
- Budget cost shifts between departments and increases due to annualization of previously approved compensation/staffing costs do not need to be placed on the reconciliation list.
- Staff should indicate the role of Federal funding in the budgets, either ongoing or being replaced by County funds.

Public Testimony

The Council received significant amounts of testimony in support of increased funding for the Crisis Center and 24/7 staffing of all Mobile Crisis teams in Rockville, Germantown and Silver Spring.

A. BHCS Vacancies

As of March 2023, BHCS had 28 vacancies, which together have an annual cost of \$3.2 million. Of the 28 vacancies, four positions have been vacant over one year, including a Nurse Practitioner, two Therapists and a Program Manager. Seventeen of the 28 positions are therapist positions, and one is a Medical Doctor-Psychiatrist. The FY24 recommended BCHS budget adds 14.15 new FTEs.

The Committee may want to explore the reasons why these positions are vacant and whether the vacancies speak to the lack of need for the position or issues related to recruitment. For example, therapist and nurse practitioner vacancies appear challenging to fill as there is a great demand of these services. Are there strategies for attracting potential employees? If a position is not filled for a long time, could it result from an inadequate salary? To this point, Stephanie Rosen, Executive Director of NAMI testified that:

[T]here is a need for the budget to reflect competitive compensations so that county mental health professionals will remain in the system rather than going into private practice and/or no longer taking insurance payments. Specifically, ,we know of many staff vacancies including at the crisis center, the mobile crisis units and the Child and Adolescent Behavioral Health Services which serves as the safety net for families with the most need.

Crisis Intervention Team Clinician Vacancy

At the April 17 HHS Committee meeting, Councilmember Luedtke raised a question about a particular vacancy for the Crisis Intervention Team clinician and why a similar position for the City of Rockville has been filled sooner than the County position. Executive staff provided the following response:

Regarding the MCPD position, MCPD intends to reclassify the position to a supervisory therapist position. For this reason, there has been a delay in hiring it. DHHS has not prioritized the city of Rockville position over it, but has sought to fill all of the therapist positions with the right staff and right qualifications, as soon as feasible.

B. FY24 Expenditure Review

The only increases that the Executive has recommended in BHCS is in Multiprogram Adjustments or grant funding.¹ However, Council staff recommends restoring a reduction proposed by the Executive to the tax-support Supplement for Substance Abuse Rehabilitation Providers as a high priority.

Item	Recommended Increase	FTE	One-time only?	Notes
Tier I: High Priority				
Restore CE recommended reduction to Supplemental for Residential Rehabilitation providers	\$ 110,549	0	N	
Net Total	\$ 110,549			

1. Reduction to the Supplement for Substance Abuse Rehabilitation Providers

-\$110,549

The Executive is recommending reductions totaling \$110,549 from supplements provided to contracts for substance disorder residential rehabilitation services providers. The County Executive proposes a 10% reduction to the total FY23 budgeted supplemental which, inclusive of grant funding, allocated \$1,105,499 to providers.

Provider	Program Description	FY23
Cornerstone Montgomery, Inc	RRP Adults	\$578,891
Cornerstone Montgomery, Inc	RRP Support for Transitional Age Youth	139,645

¹ Each program has a multi-program adjustment that includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

Family Services, Inc.	RRP Support for Transitional Age Youth	146,076
Family Services, Inc.	RRP Adults	174,719
The Rock Creek Foundation	RRP Adults	66,168
Total		\$1,105,499

The Executive suggests that the reduction is proposed because the fee for services system adequately compensates providers for these services and the County is likely the only jurisdiction providing this additional support. The County has provided this administrative support for over a decade. The Executive has recommended reduction to these payments numerous times, and the Council has rejected attempts to reduce this supplement.

The Council received testimony from Cornerstone Montgomery and the Rock Creek Foundation, indicating the negative impact that the reduction would have on the services they provide.

Council staff recommends not accepting this item and placing \$110,549 on the reconciliation list as a high priority. This item has been raised as a potential savings in previous budgets, and the Council has rejected each proposed reduction. While the fee for service specifically related to the administrative cost of residential rehabilitation beds may be appropriate, the funding assists the organization with overall costs and supplements services that are not sufficiently covered. Moreover, substance disorder services are critical at this time.

2. Align Adult Substance Use Disorder Services to Match Actual Expenditures -\$409,910

Executive staff explained that the costs for these services transitioned to Fee for Service several years ago, and DHHS kept some funding in the cost center to pay for clients for whom vendors would be unable to collect fee-for-service reimbursement. Based on actuals, DHHS has realized that the amount of funding left was much more than what was needed. This reduction is not expected to have an impact to services. After the proposed reduction, \$437,357 will be left in that cost center leaving enough remaining funding to meet all anticipated expenditure needs. **Council staff recommends approval.**

3. Eliminated State Opioid Response (SOR) II Grant -\$678,471

The SOR II and SOR III grants fund mandated delivery of Medication Assisted Treatment (MAT) to those incarcerated in the Montgomery County Correctional Facility. Some of the funding is paying for correctional officers who have the task of observing the inmates being medicated and preventing them from attempts to divert medication illicitly. The funding also pays for the medical team, doctor, nurses, therapist and peer specialist, to engage the clients in the MAT treatment process. By law, the County is mandated to offer three medications currently used in MAT – Methadone, Suboxone and Naltrexone, depending on medical indication and client preference. Treatment includes medication, medical appointments with our

doctor, therapy (group and or individual), peer specialist engagement (someone with a lived experience to enhance their connection to care) and re-entry planning for seamless transition from incarceration to community, maintaining their medication and treatment. The reduction is to the SOR II grant, though funding remains in the SOR III grant. **Council staff recommends approval.**

**4. Substance and Mental Health Services Administration (SAMHSA)
Coverage to Care Grant \$1,832,794**

The Executive is recommending grant funding of \$1,832,794 for this SAMHSA grant. The funds for the Crisis 2 Connection support the expansion of the Care Continuum Community’s goal of providing safe, effective crisis care that diverts people in distress from emergency departments and jail by expanding the continuum of crisis care services to match people’s clinical needs and connect them to services that will prevent future crises. It targets any person experiencing a mental illness or substance use crisis in Montgomery County, Maryland. **Council staff recommends approval.**

REVISED
HHS COMMITTEE #2
April 24, 2023
Worksession

MEMORANDUM

April 20, 2023

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession:** FY24 Operating Budget
Department of Health and Human Services
Children, Youth and Family Services

PURPOSE: Review and make recommendations on the FY24 operating budget

Those expected for this worksession:

Jonathan Bridgers, Acting Director, Department of Health and Human Services (DHHS)
Jason Rundell, Acting Chief Operating Officer, DHHS
Dira Treadvance, Chief, Children, Youth and Families, DHHS
Deborah Lambert, Fiscal and Policy Analyst, Office of Management and Budget (OMB)

The County Executive’s Recommended Budget for Children, Youth, and Family Services is attached at ©1-5. Responses to Council staff questions are attached at ©6-10.

CHILDREN, YOUTH AND FAMILY SERVICES

	FY23 Budget	FY24 Rec	Difference	% Change
Children, Youth, and Family Services	115,473,738	119,751,275	4,277,537	3.7
FTEs	610.53	618.57	8.04	1.3

For FY24, Children, Youth and Family Services is organized into eight program areas that provide protection, prevention, intervention, treatment and financial assistance services for children and their families. The following tables describe the programs in the service area and recommended FY24 budget and FTEs for each program.

Description of Program Areas

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

CYF Programs	Description	FY24 Rec	FY24 FTEs
Admin – Children, Youth & Families	Leadership and direction for the administration of the service area	\$6,818,242	22.30
Child and Adolescent School and Community Based Services	Contracts for services with community providers. Includes respite, community empowerment, family, parent, and youth services. Provides coordination for initiatives among public and private agencies. Includes High School Cluster Projects, East County Initiative and Bridge to Wellness.	\$6,541,318	14.00
Child Care Subsidies	Administers County’s Working Parents Assistance program.	\$1,933,711	6.00
Child Welfare Services	Protective, rehabilitative, and support services for maltreated children and their families. Includes investigations, protective services, kinship care, foster care, adoption, and in-home services.	\$29,276,834	209.65
Early Childhood Services	Technical assistance, consultation, and training for child care providers to increase the quality of early care and education. Parent engagement, home visits, health and parenting education, screening for special needs and family support. Administers Infants and Toddlers program.	\$12,794,085	46.83
Linkages to Learning	Community school partnership focused on health, behavioral health, social and community development support to mitigate effects of poverty and reduce non-academic barriers to learning.	14,305,487	9.00
Office of Eligibility and Support Services (OESS)	Serves low-income families and individuals in meeting basic needs, including food, medical coverage, shelter, and child care. Determines eligibility for TCA, TDAP, Refugee Cash Assis., SNAP, PAA, various categories of Medicaid, and WPA.	\$33,442,599	273.79
Positive Youth Development (PYD)	Culturally-based, trauma-informed PYD services. Includes violence and gang prevention and intervention, Youth Opportunity Centers, High School Wellness Centers, and Street Outreach Network, and Safe Space Program.	\$14,638,998	37.00

A number of programs in this service area, or initiatives within particular programs, will be reviewed jointly with the Education Committee, including Early Childhood Services, Child Care Subsidies, Linkages to Learning, and particular initiatives in Positive Youth Development and Child and Adolescent School and Community Based Services. Issues relating to these topics are not addressed in this packet and will be detailed for the Joint Committee.

Council staff notes that the only adjustments recommended for the program areas being reviewed by the HHS Committee are multiprogram adjustments. Each program has a multi-program adjustment that includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

A. CYF Vacancies – Child Welfare Services and Office of Eligibility and Support Services (OESS)

As of March 2023, CYF service area has 109 vacancies. Of the 109 vacancies, 30 FTEs have been vacant over one year, totaling an annual cost of \$1.3 million. Of the total vacancies, 48 are in Child Welfare Services and 44 are in the OESS, two programs in DHHS that have historically experienced high numbers of vacancies and staffing turnover. The vacancies in CYF include 40 Social Workers, 34 Government Assistance Eligibility Specialists, 9 Community Services Aides, and 5 Managers. The FY24 recommended CYF budget adds 8.04 new FTEs.

