

AGENDA ITEM #1
May 11, 2009

WORKSESSION

MEMORANDUM

May 9, 2009

TO: County Council

FROM: Linda McMillan, Senior Legislative Analyst *Jame*
Vivian Yao, Legislative Analyst *VY*
Peggy Fitzgerald-Bare, Council Grants Manager

SUBJECT: **Worksession: FY10 Recommended Operating Budget
Department of Health and Human Services
Council Grants for Public Health that were referred to the
Montgomery Cares Advisory Board**

Note: Items budgeted in Children, Youth, and Family Services that were reviewed jointly by the Education and Health and Human Services Committees were reviewed by the Council on May 5th as a part of the Council's budget consent calendar. Joint PHED and HHS Housing First items were reviewed May 7th.

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services
Corrine Stevens, Chief Operating Officer, DHHS
Dr. John Kenney, Chief, Aging and Disability Services
Kate Garvey, Chief, Children, Youth, and Family Services
Dr. Ulder Tillman, Montgomery County Health Officer, Public Health Services
Nadim Khan, Chief, Special Needs Housing Services
Trudye Ann Hunter, Office of Management and Budget
Pooja Bharadwaja, Office of Management and Budget

1. Summary of Health and Human Services Committee Recommended Changes to the Executive's Budget

The Health and Human Services Committee held worksessions on the Department of Health and Human Services' operating budget on April 13, April 16, April 23, April 27, and April 30. The Executive's recommended budget is attached at © 1-43.

The Committee recommends the following **changes** to the County Executive's recommended budget.

Administrative Services

- The Committee recommends funding \$249,530 for a 1% adjustment for eligible non-profit contractors.
- The Committee recommends approval of the County Executive's funding for community based ESOL (that includes recommended reductions) but also recommends that these funds be appropriated to the Non-Departmental Account for the Montgomery Coalition for Adult English Literacy.

Aging and Disability

- The Committee recommends against an additional \$20,000 for Food and Friends. The Committee was concerned about the organization's administrative costs.

Behavioral Health and Crisis Services

- The Committee recommends restoring \$70,000 for Level 1 Outpatient Treatment. The reduction is expected to eliminate services for 70 individuals and increase acceptance time into treatment.
- The Committee recommends restoring reductions of \$73,000 and \$10,810 for Child Mental Health Care Coordination. The \$73,000 reduction is expected to eliminate wraparound for 10 to 15 children.
- The Committee recommends expanding the Public Inebriation Intervention Team (PIIT) to the Wheaton CBD by approving \$162,420 in funding from the reconciliation list. The Team would start in the second half of FY10.

Children, Youth, and Families

- The Committee recommends restoring \$90,790 in funding for a Human Services Specialist for the Conservation Corp and \$46,040 to restore six slots for Conservation Corp participants.
- The Committee recommends restoring \$126,650 for a Therapist II in the Screening and Assessment Services for Children and Adolescents program (SASCA).
- The Committee recommends restoring \$50,000 for 3 to 6 community based wrap-around slot for youth being served by DHHS juvenile services. These services are provided through the Collaboration Council.

Public Health Services

- The Committee recommends restoring \$70,000 for the Montgomery Cares Behavioral Health Pilot program and increasing funding for Montgomery Cares specialty care services by \$47,000 as recommended by the Montgomery Cares Advisory Board.

- The Committee recommends placing \$30,000 on the reconciliation list for smoking prevention programs for at-risk youth and \$15,000 for the Young Moms anti-smoking program in response to a request from the Council President. These programs were eliminated because of the 74% reduction in Cigarette Restitution Funds from the State.
- The Committee recommends placing \$250,000 on the reconciliation list (in \$150,000 and \$100,000 increments) to expand screening and treatment capacity for STDs and HIV and \$225,390 to expand capacity for screening and treatment of Tuberculosis in response to information from DHHS that an average of 337 people are turned away each month from the county's STD/HIV clinic due to a lack of capacity and an average of 60 people per month are waiting for appointments for the treatment of latent TB infections. As a partial offset, the Committee recommends a 10% reduction in the overall budgets for the minority health initiatives. \$3.467 million would remain in the FY10 budget for the minority health initiatives. **Note:** The Committee also discussed the reduction in State money for Hepatitis B. Director Ahluwalia said that she is in discussions with the State about additional funds for this purpose. After the Committee last met, Director Ahluwalia reviewed further the issues behind the wait list for treatment of latent TB. Staff has recently been hired to fill vacancies in the TB program. DHHS now expects that once the new staff are fully trained and handling a full caseload the wait list will be eliminated. This should happen by the end of summer. The need for additional screening and treatment for STD/HIV in order not to turn people away from the county clinic is unchanged from the Committee discussion. The Committee has not met since this additional information was provided.
- The Committee recommends restoring \$88,480 in funding for Mobile Medical Care and \$93,850 for Proyecto Salud for primary care for low income uninsured.
- The Committee reviewed the comments from the Montgomery Cares Advisory Board regarding Council grants for primary care services. The Committee recommends approving funds for (1) Mobile Medical Care, \$130,000 for volunteer and specialty care coordinators (recommended 3-0); (2) Mobile Medical Care, \$100,000 for a Nurse Practitioner (recommended 3-0); and (3) \$50,000 for Mercy Health Clinic for clinic expansion (recommended 2-1; Councilmember Trachtenberg opposed). Councilmember Trachtenberg also supported \$46,928 for Community Ministries of Rockville for wrap around and health promotion and \$50,000 for Mary's Center for mental health counseling.

Special Needs Housing

- Joint HHS and PHED Committee recommendations to reserve \$5.9 million in Housing Initiative Fund monies to support the Housing First Initiative were reviewed by the Council on May 7th. The HHS Committee is not recommending any other changes to the Executive's budget in this service area.

2. HHS Committee recommendation to approve items included in the Executive’s Recommended Budget and highlights from the Committee Discussion

The following section of this memo provides tables by service area of the items recommended by the County Executive that are also recommended by the HHS Committee. The Committee also recommended approval of the “miscellaneous adjustments” identified for each service area. Following the tables are highlights from the Committee’s discussion for the service area. Fuller descriptions of the individual items are included at pages 18-83 of this memo.

A. Administration and Support

The Committee concurs with the following as recommended by the County Executive.

