FY2013 Performance and Accountability Report

Montgomery County Department of Health and Human Services

CountyStat

HHS Alignment to County Priority Objectives

Montgomery County Priority Objectives

- A Responsive and Accountable Government
- Affordable Housing in an Inclusive Community
- An Effective and Efficient Transportation Network
- Children Prepared to Live and Learn
- Healthy and Sustainable Communities
- Safe Streets and Secure Neighborhoods
- A Strong and Vibrant Economy
- Vital Living for All of Our Residents

Headline Performance Measure	FY12 Results	FY13 Results	Performance Change
Weighted percentage of DHHS customers satisfied with the services they received from DHHS staff	96.4%	96.2%	
Weighted composite of HHS client cases that demonstrate beneficial impact from received services: Improved health and wellness (1-100 scale)	53.8	55.2	
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Greater independence (1-100 scale)	86.1	87.7	
Weighted composite score of HHS client cases that demonstrate beneficial impact from received services: Risk mitigation (1-100 scale)	82.5	84.7	
Percent of REVIEWED HHS client cases that demonstrate beneficial impact from received services	86%	92%	
Percent of client cases needing assistance with multiple services for which effective team formation is documented (Quality Service Review)	78%	67%	
Percent of client cases needing assistance with multiple services for which effective team functioning is documented (Quality Service Review)	67%	50%	
Percent of client cases needing assistance with multiple services for which effective team formation is documented (Service Integration Cases) (FY13 is baseline data)	N/A	92%	

Headline Performance Measure	FY12 Results	FY13 Results	Performance Change
Percent of client cases needing assistance with multiple services for which effective team functioning is documented (Service Integration Cases) (FY13 is baseline data)	N/A	60%	
Percent of current DHHS "health and human services" contracts derived from RFPs that contain performance measures related to beneficial impact and customer satisfaction	97.7%	97.8%	
Percent offenders under 18 diverted into substance abuse education and treatment or mental health treatment programs who do not re-enter the juvenile justice or adult correction system within 12 months of being assessed compliant with requirements	89%	88%	
Percent of clients with active infectious tuberculosis who received and were scheduled to complete Directly Observed Therapy and successfully completed the treatment regimen	95.0%	95.0%	
New cases of Chlamydia per 100,000 population in Montgomery County: Ages 15-24 *Measured by calendar year.	1,391.5 (CY12)	1,242.8 (CY13)	
Percent of children served by continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	93.9%	95.7%	
Percent of adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	75.3%	76.3%	
Percent of vulnerable populations that have a primary care or prenatal care visit - CHILDREN	26.1%	25.7%	
Percent of vulnerable populations that have a primary care or prenatal care visit - ADULTS	27.5%	28.2%	

Headline Performance Measure	FY12 Results	FY13 Results	Performance Change
Percent of Medical Assistance applications approved for enrollment	**71%**	**72%**	
Percent of Head Start, licensed child care centers, family-based child care, and non-public nursery students that demonstrate full readiness upon entering kindergarten * There is a one-year-lag for FY13 Note: FY13 is the first year that non-public nurseries are included in the calculations. Therefore, scores are not comparable to previous years.	**79%**	**82%**	
Twelve month work participation rate for work-eligible TCA recipients in federally defined work activities (This is a new measure under construction for FY13 per Federal/State reporting requirements and results will not be comparable to previous fiscal years)		**58%**	
Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services	**94.9%**	**94.7%**	
Percent of households remaining housed at least 12 months after placement in permanent supportive housing	**98%**	**97%**	

HHS At A Glance

What Department Does and for Whom	How Much / How Many
The mission of the Department of Health and Human Services (DHHS) is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency. DHHS ensures delivery of a full array of services to address the somatic and behavioral health, economic and housing security, and other health and human services needs of County residents. DHHS directs, manages, administers, funds and delivers critical support for the most vulnerable residents. Services provided also include case management and advocacy services, protective services for vulnerable children and adults, and prevention services. The Department strives to provide services that: ○ Build on the strengths of our customers and the community ○ Are community-based ○ Are accessible ○ Are culturally competent ○ Are responsive to changing needs of our community ○ Are provided in collaboration with our community partners	Total Operating Budget: $252.3 million Total FTEs: 1558.6

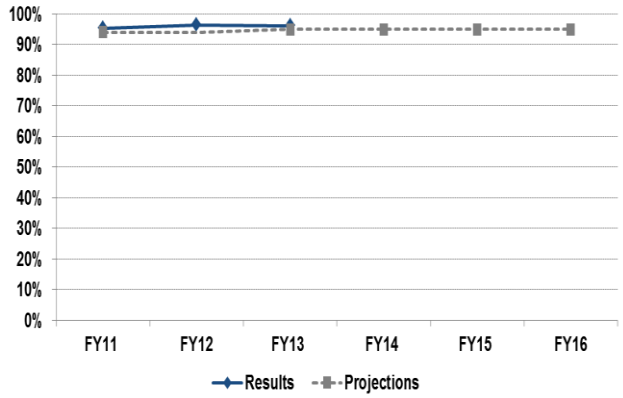
Aging and Disability Services (ADS) The mission of ADS is to affirm the dignity and value of seniors, persons with disabilities, and their families by offering a wide range of information, home and community-based support services, protections, and opportunities which promote choice, independence, and inclusion.	Total Operating Budget: $37.8 million Total FTEs: 163.6

HHS At A Glance (Cont.)

What Department Does and for Whom	How Much/How Many
Behavioral Health and Crisis Services (BHCS) The mission of BHCS is to foster the development of a comprehensive system of services to assist children, youth, adults, and families in crisis or with behavioral health needs.	Total Operating Budget: $38.5 million Total FTEs: 208.7
Children, Youth and Family Services (CYFS) The mission of CYFS is to promote opportunities for children to grow up healthy and ready for school, and for families to be self-sufficient.	Total Operating Budget: $59.7 million Total FTEs: 431.5
Public Health Services (PHS) The mission of PHS is to protect and promote the health and safety of County residents.	Total Operating Budget: $72.0 million Total FTEs: 566.2
Special Needs Housing (SNH) The mission of SNH is to provide oversight and leadership to the County's efforts to develop new and innovative housing models to serve special needs and homeless populations and maintain housing stability for vulnerable households.	Total Operating Budget: $18.9 million Total FTEs: 61.9
Administration and Support (AS) The mission of AS is to provide overall leadership, administration and direction to the Department, while providing an efficient system of support services to assure effective management and delivery of services.	Total Operating Budget: $25.4 million Total FTEs: 126.7

Headline Performance Measure 1: Weighted percentage of DHHS customers satisfied with the services they received from DHHS staff.

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	95.4%	96.4%	96.2%			
Projections	94.0%	94.0%	95.0%	95%	95%	95%

Factors Contributing to Current Performance

- Highly trained and knowledgeable staff
- Multi-lingual staff and/or appropriate use of resources to facilitate communication
- High ratings in sub-measures of understanding needs and respect
- Greater use of a more user-friendly survey of customer satisfaction
- Ongoing training and operations work to continually improve customer service.

Factors Restricting Performance Improvement

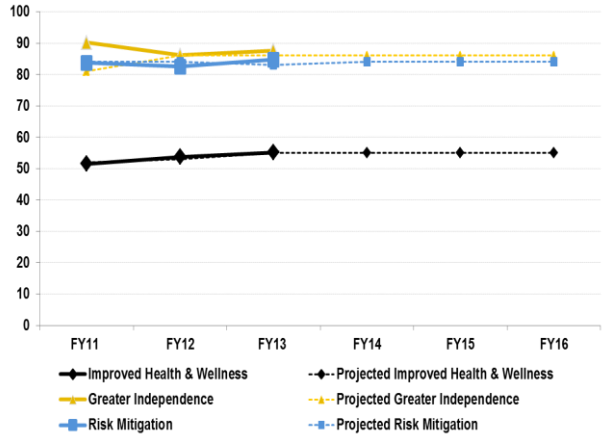
- Eligibility requirements, lack of resources, and other factors outside of DHHS control
- Non-voluntary nature of some services
- Large numbers of LEP residents and large diversity in languages spoken
- Complex and multiple client needs and strained service delivery systems
- Ongoing high demand for services coupled with fewer staff
- Denial of services (due to ineligibility) to residents experiencing new hardships

Performance Improvement Plan

- Continue to require all new staff to take HHS Limited English Proficiency Plan training
- Implement and support site-based work to improve customer and worker experience.