The post-pandemic vacancy numbers are significantly higher than in pre-pandemic years where the programs already carried high numbers of vacancies, which often impacted the workload of remaining staff. For example, in FY19, CWS carried 21 Social Worker vacancies and OESS carried 19 Eligibility Specialist positions. This news is not surprising as there have been numerous reports locally and nationally about difficulties in recruitment and retention in helping professions like social workers and nurses. Council staff notes that the confluence of these recruitment and retention issues in addition to significant retirement, including at the management level, has created challenges for CYF, as well as the Department as a whole.

The Committee may want to request additional information about how the two programs are managing their work load and what strategies have been/are being implemented to recruit and retain critical employees. Council staff understands that there may be reasons that would argue against eliminating positions in these area. For example, Council staff understands that recruitment of social workers is cyclical, with hiring taking place in greater numbers at certain times of the year. However, it might be helpful to understand the typical ebb and flow of hiring and generally the highest number of social workers or eligibility specialists at any point in a fiscal year.

Council staff recommends scheduling updates after the budget on these two significant programs to understand how individuals and families are faring post-pandemic and what trends in service delivery are happening.

B. The Tree House Child Advocacy Center of Montgomery County (Tree House)

The Tree House is an independent non-profit that partners with the County to provide a single location for services in Montgomery County to children. For FY24, the Executive is recommending \$751,747 for the Treehouse, a 3% increase over the FY23 level. In addition, Council staff understands that the Forensic Interviewer position will be part of the Tree House's staffing complement in FY24 through State funding and will be funded by the Tree House in FY25.

According to Tree House budget FY24 projections, County funding will be approximately 44.8% of total revenue for the organization. Other major sources of revenue for the organization come from State funding for Transitional Trauma and Crime Prevention, and private sources. See ©9.

The following table provides comparison figures for Tree House services in FY19, FY22 and FY23 to date and shows the increase in services being provided post-pandemic, particularly for mental health services:

	FY19	FY22	FY23 (through 3Q)
Forensic Interview	323	400	310
Medical	327	337	148
Mental Health	153	257	258
Family Advocate	104	150	107

Additional service data on client age and gender and wait list for services is attached at ©9-10.

Council staff recommends approval of the recommended FY24 funding for the Tree House.

MEMORANDUM

April 19, 2023

TO: Health and Human Services Committee

FROM: Tara Clemons Johnson, Legislative Analyst
Essie McGuire, Senior Legislative Analyst

SUBJECT: FY24 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

Expected Attendees:

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)
Ilana Branda, Acting Chief, Services to End and Prevent Homelessness, DHHS
Jason Rundell, Acting Chief Operating Officer, DHHS
Deborah Lambert, Office of Management and Budget

SERVICES TO END AND PREVENT HOMELESSNESS (SEPH): SHELTER SERVICES

At this session, the Health and Human Services (HHS) Committee will review items in the FY24 Recommended Budget that fund programs supporting SEPH - Shelter Services. The HHS and Planning, Housing, and Parks (PHP) Committees will meet jointly to review the rental assistance, eviction prevention, and programs related to the Housing Initiative Fund on April 26. The Health Care for the Homeless programs will be reviewed with the Public Health Service Area on April 27.

SEPH: Shelter Services

Summary:

The Executive is recommending an additional **\$4,413,588** for the FY24 operating costs of the homeless shelter system. The recommendation consists of one-time funded items except for \$388,702 in Security Services at the Interfaith Works shelters, which is planned to continue. The Executive's FY24 recommendation includes the following

- one-time funding of \$3,023,211 to provide overflow sheltering in hotels
- one-time funding of \$1,001,675 for COVID Sheltering in hotels for isolation of COVID positive or exposed persons experiencing homelessness
- Security funding for Interfaith Works Emergency Shelters: \$388,702

CE Recommended Changes: Shelter Services

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
Overflow Sheltering	\$1,511,606		Y	
COVID Sheltering	\$1,001,675		Y	
Security Funding	\$388,702		N	3 Interfaith shelters
Net Total	\$2,901,983			
TIER II: PRIORITY				
Overflow sheltering	\$1,511,605		Y	
Net total	\$1,511,605			

Prior to the pandemic, shelters for unhoused persons operated with limited capacity in the warm weather months and increased capacity in the winter months. During the pandemic, the County implemented year-round housing opportunities as a public health measure; starting in FY22 the County began implementing this approach permanently, so that people who are homeless have year-round access to shelter services. In the spring of 2022, the new Nebel Street Shelter for men opened, significantly increasing the County’s emergency shelter capacity for men from 60 year round beds to 200. FY23 is the first full fiscal year of implementation of the year-round shelter services for all populations.

Shelter providers in the community include Interfaith Works, Montgomery County Coalition for the Homeless and the City of Gaithersburg. Each of the entities maintain contracts with DHHS providing shelter services for men, women and adult households. Contracts are a mix of open solicitations, RFPs and non-competitive grants which also influence the pricing structure. DHHS shared that funding levels are determined based on number of beds/clients able to be served annually, expected staffing to support contractually obligated daytime and overnight staffing coverage, case management and funds for any additional services the provider is contracted to provide. In FY25, the majority of the shelter contracts are planned to transition from non-competitive to a request for proposals (RFPs) procurement process.

DHHS provided the information below regarding the full year FY24 budgeted cost for the contracts for operating the men’s and women’s shelters. FY23 was the first year that the new Nebel Street shelter was operational for a full fiscal year.

Program Name	Agency	Contract Type	# Served	Funding Amount	Funding Source
Wells Robertson House	City of Gaithersburg	Non-Competitive Transitional Shelter	14 (10 men & 4 Women)	\$41,629.37	County

IW New Leaf	Interfaith Works	Non-Competitive to change to RFP in FY25 Emergency Shelter	15 Men and 15 Women	\$980,000.00	County and State DHMS
IW Women's Assessment Center 2 locations Taft & Crabbs Branch	Interfaith Works	RFP Emergency Shelter	37 Women each location	\$2,061,029	County and State DHCD
IW Progress Place Shelter Year round and Overflow	Interfaith Works	Non-competitive Emergency Shelter	Adult Households over 18-years of age	\$797,551	County
IW Day Program (formerly Empowerment Center)	Interfaith Works	Non-Competitive	Adult Households over 18-years of age	\$821,335	County
Nebel Street Men's Shelter	Montgomery County Coalition for the Homeless	Non-Competitive to change to RFP in FY25 Emergency Shelter	200 Men	\$4,324,436	County & State DHCD

Overflow sheltering, \$3,023,211

- The FY24 Executive budget recommends one-time funding of **\$3,023,211** to provide overflow sheltering in hotels (Homeless Services for Families)

DHHS shared they have seen a substantial increase in requests for shelter from households being evicted from their home with no diversion options; supporting families after disasters (fires, etc.) that do not have renter’s or homeowner’s insurance to cover temporary housing; overflow from the newcomer’s initiative that is only able to support 16 households at a time; condemnations from the Department of Housing and Community Affairs (DHCA) where the displaced family doesn’t have an immediate place to go; and in general more complex cases that are taking longer to house.

The parameters for hoteling have changed as needs have emerged. DHHS has provided residency waivers for newcomer families that are not able to be diverted. Additionally, DHHS has been increasingly called upon to provide overflow shelter to households displaced after a disaster. Whereas disaster management used to handle sheltering for the first two weeks after the disaster in congregate settings, they have been leaning more on SEPH to provide overflow sheltering.

DHHS provided the following detail on the policies and process for being placed in an overflow shelter:

- Households with minor children are first screened by the SEPH diversion staff within the Housing Stabilization Team. They will spend as much time as needed with the family to understand what led them to come seek shelter, evaluate whether they are able to stay in the current housing for even a short period of time while a longer-term housing plan is developed, or whether there are any family, friends or other supports that can provide them even temporary shelter. The use of overflow hotel/shelter is a last resort.

- If a family presents at the crisis center when the offices are closed, SEPH has a staff member on call 24/7 that can evaluate the immediate need. This includes checking if they had developed a diversion plan previously that they need to follow through, if they are connected with other services/systems that should be providing them with supports including housing or if they are able to return to their housing even just until the offices open to meet with one of our diversion specialists.
- Many of the social workers at the Crisis Center have also participated in diversion training and are able to assist with assessing and supporting a family to divert from entering shelter. In the absence of an alternative option, and assuming availability at the hotels, SEPH has contracts with and can place families in hotels until the next business day. At that time, they will need to meet with a diversion specialist.
- Priority placement is provided to families where there are children 3 and younger, where a member of the household has a disability, or newcomer families that can't be served by the newcomer initiative and have no family/community supports.

Council staff recommendation: Council staff supports additional funding for this effort; however, Council staff recommends that the amount be split with part identified as high priority and part identified as priority on the reconciliation list. This approach will allow the Council flexibility to meet affordability constraints, if needed, and will allow the Council and the Department to monitor the needs and experience in the beginning of the year and to adjust efforts as needs present. Future funding could be provided through supplemental appropriation if needed.

COVID Sheltering in hotels, \$1,001,675

- **The FY24 Executive budget recommends one-time funding of \$1,001,675 to provide overflow sheltering in hotels for individuals who need to isolate due to COVID-19.**

COVID-19 sheltering is intended for individuals who have tested positive and need to isolate and do not have a safe place to do so. Currently, the Healthcare for the Homeless staff provides daily medical check-ins for anyone staying in the isolation hotel. As individuals/families are coming from a shelter, the shelter staff will continue to provide case management.

Council staff notes that FY24 may be a year to monitor/establish on-going COVID-19 needs, particularly if it will become a seasonal virus. The Director of the Centers for Disease Control has stated they expect COVID-19, like other respiratory infections, to spike in the winter and decrease in warmer months but it is still unknown at this time.¹ DHHS shared that because of the continued unknowns and implications on congregate sheltering, funding is one-time. They will assess the hotel sheltering mid-year to evaluate the continued need for isolation space outside of congregate sheltering.

Council staff's recommendation: support the Executive recommendation of \$1,001,675 in one-time funding for FY24. The HHS Committee can request an update of all COVID-19 related services and expenditures in January 2024.