Administration and Support:	
Casey Grant Funds for Integrated Practice Model	\$ 250,000
Abolish Vacant Program Manager II (realigning of social services)	\$ (123,580)
Abolish Vacant Office Services Coordinator	\$ (53,410)
Conservation Corp lease costs	\$ 15,600
Reduce Professional Services and Temporary Clerical	\$ (124,780)
Reduce Minority Health Initiatives	\$ (176,210)
Add Financial Program Manager	\$ 147,250
Add expenses for contract monitoring	\$ 59,690
Abolish Vacant Administrative Aide	\$ (28,650)
Abolish Vacant Office Clerk	\$ (29,280)
Abolish Vacant Manager III	\$ (175,000)
Abolish Vacant Administrative Specialist	\$ (57,010)
Reduce Miscellaneous IT expenses	\$ (175,000)
Reduce IT Equipment Purchases	\$ (45,000)
Decrease Miscellaneous Operating	\$ (20,000)
Decrease Broker Contract Services	\$ (101,350)
Office of Community Affairs:	
Abolish Community Services Aide	
Eliminate rent and utilities for ESOL sites not needed	\$ (65,520)
Reduce cost for upcounty ESOL	\$ (3,070)
Reduce Silver Spring Team contract for ESOL	\$ (10,000)
Reduce case management and support services contract	\$ (10,000)
Reduce Leadership Training Program	\$ (22,980)

1. Contract Monitoring

Director Ahluwalia provided the Committee with an update on the Department’s ongoing efforts to improve contract monitoring which began in 2007. As a part of the FY10 operating budget, the Executive has approved the addition of a Financial Program Manager and the Department of Finance has detailed a staff person to DHHS to improve the auditing function. The Department has required staff be trained or re-trained by Procurement and has also started to use brown bag lunches as a way to enhance training. The Department is putting specific improvements in place which include issuing contracts for a 12 month period rather than having

contracts end with the fiscal year (they believe this will also be better for the non-profit organizations that hold contracts with DHHS) and are committed to auditing one contract in each service area on a regular schedule. (© 56-57)

2. Integrated Case Management

This is an ongoing initiative of the Department to improve outcomes for clients who use multiple parts of the social services system. It is also supported with grant funds from the Casey Foundation. Director Ahluwalia said that progress is incremental but that electronic scheduling has been implemented and they are piloting cases in each of the service areas. Councilmember Trachtenberg emphasized the importance of this best practice and thanked the Department for their efforts. (© 46-55)

3. Neighborhood Network

The Committee received an update on the Neighborhood Network, which has previously been presented to the Council. So far there have been 70 walk-in clients to the Family Service Agency site in Gaithersburg. The Wheaton site will be opening in the end of April and the “door-knocker” outreach efforts will be expanded. Most of the people seeking help are asking for assistance with food and housing costs and 45% have previously been in the DHHS system. DHHS is finding that people are not following through with completing their applications and they are working to address this problem. The Casey Foundation has provided money to complete an evaluation of this effort. (© 58-61)

B. Aging and Disabilities

The Committee concurs with the following as recommended by the County Executive.

Aging and Disability:	
Developmental Disability (DD) Provider Supplement	\$ 157,790
Potomac Community Resources programming for DD teens and adults	\$ 50,000
Eliminate contract for Tuition Assistance	\$ (10,000)
Reduce number of supportive services customized employment contracts	\$ (80,000)
Reduce Group Senior Assisted Housing Grant (State)	\$ (38,680)
Reduce County Assisted Living Subsidy because of State reduction	\$ (50,000)
Eliminate Chore Services	\$ (150,000)
Reduce maximum respite care hours from 164 to 140 (140 = FY09 avg use) and shift \$48,950 in costs to State grant	\$ (135,000)
Increase Costs for Senior Transportation	\$ 154,010
Alzheimer's Disease and Related Disorder Association	\$ 92,000
Eliminate Senior Health Self Management Grant	\$ (37,750)
Decrease Medicaid Waiver for Older Adults Grant	\$ (74,680)
Appropriate Older American Act funds in DHHS (previously to MCPS)	\$ 427,080
Increase funding for Senior Nutrition Meals	\$ 134,000
Top Banana Home Delivered Groceries	\$ 51,740

1. Elimination of Tuition Assistance and Reduction in Supported Employment

The Executive has recommendation a reduction of \$10,000 that will eliminate DHHS funding for qualifying low income developmentally disabled students exiting high school to participate in a customized certificate program focusing on academic skills and enhancing potential success in the workplace. The Committee was told that the elimination of these funds will not have an impact as they believe 100% of the students who will participate will be eligible for a tuition waiver funded by the State and Federal Government as a part of the Supplemental Security Income (SSI).

The Committee also discussed the reduction of \$80,000 for contracts for customized employment. It was noted that this was a continuation of the FY09 savings plan and that DHHS has determined that the model that was the basis for two of the three contracts is outdated and not used. There will continue to be \$26,000 in the DHHS for one contract, and there is \$105,000 in the budget for the Customized Employment Program which is administered jointly with the Office of Human Resources.

2. Elimination of Chore Service, update on In-Home Aide Program, Respite Care

The Chore Services program was eliminated in February as a part of the FY09 Savings Plan and is not funded in FY10. There were 30 people receiving services and 71 on the wait list when the program ended. People receiving chore services can take care of their personal needs but need assistance with heavy housework and trash removal. The Committee noted that this is a real elimination of a direct service and an example of the choices being made because of budget constraints.

The Committee also received an update on the In-Home Aide Services Program. This program provides assistance for people who need help with personal care. As a part of the FY09 budget actions, the maximum hours per week were reduced from 20 to 15. The Council provided \$100,000 to give the Director flexibility to provide more than 20 hours in unusual or critical cases. Director Ahluwalia told the Committee that this policy will remain in place in FY10 but that it has worked well and there have not been complaints. There are about 270 clients and a waiting list of 120.

In a similar decision, the Executive has recommended about a 10% reduction in overall funding for respite care which will reduce the maximum number of hours of respite services provided to a family. Currently, the maximum is 164 hours per year. Under the recommended FY10 budget, the maximum will be 140 hours, which is the average number of hours used by families. The Committee recognized that this is also a reduction in the maximum hours of services, but because of budget constraints it seems reasonable for FY10.

3. Senior Food Services

The Committee discussed that the budget changes shown in the Executive's recommended budget are because the Montgomery County Public Schools are no longer preparing the meals for the community based senior food programs. DHHS issued an RFP for these services and it was awarded to a private vendor. DHHS said that the seniors in the

program are very pleased with the meals and the contract is working well. It was also noted that the County has received about \$205,000 in Federal stimulus money for this program.

C. Behavioral Health and Crisis Services

The Committee concurs with the following as recommended by the County Executive.