Headline Performance Measures 2, 3, 4: Weighted composite of HHS client cases that demonstrate three aspects of beneficial impact from received services: Improved Health & Wellness (IH); Greater Independence (GI); Risk Mitigation (RM).

Performance Trends



		FY11	FY12	FY13	FY14	FY15	FY16
Results	Improved Health & Wellness	51.5	53.8	55.2			
	Greater Independence	90.2	86.1	87.7			
	Risk Mitigation	83.7	82.5	84.7			
Projections	Improved Health & Wellness	52.0	53.0	55.0	55.0	55.0	55.0
	Greater Independence	81.0	86.0	86.0	86.0	86.0	86.0
	Risk Mitigation	84.0	84.0	83.0	84.0	84.0	84.0

Factors Contributing to Current Performance

- Informational /query meetings with Service Areas to encourage development of meaningful metrics and improve performance management
- Use of QSR findings to improve system performance
- Continued development of an integrated case practice model
- Use of best practice models
- GI & IH scores reflect higher results for Specialty Behavioral Health Services

Factors Restricting Performance Improvement

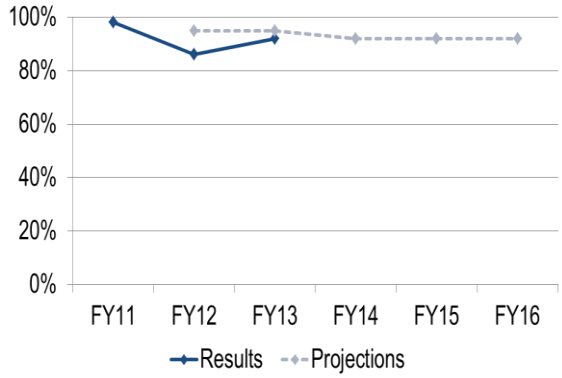
- Budget driven reduction in staff at time of increased demand for services from clients with complex needs
- Decreased performance in one program impacted by staff vacancies and loss of grant funding contributed to decline in composite score
- Insufficient staff capacity to use data for program management
- Limited number of evidence-based practices to address some social problems
- Lack of available resources, particularly affordable housing, impacts GI

Performance Improvement Plan

- Continuously seek efficiencies to serve more people with ever-decreasing resources
- Expand the use of a formal integrated team-based case practice approach
- Work to increase equity by addressing disparities in service delivery
- Continue to make progress toward information technology interoperability

Headline Performance Measure 5: Percent of reviewed HHS client cases that demonstrate beneficial impact from received services

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	98%	86%	92%			
Projections		95%	95%	92%	92%	92%

Factors Contributing to Current Performance

- Informational /query meetings with Service Areas to encourage development of meaningful metrics and improve performance management
- Use of QSR findings to improve system performance
- Continued development and implementation of an integrated case practice model
- Use of best practice models

Factors Restricting Performance Improvement

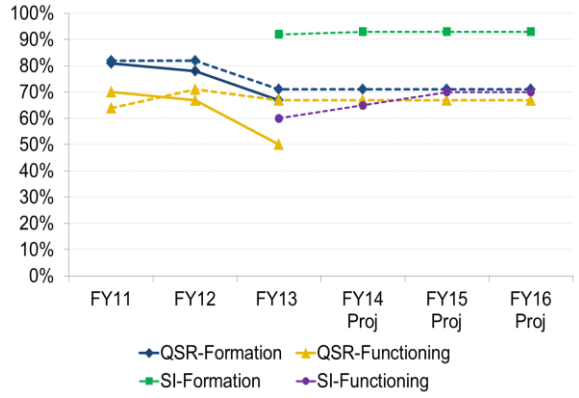
- Ongoing high demand for services coupled with fewer staff
- Inconsistent internal knowledge about service integration and the team-based case management model
- Insufficient staff capacity to use data for program management
- Limited number of evidence-based practices to address some social problems
- Lack of available resources, particularly affordable housing

Performance Improvement Plan

- Continuously seek efficiencies to serve more people with ever-decreasing resources
- Expand the use of a formal integrated team-based case practice approach
- Work to increase equity by addressing disparities in service delivery
- Continue to make progress toward information technology interoperability

Headline Performance Measures 6 & 7: Percentage of client cases needing assistance with multiple services for which effective team formation and team functioning is documented (Quality Service Review & Service Integration Cases)

Performance Trends



		FY11	FY12	FY13	FY14	FY15	FY16
Results	QSR-Formation	81%	78%	67%			
	SI-Formation	N/A	N/A	92%**			
	QSR-Functioning	70%	67%	50%			
	SI-Functioning	N/A	N/A	60%			
Projections	QSR-Formation	82%	82%	71%	71%	71%	71%
	SI-Formation	N/A	N/A	N/A	93%	93%	93%
	QSR-Functioning	64%	71%	67%	67%	67%	67%
	SI-Functioning	N/A	N/A	N/A	65%	70%	70%

- QSR results are based on a small, limited sample of cases for FY13
- ** SI is Service Integration Intensive Case Practice cases and is new for FY13, which is why there are no previous values.

Factors Contributing to Current Performance

- Implementation of an integrated case practice model for selected intensive-needs clients throughout the department
- Overwhelmingly positive response from staff for integrated case teaming of complex cases
- Developed protocol for leadership to address barriers to successful teaming
- Service Integration is built on collaborative teaming principles

Factors Restricting Performance Improvement

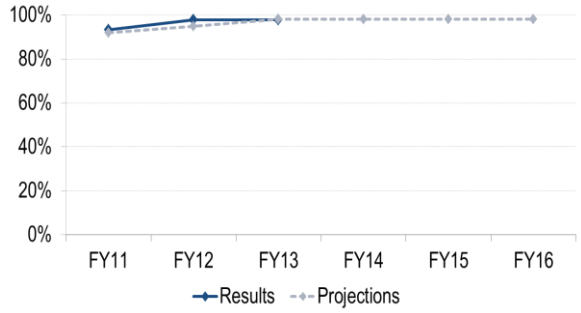
- Large caseloads and lack of resources for specialized needs
- Lack of subsidized and affordable housing
- Program requirements not in alignment
- Non-interoperable IT systems
- No common client index
- Inconsistent internal knowledge about service integration and the team-based case management model

Performance Improvement Plan

- Continue to document all protocols of the integrated case practice model to ensure its sustainability
- Continue to support ongoing team collaboration for cases participating in integrated case model
- Continue progress toward an IT solution to create a common client index
- Redesign enterprise-wide business processes that support integrated case management
- Continue expansion of integrated case practice throughout DHHS
- Expand outlets for staff to obtain information about programs and client services
- Continue to improve intake, screening and referral process to support service integration
- Evaluate implementation efforts and effectiveness of integrated case practice
- Continue to provide staff support for integrated team practice and facilitation for team meetings
- Increase use of QSR in FY14

Headline Performance Measure 8: Percentage of current DHHS "health and human services" contracts derived from Requests for Proposals that contain performance measures related to beneficial impact and customer satisfaction.