¹ [COVID-19 Will Likely Become a Seasonal Disease, CDC Director?](#)

Security Funding for Interfaith Works Emergency Shelters \$388,702

- This funding will allow an additional 9-10 hours per week of security at three of the shelters - Taft Court, Crabbs Branch and New Leaf. Currently, off-duty police officers are used through a private contract; this is likely what will be used for these additional hours.

Council staff’s recommendation: support the Executive recommendation of \$388,702 in funding for FY24.

Request from Non-profit Partners

Interfaith Works - \$767,000

In a letter to Councilmembers, Interfaith Works has requested additional funding to support their shelter and supportive housing contracts. Interfaith Works cites the difficulty to pay an adequate wage to staff as a significant challenge, in addition to funds needed to pay staff overtime, clinical supervision, equipment maintenance, and telephone/internet services. The letter indicates a total request of \$767,000 for FY24, of which \$353,203 is identified to support the four emergency shelter programs and \$414,252 to support the four supportive housing programs. The letter is attached at circles 4-12.

Funding Request: Contract increases

The total amount requested is \$767,000; however, Council staff notes that \$211,000 of this request is for a program funded through a competitive contract process. Council staff recommends that this \$211,000 amount not be considered as it would be outside of the contracting constraints in place.

The amount remaining is \$556,215. Below is a chart grouping Interfaith Works’ request across the programs.

FY24 IW Request		%
Personnel (Salary & Fringes)	\$336,919.24	60.57%
Client Assistance	\$30,987.24	5.57%
Client Rent (RR)	\$90,000.00	16.18%
Facility Maintenance	\$40,393.67	7.26%
Liability Insurance	\$57,915.47	10.41%
Total	\$556,215.62	100.00%

Council staff notes that the detail provided in the communication did not include a breakdown of personnel cost such as the number of FTE’s, cost per position and type of position (clinical, admin., managerial etc.).

Interfaith Works’ request also includes supplemental funding for a program funded through a competitive process for U.S. Department of Housing & Urban Development (HUD) funding; this process includes a stakeholder review committee supported by DHHS staff. During this review process, some applications were reduced based on the decision of the independent committee

reviewing program applications; this particular reduction was largely reflective of a change in the program capacity and an identified need for more time for full implementation.

As noted above, DHHS has factors for consideration in setting funding levels for the shelter services. While there are a mix of types of contracts, there are multiple contracts in place for services among multiple providers for the continuum of shelter services. Council staff is concerned about identifying particular funding requests out of the context of the processes that were put into place as the overall FY24 budget funding level was established.

DHHS has indicated plans to go through a more comprehensive competitive process for these services in the near future, which may help determine what level of funding should be supported for shelter services overall going forward.

This report contains:

FY24 County Executive recommended budget – SEPH Shelter Services
Letter from Interfaith Works

©1-3
©4-13

MEMORANDUM

April 24, 2023

TO: Health and Human Services Committee and Planning, Housing, & Parks Committee

FROM: Tara Clemons Johnson, Legislative Analyst
Essie McGuire, Senior Legislative Analyst

SUBJECT: FY24 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

Expected Attendees:

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)
Ilana Branda, Acting Chief, Services to End and Prevent Homelessness, DHHS
Jason Rundell, Acting Chief Operating Officer, DHHS
Deborah Lambert, Office of Management and Budget

**SERVICES TO END AND PREVENT HOMELESSNESS (SEPH):
HOUSING AND PREVENTION PROGRAMS**

	FY23 Approved	FY24 Rec	Difference
SEPH	\$45,308,810	\$66,314,688	\$21,005,878
FTE	87	137	50

The Executive is recommending an additional **\$17,736,270** for the FY24 housing and prevention programs. The recommendation includes \$14 million in ARPA funding which is planned to be expended in FY24. The Executive’s FY24 recommendation includes the following

- one-time ARPA grant funding of \$14,016,832 for the Emergency Rental Assistance program (ERAP),
- Eviction Prevention Previously Funded by ARPA with General Funds, \$1,719,438
- \$1,700,000 - Rent subsidy to keep up with rent increases for the Housing Initiative program,

- \$300,000 - Rent subsidy to keep up with rent increases for Permanent Supportive Housing,

CE Recommended Changes: Housing and Prevention Programs

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
Eviction Prevention	\$1,719,438		N	Replacing ARPA funding
Housing Initiative Program	\$1,700,000		N	Rent Increases
Permanent Supp. Housing	\$300,000		N	Rent Increases
Net Total	\$3,719,438			
TIER II: PRIORITY				
Net total				

A. SEPH Vacancies and FY24 Rec FTEs

As of March 2023, Services to End and Prevent Homelessness has 11 vacancies totaling \$1.2 million. The details are included in the following bullets:

- 1 of the 11 positions has been vacant for more than one year, a Community Health Nurse II. The other 10 positions are vacant less than a year.
- The position types include 5 social workers, 3 program managers, 2 nurses and 1 community service aid.

FY24 Recommended FTE Changes

The FY24 budget recommends an increase of **49.9 FTEs**, the breakdown of the additions is below:

- 28 FTEs for the Emergency Rental Assistance program (term positions)
- 3 FTEs in Coordinated Entry services (multi-program adjustments)
- 1 FTE in Homeless Services for Single Adults (multi-program adjustments)
- 3 FTEs in the Housing Initiative Program (multi-program adjustments)
- 6.9 FTEs in Prevention (multi-program adjustments)
- 6 FTEs in Rapid Re-housing (multi-program adjustments)
- 2 FTEs in the Rental Assistance program (multi-program adjustments)

Council staff recommendation

- The committee can request an update from SEPH on the current status of the positions and if there are plans to lapse positions within SEPH for FY24.
- There is a significant number of FTEs added to all the housing programs. The Committee may want to request for DHHS to detail the need for increased staffing

- The committee may want to request how hiring will be managed for the ERAP given DHHS estimates 6 months lapse for new positions and the grant funds are expected to be exhausted by FY24.

B. Emergency Rental Program,

- A total of \$14,016,832 and 28 FTEs is recommended in the Executive’s FY24 operating budget in Emergency Rental Assistance using ARPA Funds. These funds have been used to support the County’s COVID Rental Relief Program (CRRP)
- The projected emergency rental assistance contingency for FY24 is increased significantly, from \$3.3m to \$14m.

DHHS shared that specific to ERA/CRRP given the outreach and availability expansion in each round DHHS has continued to see more families coming in. Additionally, as over 50% of renters in the County were cost-burdened before COVID, the perceived availability of funds has pushed more households to seek rental assistance in order to make their monthly household budget balance. DHHS does anticipate exhausting the remaining funds available in FY24 if they continue with the type of grants they are currently providing (e.g. larger amounts, total of arrears versus judgement amount).

There are 28 term positions that were approved by OMB last year. The ARPA grant is not renewable, and DHHS expects to reach the maximum administrative dollar set aside at the end of FY24. Therefore, without alternative funds these positions will term-out at the end of FY24.

In total, the CRRP has approved \$98.1 million in payments for 12,397 households. The County closed round 4 of the programs in January 2023. Applications are still being reviewed but so far, 64% are ineligible and 27% have been approved. To be eligible for the CRRP Round 4, households must meet the minimum criteria:

- have experienced COVID-19-related financial hardship,
- have a gross household income from either your 2020 or 2021 tax return or the previous 30 days that is at or below 50% of AMI,
- have resided in Montgomery County since at least August 2021,
- have an obligation to pay rent, formally or informally, and be behind on their rental obligation by at least two months, as of June 30, 2022.

Council staff recommendation:

- **Support the recommended increase of \$14,016,832** in ARPA grant funding for Emergency Rental Assistance Program.

C. Rental Assistance Program

- A total of \$8.6 million is recommended in the Executive’s FY24 operating budget to support the DHHS Rental Assistance Program (RAP).
- Of this amount, \$4.6 million is County general funding, the remaining amount is allocated from the Housing Initiative Fund (HIF).
- The budget reflects a reduction of (\$3,438,875) in FY23 ARPA funds. These are not recommended to be replaced by County funds.

- The Executive’s FY24 recommendation would take the program funding back closer to FY22 levels.

FY23 Budget for RAP	Annual spending by funding source	# estimated HH served	Avg anticipated assistance
\$4,553,003	General Fund	1750 (GF and HIF Combined)	\$2,200
\$3,800,000	HIF		

In addition to the money referenced above, there was \$3.4m in ERAP funding available for assistance.

Estimated FY24	Annual spending by funding source	# estimated HH served	Avg anticipated assistance
\$4,604,464	General Fund	1,711 (GF and HIF Combined)	\$3,500
\$3,800,000	HIF		

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

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

Rental Assistance Program Summary:

- The level of Federal funding for the ERAP/Emergency rental assistance is decreasing as the ARPA and CARES funding winds down. DHHS notes that since May 2020, the program has received and substantially distributed over \$105 million in ERAP funds and \$22 million in CARES funds. This level of funding will not continue; the \$14 million for FY24 is one time only and we anticipate that will conclude Federal funding.
- The County Rental Assistance Program (RAP) is level funded in terms of County funds and is also losing the ARPA allocation from FY23.
- The RAP program is established in County Code and regulation and focuses on a vulnerable population; the ERAP program supports a broader population and had parameters established during an emergency.
- The Council may need to clarify its intent as to what form of rental assistance program County funds should support as the Federal funds end in FY24.

D. Eviction Prevention Program

- The FY24 Recommended budget amount is \$1,719,438, shifting from ARPA funding to County general funds
- More than 12,000 evictions have been prevented (see ©9)

The Eviction Prevention services includes assessment of need, emergency financial assistance, and case management to help households keep their current housing, obtain new housing, prevent utility shut-off, restore disconnected utility services, and moving/storage assistance. The Eviction Prevention coordinated approach is available at ©8

Eviction prevention grants are available to households that meet income guidelines, have received a court judgement for an eviction and have not received an eviction prevention grant in the prior 12 months.

Council staff recommendation:

- **Support the recommended increase of \$1,719,438** for the Housing Initiative Program and Permanent Supportive Housing.