Behavioral Health and Crisis Services:	
Reduce cost for lab services based on historical spending	\$ (6,000)
Reduce funding for consumer affairs fund	\$ (8,000)
Reduce training funds	\$ (11,540)
Reduce contract services for parent and child bonding	\$ (28,900)
Abolish half-workyear Administrative Specialist II	\$ (34,590)
Reduce residential supplement based on historical spending	\$ (35,000)
Reduce vacant contract worker for HHS Medbank	\$ (40,000)
Reduce Federal Block Grant - services shifted to DJS/State	\$ (204,980)
Abolish Program Specialist II (IT staffing)	\$ (105,740)
Shift CRF Grant funds for Addictions Services and temporary cash assistance grant to ADAA Block Grant	\$ (63,730)
Reduce funds available for maintenance at addictions shelters	\$ (15,000)
Reduce Funds for Level III Addiction Treatment Contract	\$ (20,000)
Reduce Therapist in Program Monitoring Unit	\$ (124,850)
Eliminate funds for new transitional housing for mentally ill offenders	\$ (40,000)
Increase in Adult Drug Court grant	\$ 300,000
Reduce cost of Acudetox contract	\$ (6,250)
Abolish OAS Vocation Specialist Program	\$ (84,360)
Provide required match for Victims Compensation Fund	\$ 7,990
Eliminate Silver Spring Courthouse Victim Assistance (grant)	\$ (17,300)
MHA N*Common Multicultural Mental Health Initiative	\$ 60,000
Reduce contract for Family and Caregiver Support Services	\$ (30,960)
FY10 reduction from shifting ACT Team to State in FY09	\$ (899,800)
Decrease budget for supplies	\$ (19,890)
Replace SORT grant funds with general funds	\$ 25,430
Reduce various costs to cover SORT shortfall	\$ (25,430)
Decrease contract for MH services for DD clients based on actuals	\$ (76,500)
Reduce behavioral health contract for services for hearing impaired	\$ (17,600)
Gudelsky Foundation Funds for Lethality Assessment Protocol	\$ 15,000
Abolish vacant Supervisory Therapist in Abused Persons Program	\$ (100,770)
Decrease advertising expenses and temporary services	\$ (16,000)

1. Need for Increased Mental Health Services

The Committee discussed the need for increased access to mental health services and the information and identified gaps that have been discussed in its February session with the County's acute care hospitals (which highlighted the need for services for children), briefing from Executive staff on the Senior Summit, and discussion of the Montgomery Cares mental health care pilot. The Committee agreed to continue their sessions and will be scheduling a briefing on the evaluation from the Montgomery Cares mental health pilot, and update on the implementation of recommendations from the 2002 Blue Ribbon Task Force on Mental Health,

how mental health services should be coordinated with the school system, and screening and treatment for depression and anxiety in seniors.

2. Funding for Outpatient Treatment Services

The Committee discussed the proposed \$70,000 reduction to funding for Level I outpatient treatment services. Information provided by the DHHS indicated that this is expected to eliminate services for 70 individuals and may increase the time it take to be accepted into a program which is likely to deter some people from entering treatment at all. **Councilmember Trachtenberg noted that suicide is increasing, particularly for people under age 25 and over age 55. It is particularly problematic for people with dual diagnosis of mental health and substance abuse.** DHHS shared that the waiting list for treatment services varies during the year. They are moving to using an open solicitation for some services which should allow them to be more responsive. **The Committee is recommending restoration of the \$70,000.**

The Committee also discussed the need to find stable housing for persons with mental illness and/or substance abuse issue as this is critical if people are to be able to live in the community rather than having to be readmitted to residential treatment or ending up in the jail or prison systems. The budget eliminates \$40,000 that was to be used to establish a new group home for mentally ill offenders because a house has not been found. There was discussion about whether housing might be able to be provided in non-residential zones or in coordination with other services.

3. Vocational Services for persons in Outpatient Addiction Treatment

The Committee is concurring with the Executive's recommendation to abolish a Program Specialist who has been providing this assistance to this special population. The Committee discussed with DHHS how this gap might be filled through workforce development and that some programs being funded with Federal stimulus funds might serve some of this population. The Committee has requested an update in December.

4. ACT Team Update

Last year, the Council agreed with the Executive's recommendation to eliminate the DHHS Assertive Community Treatment Team and have these services provided by the State as they are in other jurisdictions. While this provided a cost savings, DHHS also wanted to ensure that services are provided using an evidenced based model and that up to 100 people could be served. The Committee was told that the transition has been smooth. There are currently 80 people receiving services and another 20 should be able to receive services by September once additional staff is brought on by the contractor. The contractor is being evaluated using the Dartmouth model. DHHS is giving a presentation to NAMI in May.

5. Public Inebriate Intervention Team (PIIT)

Last September, the HHS Committee held a worksession to receive an update on the current PIIT Team that is in place in the Silver Spring/Long Branch/Takoma Park area. (© 98-113). At that time, the Committee discussed with DHHS the problems with public drunkenness in the Wheaton CBD that have been identified by the Wheaton Urban District Advisory Board

and the Wheaton Citizens Coalition citing the high number of police and fire and rescue calls associated with drunkenness and the impacts on small business and the overall revitalization efforts. **Councilmember Ervin sent a memo asking that expansion of the PIIT to Wheaton be explored. At the session, Committee Chair Leventhal expressed his support for addressing the issues in Wheaton and urged DHHS and the Executive to find a way to include this in the FY10 budget. Director Ahluwalia told the Committee that DHHS and the Executive were unable to find funds in the FY10 budget for this purpose. The Committee is recommending the Council provide \$162,420 in FY10 funding to expand the PIIT to serve the Wheaton CBD starting in January.** The Committee also discussed the need to make sure longer term services are in place to treatment people for their alcoholism and/or other substance abuse and whether the Urban District or business community might be able to assist in funding these efforts.

6. Child and Adolescent Mental Health Care Coordination

The Executive’s budget recommends reduction in wraparound services for children and adolescents that are being served through the mental health system as well as in the Children, Youth and Family Services’ Juvenile Services program. A \$73,000 reduction would eliminate services for 10 to 15 children and a \$10,810 would reduce training for staff at the mental health clinic. **The Committee discussed the need to keep coordination and wraparound services in place in order to prevent the need for much more costly residential placements and to make sure community based services are available when children are ready to return home from residential placements. The Committee recommends that the two reductions in Behavioral Health and Crisis Services be restored.** The Committee did concur with the Executive’s recommended reduction of \$30,960 in the contractual services for family and caregiver support.

D. Children, Youth, and Families

The Committee concurs with the following as recommended by the County Executive.