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	93.3%	97.7%	97.8%			
Projections	92.0%	95.0%	98.0%	98.0%	98.0%	98%

Factors Contributing to Current Performance

- Expectations are identified in RFPs and PMs specific to the Service or Program area are included in the final contract
- Requirements are identified in the federal and state funding streams
- Outputs and deliverable timelines are well identified
- Service Areas established department-wide definitions for contract performance management related to both beneficial impact and customer satisfaction

Factors Restricting Performance Improvement

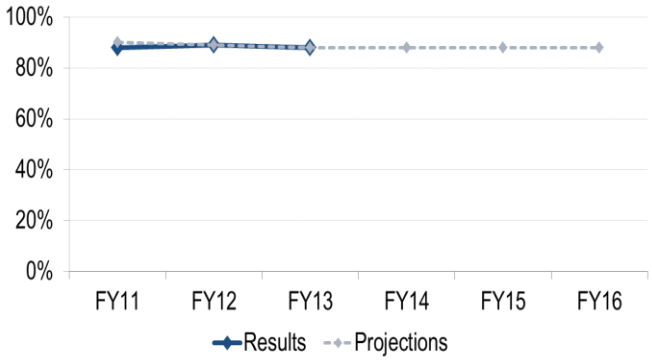
- Additional work is required to standardize policies
- Additional training on performance management development and measurement is needed
- General economic conditions and budgetary constraints create significant resource issues
- Lack of technology to track performance measures

Performance Improvement Plan

- Continue efforts to refine program-specific performance measures for beneficial impact in partnership with DHHS vendors
- Continue training service area staff on development and monitoring of performance measures
- Continue to review RFPs and contracts for inclusion of performance measures

Headline Performance Measure 9: Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements.*

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	88%	89%	88%			
Projections	90%	89%	88%	88%	88%	88%

Factors Contributing to Current Performance

- Great collaboration among system providers
- Strong track record in "diversion" services
- Close collaboration to provide more diversion opportunities for appropriate youth identified by Department of Juvenile Services (DJS) diversion service
- Refined the case closure process to ensure success with diversion recommendations

Factors Restricting Performance Improvement

- Underlying criminogenic factors not easily impacted in recidivism prevention
- Barriers like transportation and lack of family support that prevent youth's participation and successful completion of diversion

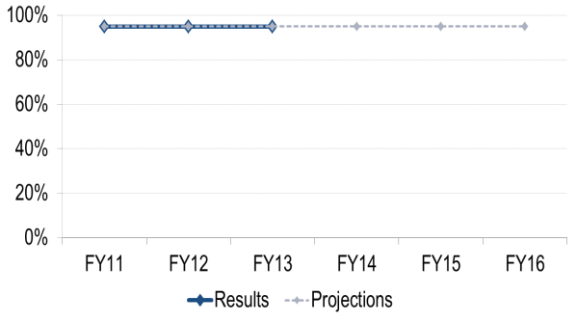
Performance Improvement Plan

- Continue to analyze Juvenile Justice Information System data to identify trends and outcomes in diversion to support the operation of Screening and Assessment Services for Children and Adolescents (SASCA) diversion program
- Continue community education efforts around prevention and diversion services
- Expand diversion program to include Takoma Park and Park Police to capture their diversion-eligible cases and provide diversion services
- Continue to work with the Montgomery County Collaboration Council, the State's Attorney's Office for Montgomery County, and Maryland Department of Juvenile Services (DJS) to explore expanding diversion eligibility criteria in order to serve more youth and families, and divert more youth from DJS

***Note:** The correction system refers to juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. This measure is by definition a 12-month follow-up of clients, so actual FY13 data reports recidivism rate of clients served in FY12.

Headline Performance Measure 10: Percentage of clients with active infectious tuberculosis (TB) who receive and are scheduled to complete Directly Observed Therapy and successfully complete the treatment regimen.

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	95%	95%	95%			
Projections	95%	95%	95%	95%	95%	95%

Factors Contributing to Current Performance

- Quick response time to outbreaks and emerging diseases is the norm
- Intensive medical and nurse case management of diagnosed diseases is provided
- Public health investigations follow federal and state guidelines
- Screening and latent TB treatment to county residents, inmates and the homeless are also provided

Factors Restricting Performance Improvement

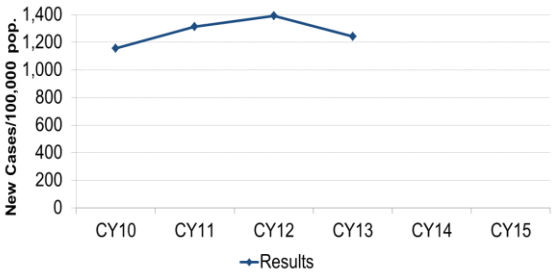
- Public perception of risk is often inconsistent with actual risk
- Finding balance between motivating people to have safe behavior versus seeking unnecessary treatment
- County residents concerned about seeking treatment
- Non-compliance with directly observed therapy and fewer resources to respond
- Increase in co-morbidity (e.g. HIV)

Performance Improvement Plan

- Improve internal process for completing reports on closed cases to Maryland Department of Health and Mental Hygiene (DHMH)
- Provide education and outreach on preventing and limiting the spread of communicable diseases by providing consistent cultural and language appropriate messages on aspects of health topics to improve public awareness and trust in DHHS services
- Continue to invest in relationships with key partners, including efforts to implement a community health assessment involving local public health system partners and use information from this assessment to develop a Community Health Improvement Process (Healthy Montgomery)
- Continue to assess changing needs of the community and develop innovative ways to address those needs, such as increasing access via evening clinic hours
- Advocate for additional revenue to compensate for shortfall from grant awards
- Advocate for opportunities for screening, treatment, education and counseling/case management, specifically for the Sexually Transmitted Disease (STD) clinic up-county
- Improve internal process for managing patient flow

Headline Performance Measure 11: New cases of Chlamydia per 100,000 population among County residents (15-24).*

Performance Trends



	CY10	CY11	CY12	CY13	CY14	CY15
Results	1,157.6	1,313.4	1,391.5	1,242.8		
Projections			NA	NA	NA	NA

*Data are for calendar year. This measure is one of three age cohort components. The Department is not projecting results for CY13-15 at this time due to the unpredictable nature of natural disease progression.

Factors Contributing to Current Performance

- Public health investigations follow federal and state guidelines
- Response time to outbreaks is quick
- Aggressive strategies are in place for contact tracing and partner notification
- Due to increased clinic capacity, fewer residents are being turned-away, which leads to more cases being identified

Factors Restricting Performance Improvement

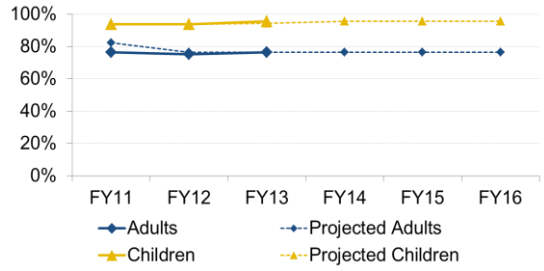
- Priority is placed on screening and treatment. Not all residents who need this service seek it
- Since 2009, only women 25 years and younger are tested for Chlamydia

Performance Improvement Plan

- Improve internal process for completing reports on closed cases to Maryland Department of Health and Mental Hygiene (DHMH)
- Provide education and outreach on preventing and limiting the spread of communicable diseases by providing consistent cultural and language appropriate messages on aspects of health topics to improve public awareness and trust in DHHS services
- Continue to invest in relationships with key partners, including efforts to implement a community health assessment involving local public health system partners and use information from this assessment to develop a Community Health Improvement Process (Healthy Montgomery)
- Continue to assess changing needs of the community and develop innovative ways to address those needs, such as increasing access via evening clinic hours
- Advocate for additional revenue to compensate for shortfall from grant awards
- Advocate for opportunities for screening, treatment, education and counseling/case management, specifically for the STD clinic up-county
- Improve internal process for managing patient flow
- Advocate for resources to train staff on best screening, counseling and treatment practices

Headline Performance Measures 12 & 13: Percentage of individual clients served by the continuum of behavioral health services that demonstrate a higher degree of Social Connectedness and Emotional Wellness as demonstrated by positive outcomes in the domains of housing, quality of life, legal encounter, and employment/education*

Performance Trends



		FY11	FY12	FY13	FY14	FY15	FY16
Results	Adults	76.5%	75.3%	76.3%			
	Children	93.7%	93.9%	95.7%			
Projections	Adults	82.3%	76.5%	76.3%	76.3%	76.3%	76.3%
	Children	93.5%	93.7%	94.9%	95.7%	95.7%	95.7%

***Note:** Results are calculated using Outcome Measurement System (OMS) data released by DHMH.

Factors Contributing to Current Performance

- Evolving continuum of behavioral health services
- Well-established crisis and trauma services
- Strong commitment to deliver Evidence Based Practices
- Strong collaboration with Montgomery County Public Schools (MCPS) to serve school-age children
- Strong collaboration with law enforcement