E. Increase in Rental Rates

- The FY24 Executive budget recommends an increase of **\$1,700,000** to keep up with rental increases in the Housing Initiative Program
- The FY24 Executive budget recommends an increase of **\$300,000** to keep up with rental increases in the Permanent Supportive Housing program

As rental costs are increasing, the Housing programs are challenged to work within fixed a budget to continue to serve the same number of people (at minimum) and provide housing that meets individuals and family’s needs.

Housing Initiative Program - Average rents are increasing and DHHS is projecting average assistance per year per household to increase by approximately \$2,500. In order to continue to serve **500 households, \$1.7M in additional funding** is needed. Without this increase, fewer households would be served.

Permanent Supportive Housing – Average rents are increasing so the department is projecting average assistance per year per household to increase by approximately \$1,900. In order to continue to serve **160 households, an additional \$300k in funding** is needed. Without this increase, fewer households would be served.

Council staff recommendation:

- **Support the recommended increase of \$2,000,000** for the Housing Initiative Program and Permanent Supportive Housing.

This report contains:

FY24 County Executive recommended budget - SEPH	©1-7
Eviction Prevention Coordinated Approach	©8
State of Homelessness in Montgomery County, Feb 2023	©9-26

MEMORANDUM

April 25, 2023

TO: Health and Human Services Committee

FROM: Tara Clemons Johnson, Legislative Analyst
Essie McGuire, Legislative Analyst

SUBJECT: FY24 Operating Budget, Department of Health and Human Services

PURPOSE: Worksession, recommendations and votes expected

Expected Attendees:

Dr. James Bridgers, Acting Director, Department of Health and Human Services (DHHS)
Dr. Christopher Rogers, Acting Chief, Public Health Services
Jason Rundell, Acting Chief Operating Officer, DHHS
Deborah Lambert, Office of Management and Budget

This is the HHS Committee’s third worksession to review the FY24 DHHS Operating Budget. This packet will review Public Health Services and the Office of Community Affairs. The Committee will meet again on May 4th for any remaining follow up items and to review the reconciliation list recommendations before referring to Council.

PUBLIC HEALTH SERVICES (PHS):

	FY23 Approved	FY24 Rec	Difference
Public Health	\$94,468,891	\$107,826,046	\$13,357,155
FTEs	571	585	14

The Executive is recommending an additional **\$13,357,155** for the FY24 Public Health Services budget. The Executive’s FY24 recommendation includes the following increases:

- \$4,781,300 in one-time funding for COVID Response Readiness
- \$2,000,000 for an increase to the Montgomery Cares Clinic Reimbursement Rate
- \$711,891 for the Mobile Health Clinic (funds shifting from ARPA to General)
- \$181,982 to transition 9 Dental Hygienist and Assistants to merit positions

- \$62,665 for an additional Environmental Health Plan Review Specialist to Assist with Reviews
- \$50,000 for the Charles Koiner Conservancy for Urban Farming
- \$24,000 in one-time funding to Support Nourishing Bethesda's
- The \$6,150,000 budget for the Food Staples Program is included in the Public Health Services. This item was discussed during the April 17th budget worksession. The Committee agreed to designate \$3,150,000 as high priority and \$3,000,000 as priority.
- Non-County Grant funds for PHS include the following:
 - Re-align: Implement Ending the HIV Epidemic Grant \$598,985 – 1 FTE
 - Re-align: Ending the HIV Epidemic in STD clinics \$450,000 - .65 FTE
 - Strengthen Local Health Department Infrastructure Grant, \$194,504

CE Recommended Changes: Public Health Services

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
COVID Response Readiness	\$2,300,000		Y	Rapid testing (partial) and vaccination
MCares Clinic Reimbursement Rate	\$2,000,000		N	
Convert Contract Staff to Merit	\$181,982	9	N	Dental Services
Environ. Health Plan Review Specialist	\$62,665	1	N	License & Regulatory
Staff for TB Monitoring	\$44,742	1	N	MDH Requirement
Rate Increase – Behavioral Health	\$30,000		N	Psychiatric Consultation
Nourishing Bethesda	\$24,000		Y	
Net Total	\$4,643,389	11		
TIER II: PRIORITY				
COVID Response Readiness	\$1,981,730		Y	Rapid testing (partial) and Wastewater Surveillance
Charles Koiner Conservancy for Urban Farming	\$50,000		N	
Mobile Health Clinic –half year funding	\$361,890		N	Shift from ARPA to General – 5 FTE
Net total	\$2,393,620			
REDUCTIONS				

Mobile Health Clinic—half year funding	(\$350,000)		N	Council staff recommendation
Remove One-time FY23 Manna Food Center funding	(\$300,000)			CE rec; Manna has requested restoration
Net total	(\$650,000)			

Description of Program Areas

	FY24 Rec	FY24 FTEs
<p>Administrative – Public Health Provides leadership and direction for administration of Public Health Services. Includes health planning and epidemiology and Community Health Improvement Process (Healthy Montgomery), oversight for medical clinical volunteers, special projects, Commission on Health, contracts, grants, and partnerships.</p>	\$8,961,386	13.0
<p>Cancer & Tobacco Prevention Tobacco Use Prevention and Cessation Program and Cancer Prevention, Education, Screening, and Treatment Program that are funded with the State Cigarette Restitution Fund. Programs work collaboratively with community organizations, hospitals, and other public health partners.</p>	\$1,191,767	5.0
<p>Communicable Disease & Epidemiology Responsible for investigations, management and control of the spread of over 65 infectious diseases as specified in Maryland law and emerging pathogens. Surveillance efforts in collaboration with State agencies. Educational programs provided to groups of people at risk for infectious disease. Vital records administration. Immunization, outreach and education to residents, private medical providers, schools, childcare providers, and community groups.</p>	\$16,064,932	87.8
<p>Community Health Services Provides preventative health access to uninsured and underinsured populations. Includes women’s health services, maternity services, immunization clinics, STD services, and other care coordination.</p>	\$9,889,302	64.25
<p>Dental Services Dental services to promote oral health provided at 5 dental clinics. Services are provided to income-eligible County children, pregnant women, adults, and seniors.</p>	\$4,079,138	26.0
<p>Health Care for the Uninsured Includes Montgomery Cares, Care for Kids, Maternity Partnership, and Healthcare for the Homeless, programs that provide care for low-income uninsured child and adult residents. Coordinate specialty diagnostic, medical, and surgical treatment for this population.</p>	\$17,303,447	4.0
<p>Health Planning and Epidemiology</p>	\$779,706	4.0

Responsible for planning and analytic epidemiology within HHS including the community health needs assessment, program evaluations, disease surveillance, health statistics, maintain population health data and special research projects		
Licensure and Regulatory Issues permits and inspects activities to protect public health and ensure sanitation standards and compliance with laws and regulations. Includes inspections of food service, group homes, hotels, swimming pools and other various business licenses. Enforces vermin control ordinance and smoking restrictions.	\$5,033,574	40.0
Public Health Emergency Preparedness& Response Responsible for the planning, readiness, and response activities of a public health emergency. Coordinates with the County emergency response departments and other County, State, Federal, and regional agencies.	\$6,078,276	7.8
School Health Services Provides health services to students in Montgomery County Public Schools including first aid, emergency care, health appraisal, medication and treatment administration, referrals for medical and behavioral health problems, case management for students with acute and chronic conditions and for pregnant and parenting teens. Lead certification screening, immunizations, and TB screenings. School-based Health Centers and High School Wellness programs. Services to Head Start.	\$38,444,518	333.37

A. PHS Vacancies

As of March 2023, Public Health Services has 22 vacancies totaling \$2.6 million (vacancies for School Health are not included). The details are included in the following bullets:

- 8 of the 22 positions has been vacant for more than one year. The 8 position types include 1 Nurse Practitioner, 2 community health nurses, 3 community service aids, 1 MLS manager and 1 program manager. Two of the CSA positions have been vacant for 4 plus years.

Administrative – Public Health

B. COVID Response Readiness: \$4,781,300

Summary

- For FY24, the Executive recommends \$4,781,300 in one-time funding to support COVID response with General Funds.

During the pandemic, the County’s COVID Response has been supported through a combination of CARES, ARPA and County general funds. The funding was utilized to support vaccines, testing – PCR and Rapid, medical staffing and coordination of services with non-profit partners.

DHHS shared that the majority of the FY24 requested funds will be used to augment identification of symptomatic and exposed individuals through rapid testing and increased access to COVID-19 booster shots. With regards to outbreaks, from mid-November to the end of February of this past winter, Montgomery County has seen at least 50% of its Nursing Homes and large Assisted Living Facilities in ongoing outbreak status. While grant funding is the primary source of augmenting the outbreak response in these facilities, increased efforts from County and grant funds can help improve practices that reduce other dangerous disease transmissions as well.

FY24 Requested Budget Details

- Testing:
 - Rapid Test Kits \$3,981,300
 - Public distribution during higher transmission months (12 weeks)
 - Distribution through safety net providers (12 months)
 - Testing at congregate settings:
 - DOCR (12 months)
 - County Shelters (12 months)
 - PCR Testing (backup testing for high risk settings)
- Vaccinations (\$300,000)
 - Seasonal COVID-19 Booster Campaign targeting improved access to vaccines for all populations
- Outbreak / Disease Control: (Currently covered under ELC Grant)
- Surveillance (\$430,000)
 - Wastewater surveillance
 - Population-based tracking of disease

As the County begins to transition into this ongoing phase of COVID response it may be helpful to discuss what efforts should be prioritized at this time.

- **Rapid testing:** Will the full \$3.9 million be needed at the beginning of the fiscal year? Would a lower amount (\$2 million) be sufficient to start the year with the understanding that if conditions change a supplemental appropriation could be approved to ensure continuity of services.
- **Surveillance:** What is the role of wastewater surveillance at this stage of the COVID-19 experience?

Council staff recommendation: Place \$2 million of the testing funds and the \$300,000 to support vaccinations on the reconciliation list as high priority (total of \$2.3 million); place the remaining testing funds and the wastewater surveillance funding (total of \$1.98 million) on the reconciliation list as priority funding. Request a mid-year update on COVID experience and response needs.