Children, Youth, and Families:	
Abolish Vacant Social Worker IV (oversight of family involvement mtgs)	\$ (175,090)
Increase Gang Prevention Coordination Assistance Grant	\$ 197,360
Use county clinic for juvenile sex offender services (reduce contract)	\$ (64,760)
Latin American Youth Center - Md Multicultural Youth Centers	\$ 140,000
Asian American LEAD - after school enrichment	\$ 125,000
Community Bridges - leadership and empowerment programs	\$ 117,600
Md Vietnamese Mutual Association support	\$ 70,000
Washington Youth Foundation - after school and mentoring	\$ 70,000

1. Conservation Corps

The County Executive has recommended abolishing a Human Service Specialist position and six Conservation Corp member slots for a total savings of \$136,830. The Committee discussed the outcomes of the county’s Conservation Corps, which show that 50% of eligible members attain their GED and 92% of those who had been in the criminal justice system do not recidivate. About 44% of those entering the program complete the program. The wait list for

the program is about 10 but has been as high as 33. The Committee heard from advocates for the program that they place a high priority for the Human Services Specialist who provides counseling, support, and employment skills training. The Conservation Corps is seeking funds from other sources but they would most likely be for expanding the number of slots and not for this type of position. **The Committee is recommending restoration of these reductions and has placed them on the reconciliation list as two items, \$90,790 for the Human Services Specialist and \$46,040 for the six slots.**

2. Wraparound Services

As previously noted, the Executive is recommending a reduction of \$50,000 in wrap around services for youth who are gang involved or at risk of gang involvement. For FY10, \$155,000 is included in the budget to serve 8 to 10 youth. These services are provided by the Collaboration Council through a contract with Maryland Choices. The Committee heard that 93% of the children served through the Behavioral Health slots moved to or stayed in lesser restrictive settings and that 86% participated in school at least 80% of the time. For the children served through these wraparound slots, 70% of the children attended school at least 80% of the time. DHHS noted that children who are not able to receive these types of services are more likely to be placed out-of-home, be hospitalized, or be truant. **The Committee is recommending restoring these slots by placing \$50,000 on the reconciliation list.**

3. SHARP Suspension Programs Funding

The County Executive is recommending a reduction of \$342,980 in funding for the SHARP Street Suspension programs. The FY10 funding is \$115,000, or a 75% reduction from FY09. This item was reviewed jointly by the HHS and ED Committees which discussed that since the Montgomery County Public Schools have implemented a new policy limiting the use of out-of-school suspensions, there has been a significant reduction in referrals to the program (37% overall) and students being referred have more intensive needs than the youth referred to the original program. DHHS originally proposed that for FY10, DHHS staff would provide coordination and paid site coordinators would be eliminated. **The joint HHS and ED Committee concurred with the Executive's recommendation and agreed to schedule a joint meeting with the Board of Education to discuss MCPS suspension policies and services needed for students who are suspended.**

After the joint HHS and ED Committees last met Director Ahluwalia and Councilmember Leventhal heard from the providers that the continuation of the program at most of the sites was not viable with the recommended funding. As a result, DHHS is recommending a reallocation of funds and will provide \$40,000 each to the Burtonsville and Gaithersburg sites and \$20,000 each to the Sandy Spring and Montgomery Village sites for direct on-site support and operating expenses. DHHS will not use department staff for program coordination and will absorb contract monitoring costs within their overall FY10 appropriation. Bethesda, Silver Spring (which has not served any students in FY09), and the upcounty would no longer have program sites in FY10 unless they are supported with volunteers. This level of funding is proposed in order to stay within overall funds available to the Department.

E. Public Health

The Committee concurs with the following as recommended by the County Executive.

Public Health Services:	
Care for Kids - lapse of vacant position, shift Spanish Catholic Center to pay per encounter, and eliminate vacant contract Community Services Aide	\$ (131,200)
Montgomery Cares - reduce grants for clinic expansion, clinic start-up grants, operating expenses, pharmacy costs, administrative costs, vacant Healthcare for Homeless positions	\$ (838,320)
Abolish Community Health Nurse - Immunizations	\$ (105,330)
State reduction to Hepatitis B Action Plan Grant	\$ (161,000)
Expand Maryland Kids Count Grant	\$ 113,500
Abolish Office Services Coordinator	\$ (93,890)
Abolish Community Services Aide III	\$ (96,790)
Eliminate Denture Services	\$ (40,000)
Abolish Vacant Office Services Coordinator - Licensing	\$ (53,240)
Eliminate Traffic Safety Grant	\$ (265,000)
State Changes to Substance Abuse Prevention Grant (ATOD)	\$ 134,710
Abolish Community Health Nurse, Principal Administrative Aide, and reduce operating expense for Health Promotion and Planning	\$ (170,840)
Reduce Under-21 Mini Grants and out-of-school time activities	\$ (15,420)
State reduction to Cigarette Restitution Funds - Prevention Grant, includes abolishment of 3 positions and reduction of \$405,000 in contractual outreach and education services	\$ (734,900)
Increased cost for STD/HIV lab costs (same service level)	\$ 85,000
Decrease in AIDS Diagnostic and Evaluation Grant	\$ (85,280)
Increase in Ryan White II Consortia Grant	\$ 49,000
Decrease in Washington AIDS Partnership Grant	\$ (23,700)
Maternity Partnership (includes dental) and Project Deliver - reduce costs based on lower usage and increase co-pay	\$ (1,223,040)
Increase in Reproductive Health/Family Planning Grant	\$ 349,190
Eliminate Crenshaw Perinatal Health Grant	\$ (46,920)
Reduce CDC Breast and Cervical Cancer Grant	\$ (27,920)
Reduce Cancer Outreach and Case Management Grant	\$ (9,460)
Reduce cost for Congregational Health Outreach Coordinator	\$ (49,190)

1. Montgomery Cares

The County Executive is recommending a net reduction of \$908,320 to the Montgomery Cares program, the County's primary care program for low income uninsured residents. A breakout of the budget allocation can be found at page 63 of this memo.

The Committee discussed the Department assumption regarding patient growth, number of primary care visits, the continuation of the \$62 reimbursement per visit, and whether the FY10 budget will provide adequate monies to serve the growth in patients expected in FY10. The Executive's FY10 budget is based on an expectation that there will be 22,500 patients. There are 18,981 Montgomery Cares patients through March 31st. Projected, this would be 25,308 for

FY09. The Montgomery Cares Advisory Board provided testimony to the Council that they project 28,000 patients may participate in Montgomery Cares in FY10. The Montgomery Cares Advisory Board recommended a FY10 budget of \$6.6 million for primary care encounters and pharmacy costs. This compares to \$5,753,421 included in the Executive's allocation. The Advisory Board also noted that they estimate that every \$1.00 the county spends leverages \$1.75. The Committee discussed that this amount might be adequate if the number of primary care visits per patient is lower than the Executive's assumption. Director Ahluwalia told the Committee that they believe the budget is adequate but extremely tight. There is no money for new facilities in the FY10 allocation.