Factors Restricting Performance Improvement

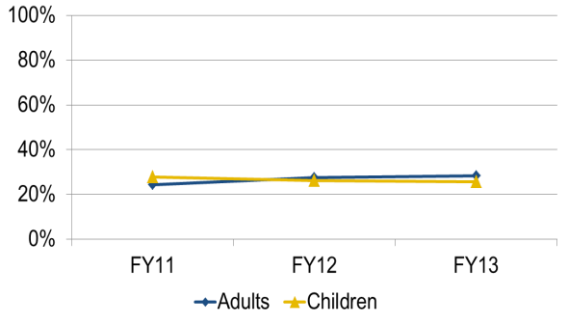
- Lack of community based crisis continuum of care across the life span
- A shortage of multilingual providers
- Lack of access to appropriate housing
- Lack of transportation resources
- Growing need for domestic violence counseling services

Performance Improvement Plan

- Formulate action plan on workforce development and training of staff in anticipation of the implementation of Affordable Care Act (ACA) in 2014 and the increased influx of newly eligible clients under Medicaid expansion and Health Insurance Exchange
- Continue to participate as stakeholder in the ongoing Maryland Department of Health and Mental Hygiene (DHMH) Behavioral Health Integration initiative
- Continue the integration of somatic health care and behavioral health care services
- Streamline processes for admission to residential addiction programs
- Continue ongoing collaboration with and encouragement for Wellness and Recovery related activities
- Continue to expand landlord-based and supported housing for behavioral health consumers
- Continue collaborating with Department of Correction and Rehabilitation, community providers, homeless resources and criminal justice agencies to improve the transition of inmates with behavioral health needs as they re-enter the community
- Continue data analysis and GIS (Geographic Information System) mapping projects to evaluate service utilization, patterns and emerging trends for county residents with behavioral health issues
- Collaborate with the DHHS Process Technology Modernization (PTM) team in the development of future HHS IT infrastructure system
- Collaborate with state and local partners to develop community based crisis stabilization services for children and adolescents

Headline Performance Measures 14 & 15: Percentage of vulnerable populations that have a primary care or prenatal care visit – Children and Adults.

Performance Trends



		FY11	FY12	FY13	FY14	FY15	FY16
Results	Adults	24.2%	27.5%	28.2%	*	*	*
	Children	27.9%	26.1%	25.7%	*	*	*

***Note:** The Department is not projecting results for FY14-16 at this time due to the multiple variables related to implementation of the Affordable Care Act

Factors Contributing to Current Performance

- DHHS enrolls uninsured who are not eligible for state or federal programs into Care for Kids, Montgomery Cares & Maternity Partnership programs
- County residents can enroll at multiple locations
- Language interpretation is provided
- Online enrollment is available for medical assistance programs

Factors Restricting Performance Improvement

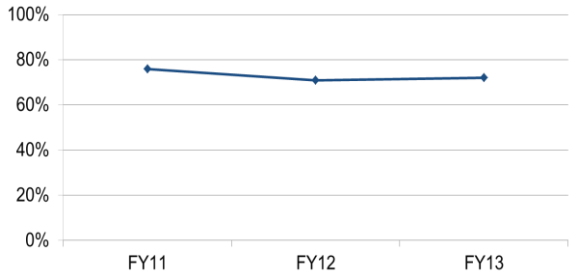
- Proof of citizenship for federal/state medical assistance limits enrollment
- Many residents are not aware they are eligible for federal/state programs
- Lack of funding limits sufficient staffing
- Lack of IT interoperability limits improved efficiencies in case management

Performance Improvement Plan

- Continue to streamline procedures for residents applying for programs
- Advocate for resources to develop and implement an integrated and interoperable medical assistance and County-specific computerized eligibility system
- Increase individual awareness of eligibility for medical assistance programs through MC311 and updates to the County Web site, and by continuing to support online information about resources available to County residents through the Collaboration Council's www.InfoMontgomery.org
- Continue providing information in multilingual formats like the Montgomery Cares Web site (www.MontgomeryCares.org) and brochures
- Advocate for and train additional volunteer Health Promoters to assist residents in applying for available publicly-funded health insurance/primary care programs
- Advocate for funding to support sufficient staffing and office resources to sustain increased medical assistance caseloads

Headline Performance Measure 16: Percent of Medical Assistance applications approved for enrollment.

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	76%	71%	72%			
Projections				*	*	*

***Note:** The Department is not projecting results for FY14-16 at this time due to the multiple variables related to implementation of the Affordable Care Act

Factors Contributing to Current Performance

- DHHS enrolls uninsured who are not eligible for state or federal programs into Care for Kids, Montgomery Cares & Maternity Partnership programs
- County residents can enroll at multiple locations
- Language interpretation is provided
- Online enrollment is available for medical assistance programs
- County residents can enroll at multiple locations

Factors Restricting Performance Improvement

- Proof of citizenship for federal/state medical assistance limits enrollment
- Many residents are not aware they are eligible for federal/state programs
- Lack of funding limits sufficient staffing
- Lack of IT interoperability limits improved efficiencies in case management

Performance Improvement Plan

- Continue to streamline procedures for residents applying for programs
- Advocate for resources to develop and implement an integrated and interoperable medical assistance and County-specific computerized eligibility system
- Increase individual awareness of eligibility for medical assistance programs through MC311 and updates to the County Web site, and by continuing to support online information about resources available to County residents through the Collaboration Council's www.InfoMontgomery.org
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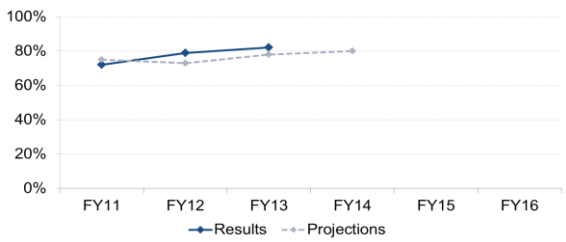
- Advocate for and train additional volunteer Health Promoters to assist residents in applying for available publicly-funded health insurance/primary care programs
- Advocate for funding to support sufficient staffing and office resources to sustain increased medical assistance caseloads

Montgomery County Department of Health and Human Services
FY2013 Performance and Accountability Report

Headline Performance Measure 17: Percentage of Head Start, licensed child care centers, non-public nursery, and family based child care students who demonstrate "full readiness" upon entering kindergarten.

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	72%	79%	82%*			
Projections	75%	73%	78%	80%	**	**

* This is the first year that non-public nurseries are included in the calculations. Therefore, scores are not comparable to previous years.
**No projections for FY15 & FY16 – MSDE will use a new assessment tool starting FY15.

Factors Contributing to Current Performance

- Collaboration with state, county and local private non-profit agencies to provide continuum comprehensive services to support successful transition of children to kindergarten
- Increased focus on collaboration among partners led to improvements
- Effective MCPS Head Start curriculum, front line staff program guidance and training contributed to better kindergarten readiness for children enrolled in the Head Start program

Factors Restricting Performance Improvement

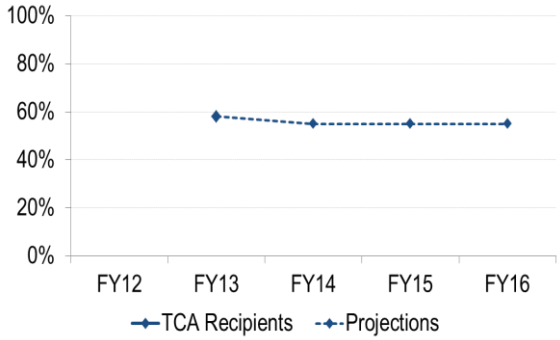
- Federal, state and local funding for at-risk children's programs decreased
- Per National research, due to the Child Care Subsidies wait list created by funding cuts, children may be cared for in unlicensed settings, putting them at risk for reduced school readiness
- Per National research, children/families with incomes below the Federal Poverty Level face more disadvantages than other children
- Lack of funding for outreach
- Rapidly changing demographics create a challenge to providing culturally appropriate services

Performance Improvement Plan

- Continue to work with the federal and state government to build coalitions and apply for any new funding that becomes available.
- Follow the State Early Childhood Advisory Council (ECAC) priorities for low income children, children with special needs, and children from families where English is a second language, by seeking data on Montgomery County's children in those categories and advocate for additional resources as necessary.
- Continue to follow Early Care and Education Congress action agenda strategies (2009) and promote it's message: "During hard times, it is critical that we champion a family-focused early childhood service delivery system and that we maintain funding for the whole system of services that supports these important gains. A loss in any one program jeopardizes the overall design of the system."
- Work collaboratively with organizational membership of the new Early Childhood Advisory Council to search for solutions to close the gap for children from low-income families, who are English Language Learners (ELL) and/or who have disabilities (priorities of the State Race-to-the-Top grant).
- Continue to develop a new Comprehensive Plan for Early Childhood Education and Care in anticipation of implementing it in FY16.
- Measure to be revised for FY15 since MSDE stats will be based on a new assessment tool that might drastically drop current projections up to a 20% rate. As a result, a new baseline has to be established.