C. Mobile Health Clinic: \$711,891

The purpose of the Mobile Health Clinic (MHC) is to provide increased access to health and human services; help alleviate health disparities and improve health outcomes in hard-to-reach vulnerable populations and communities throughout Montgomery County. Council staff understands that this program is not yet implemented.

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

- Increase access to care and health equity by taking services to community residents where they live and work, to overcome barriers related to transportation, awareness, physical mobility etc.
- Decrease the spread of disease in the community and improve the health of community residents by providing:
 - Immunizations: COVID-19, Flu, TB, School Health, etc.
 - Testing: COVID-19, TB, HIV/STD, etc.
 - Preventive Screenings & Referrals: Oral Health, physical health and mental health.
 - Exams and Treatment: Maternal Health, HIV/STD, etc.
 - Assistance in accessing Human Services available through DHHS (shelter, rental assistance, State and Federal Benefits)
 - Health Education and Health Fairs on a range of health topics.
 - Mental and behavioral health counseling

The Mobile Health Clinic operating hours are still being finalized. However, the plan is that the Mobile Health Clinic will be available based on community need between the hours of 8am to 8pm depending on the time of the year.

In FY23 this initiative was funded through ARPA; however, the funds were not spent due to supply chain delays to program implementation. The Executive's FY24 recommendation replaces the ARPA funds with County funds; however, Council staff's understanding is that the program is still not ready for full implementation. It is not clear how soon the mobile unit can be purchased, staff hired, and the program fully implemented.

Council staff recommendation: Council staff recommends reducing the funding by 50%, to assume that the program can be functional in January for half year implementation. This would place \$361,890 on the reconciliation list as priority, and take \$350,000 as a reduction.

D. Charles Koiner Conservancy for Urban Farming: \$50,000

- The FY24 recommended budget includes **\$50,000** for Urban Farming

DHHS shared that the \$50,000 will be used to establish and maintain a community-led urban farm in Wheaton, MD to grow food for hyper-local distribution (including donation to nonprofit food distribution partners) using sustainable agriculture practices. In addition, the program will engage the community in education and volunteerism and preparing younger generations to successfully meet the challenges of a future impacted by climate change.

The funding will cover partial staffing expenses for a Program Manager, Outreach Coordinator, and farm manager. Expectations are that between Spring to Fall of 2023, an environmental analysis will be conducted, a site will be identified and secured via lease; community outreach and partnerships will be implemented including educational programming for schools and the infrastructure of the site will be developed. Preparations for Spring planting and recruitment of volunteers will happen during Winter 2023/24, and the farm will begin operations by Spring 2024.

Council staff recommendation: Place this \$50,000 increase on the reconciliation list as priority.

- E. Shift: Remove 300,000 of One-Time FY23 Funds to Recognize the Manna Food Center's Reduced Participation in Community Service Hubs from Pandemic Levels [Admin - Public Health]

In FY23, the Council added funding (\$575,000) for Manna Food Center to support operations and infrastructure. DHHS states that this \$300,000 was understood to be one time funding related to Manna's interim support of the Food Staples program; because that interim support is not anticipated to continue into FY24, DHHS removed the funding. Manna Food Center has requested restoration of the \$300,000.

Communicable Disease & Epidemiology

- F. Tuberculosis (TB) Program: \$44,742

- The FY24 recommended budget includes \$44,742 adding 1 FTE to support the Tuberculosis monitoring program

The County's TB program provides information, screening and assistance to residents who have been exposed to or have questions or concerns about TB. Program components include:

- Control and Prevention
- Medical and Nurse case management
- Screening, diagnosis, treatment of tuberculosis disease and infection
- Directly Observed Therapy (DOT) and Video Directly Observed Therapy (vDOT)
- Reporting
- Collaboration (internal, interagency, interjurisdictional, international, research participation)
- Screening services at Montgomery County Correctional Facility (MCCF) and School Health Services (SHS) (referrals from shelters, housing, Adult and Child Protective services)

Attached at © 9-11 is an excerpt from CDE's Feb 2023 presentation including the services provided through the TB program in Montgomery County. TB rates have been steadily declining since 2016. The report notes that the Dennis Avenue clinic has had over 8,000 visits (screenings, diagnosis and treatment) and they have completed 1,539 screenings at MCCF and 1,427 screenings with SHS.

DHHS shared that latent TB (TB infection) is now reportable, which requires that related data must be provided to MDH and the CDC electronically. The TB Program team is responsible for entering TB infection data for the TB Clinic, School Health Services and the Correctional facility. Additionally, MDH requires that information about contacts of active infectious TB cases need to be entered into the electronic reporting system for submission to MDH and the CDC. Data entered includes demographic, diagnostic, treatment and other information for each client and contact.

This position will assist with entering data for reporting to the CDC and MDH as per COMAR and MDH requirements in a timely manner. The FY24 recommended amount includes 6 months lapse.

Council staff recommendation: Place the new 1.0 FTE \$44,742 as recommended by the County Executive on the reconciliation list as a high priority.

Licensure and Regulatory Services

G. Environmental Health Plan Review Specialist: \$62,665

The FY24 recommended budget includes \$62,665 adding 1 fte to support inspections and reviews.

Position will be responsible for performing plan review on all new food service facilities and all pool plan review. Position will also be responsible for working with the Department of Permitting Services for retrieving and approval of their electronic plan submittal and the City of Rockville new electronic plan platform as well as communication with the City of Gaithersburg.

Prior to 2015, all Environmental Health Specialists performed plan review in their respected areas. This led to inconsistencies and litigation liabilities for compliance with state plan review mandates and statute to review detailed integral plans. Additionally, the evolution in food processes has increased the review time and a level of expertise in detailed review not all Environmental Health staff were trained or had the expertise.

Changes to State mandated inspections and the adoption of local laws (trans fat, nutritional labeling, allergen awareness training, healthy kid's meals, gender inclusive restrooms) has also added an average of 30 minutes to the inspection, exacerbating a reduction in the number of routine health inspections completed. This led to an increased inability to meet state mandated inspections. It also reduced quality of inspection activity and documentation as reflected in State review, reduced responsiveness to community and customer expectations, and decreasing morale and dissatisfaction with division operations. The Department of Permitting Services has a plan review section within each of their offices, this position will mirror their organization.

This Environmental Health Specialist is needed so that L&R can come closer to fulfilling the state mandated inspection requirement, reduce the risk of food borne outbreaks in restaurants operating with critical violations, and respond in a timely manner to customer complaints and requests for plans reviewed.

Council staff recommendation: Place the new 1.0 FTE \$62,665 as recommended by the County Executive on the reconciliation list as a high priority.

Health Care for the Uninsured

The HHS Committee held an in depth briefing and discussion of all the Health Care for the Uninsured programs on March 2, 2023; the full packet for that discussion including program background can be found at the following link:

The County Executive’s recommended FY24 budget includes increases to the Montgomery Cares program and the County Dental program and level funding for the other programs in this area including: Care for Kids; the Maternity Partnership Program; and Healthcare for the Homeless.

The Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition ("the Troika") have also presented a request for **\$9 million** in enhancements to these programs. Council staff asked the Troika if they would provide a prioritized set of recommendations. The full request is attached at ©12-42. The prioritized list is attached at ©26.

H. Montgomery Cares: \$2,000,000

Summary

- For FY24, the County Executive is recommending a \$2,000,000 increase in the reimbursement rate; however, his recommendation does not resolve the question of transition from block payments to fee-for-service reimbursements.

Primary Care Reimbursement

The Executive is recommending increased funding of \$2,000,000 for the primary care reimbursement rate. The clinics have shared that their true cost of a primary care visit is about \$175 - \$250 per visit. The clinics have used county funds to leverage other funding sources to cover the full cost. Clinics are allowed to charge a maximum co-pay of \$35 for patients whose income is 100% of Federal Poverty Level (FPL) or less. Most clinics do not charge the maximum.

The program is currently funded at \$76.50 per visit and 72,000 encounters, a total of \$5,508,000 for primary care visit reimbursement. The reimbursement rate history for the program is below:

Montgomery Cares Reimbursement History				
FY16	FY17	FY18	FY19	FY20 to Current
\$67	\$71	\$73	\$74.50	\$76.50

Support for an increased reimbursement rate is a top priority for the MCAB/Troika. They have requested a reimbursement rate of \$175, 70% of the average actual cost of care. They stated that “if a rate cannot be implemented in FY24, they support adopting a rate of \$130-\$150 per encounter this year and ramp up to \$175 the following year.”

Council staff outlines the following options for consideration for FY24 rate increases:

- Option 1 (CE Recommendation): \$2 million: Rate increase from \$76.50 to **\$102.15 and 72,000 encounters**
- Option 2: A rate of \$130 per encounter and 72,000 encounters would be a total increase of **\$4,170,946**, or an additional **\$2,170,942** needed above the CEs recommended increase. *(If approved by the Committee, this option suggested increase includes funding for indirect rates for administration of the program.)*

- Option 4: if the committee would like to recommend a different increased rate above the current \$76.50, Council staff can provide the calculations as a follow-up.

Payment structure: During the pandemic, the block payment structure was a change in payment methodology due to COVID-19; the Executive and Council agreed that this structure was needed to support clinics during the COVID emergency. The block payment rate structure that is still in place was established based on utilization immediately prior to COVID-19 in 2019.

Council staff recommendation:

- Option 1 – support the CE recommendation of adding \$2 million to the primary care reimbursement rate, changing the rate from \$76.50 to \$102.15. Place this amount on the reconciliation list as a high priority.
- Based on the recommendation of the per encounter rate increases from the Troika and MCAB, Council staff recommends that the program return back to fee-for-service reimbursement, allowing time (e.g. October 1, 2023) for the clinics to transition. If the Department would like to continue a block payment, a new block payment methodology should be presented to the Council by September 2023. Council staff expects that DHHS will work with stakeholders to finalize the FY24 methodology.

Montgomery Cares Behavioral Health

- For FY24, the County Executive is recommending a \$30,000 increase for the behavioral health - psychiatric services

This increase is to compensate for the rate increase from Georgetown University (the current provider) in order to maintain the availability of the current number of hours of consultation services.

Council staff recommends supporting the Executives recommendation and placing \$30,000 on the reconciliation list as high priority.