The Committee agreed to accept the County Executive's recommended for the allocation for primary care visits and pharmacy with two caveats: (1) the Committee will receive an update on the number of patients and encounters, and people will not be turned away from primary care because of the budget, and (2) the program must continue to provide pharmacy services on site and will not implement a policy that refers patients to private low cost pharmacy programs. The Committee agreed that many Montgomery Cares participants have limited transportation and it is critical that they be able to receive medications at the time.

The Montgomery Cares Advisory Board requested \$660,000 for specialty care. The Executive's allocation provides \$613,470. There is increasing demand for specialty care services. **The HHS Committee recommends an additional \$47,000 be funded to meet the Advisory Board's FY10 request for specialty care services.**

The Committee discussed the Montgomery Cares Behavioral Health pilot program. This pilot program provides mental health services as an integrated part of primary care. It was noted that many of those who are assessed to have mental health treatment needs are suffering from anxiety or depression. Many of those served through the pilot would be unlikely to separately seek mental health services because of stigma or transportation. The Executive's budget reduces funding for the pilot by \$70,000. The Montgomery Cares Advisory Board recommends no reduction. **The Committee recommends that an additional \$70,000 be funded to restore the behavioral health pilot to the FY09 level. The Committee has requested a briefing on the most recent evaluation of this program.**

2. Hepatitis B, STD/HIV Screening and Treatment, Tuberculosis (minority health care initiative reduction)

The Committee discussed the lack of adequate capacity to screen and treat or immunize against these communicable diseases. The Committee discussed the reduction of a Community Health Nurse in the immunization program and the State reduction of \$161,000 in the Hepatitis B Immunization Action Plan Grant. The Committee also discussed that DHHS data shows that from March 2008 to February 2009, an average of 337 persons were turned away each month from STD/HIV services. The Committee also discussed that for the last seven months there were between 32 and 77 per month placed on a waiting list for treatment for latent TB infections. These people are at risk of developing active TB. The Committee was very concerned about the lack of capacity for the screening and treatment of these communicable diseases. Director Ahluwalia told the Committee that she is in conversation with the State to get an increase in

funding for Hepatitis B and is hopeful that the State is recognizing that additional funds are needed because of the number of Asian Americans in Montgomery County. The Committee asked the Department to provide information on the cost of increasing capacity for STD/HIV Screening and Treatment and treatment of latent TB in order to eliminate the waiting lists.

At its April 30th worksession, the Committee was provided with information (see pages 71-74) that \$250,000 would be needed to address the wait list for STD/HIV services and \$225,000 would be needed to address the TB wait list. The Committee agreed that these services should be provided but recognized that because of fiscal constraints it should ask the Department to consider whether these services might be provided in a less costly way by partnering with community providers and that a 10% across the board reduction in the funding for the minority health initiatives (\$381,760) would provide a partial offset to the additional \$475,000 cost.

As follow-up to the April 30th session, the Department has provided further information. Regarding TB treatment, Director Ahluwalia has shared that this service should be provided directly by DHHS because there are rigid guidelines for treatment, monitoring, and reporting. Because the Department has recently filled positions in this program that had been vacant, DHHS now believes that when this new staff is fully trained and up to speed in handling cases that the waitlist issue will be addressed without additional funding. Regarding STD/HIV, the Director believes there is a need for an increase in capacity. While the information provided to the Committee suggested that a new site might be necessary, DHHS believes that if funding is available for additional staff, the services can be provided at Dennis Avenue or 1335 Piccard. DHHS recommends the Department directly provide this service because of the time it would take to enter into a contract, and because many of the community providers charge for the reproductive health exam for people earning more than the Federal poverty level or refer them to the county for services. DHHS also believes that it can begin to address the needs in the upcounty with the addition of a Nurse Practitioner at a cost of about \$100,000 and may be able to find resources within its FY10 appropriation. **The Committee has not met since this additional information was made available and therefore has not had an opportunity to consider any change to their recommendation based on the Department's assessment that the additional funds for TB treatment are not needed.**

3. Maternity Partnership

The Executive has recommended substantial budget savings in FY10 from several adjustments to the Maternity Partnership program. The Committee discussed with the Department that the number of women using the program has declined and that some of this may be because they are now eligible for other health care programs provided by the State. The Department is trying to get information about the number of women who show up at emergency rooms to deliver and have not had prenatal care. The Executive is also recommending increasing the co-pay for the program by \$100; the FY10 co-pay would be \$450. The Department said that those using the program have not had a problem providing the co-pay. **The Committee agreed to the Executive's recommendations with the continued understanding that women will not be turned away from the program if they are unable to pay the full co-pay of \$450.**

4. Council Grants Reviewed by the HHS Committee
(prepared by Peggy Fitzgerald-Bare)

The Committee reviewed 5 Council grant applications from primary health care providers as part of the Committee's discussion of the Montgomery Cares program. As in prior years, the Montgomery Cares Advisory Board reviewed and provided recommendations on the clinic applications. (© 171-173)

- 1. Community Ministries of Rockville: \$46,928** for part time staff for wrap-around and health promotion services. The Montgomery Cares Advisory Board (MCAB) does not recommend funding of this request. They note that the Board's primary priority is to add primary care capacity, and while the proposal is beneficial to patients, in a time of limited resources, priority should be given to proposals that increase primary care for the uninsured.

Committee (2-1) (and Staff) recommendation: Concur with MCAB and do not fund, for reasons cited by Board. Councilmember Trachtenberg supported funding of this request.

- 2. Mary's Center for Maternal and Child Care: \$50,000** for mental health counseling. MCAB does not recommend funding this proposal. They oppose funding of individual clinical positions, noting that the Montgomery Cares program provides all clinics with a \$62 per patient encounter payment. Funding of personnel is essentially double payment. They also comment that all clinics could benefit from a mental health counselor and that funding only one is not equitable.

Committee (2-1) (and Staff) recommendation: Concur with MCAB and do not fund, for reasons cited by Board. Councilmember Trachtenberg supported funding of this request.

- 3. Mercy Health Center: \$50,000** for clinic expansion of 1800 square feet. Mercy Clinic already operates a health clinic in adjacent space that is leased from the County. (The County in turn leases the space from a private landlord). The expansion of this adjacent space would permit the clinic to serve an additional 576 patients. The funds would be used for build-out of the space, equipment, and the first year's rent. The clinic will pay for rent costs in future years. MCAB recommends funding of this proposal. They note that it clearly meets the Board's priorities of increasing Montgomery Cares capacity. They also note that the Clinic will use County funds to leverage funding from other sources.

Committee (2-1) (and staff) recommendation: Concurs with MCAB and recommend placing \$50,000 on the Council Reconciliation list for the clinic expansion. Councilmember Trachtenberg did not support funding this request.