Headline Performance Measures 18: Twelve month work participation rate for work-eligible TCA recipients in federally defined work activities *

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	N/A	N/A	58%			
Projections				55%	55%	55%

*This is a new measure under construction for FY13 (per Federal/State reporting requirements), thus results for FY13 will not be comparable to previous fiscal years

Factors Contributing to Current Performance

- DHHS contracts out the Employment Services program to vendors that are subject matter experts in employment support services
- A team of DHHS staff with knowledge of Income Support programs, Welfare to Work policies and contract management oversees the daily operation of the Welfare to Work program
- Strong commitment to facilitate the vendor's operation through a team approach with DHHS and vendor staff that emphasizes goal orientation, seamless processes, excellent customer service, transparency and accountability
- Intensive case management and follow-up services provided to TCA applicants and recipients increase the likelihood that work eligible will be engaged in core work activities leading to future employment
- There are strong partnerships with other public agencies and with private sector partners

Factors Restricting Performance Improvement

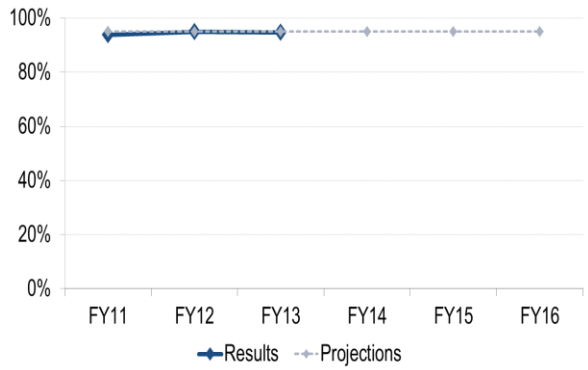
- The increase in TCA recipients and caseloads creates significant barriers to serving the most vulnerable customers and those with the most complex cases (e.g. customers with potential or undiagnosed mental health issues)
- The higher caseload has not been accompanied by an increase in staff; the increased demand for services has not resulted in any additional funding to support the program
- High turn over of contract staff due to relatively low wages and increased job demands.

Performance Improvement Plan

- Performance is above expectations and Montgomery County is viewed as a role model in Maryland

Headline Performance Measure 19: Percentage of seniors and adults with disabilities who avoid institutional placement while receiving case management services

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	93.8%	94.9%	94.7%			
Projections	95.0%	95.0%	95.0%	95.0%	95.0%	95%

Factors Contributing to Current Performance

- Highly trained and knowledgeable staff
- Available and accessible social support systems and services
- Array of services including case management, personal care, adult day care, and respite care

Factors Restricting Performance

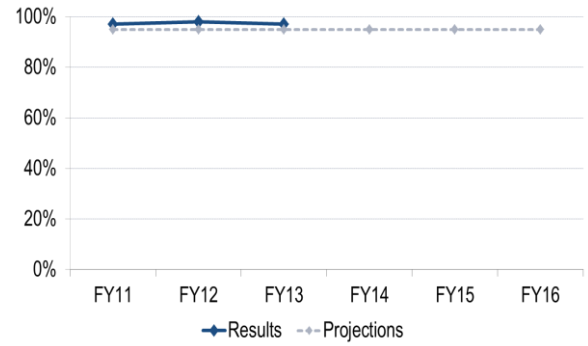
- Limited case management capacity due to budget constraints
- The elderly and disabled population is increasing, particularly among the oldest (85+) and those with cognitive impairment
- The disabled elder population often has multiple and complex health problems (physical and cognitive)
- Projected decrease in number of informal supports (family or friends) available

Performance Improvement Plan

- Identify system factors that lead to higher vs. lower quality services through Quality Service Reviews
- Increase coordination and teamwork between case management staff and staff with the Better Living at Home program (which provides environmental assessment by occupational therapist, with provision of assistive devices and home modifications as needed)
- Telephone Case Management- The Department received permission from the State Department of Human Resources to pilot a program of telephone case management using more frequent contacts in place of less frequent face-to-face contacts using otherwise stable Social Services to Adults (SSTA) clients. Research indicates that higher caseloads could be managed with no decrement in outcomes under this model. The program will commence with the hiring of a SWIII for this program, now pending offer

Headline Performance Measure 20: Percentage of households remaining housed at least 12 months after placement in permanent supportive housing

Performance Trends



	FY11	FY12	FY13	FY14	FY15	FY16
Results	97%	98%	97%			
Projections	95%	95%	95%	95%	95%	95%

Factors Contributing to Current Performance

- Supportive case management services
- Linkages to mainstream benefits
- Deep rental subsidies
- Landlord mediation
- Collaboration with service providers

Factors Restricting Performance

- Households need more intensive support services than can be provided in Permanent Supportive Housing
- Limited financial management skills
- Lack of income
- Immigration status, poor credit and criminal history impact exit from homelessness

Performance Improvement Plan

- Collaborate with DHHS partners to continue to implement the "Housing First" model to expedite the movement of homeless families and single adults into permanent housing
- Expand and refine models that provide more intensive supports to enhance ability to serve medically vulnerable households
- Collaborate with Housing Opportunities Commission (HOC) and Department of Housing and Community Affairs (DHCA) to explore opportunities to increase the supply of affordable housing units
- Update HUD Continuum of Care ten-year plan and align with Federal plan to end homelessness
- Implement the Housing First Initiative's four primary goals:
  - Provide assistance to at-risk households to prevent homelessness
  - Move homeless families through the intake/assessment phase of the system as quickly as possible
  - Place households into suitable housing as quickly as possible
  - Deliver the necessary services required to assure that households are able to stabilize their housing situation and prevent a reoccurrence of homelessness

Responsive and Sustainable Leadership:
Responsive and Sustainable Leadership has been the cornerstone of the County Executive's vision for Montgomery County government. To advance this vision, we have identified eight overarching goals for all County departments:

1) Effective and Productive Use of the Workforce/Resources:
Department actively works to effectively and productively use its workforce/resources, including, but not limited to, better management of overtime, implementation of productivity improvements, reduction of ongoing costs, and efficient use of other resources.

a) 11% decrease in average overtime hours used by all full-time, non-seasonal employees.* (Source: CountyStat)

The following narrative provided by DHHS: The department's overtime hours and costs, as reported in Montgomery County Overtime data, show a decrease in overtime from 11.1% in FY12 and 12.3% FY13.

Based on number of approved positions for FY12 and FY13, DHHS determined that the departmental "average overtime hours" for all approved positions (**full time and part time combined**) declined from 8.4 in FY12 to 7.7 in FY13, a decrease of 8%.

The following five programs represented the highest overtime usage for FY13 (from highest to lowest percentage of total departmental overtime usage):

- 24 Hour Crisis Center (30.82%)
- Income Supports (28.1%)
- Community Health Services (11.3%)
- Child Welfare Services (11%)
- Environmental Health Regulatory Services (5.9%)

b) 0.1% decrease in average Net Annual Work hours for all full-time, non-seasonal employees.* (Source: CountyStat)

**The values are based on the employee's HR Organization and not assigned Cost Center(s).*

2) Internal Controls and Risk Management:
Department actively assesses its internal control strengths, weaknesses, and risks regarding compliance with laws, regulations, policies and stewardship over County assets. Department reviews and implements Internal Audit recommendations in a systematic and timely manner, and proactively manages risk pertaining to improving workplace safety, decreasing work-related injuries, and reducing County exposure to litigation.

a) 87% (13 of 15) actionable Audit report recommendations were fully implemented since issuance of the audit report on Contract Monitoring.