I. County Dental

- The FY24 recommendation for County Dental is to transition 9 FTE from contract to merit positions, a net increase of \$181,982. The 9 positions include Dental Hygienists and Dental Assistants.

The goal of the Dental program is to prevent oral disease and trauma, to promote healthy dental behaviors, and to improve access to related treatment resources in the community. Services are provided to low income and uninsured/underinsured Montgomery County residents. Dental services are provided at five locations throughout the County.

County Dental Utilization

	FY18	FY19	FY20*	FY21	FY22	FY23 through FEB
# patients	6,862	6,080	4,886	3,135	4,663	3,763
# patient visits	13,637	11,488	8,436	5,996	10,731	6,945

*All Dental clinics were closed except for emergency in Q3 (last two weeks) and Q4

Converting nine current contract positions to County merit positions, will ensure Dental Services’ ability to timely respond to the dental needs of residents including children, adults, seniors and maternity patients. Merit employment will allow the assignment of staff to priority areas as needed, and it will support a balance in management and supervision which will help to improve workflow and coordination among the staff. Overall, the transition to merit staff will help improve the efficiency, accountability, and effectiveness of County Dental services.

Council staff recommendation: Place the \$181,982 increase as recommended by the County Executive on the reconciliation list as high priority.

J. Care for Kids

- The County Executive recommended level funding for the FY24 Care for Kids (CRK) program.
- FY24 funding is included in the Newcomers budget to support 2 Community Health Workers working on-site at Rocking Horse International Admissions and Enrollment Center to enroll children in the Care For Kids program.
- The MCAB/Troika has requested **\$100,682** to support medical services to meet needs of growing enrolled population and provide fair market reimbursement for providers. This recommendation would provide an increased reimbursement for CFK providers. The detail information is a ©27-28.

The Care for Kids program ensures that children living in Montgomery County have access to primary and specialty health care services. This program serves children who do not qualify for the Maryland Children’s Health Program (MCHIP) or Medical Assistance and whose families have incomes under 250% of the Federal Poverty Level. Medical services are provided through a network of community and private providers, School Based Health Centers, Kaiser Permanente, and the County Dental Clinic. The following table shows the continued demand for this program. Care for Kids leverages over \$1 million in pro-bono primary care through its partnerships with Kaiser and independent practices.

CFK Enrollment (Unduplicated patients served)

FY18	FY19	FY20	FY21	FY22	FY23 July–Mar ‘23
5,531	5,580	6,230	6,439	7,903	7,854

The Troika notes that increases in enrollment is putting pressure on the service network. The proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers. The requested \$100,682 would be a 20% increase to the CFK fee schedule. A detail of the increased rates is below:

Using average cost through all acute CPT codes rates – Projection using FY18 through FY20 (pandemic years excluded from forecast)

CPT Codes	Current rate	20% Increase	FY24 Encounters (Projected)	Cost w/ 20% Increase	Cost with current rate	Difference
99201-99205	\$70.00	\$84.00	482	\$40,516.00	\$33,763.33	\$6,752.67
99211-99215	\$60.00	\$72.00	3270	\$235,416.00	\$196,180.00	\$39,236.00
99381-99385	\$80.00	\$96.00	2018	\$193,696.00	\$161,413.33	\$32,282.67
99391-99395	\$70.00	\$84.00	898	\$75,460.00	\$62,883.33	\$12,576.67
99354	\$106.79	\$128.15	100	\$12,814.80	\$10,679.00	\$2,135.80
				Total		\$92,983.80
					(8.28% Indirect Expense)	\$7,699.06
					Total	\$100,682.86

The requested increase in the fee schedule is due to the rising costs of the delivery of medical care and operations over the years since the rates were established. The CFK fee schedule for reimbursing contracted providers has not increased in over a decade. In order to retain providers seeing vulnerable children in the County, especially for the newly arriving children and families. Specific examples of cost pressures this year for the program and CFK providers is staffing challenges, closure of a CFK provider clinic and increased enrollment (which did not reduce during COVID-19).

Council staff recommendation: Council staff supports the MCAB/Troika request for additional funding to increase reimbursement rates for these providers. Council staff recommends that \$100,682 be placed on the reconciliation list as high priority to support the primary care services within Care for Kids

Additional MCAB and Troika requests

The MCAB and Troika advocates and providers have requested significant additional program funds as well as policy changes to the program’s approach in a number of areas. Council staff appreciates the thoughtful and innovative approach taken to envisioning future steps for these programs.

The major effort to provide these safety net health services has continued through many changes in the health care environment, including passage of the Affordable Care Act and most recently the COVID-19 pandemic. These changed and evolving conditions have resulted in a need to evaluate the reimbursement and other operational structures of the Health Care for the Uninsured programs.

Discussions around the need to re-envision and restructure aspects of the programs for uninsured individuals in Montgomery County have extended over several years and are continuing. At this juncture, Council staff recommends that the FY24 funding focus on increasing reimbursement rates as a first priority. Council staff recommends that other steps, such as those outlined in the advocacy request, be taken up over the coming year in the context of larger decisions that need to be worked through regarding eligibility and other operational issues.

Council staff anticipates that some of the key outstanding decisions include: appropriate reimbursement rates and methodology for rate setting across programs; and how to administer eligibility review processes to ensure residents are connected with all available services. The

Committee will need to plan with the Executive branch how these and other operational issues will be strategically resolved over the course of FY24; and how the concerns of the advocate partners align or integrate with the re-envisioned program structure.

K. Strengthen Local Health Department Infrastructure Grant, \$194,504

This MDH grant is funded using federal funds supported by American Rescue Plan's Coronavirus State and Local Fiscal Recovery Funds. It is to provide support to State, territorial, local, and Tribal governments in responding to the economic and public health impacts of COVID-19 and in their efforts to contain impacts on their communities, residents, and business. It can be used for facility improvement, personnel recruitment for key admin functions, and investment in LHD workforce. **It cannot be used to provide direct services to residents.**

OFFICE OF COMMUNITY AFFAIRS (OCA)

CE Recommended Changes: Office of Community Affairs

Item	Recommended Increase (Decrease)	FTE	One-time only?	Notes
TIER I: HIGH PRIORITY				
Asian American Health Initiative	\$775,000		N	
Latino Health Initiative	\$952,545		N	
African American Health Program	\$800,000		N	
Net Total	\$2,527,545			

This section of the packet will review the Minority Health Initiatives and Programs, which are housed within the Office of Community Affairs.

A. Asian American Health Initiative (AAHI)

- For FY24, the County Executive is recommending a **\$775,000** increase for the AAHI to fund the Healthy Communities Fund grant and the Asian American Center of Excellence Micro-Grants. Details of the funding are in the following chart.

	Budget
Increase in Healthy Communities Fund grants	\$670,000
Increase in Asian American Center of Excellence micro-grants	\$30,000
Administrative cost associated with grants increase	\$75,000
TOTAL	\$775,000

Healthy Communities Fund: \$670,000

The Healthy Communities Fund is a grant funding opportunity for Asian American and Pacific Islander (AAPI) community-based and faith-based organizations (CBOs and FBOs) to provide health and social support, behavioral health, and senior wellness services to the County’s AAPI residents. This is the second year that AAHI has been able to offer grant funding to Asian American community- and faith-based organizations. The request from the AAHI Steering committee is available at ©46-47.

- In FY2022, AAHI was able to provide \$1M in grant funding to 11 nonprofits and community- and faith-based organizations to provide COVID-19 relief services. This resulted in programs and services that served 92,824 clients.
- In FY23, AAHI budget was increased by \$1,210,263. AAHI awarded \$830,000 in funding to 10 CBOs and FBOs. activities in the Asian American communities through the Healthy Communities Fund.

- The FY24 recommended amount will increase the Healthy Communities fund from \$830,000 to \$1.5 million. The grants are expected to serve 2,500 unduplicated individuals and 35,000 duplicated individuals

Funding categories for the grants include health & social support services, behavioral health, and senior wellness. Examples of projects/activities that were funded included: Mental health screenings, chronic care management for older adults, youth mental health first aid trainings, senior wellness clubs, Family caregiver trainings, Senior wellness clubs and hot meals for vulnerable populations including recent refugees. The target population for the grants are Asian Americans in Montgomery County.

Asian American Center of Excellence Micro-Grants (AACE): \$30,000

The goal of the AACE is to support AAPI-serving community organizations in developing and increasing their capacity to successfully provide health, wellness, and social support programs and services. The AACE is a resource to Asian American community organizations to improve technical skills related to organizational sustainability, such as data collection and analysis, evaluation, program panning, and partnership building, among others. One of the services offered through AACE is micro-grants to AAPI-serving organizations to build organizational capacity.

In FY23, AAHI provided micro grants to 10 organizations totaling \$71,000 in micro-grant funding for the purchase of equipment, professional development, and consultants. Due to the limited funding available, AAHI was only able to fund a portion of the requests. In total, AAHI received 17 applications requesting over \$190,000 in funding.

For FY24, the AAHI would like to increase the micro-grant funding to \$100,000. Having strong non-profit partners that can reach the diverse AAPI communities, and can serve more isolated and marginalized members, is an asset to the County.

AAHI Staff Support: \$75,000

AAHI's current staffing structure for HCF and AACE includes a Program Manager and a Project Coordinator. To support the capacity building work, AAHI is requesting a new Program Manager I and a change to Program Specialist I position, focusing on Behavioral Health, be upgraded to a Program Specialist II. The new Program Manager I would be responsible for overseeing the AACE and all its activities including the AACE micro-grants.

Council staff recommendation: Approve the \$775,000 increase as recommended by the County Executive as a high priority on the reconciliation list.

- Staff notes that AAHI is exploring the grants being administered through the County's Office of Grants Management. There are logistical and personnel issues that need to be managed before transitioning the program.

B. African American Health Program (AAHP)

- For FY24, the County Executive is recommending a \$800,000 increase for AAHP starting a new program for Medication Therapy Management, expanded health

education/wellness and support for the Start More Infants Living Equally (SMILE) program. Details of the funding are in the following chart.

- The AAHP Steering Committee submitted a request to support the recommended increase. The detail information is available at ©48.