- 4. Mobile Medical Care: \$130,000** for continuation of a Volunteer Coordinator and a Specialty Care Coordinator. MCAB does not support this request. MCAB notes this is the third year Mobile Med has requested funds for the Volunteer Coordinator and the second year for the Specialty Care Coordinator. While they believe the positions are

worthwhile, MCAB believes all clinics could benefit from these positions and prefers to see funding that would offer this support to the program in its entirety.

Committee (3-0) (and staff) recommendation: Place \$130,000 on Reconciliation List for funding of Volunteer and Specialty Care coordinators as they help provide the capacity to recruit, maintain, and manage the volunteer medical personnel critical to provision of medical care to the uninsured. Ask the Department and MCAB, with input from clinics, to develop a proposal for FY11 that would provide for these functions to serve all clinics, utilizing appropriate criteria.

5. **Mobile Medical Care: \$100,000** for continuation of funding for Nurse Practitioner at Germantown clinic. MCAB does not support this request. They note this is the second year Mobile Med has requested funds for this position. As previously noted, they do not believe the County should fund individual clinical positions as the clinics are supported for clinic work via the per encounter proposal.

Committee recommendation (3-0): Place \$100,000 on Reconciliation List for funding of Nurse Practitioner given pressing need of health care for the uninsured. The organization has stated that elimination of funding of the previously funded positions will result in fewer patients served. (staff recommendation: do not fund as individual clinical care positions should be covered by the per encounter payment.)

F. Special Needs Housing

(Note: The programs in Special Needs Housing that are included in the Housing First Initiative were reviewed by the Council at their May 7th session.)

The Committee concurs with the following as recommended by the County Executive.

Special Needs Housing:	
Increase Cost for Gude Men's Shelter Daytime Hours	\$ 55,560
Matching funds for HUD Super NOFA - Home First III and Samaritan	\$ 44,150
Bethesda Cares, Inc - Eviction and Utility shut-off prevention	\$ 15,000
Shift funding for Mental Health Outreach for Homeless to HIF	\$ (111,860)
Elimination of McKinney III Transitional Grant	\$ (51,720)
Abolish Vacant Manager II Position	\$ (130,280)

1. Rental and Energy Assistance – Local Rebate

The Executive's budget continues to assume that there will be 7,000 households receiving help from the Maryland Energy Assistance Program who will also automatically receive the local \$50 energy tax rebate. Information provided by the Department (© 184-185) estimates that 8,500 households will receive MEAP and the rebate in FY09, and the Department expects this may increase to 10,000 families in FY10. The Committee did not recommend any changes to the Executive's budget but asked for a mid-year update.

3. Department Overview

This section of the memo provides overview information on the Department's budget and workforce.

Budget Overview

For FY10, the County Executive is recommending a 0.7% reduction in the overall expenditures for the Department of Health and Human Services. The overall reduction reflects a 2.5% decrease in county General Funds and assumes a 4.2% increase in funds appropriated in the Grant Fund. Starting in FY09, the Grant Fund includes revenues and expenditures associated with HB669 which provides the County with the State funds that would be required if the County did not have an integrated local department of health and human services.

There is a proposed reduction of 43 full-time positions and an addition of 3 part-time positions for a net decrease of 40 positions overall. Workyears are reduced by 31.5 or 2.0%.

DHHS (in \$000s)	FY07 Actual	FY08 Actual	FY09 Approved	FY10 Recommended	% Change FY09-FY10
Expenditures:					
General Fund	195,682	218,259	201,256	196,250	-2.5%
Grant Fund	40,784	38,910	72,257	75,275	4.2%
Total Expenditures	236,466	257,169	273,513	271,525	-0.7%
Positions:					
General Fund FT	1,185	1,230	845	807	-4.5%
General Fund PT	322	317	299	303	1.3%
Grant Fund FT	159	179	568	563	-0.9%
Grant Fund PT	32	32	49	48	-2.0%
Total Positions	1,698	1,758	1,761	1,721	-2.3%
Workyears	1,506.0	1,758.0	1,609.0	1,577.5	-2.0%

The following two tables provide information on changes in the combined General Fund and Grant Fund expenditures and workyears by service area.

DHHS (General and Grant Funds) (in \$000s)	FY07 Approved	FY08 Approved	FY09 Approved	FY10 Recommended	% Change FY09-FY10
Expenditures by Service Area:					
Aging and Disability	35,600	38,410	40,389	38,689	-4.2%
Behavioral Health & Crisis Svcs	54,103	40,770	41,736	40,010	-4.1%
Children, Youth, and Families	59,860	65,476	68,657	69,939	1.9%
Public Health Services	64,418	72,954	72,970	72,684	-0.4%
Special Needs Housing	NA	17,885	20,924	21,041	0.6%
Administration and Support	25,410	27,207	28,837	29,161	1.1%

DHHS (General and Grant Funds)	FY07	FY08	FY09	FY10	% Change
	Approved	Approved	Approved	Recommended	FY09-FY10
Workyears by Service Area:					
Aging and Disability*	170.4	187.6	198.2	163.9	-17.3%
Behavioral Health & Crisis Svcs	271.4	238.9	226.6	209.4	-7.6%
Children, Youth, and Families	439.4	456.3	461.1	457.1	-0.9%
Public Health Services*	493.6	535.2	536.9	565.9	5.4%
Special Needs Housing	NA	54.7	57.5	56.4	-1.9%
Administration and Support	131.2	131.8	128.7	124.8	-3.0%
*in FY10 Aging and Disability Community Nursing Home Medical Assistance and Outreach transferred from Aging and Disability to Public Health Services					

Department-wide adjustments with “no service impact”

The Executive recommended budget document includes a “crosswalk” or listing of changes from FY09 to FY10. The Committee will discuss most of these changes in each of the services areas. However, many are spread across the “miscellaneous changes” in the service areas. The following table highlights some of the larger expenditure changes that are identified as not having a service impact that are spread across the service areas. **As previously noted, the Committee concurred with the Executive’s recommended miscellaneous adjustments.**

FY10 Adjustments to DHHS Budget	
General Fund:	
Service Increments	666,410
Appropriation for General Fund cost of HB669 positions - increments, health + retirement	630,000
Annualization of FY09 Personnel Costs	510,250
Retirement Adjustment	381,350
Group Insurance Adjustment	159,040
Technical Group Adjustment	117,000
Motorpool Rate Adjustment	24,190
Annualization of FY09 Lapsed Positions	21,540
Risk Management Adjustment	9,930
Elimination of FY09 One-time Items	(434,830)
Retirement Incentive Program Savings (2008 RIP)	(1,219,340)
Grant Fund:	
Increase in HB669 Grant	826,100

Note: The increase in the HB669 Grant is budgeted in the “miscellaneous adjustment” category in the Office of the Director.