Recommendation #15 (Performing an evaluation of the vendors with five or more cost reimbursement contracts that undergo random monitoring of their invoices) is still in progress. The Compliance Unit will meet with program staff and vendors that participate in the program to discuss our findings and recommendations and to consider their input for the final report and the overall evaluation analysis. To date, Compliance has completed three of the seven vendor reports for the evaluation process. Three more reports are in draft stage expected to be finalized by December 2013.

DHHS considers recommendation #14 (Consider developing a mechanism by which contractors can submit invoice support documentation electronically) to be not actionable and has excluded it from our percentage calculation. The Department of General Services (DGS) and the Department of Finance have not established an electronic invoice protocol for the County. The DHHS Fiscal Team met with DGS and the ERP Team and provided an outline of DHHS issues with electronic invoicing. However, DHHS has not been apprised of any movement on its implementation. For FY13 the DHHS Fiscal Team is now accepting scanned invoices with an appropriate vendor official approving the invoice but DHHS approver must print the electronic invoice and manually write their approval on the invoice.

b) 25% decrease in number of work-related injuries from 57 injuries in FY12 to 43 in FY 13.

The Department will work with Risk Management to analyze the data and categories of injury.
On an ongoing basis to address risk management DHHS:

- Creates awareness of standards through ongoing communication efforts;
- Maintains a risk manager as part of the Senior Leadership Team;
- Monitors and audits performance in areas of compliance risk to ensure that established policies and procedures are being followed and are effective. This includes routinely checking training schedules for HIPAA and IT Security Awareness training for new employees and contractors, and actively reviewing QSR reports to address trends that may indicate areas of compliance or training that propose risk for the department; and
- Reviews all outside Employment Requests in Risk Management before being forwarded to the Ethics Commission for review

3) Succession Planning:

Department actively plans for changes in its workforce, in order to maintain continuity of services, develop staff capabilities, maintain and/or transfer knowledge, and enhance performance.

a) List all the key positions/functions in the department that require succession planning (Source: Department Survey):

In FY13 DHHS identified 204 critical positions through the CountyStat succession plan survey. Each position was reviewed with the Chief of the relevant Service Area and positions likely to be vacated in the next two years were identified. Overall, DHHS may have 21.3% of staff leave critical positions in the next two years.

Service Area	# Critical Positions	# Deemed Likely to Leave	% Of Critical Positions
ADS	23	3	13%
BHCS	31	4	13%
CYFS	54	17	31%
DO	17	1	6%
OCA	6	2	33%
OCOO	21	3	14%
PHS	44	12	27%
SNH	8	1	13%

Key positions in each service area include:

- Behavioral Health and Crisis Services: 1 Manager III, 2 Program Manager II
- Office of the Chief Operating Officer: 2 Manager III, 1 Program Manager II
- Children Youth and Families: 4 IAPS Supervisors, 3 Manager IIs, 4 Manager IIIs, 2 Program Manager IIs, 4 Supervisors
- Public Health: 1 Manager II, 8 Manager IIIs, 1 Nurse Manager, 2 Supervisors
- Special Needs Housing: 1 Supervisor
- Aging and Disability Services: 1 Manager II, 1 Manager III, 1 Program Manager II

***b)* 71% of those identified key position/functions have developed and implemented long-term succession planning (Source: Department Survey)**

In FY13, 42 hires were made for key positions which became vacant; 22 (52%) of those hires were internal promotions. The Department promoted five (5) MLS positions internally including four (4) in Behavioral Health and Crisis Services and one (1) in Aging and Disability Services. In addition, management endorsed staff to take training to enhance promotional opportunities to management positions and we have interviewed staff from the Management Development process.

4) Mandatory Employee Training:

Department systematically monitors and actively enforces employees' mandatory and/or required trainings.

100% of department's employees fulfilled mandatory County/State/Federal training requirements (see breakdown below)

DHHS employees are required to attend specific classes depending upon their job responsibilities including customer service and worker and client safety related training. The Department systematically monitors and actively enforces employees' mandatory and/or required trainings. Supervisors continue to track attendance of their staff at mandatory County/State/Federal training applicable to them (e.g. Child Welfare workers are required to take Legal Requirements: What You Must Know When Working with Clients).

In FY13, there were 5,124 training attendances (both mandatory and non-mandatory) by DHHS employees. **Note**: **Due to new Oracle Training System we are only able to account for training data from July 1, 2012-April 30, 2013.**

- 100% of the 141 new FY13 DHHS hires completed mandatory training which included HIPAA, computer security awareness, and Introduction to Limited English Proficiency (LEP) training. The Office of Community Affairs (OCA) provided the Introduction to LEP to new staff, ensuring they can assist our diverse language speaking community immediately.
- 133 (94%) of the 141 new hires also took DHHS the "LEP Implementation Plan" training on DHHS' policy and protocol for accessing language services to assist customers. This class is required in the first year of employment. All already-trained employees are encouraged to complete the training as a refresher. In FY13, OCA conducted 10 sessions of "LEP Implementation Plan" training for 196 employees, contractors and interns, one "Community Interpreter" training for 10 certified bilingual staff, and one "How to Work with an Interpreter" training.
- 74 employees, both new hires and current employees participated in Preventing Workplace Harassment training.
- The completion period for six OHR-required training classes by newly-hired or promoted DHHS managers (including supervisors) varies according their probationary period. DHHS hired or promoted 22 new managers in FY13. Over 62% have completed or are within two classes of fulfilling their requirement as of the end of January 2013.
  - Total attendance for these classes in FY13 includes:
    - American's with Disability Act: Employment Law- 43 Managers
    - Don't Let It Happen to You – Workplace Violence- 16 Managers
    - Equal Employment Opportunity (EEO)/Diversity Management- 21 Managers
    - Introduction to Managing in a Union Environment (formerly called Basic Labor/Employee Relations for Supervisors)- 22 Managers
    - Planning for Excellence: Performance Management Basics-39 Managers took the County course and DHHS
    - Human Resources conducted 4 sessions on how to write and conduct effective employee performance reviews.
    - DHHS Human Resources with Office of Human Resources (OHR) conducted two formal trainings on Family Medical Leave Act (FMLA) - 104 Managers

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- DHHS Human Resources also worked with OHR to provide five sessions for DHHS Managers on the new Oracle Work Performance Management functionality.
  - ERP Workforce Performance Management for Managers-175 Managers
  - Interviewing and Selecting Employees-49 Managers
  - Understanding FMLA Training for DHHS-132 Managers
  - Performance Management and Compensation-WPM-25 Senior Managers
  - Oracle Learning Management (OLM) Briefing (Manager & Employee)-123

- More than 75 courses were offered in the Center for Continuous Learning (CCL) program to support staff with Continuing Education Credits (CEU) required to maintain their Social Work and Therapist Licenses required for continued employment in their positions.

- Employees working in programs related to certain funding sources must take Time Study training to assist DHHS in accounting for staff time when claiming reimbursement. FY13 completion rates are:
  - 95% for Family Investment Administration Income Maintenance
  - 64.3% for Title XIX; and
  - 95% for Title IV-E

5) Workforce Diversity and MFD Procurement:

Department actively participates in the recruitment of a diverse workforce and enforcement of MFD procurement requirements.

Workforce Diversity: DHHS actively participates in the recruitment of a diverse workforce and enforcement of MFD procurement requirements.

a) MFD Procurement

MFD Procurement: refer to yearly report prepared by DGS (Link to report)
(Source: Department provides and CountyStat validates)

Accomplishments in the area of MFD procurement, as reported by the Department of General Services include the following:

- In FY13, the dollar value of goods and services procured through MFD vendors was $7,753,545.
- The FY13 overall rate (% of dollars subject to MFD) for all categories of DHHS awards to MFD vendors was 31.16% compared to 31% in FY12.

6) Innovations:

Department actively seeks out and tests innovative new approaches, processes and technologies in a quantifiable, lean, entrepreneurial manner to improve performance and productivity.

Total number of innovative ideas/project currently in pipeline for your department, including the ones initiated in coordination with the Montgomery County Innovation Program: 7

Expected (or achieved) return on investment for each of those innovative ideas/projects, quantified in terms of at least one of the following measures: increased effectiveness/efficiency, cost savings/avoidance, increased transparency/accountability, or increased customer satisfaction.