	Budget
Medication Therapy Management for Aging Residents	\$150,000
Health Education and Wellness	\$550,000
S.M.I.L.E. Program Support	\$100,000
TOTAL	\$800,000

Medication Therapy Management: \$150,000

AAHP proposes a program to address medication adherence and polypharmacy (use of multiple medicines) via medication therapy management (MTM) as well as cognitive decline among the aging and disabled populations. This service will equip caregivers to recognize early signs of Alzheimer’s and other memory loss conditions as well as educate them on ways to improve and maintain cognitive functioning.

AAHP will implement MTM through a series of “Brown bag sessions”. MTM has been shown to be effective for lowering systolic and diastolic blood pressure; lowering LDL cholesterol and other health indicators (e.g., glycosylated A1C, HbA1c); increasing patient knowledge; improving patient quality of life and medication adherence; and improving the safe and effective use of medications. The program would collaborate with local Black/African American Pharmacists to provide services.

AAHI is also proposing an aging summit and in-home based services. This will involve bone health education, and in-home health inspection (falls, rugs, railing, food insecurity, mobility challenges, etc.). This includes establishing an ambassador position to link the elderly and disabled to services, which allows them to remain safely in the home longer, avoiding long-term housing placements.

MTM Program	Budget
Summit	\$30,000
MTM Sessions	\$57,600
Ambassador Pilot	\$60,000
Equipment	\$1,500
Travel	\$600
Office Supplies	\$300
Total	\$150,000

Health Education and Wellness: \$550,000

For FY24, the AAHP program would like to focus on ensuring that Black residents learn coping and resilience skills to deal with isolation, and life’s stressors. The program is seeing increased drug usage, especially among the youth in the County. The following programs would be supported with the requested funding

- Real Conversation Series: The purpose is to continue the momentum of the Real Conversation Series, with its relaxed atmosphere, inspires conversations around tough health topics affecting the Black community. Participants are encouraged to connect to the various AAHP programs that address prevention
- Prevention and Health Education: AAHP proposes an annual allocation to increase awareness and access to health services as well as well as provide health education prevention awareness to improve Black health outcomes or reduce health disparities gaps. Specifically, AAHP would like to – 1) establish funding to support need based annual event to involve Black males with emphasis on ages 18-45, 2) create an Annual AAHP Integrative Health Event bringing County minority healthcare providers together from both conventional and alternative Medicine practitioners, and 3) institute partnership with institutions to address cognitive decline among the aging and disabled population and equip caregivers to recognize early signs of Alzheimer’s and other memory loss conditions as well as education
- Minority Youth Health Professional Development: this program would support a Healthcare Professional Leadership program for middle through high school students. AAHP would do the following:
 - Select middle or high schools in a highly Black concentrated area as a pilot.
 - Recruit retired health professionals to serve as mentors to dedicate no less than 4 hours per month to offer professional development enrichment activities.
 - Strategize with community-based organizations who are or have a history of working with student populations to avoid duplication of services or to pull together resources aimed to encourage public health careers.
- Fentanyl/Opioid Awareness Program: the program will focus on helping youth make better health choices around drug use, particularly fentanyl use. This will increase collaboration on health issues with parents, black community organization and other community stakeholders to understand the harmful effect of fentanyl, use of Narcan and living a drug free lifestyle. For serious drug addiction and mental health issues, clients will be referred to appropriate addiction and mental health agencies. The target 60 per month students per month. The funding will support a certified substance abuse counselor, 2 outreach staff, Narcan supplies and administrative needs.
- Call to Duty – Strengthening our Black Men and Women: Black men and women in Montgomery County rank amongst the poorest groups in the County. AAHP would like to provide navigation programs to help Black residents be more aware of the County and State’s safety net programs, help them apply, and provide follow-up support

Health Education and Wellness	Budget
Real Conversation Series	\$100,000
Prevention and Health Education	\$64,000
Minority Youth Health Professional Development	\$50,000
Fentanyl/Opioid Awareness Program	\$226,000
Call to Duty – Strengthening our Black Men and Women	\$110,000
Total	\$550,000

S.M.I.L.E and Program Supports: \$100,000

- AAHP is requesting increased resources for the SMILE program including additional breast pumps, cribs and car seats, program materials for clients and outreach and additional equipment and supplies
- The SMILE program seeks to decrease the high rate of Black infant mortality and improve the likelihood of good pregnancy outcomes among Black women in Montgomery County. Services include childbirth and breastfeeding education classes; case management of mothers and infants, including home visits and telephone consultations; ongoing breast-feeding support after delivery; support groups and networking opportunities.

Council staff recommendation: Approve the \$800,000 increase as recommended by the County Executive as a high priority on the reconciliation list.

C. Latino Health Initiative

- For FY24, the County Executive is recommending a \$952,545 increase for LHI to support the Encuentros.

	Cost
Encuentros (Mental Health Support):	\$832,545
Expanding Health Promoters Outreach Funding	\$150,000
TOTAL	\$952,545

The Latino Health Steering Committee is requesting funding to meet the ongoing community needs related to mental health and continued support for community engagement activities that build upon current program capacity. The request from the Steering Committee is available at ©56-59.

Encuentros (Mental Health Support): \$832,545

The “Encuentros” program provides non-clinical emotional support groups are highly effective in helping them to develop strategies to manage high levels of emotional distress. Participants with more complex needs are referred to licensed clinicians. The current demand for the program is high and it is currently at capacity. To help expand the capacity to meet this demand, in FY24, LHI proposes the following

- Increase the number of Encuentros groups from 64 to 100, this would increase the number of sessions provided from a current 384 to 600 sessions. It would also increase the number of residents served from 768 to 1,200, based on an estimated 12 participants per group
- Increase the number of trained Community Mental Health Workers from 40 to 50
- FY24 proposed budget: The expansion to 600 sessions would cost \$832,545, based on a per-session cost of \$1,387.58 x 6 sessions/group x 100 groups. The recommended funding both expands the number of sessions and increases the per session cost to cover cost increases. This total does not include the cost of the coaching sessions.

- The FY23 budget for “Encuentros” community mental health is \$467,811. This covers the cost of up-to 354 sessions with an approximately 590 participants. Each cohort of 10 participants meets for 6 sessions.

Expanding Health Promoters Outreach: \$120,000

The LHI Health Promoters community outreach program has recruited and trained 20 Spanish-speaking Health Promoters who have reached approximately 6,000 County residents per year. LHI recently received State of Maryland accreditation as a certified Community Health Worker training site. This accreditation will allow LHI to scale up the implementation of its expanded Health Promoters program and become a ‘School for Health Promoters’ where cohorts of Health Promoters can receive training and build skills to effectively reach residents and increase health outcomes for the entire community.

For FY23, the LHI’s expanded Health Promoters program will broaden its outreach and navigation by recruiting and training an additional 20 Health Promoters. A group of 5 Health Promoters will be assigned 4 days per week to conduct scaled-up information/education and navigation activities in the County. This expansion would cost \$120,000, reflecting an additional 1,040 outreach activities over 12-months reaching an estimated 15,000 additional community members in FY24.

Transitioning contract staff to merit: The Steering Committee also supports the CE recommendation to transition two contract positions to merit employees

Council staff recommendation: Approve the \$952,545 increase recommended by the County Executive as a high priority on the reconciliation list.

Black Physicians Health Network (BPHN)

- The County Executive recommended level funding for the BPHN of \$2,500,000 for FY24.
- The BPHN provider and community is requesting an additional \$1,000,000 to the budget, increasing the total amount to \$3.5 million for FY24. The BPHN request is detailed at ©60-70. The additional funding would support:
 - health and dental visits for uninsured Black residents who are pending health insurance coverage
 - emergency funds for Black insured residents who request support with a co-pay and/or high-cost deductible due to financial hardship and
 - emergency and tailored mental health appointments for Black residents who receive services from a Black mental health professional.

	FY23 total funding	FY24 Rec
BPHN Funding	\$2,500,000	\$2,500,000
Additional Funding for FY23	\$125,000	
Total	\$2,625,000	\$2,500,000

The Black Physicians & Healthcare Network (BPHN) started in FY21, initially supported by federal funds, to support COVID-19 testing, vaccinations, distribution of COVID-19 kits, resource navigation and health education for Black residents in the County. In January 2022, the model shifted from a COVID-19 focused priority to assisting Black residents with referrals, coordination and supports to Black primary care, dental and mental health providers who are culturally and linguistically competent in the County. The model also included payment of co-pays and fee for services by providing reimbursement to providers for services as needed to minimize the financial burden for Black residents.

With this model, the BPHN reports that 66% of the residents receiving services and supports through BPHN have private or public insurance; 34% of those BPHN serves are uninsured. BPHN is requesting to maintain the reimbursement model of medical services to help reduce the burden of co-pays, high deductibles and health care debt that interfere with residents scheduling and maintaining appointments.

Council staff appreciates that the BPHN model is innovative and has helped ease the financial burden for residents; however, Council staff notes that it is unusual for County funds to provide direct financial assistance, co-payments or cost-sharing, for residents with health care insurance. Staff also recognizes that the model is intended to support positive health outcomes for Black County residents who may face multiple challenges in affordable health care access and experience disparities in health outcomes.

Council staff supports the Executive’s recommendation to maintain the same level of funding for the Black Physicians Health Network in FY24, and requests that DHHS work with BPHN advocates and leadership to determine a focused strategy for County funding around health disparities and outcomes, as well as a structured cost, reimbursement, or supplement model for leveraging County funds effectively.