2008 (FY09) Retirement Incentive Program

As noted in the above table, the DHHS budget includes about \$1.2 million in General Fund savings that comes from the abolishment of positions where the employee chose to retire under the RIP offered in 2008. The position report provided to the Council from the Office of

Management and Budget on March 3, 2009 shows the following positions as being abolished. Three of the abolished positions are shown as being non-tax supported (Grant Fund).

Abolished per Retirement Incentive Program:			
Principal Administrative Aide		1	General
Community Services Aide III		1	General
Community Services Aide III		1	Grant
Dental Hygienist		1	General
Community Health Nurse		1	General
Supervisory Therapist		1	General
Therapist II		1	General
Program Specialist I		1	Grant
Program Specialist II		1	Grant
Program Specialist II		1	General

Vacancies

DHHS has about 130 vacant positions, 22 of those positions are recommended to be abolished. About 55 positions are being held vacant as possible positions for both DHHS positions and positions throughout County Government as a part of the reduction in force process. About half of these positions are funded by the General Fund. It is important for DHHS to hold positions vacant both to accrue savings and to hold jobs where employees may be placed; however, it must be recognized that some of the service areas are operating with less staffing resources than the budget would indicate.

FY09 Savings Plan

The FY09 savings plan for DHHS consists of \$2.825 million in reductions. Many of these reductions are carried into FY10. They are noted when they are continued as a FY10 item. The 2nd quarter analysis indicates that the Department will end the year with \$3.020 million in savings to the General Fund.

4. Descriptions of Items Reviewed by HHS Committee and Committee Discussion

The remainder of this memo is the information provided to the Committee at their worksession. It includes Committee discussion and recommendations.

Administration and Support

A summary of base funding for major programs in this service area is attached at © 45.

A. Office of the Director

1. Casey Grant Funds

\$250,000

On November 25, 2008, the County received a final award agreement from Casey Family Programs to assist the County in implanting a Teaming for Excellence service model (also referred to as an Integrated Practice Model). The award is for four calendar years. The Council awarded the FY09 funding of \$310,000 on December 9, 2009. The measurable outcomes from this effort are:

- Reduce the number of youth entering foster care by 15%
- Increase the number of youth in relative care by 15%
- Increase the number of youth exiting foster care by 15%

The baseline measure will be data from July 2007 through June 2008 and the target date for achieving the outcomes is 2012.

Process outcomes during the grant period include:

- Redesigning the current practice approach by assessing DHHS's recent Integrated Practice Model pilot.
- Implementing the Integrated Practice Model approach countywide. Implementation will include specialized training and evaluation.
- Assessing and enhancing interoperable information systems.
- Developing a continuous quality assurance process.
- Reducing disproportionality and disparity, which will include engaging stakeholders, community partners, communities of color, and immigrant communities.

The County expects to receive an additional \$250,000 in grant funds in FY10. This item appropriates that expected amount. The Department has abolished a county-funded Program Manager position and created a grant funded Planning Specialist position as a part of the budget actions related to this grant.

HHS Committee Recommendation: Concur with Executive.

2. Update on Integrated Case Management

Since January 2008, the Department has been working to implement an Integrated Case Management pilot. The Department has previously told the Committee that there are six core outcomes from case integration: (1) needs will be identified earlier, (2) services will be delivered more quickly, (3) client/families will achieve individual outcomes identified in respective plans, (4) cooperation among staff will increase, (5) client functioning will improve, and (6) client satisfaction will improve.

A progress report on this effort is attached at © 46-55. Included in the progress report is a summary version of the Quality Service Review Protocol (© 50-55). As noted in the cover sheet from the consultant, the protocol is used for (1) appraising the current status of a focus

individual having special needs in key life areas, (2) status of the individual, and (3) performance of key system of care practices for the focus individual.

One of the points in the progress report is that the single screening tool will also be used by the Neighborhood Safety Net sites. This is critical because many of those identified through the “door-knocking” process are likely to have multiple needs and it is important that there be consistency in the evaluation and referral process whether the person comes through a DHHS service site or through one of the partners assisting in the Neighborhood Safety Net Initiative.

Director Ahluwalia said that progress is incremental but that electronic scheduling has been implemented and they are piloting cases in each of the service areas. Councilmember Trachtenberg emphasized the importance of this best practice and thanked the Department for their efforts.

3. Abolish Program Manager II Position (\$123,580)

This vacant position previously supported the Social Services Officer and the Board of Social Services. The Chief Administrative Officer and the Department of Human Resources are currently discussing changes to the Social Services Officer position for Montgomery County to better align it with operational responsibilities.

HHS Committee Recommendation: Concur with Executive.

4. Abolish Vacant Office Services Coordinator (\$53,410)

The Executive recommends abolishing this vacant position for fiscal reasons. Work has been reallocated to other positions.

HHS Committee Recommendation: Concur with Executive.

5. Conservation Corp Lease Costs \$15,600

The Conservation Corp was expected to move out of leased space but will need to continue its current location. Lease costs are required for FY10.

HHS Committee Recommendation: Concur with Executive.

**6. Reduce Temporary Office Clerical (\$84,780)
Reduce Professional Services (40,000)**

The Department expects to be able to reduce temporary clerical and other professional services. Both of these areas were reduced in FY09 as a part of the savings plan.

HHS Committee Recommendation: Concur with Executive.

7. Inflationary Adjustment for Contractors

The Executive is not recommending any blanket inflationary adjustment for contractors because of the fiscal situation. Generally for the past several years, the Executive has recommended a 1% adjustment which the Council has generally increased to a 2% adjustment.

HHS Committee Recommendation: Place \$249,530 for a 1% adjustment for eligible non-profit contractors on the reconciliation list. While it is not a significant percentage, the Committee wanted to recognize the cost increases faced by contractual providers of direct services.

B. Minority Health Initiatives

The Executive's recommended budget presents the Minority Health Initiatives under the heading Office of Disparities Reduction. This office was proposed by the Executive as a part of the FY09 Budget but the additional position requested was not approved by the Council. The Initiatives continue to be housed under the Director's Office within the Office of Community Affairs.

For FY10, the Executive is recommending a series of small reductions for each of the Initiatives. The following tables show the total amount recommended by the Executive for each of the Initiatives and the specified reductions included in each recommendation. A summary of the components in each Initiative is attached at © 62.