Service Integration: During FY13 convened 112 integrated team planning meetings and 34 follow-up team meetings. The Department is working to create a system of practice that connects the Department's various client and program specific integrated teaming protocols that will further enhance our efforts to create a highly collaborative service delivery structure. To further enhance our system of practice, we developed a protocol to identify and address systems barriers to collaboration. The protocol is intended to address barriers that prevent system collaboration and integration.

The return on investment for Service Integration will primarily derive from the cost savings associated with achieving positive outcomes for client-related goals sooner than would have been possible without integrated service delivery. In FY13, DHHS had not quantified the return value.

Health Care Reform: During the most recent fiscal year, the Department successfully pursued the Maryland Connector Entity grant for the Capital Region. As the Connector Entity, HHS will oversee outreach to and the enrollment of uninsured persons throughout Montgomery County and Prince George's County as a result of the Patient Protection and Affordable Care Act (ACA). A highly qualified group of partner organizations are assisting with this effort. The receipt of the Connector Entity grant will support more than 80 persons within the Capital Region. Together, HHS and its partner organizations will raise awareness regarding the ACA as well as the alternate supports available throughout the region. Attendance at local events and the sponsorship of ACA-related community forums will continue in order to ensure that the public is well informed. In preparation for the start of open enrollment, HHS will build upon its existing infrastructure; coordinate with the designated partner organizations as well as cultivate relationships with additional organizations that can assist in educating the public.

Equity: The HHS Equity Work Group (EWG) engaged in several activities to increase equity awareness within the department. A major effort is the development of a communications plan and an equity curriculum to be the basis of *Creating a Culture of Equity Knowledge Workshop*. The EWG launched its first pilot training, "Creating a Culture of Equity Workshop", aimed at creating a shared understanding of equity amongst HHS leadership – to integrate equity throughout policies, practices, procedures, and infrastructure; and to encourage a culture to support innovation, collaboration, and continuous learning throughout the department.

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The communications strategy will focus on ensuring that materials developed, examples used and facilitated conversations about the equity principles resonate with the department's workforce. To date:

- A communications resource kit is being developed and will be available for use by HHS. Resource kit will be available for distribution in early 2014.
- A "train-the-trainer" peer-facilitators workshop is scheduled for fall, 2013 and will provide background foundation on equity as it relates to working in Montgomery County. Estimated number of peer-facilitators to be recruited and trained is 15-20 individuals.

Expected Results: The EWG expects to roll out a number of planned activities in FY 2013-2014 to increase equity awareness and visibility. Focus will be on building a cohort of staff that will be able to expand the capacity of equity champions in the department and provide staff with the language to communicate with colleagues, partners, and clients about equity.

Technology Modernization: DHHS's Process and Technology Modernization (PTM) Program has made great progress in FY13. The PTM Program includes three technology implementation projects that together will support a broader transformation in the way DHHS delivers services to Montgomery County residents in need. In FY13:

- The Department implemented the first phase of our Enterprise Content Management System (ECMS), which allows DHHS to image documents and make them available to appropriate staff throughout the department. This reduces the need for clients to provide the same documentation repeatedly and reduces errors. In FY14 we plan on extending the ECMS to the rest of DHHS.
- The Department purchased Electronic Health Record (EHR) software, which will allow DHHS to have a single source of clinical information for our clients across all of our somatic and behavioral health clinics. The EHR will also allow DHHS to bill public and private insurers for services we provide, which is essential with the full implementation of the Affordable Care Act. In FY14 we will complete implementation of the EHR.
- The Department continued defining requirements and detailed design for our Enterprise Integrated Case Management system (EICM). The EICM will support a more consistent, more collaborative and better integrated approach to delivering case management services to our clients. In FY14 we will begin implementation of the EICM, with a phased implementation plan targeting completion in FY16.
- In addition to these technology implementations, in FY13 our PTM Program also commissioned an organizational change management (OCM) readiness assessment that will inform our OCM activities in FY14 and beyond, and began work on a grant-funded project to assess the benefits of systems interoperability in human services, and validate emerging standards for human services interoperability.

Contract Reform: Working with the departments of Finance, General Services and the Office of the County Attorney, DHHS made significant changes in the way it negotiates and manages contracts to provide services. In FY13 DHHS piloted a new Allowable Cost Policy, which provides clear direction to providers about which costs DHHS will accept under our contracts, and caps indirect costs at 15% of the contract. DHHS also restructured how it will handle contracts for less than $26,000, reducing the administrative burden on the provider community and providing greater flexibility to providers to serve their communities more effectively.

7) Collaborations and Partnerships:
Department actively participates in collaborations and partnerships with other departments to improve results beyond the scope of its own performance measures. Please only list accomplishments that had positive results for other department(s) as well.

The following examples are illustrative of DHHS' collaborations and partnerships. This listing is not exhaustive.

Seniors

a) Savings through collaborations and partnerships with other departments

Savings were derived from the award of grant money to provide services as noted in the narrative below.

b) Accomplishments and/or expected results

DHHS has partnerships with many County departments and private partners to improve the quality, expand the quantity, and reduce the cost of providing services to seniors. A key area of collaboration in FY13 was in an array of transportation services including:

- A collaborative effort with The Jewish Council for the Aging (JCA) and The Senior Connection that resulted in a federal grant of $200,000 over two years from the Transportation Planning Board for the **"Village Rides Program--A Volunteer Driver Program for the Villages."**
- A $14,500 federal grant from the U.S. Administration for Community Living was awarded to DHHS in partnership with the Commission on Aging and the Senior Subcabinet Workgroup on Transportation. "**Getting All Around the County"** is a 6-month project to increase the input of older adults and people with disabilities in identifying their transportation needs and making recommendations for improvements and changes. It is managed in partnership with the Federal Transit Administration, and administered by the Community Transportation Association of America (CTAA) in partnership with Easter Seals, the National Association of Area Agencies on Aging (n4a) and Westat. This project focuses on the transportation needs of people who live in or want to travel to Gaithersburg and Germantown. The use of "Village Volunteer Drivers" will reduce the need for formal transportation services and save elderly residents out-of-pocket costs for expensive taxi trips. By better understanding the transportation needs of Gaithersburg/Germantown residents, services can be targeted in a more efficient and effective manner.

Senior Subcabinet

- Coordinated multi-departmental submission of the FY14 "Senior Initiative Budget"—especially the Senior Transportation initiative with the Departments of Recreation and Transportation
- Supported and promoted the Senior Agenda developed by the Commission on Aging, endorsed by the County Executive and enacted as a Council Resolution
- Provided technical support via Regional Service Directors to "Village" efforts in the County—currently 15 in various stages of development.
- Participated in ***MetLife/Partners for Livable Communities City Leaders Aging in Place Initiative*** to develop affordable assisted living. A Housing Round Table Symposium was held in March with public/private stakeholders (e.g., developers, financers, service providers, policy experts, etc) to advance this continuing effort
- Discussed needs for better data collection and analysis by all Departments on the needs of diverse seniors with the assistance of CountyStat
- As advocated by Commission on Aging, Vital Living Network and others, significantly expanded communications and outreach efforts to inform seniors and caregivers about services available including: mailed senior info guide to every household with Tax Mailing; distributed printed brochures to key locations (libraries, senior housing, County Fair, etc); placed link to Senior transportation Survey on County website and in Paperless Airplane publication; fixed time for Seniors Today cable program

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Senior Nutrition

Partners: Department of Recreation, Housing Opportunities Commission, faith communities, ethnic groups, volunteers.