This report contains:

FY24 County Executive recommended budget - PHS	©1-8
TB Program Information	©9-11
MCAB and Troika – FY24 Advocacy Request	© 12-42
FY24 County Executive recommended budget – OCA	© 43-45
Asian American Health Initiative Steering Committee – FY24 Request	© 46-47
African American Health Program Executive Committee	© 48-55
Latino Health Initiative Steering Committee – FY24 Advocacy	© 56-59
Black Physicians & HealthCare Network Advocacy Request	© 60-70

MEMORANDUM

April 21, 2023

TO: Health and Human Services Committee
Education & Culture Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession – FY23-28 CIP Amendments: School-Based Health and Linkages to Learning Centers and High School Wellness Center and Expanded Wellness Services**

PURPOSE: Review and make recommendations on Capital Improvements Program (CIP) Amendments

Those expected to participate in the worksession include:

Department of Health and Human Services
Jason Rundell, Acting Chief Operating Officer
Dira Treadvance, Chief, Children, Youth,
and Family Services
Mark Hodge, Administrator, School Health
Services

Office of Management and Budget
Grace Pederson, Fiscal and Policy Analyst

Department of General Services
David Dise, Director
Greg Ossont, Deputy Director

Montgomery County Public Schools
Seth Adams, Director, Division of Facilities
Management
Adrienne Karamihas, Director, Division of
Capital Planning

The Joint Health and Human Services (HHS) and Education & Culture (E&C) Committee will review the Executive's recommended amendments to the School-Based and Linkages to Learning Centers and High School Wellness Center and Expanded Wellness Services projects in the FY23-28 CIP.

SCHOOL BASED HEALTH & LINKAGES TO LEARNING CENTERS (©1-2)

The umbrella project provides for two major types of facilities at public school sites: Linkages to Learning centers (LTL or Linkages) and School Based Health Centers (SBHC). The

programs provide accessible health, mental health, social and educational support services to at-risk children and their families. School-based health centers operate as part of the Linkages to Learning program and provide primary healthcare to students and their siblings, and for children enrolled in Care for Kids (CFK) who live within the zip code served by the school.

(\$000)	Total	6 Year Total	FY23	FY24	FY25	FY26	FY27	FY28
Greencastle ES LTL	850	850	0	284	283	283	0	0

Recommended funding source for the 6-year period is GO Bonds.

Requested FY24 appropriation: \$529,000

The recommended amendment adds \$850,000 to build a Linkages to Learning suite in conjunction with major school construction at Greencastle Elementary School. The facility will support the existing Linkages to Learning program at the school. A breakout of projects programmed in the PDF is attached at ©3.

Council staff notes that the requested FY24 Appropriation of \$529,000 is over 50% less than the estimated appropriation request in the approved FY23-28 PDF.

Council staff recommend approval. Building a full Linkages suite in conjunction with major school construction will provide additional space for a full model of services at this Title I school at a savings.

High School Wellness Center and Expanded Wellness Services

The Executive transmitted an amendment to the High School Wellness Center (HSWC) and Expanded Wellness Services Project (©4-5) to the Council on April 18, 2023. This latest amendment increases expenditures in FY24 to reflect the availability of \$1 million in State Aid.

The Joint Committee reviewed the Executive’s January 17 project amendment on March 2. The Joint Committee recommended approving the amounts programmed in the PDF Executive to retain capacity in the HSWC project but did not recommend the specific programs identified in the PDF. Instead, the Joint Committee determined that the priority order for developing individual projects would be based on a determination of need. Thus, the Joint Committee requested that DHHS perform a comprehensive analysis of need and convene the School-Based Health and Wellness Center Advisory Committee to determine recommendations for the priority order of schools. DHHS has indicated that a priority list will be finalized by the end of September 2023.

The PDF attached at ©6-7 incorporates narrative edits that reflects the decision of the Joint Committee at the March meeting.

Council staff recommends incorporating the increased State Aid into the project as recommended by the Joint Committee in March.

MEMORANDUM

May 2, 2023

TO: Health and Human Services Committee
Education & Culture Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: FY24 Operating Budget Amendment: Youth Harm Reduction Budget
Amendment

PURPOSE: Review and make recommendations on FY24 Operating Budget Amendment

Those expected to participate in the worksession include:

- Earl Stoddard, Assistant Chief Administrative Officer
- Sonia Mora, Assistant Chief Administrative Officer
- Chief Marcus Jones, Montgomery County Police Department (MCPD)
- Dira Treadvance, Chief, Children, Youth and Family Services (CYF), DHHS
- Luis Cardona, Administrator, Positive Youth Development, DHHS
- Mark Hodge, Senior Administrator, School Health Services, DHHS
- Deborah Lambert, Fiscal and Policy Analyst, Office of Management and Budget

Background

On November 15, 2022, the Council approved Special Appropriation #23-19 to the Department of Health and Human Services (DHHS) FY23 Operating Budget which provided \$853,699 for the Youth Harm Reduction Initiative. The Council responded to concerns about youth violence incidents in the community and the increase in community-based youth violence, much of which involved the use of firearms. The Initiative sought to scale up violence prevention programming in partnership with community-based organizations to support vulnerable youth and mitigate potential harm. The funding was to support employment opportunities for youth, mentorship, peer-to-peer community engagement, positive youth development and skills building, and mental health awareness.

Recommended Amendment

On April 25, the County Executive transmitted amendments to his recommended FY24 Operating Budget (©1-4), which included additional funding of \$853,699 to continue programming through the Youth Harm Reduction Initiative. The Executive has indicated that Montgomery County has recently seen an increase in gun violence and aggravated assaults, youth victimization and the number of youths under seventeen in possession of weapons. (See Crime statistics below.) Funding for the Initiative was inadvertently left out of the FY24 Recommended Operating Budget and is being proposed as one-time funding supported through General Fund: Undesignated Reserves.

The proposed funding is intended to support the same portfolio of work to be launched in FY23 to ensure continuity of services and interventions. These services include the following activities to increase youth engagement, divert youth from engaging in violent activities, and empower adolescents and families in Montgomery County, with a particular focus on the most at-risk populations residing in the Germantown, Montgomery Village, and Gaithersburg communities (see also ©2):

- **Consulting Services (County Prevention/Response Strategy) \$180,000:** Consultant will assist in mobilizing key community stakeholders to map out a cohesive County response to violence prevention and mitigation. Council staff understands that this work has not commenced and that the contract is working its way through the procurement process. The work might begin in the last few months of FY23, but because the bulk of the work will be performed in FY24, Executive staff indicated that these additional funds will be needed in FY24. **Before the Joint Committee recommends approval of this funding, it should seek clarification from Executive staff when the contract will be finalized and FY23 funding will be encumbered and whether unspent FY23 funding will revert to the General Fund.**
- **480 Club Sports Ambassadors Program \$160,425:** Mentorship and peer engagement targeting Upcounty high-risk middle students and high school athletes whose school sports participation was revoked due to disciplinary action. Services expected to reach 25 student ambassadors with four youth mentorees each. **The initiative has not yet launched. The Purchase Order (PO) was approved in March, and the organization is hiring to support the additional services.**
- **The BUILD Program \$50,000:** Provide capacity building and community strengthening training to a minimum of 50 community providers to strengthen skills in implementing programs intended to decrease community violence. Funding will also support the training of 40 youth and community residents to strengthen skills in addressing violence. The PO was approved at the end of January and the organization has been establishing classes.
- **Florence Crittenton Services of Greater Washington, Inc. \$400,000:** Funding will support service to 325-360 teen girls in six middle schools with high poverty rates, majority BIPOC student population, and significant academic challenges: Mario Loiederman, Gaithersburg, Montgomery Village, Neelsville, Odessa Shannon, and White

Oak Middle Schools.

- **Identity, Inc. Community Sports Events \$38,308:** Sports-themed youth and community engagement in Germantown, Montgomery Village and Gaithersburg. **The initiative has not launched yet. The PO was approved at the end of February, and DHHS expects April invoice at the beginning of May.**
- **Identity, Inc. Youth Outreach Groups \$17,053:** Creation of youth outreach groups with 10 diverse adolescents focused on peer engagement and resource sharing in Germantown, Montgomery Village and Gaithersburg. **The initiative has not launched yet. The PO was approved at the end of February, and DHHS expects April invoice at the beginning of May.**
- **Identity, Inc. Community Mental Health Groups \$7,912:** Mental health awareness and well-being services for adolescents from targeted communities. Participants will provide stipends for participation and completion of the series. The initiative has not launched yet. Council staff understands that services are targeted for Summer 2023.

The Joint Committee may want to discuss what mechanisms could be put in place to allow Government to move quickly to stand up new community-based programs in an emergency. Council staff understands the importance adhering to appropriate procurement policies and procedures, but can the County implement strategies that allow more timely response to urgent community needs?

Executive notes that “that while the Youth Harm initiative funded the expansion and launch of new programming for adolescents, there is a vast amount of efforts taking place throughout the County to address youth harm.” Additional services that supported the Youth Harm Reduction Initiative in FY22 by County department, agencies, and community organizations, including DHHS, MCPD, Montgomery County State’s Attorney’s Office, Office of Community Use of Public Facilities, Montgomery County Public Schools, Montgomery County Collaboration Council for Children, Youth and Families, and Identity, Inc. are described at ©7-24.

Update on Violent Crime Involving Youth

Data on violent crime involving youth in 2022 and the 1st Quarter of 2023 is attached at ©25-27. Council staff makes the following observations regarding the data:

- While youth ages 17 and under have not been the victim or suspect of a homicide involving a firearm since the 2nd Quarter of 2022, they have been involved as victims and suspects of contact shootings in 1st Quarter of 2023.
- Victims ages 17 and under accounted for 13% of contact shooting victims in 2022,
- For the 18-21 age group, there were 8 victims and 12 suspects of homicide involving a firearm during the reporting period, with incidences in every quarter.
- There were more juvenile suspects arrestees ages 17 and under for all categories of violent crime involving firearms than the 18-21 year old category.

- Juvenile suspects/arrestees ages 17 and under were responsible for 31 carjackings involving firearms in 2022, more than any other age group.
- There were no homicides using firearms in the 3rd Quarter of 2022.

Council staff recommend adding funding to support the Youth Harm Reduction Initiative in FY24 to the reconciliation list as a high priority. However, the Joint Committee should seek clarification about the amount for consulting services to be encumbered or expended in FY23 and reduce the proposed appropriation by that amount, unless there is a compelling reason to increase the amount allocated for strategic planning.

The packet contains the following attachments:

	<u>Circle #</u>
County Executive’s Recommended FY24 Operating Amendments	©1-4
FY23 Youth Harm Reduction Supplemental break out	©5-6
Youth Harm Intervention Summer 2022 Activities	©7-24
Youth Data for Violent Crimes for 2022 and 1 st quarter 2023	©25-27