Senior Nutrition provides lunches to seniors at congregate sites around the County, as well as nutrition education, nutrition screening and related activities and services. The Senior Nutrition Program also provides home delivered meals to the County's frailest seniors. These programs are administered through contracts with a variety of public, private and nonprofit organizations.

a) Savings through collaborations and partnerships with other departments

- It is not possible to calculate savings related to these collaborative efforts. However, our partnerships with the Department of Recreation, the Housing Opportunities Commission, the faith communities and ethnic groups enhance our ability to provide services to the County's seniors. All programs use volunteers who provide a variety of services, most importantly the delivery of home delivered meals throughout the County. In addition, space is provided by a variety of facilities at no cost to the County
- According to the Administration on Aging, 40% of seniors who receive home delivered meals would qualify for residence in a nursing home. In FY13, we served 3,980 seniors in congregate programs and 940 homebound seniors with meals delivered to their homes. About 76% of participants are minorities.

b) Accomplishments and/or expected results

- Adult Day Care Centers and two Congregate Housing Services Programs in the County benefit from a collaborative contract with the Senior Nutrition Program.
- Six ethnic contractors serve meals to seniors and provide a resource for many people with limited English skills to come together for activities and a nutritious meal.
- With 36 contracts and 45 congregate meal sites, the Senior Nutrition Program provides meals throughout the County. More than 1,000 volunteers assist in providing services to seniors that could otherwise not be implemented.

Positive Youth Development (PYDI)

Partners: School Based Health Centers, Linkages to Learning, Street Outreach Network, Montgomery County Public Schools, Montgomery County Police Department, Montgomery County Department of Recreation, Montgomery County Courts, Community Non-Profits

a) Savings through collaborations and partnerships with other departments: As a result of partnering with Department of Recreation to use recreation center space at Bauer Recreation Center, Wheaton Recreation Center, Mid County Recreation Center, and East County Recreation Center, the Street Outreach Network (SON) saved an estimated $10,000 in space use costs. In addition, the SON and Sports Academy shared costs for an Evidence Based, Trauma informed training which saved PYDI $2,000.

An estimated $2,500 was saved by providing transformational healing workshops to over 463 parents primarily at Linkages to Learning sites throughout the County.

Within DHHS, an estimated $500 was saved by the SON assisting in the transportation needs for the Office of the Chief Operating Officer (OCOO) in FY13. This included the actual use of the County issued vans and fuel use.

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b) Accomplishments and/or expected results.
As a result of the partnership with Department of Recreation the SON was able to serve over 386 clients in FY13. We believe this partnership has allowed the PYDI to play a significant role in helping to reduce violence and gang activity in the County.

As a result of the transformational healing workshops many of the parents were able to develop skill sets and protective factors to help reduce violent or gang behavior by their children. We believe this will also help to reduce violence and gang activity throughout the County.

As a result of the SON assisting the OCOO in transportation needs, DHHS was able to fulfill its goals and mission without having to rent vans from fleet management.

Montgomery Cares
Partners: 5 Local Hospitals, 12 Montgomery Cares Provider Organizations (Clinics), Primary Care Coalition, and individual volunteer clinicians
Montgomery Cares is a County-supported program that provides access to primary care and related services for uninsured, adult County residents. Services are provided via contractual arrangements with 12 community-based non-profit provider organizations.
a) Savings through collaborations and partnerships with other departments
By providing access to primary care services, Montgomery Cares results in reduced use of hospital emergency rooms and inpatient hospital stays and improved health outcomes. The costs savings accrue, therefore, to the State, Federal, and private funders of hospital-based care and only indirectly to the County.

- The program makes extensive use of pro bono services and services provided at reduced cost by local hospitals and volunteer clinicians for primary care and specialty care services.
- Patients served in FY13: 29,454
- Patient encounters in FY13: 84,547

b) Accomplishments and/or expected results
Montgomery Cares is a collaborative effort among the 12 participating provider organizations, the five local hospitals, the Primary Care Coalition, and the County DHHS. Program capacity continues to grow and quality of care has shown improvement over the past several years.

Department of Corrections and Department of Health and Human Services Behavioral Health and Crisis Services
Partners: Montgomery County Department of Corrections, Montgomery County Courts, Community Non-Profits
a) Savings through collaborations and partnerships with other departments:
DHHS' collaboration is quantified by the number of persons whose psychiatric and addictions conditions are successfully treated as a result of our partnership. We have saved lives by identifying and addressing suicide and/or medical risks in the jail. We have worked to divert inmates from corrections to treatment but it is not possible to develop a true economic Return on Investment at present given the limits of our IT systems, disparate agencies and budgets impacted by successful collaborations.

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b) Accomplishments and/or expected results

For the past two decades DHHS has maintained close collaboration with the Department of Corrections and Rehabilitation (DOCR), initially with the Jail Addiction (JAS) and later the Clinical Assessment and Triage Services (CATS) programs. Both programs are physically located in the correctional facilities providing various services as follows:

The JAS program, is an Alcohol and Drug Abuse Administration (ADAA) certified (level II.5) substance abuse treatment program for inmates who self-diagnose and voluntarily opt to participate in treatment; DOCR has designated one housing pod at the Montgomery County Corrections Facility (MCCF) at Boyds for the men's treatment unit and part of another housing unit for the women's program. JAS serves an average of 260 inmates annually. JAS clients who are released receive Care Coordination through a newly created Administration on Drug and Alcohol Abuse (ADAA) funded position.

The CATS program deploys staff at both the Montgomery County Detention Center (MCDC) in Rockville and MCCF facility in Boyds. The Rockville team is responsible for assessment and management of suicide risk, comprehensive needs assessments, classification decisions and post-booking diversion. CATS annually provides an average of 2,200 assessments per year to incoming inmates presenting with behavioral health concerns. The CATS team's diversion efforts are a complex and collaborative process with DOCR's Pre-Trial unit and the Courts. The annual percentage rate of diversion is 35% of all assessed inmates. Inmates are diverted to various community based programs depending on their clinical needs.

The MCCF CATS team is responsible for discharge planning for inmates with behavioral health issues that could not be diverted. The transition team also conducts forensic evaluations (8-505), as the local ADAA designees.

Housing First and 100,000 Homes

Partners: Department of Housing and Community Affairs, Housing Opportunities Commission, Community Non-Profits

In partnership with public and private agencies, DHHS continues to work with the County's Homeless Continuum of Care (CoC) to implement a Housing First approach to ending and preventing homelessness. Using outreach, prevention and rapid rehousing strategies, the CoC continues to focus on both preventing homelessness and reducing the length of stay for households in homelessness. This year, the CoC has joined the national 100,000 Homes Campaign which focuses its efforts on prioritizing housing and other resources to the most vulnerable homeless persons.

a) Savings through collaborations and partnerships with other departments

- Housing First models in other jurisdictions have shown to produce positive results and costs savings to public services including but not limited to criminal justice, behavioral health and medical services

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b) Accomplishments and/or expected results

• Montgomery County Continuum of Care joined the National 100,000 Homes Campaign. Montgomery County will partner with Montgomery County Coalition for the Homeless to lead this effort with a focus on identifying the most vulnerable homeless adults in the County and prioritize them for housing.
• The Second Annual "Homeless Resource Day" was held November 15, 2012. More than 300 households attended this highly successful event and were able to receive health screenings, registration for mainstream benefits, legal assistance, employment, haircuts and more.
• DHHS, the Department of Housing and Community Affairs (DHCA) and Housing Opportunities Commission (HOC) collaborated in the development of a plan for the use of recordation tax funds that include expansion of DHHS Housing First activities including:

- Medically Vulnerable Homeless Adults: Rental assistance subsidies and supportive services to house 25 homeless adults identified as being medically vulnerable in the Housing Initiative Program
- Housing Initiative Program: Rental assistance subsidies and supportive services to house 220 households in FY13 included expanded funding to serve an additional 10 singles adults and 10 families in the Housing Initiative Program
- County Rental Assistance Program (RAP): Shallow rental assistance subsidies to serve 1,600 households including 150 additional households per month in the County Rental Assistance Program
- Housing First Eviction Prevention program: provided 4,102 Eviction Prevention/Housing Stabilization Grants utilizing county general funds, state funds, and recordation tax funds
- Provided emergency housing to 454 families and 1,283 single adults.

8) Environmental Stewardship:

Department actively makes appropriate changes to workplace operations, workflow, employee behavior, equipment use, and public interactions to increase energy-efficiency, reduce its environmental footprint, and implement other environmentally responsible practices.

a) 8% decrease in print and mail expenditures from FY12 to FY13 (Source: CountyStat)

b) 8% decrease in paper purchases (measured in total sheets of paper) from FY12 to FY13 (Source: CountyStat)

c) Accomplishments and/or expected results (Source: Department)

As DHHS proceeds with our technology modernization that will support electronic communication, recordkeeping and storage and case practice, further reductions in paper costs are expected.