African American Health Program:	
FY10 Personnel Costs (2 workyears)	\$ 212,863
FY10 Operating Expenses	\$ 1,348,121
FY10 Recommended Total Expenditures	\$ 1,560,984
Reductions included in CE Recommendation:	
Reduce Professional Services Funds	\$ (55,600)
Reduce Operating Expenses	\$ (14,290)
Shift \$14,290 from the Grant Fund to the General Fund for diabetes education	

It is not expected that the reductions proposed for the African American Health Program will have a direct service impact based on historical expenditures in the categories where costs are proposed to be reduced.

Asian American Health Initiative:	
FY10 Personnel Costs (1 workyear)	\$ 105,545
FY10 Operating Expenses	\$ 613,870
FY10 Recommended Total Expenditures	\$ 719,415
Reductions included in CE Recommendation:	
Reduce Professional Services Funds	\$ (10,500)
Reduce Operating Expenses	\$ (16,270)

The recommended reductions for the Asian Health Initiative are a continuation of the FY09 savings plan. While printing and translation of educational materials costs will continue at a reduced level, the reduction is not expected to impact direct services.

Latino Health Initiative:	
FY10 Personnel Costs (5 workyears)	\$ 461,508
FY10 Operating Expenses	\$ 1,107,078
FY10 Recommended Total Expenditures	\$ 1,568,586
Reductions included in CE Recommendation:	
Reduce Contract for Youth Wellness	\$ (5,000)
Reduce Contract for System Navigator	\$ (5,000)
Reduce Ama Tu Vida Health Festival	\$ (10,000)
Reduce Contract for Career Transition Center	\$ (23,100)
Reduce Operating Expenses	\$ (36,450)

The proposed reductions are expected to have a small impact on the System Navigator and youth wellness programs but new contracts will be negotiated at the reduced cost.

The Department is hopeful that the \$23,100 in reductions to the Career Transition Center program to facilitate the Maryland licensure process for individuals trained outside the United States can be shifted to a grant that will be provided to the Department of Economic Development. It is not clear at this time whether the grant will indeed be available in FY10 or what the amount of the grant will be. However, the DHHS funded contract to the Career Transition Center will be reduced by \$23,100.

HHS Committee Recommendation: The Committee concurs with the Executive's recommended reductions to the minority health initiatives. In addition, the Committee recommends a 10% reduction in order to partially offset the Committee's recommendation for increases to the STD/HIV and TB screening and treatment programs. This proposal is addressed in the section of this memo on Public Health Services.

C. Office of the Chief Operating Officer

1. Financial Programs Manager	\$147,250
Operating Expenses for Contract Monitoring	59,690
Contract Monitoring – Community Grants	25,000
Abolish Vacant Admin Aide – Contract Management	(28,650)
Abolish Vacant Office Clerk – Contract Management	(29,280)
Abolish Vacant Manager III – Fiscal Team	(175,000)
Abolish Vacant Administrative Specialist – Support Srvs	(57,010)

For about the past year and a half, DHHS has been working to strengthen their contract monitoring function, particularly as it relates to the monitoring of fiscal and payment issues. A summary of the Department's efforts is attached at © 56-57 and includes requiring contract monitors to be up-to-date with the County's Contract Administration Class, development and implementation of an internal training program, and collaboration with the Department of General Services to streamline the non-competitive grants process. The summary also notes that starting this past March, DHHS instituted a Contract Monitoring Review Committee and that beginning in the 4th quarter of FY09 the CMRC will conduct random audits each quarter. A staff member from the Department of Finance has also been detailed to DHHS until June 30 to assist with this effort.

The budget highlights the net changes to the Chief Operating Officer's section. There has also been a reorganization that has pulled together the functions of contract monitoring, fiscal services, and cost allocation and claiming. For FY10, the Executive is recommending that a new Financial Programs Manager position be created and that additional operating funds be provided to support the contracting process. The four positions to be abolished are all currently vacant.

HHS Committee recommendation: Concur with Executive. The Committee will continue to monitor the improvements being made by the Department in contract monitoring and oversight.

2. Decrease Miscellaneous IT Expenses	(\$175,000)
Decrease IT Equipment Purchases	(45,000)

The Department believes that it can reduce IT costs in FY10 by reducing the use of consultant services and reducing the amount of IT equipment purchased. The Department has reduced the number of data systems throughout the Department and has strengthened staff support for the systems currently in place; therefore, it is expected that less consulting services will be required. As positions are abolished, some equipment can be reassigned within the Department. A \$60,000 reduction in IT expenses is being achieved in FY09 as a part of the savings plan actions.

HHS Committee Recommendation: Concur with Executive.

- | | |
|--------------------------------------------|--------------------|
| 3. Decrease Miscellaneous Operating | (\$ 20,000) |
| Decrease Broker Contract Services | (101,350) |

The Department is proposing a reduction in the use of the broker contract and in miscellaneous operating expenses in order to meet budget targets. A reduction in miscellaneous expenses was also a part of the FY09 savings plan.

HHS Committee Recommendation: Concur with Executive.

D. Office of Community Affairs

Note: Items related to Head Start were reviewed jointly by the HHS and ED Committees.

- | | |
|--------------------------------------------------------|-------------------|
| 1. Abolish Community Services Aide III position | (\$80,470) |
|--------------------------------------------------------|-------------------|

This is a filled position that is currently assigned to the East County Regional Services Center to provide intake services. The Department has concluded that the workload does not justify the assignment of a full-time position. An Emergency Services Worker and Housing Opportunities case worker will still provide services at the Center. Additional staff is available at the Silver Spring and Mid-County Services Center.

HHS Committee Recommendation: Concur with Executive.

- | | |
|--------------------------------------------------------------|-------------------|
| 2. Rent and Utilities for ESOL sites no longer needed | (\$65,520) |
| Adult ESOL classes (upcounty) | (3,070) |
| Silver Spring Team for Children and Families contract | (10,000) |

DHHS previously assisted in covering the cost for rent and utilities in school facilities used for community based ESOL classes. These funds are no longer needed. The Executive is also recommending a reduction of \$3,070 to the funding for upcounty adult ESOL (total FY10 would be \$20,000) and a \$10,000 reduction in the contract with the Silver Spring Team for ESOL (total FY10 funding \$23,000). Council staff recommended concurring with the Executive's recommendation but also shifting the FY10 funding provided to DHHS to the Non-Departmental Account for the Montgomery Coalition for Adult English Literacy (MCAEL) which is coordinating community-based ESOL classes. MCAEL would then determine how the services are best provided through their grant process.

HHS Committee Recommendation: Concur with Executive regarding the level of funds but shift ESOL funds from DHHS to MCAEL.

- | | |
|---------------------------------------------------------|-------------------|
| 3. Case management and support services contract | (\$10,000) |
| Leadership Training Program | (\$22,980) |

The Executive is recommending reductions to two contracts. The first is for a contract that assists families in crisis with case management, support groups, and referrals. About

\$180,000 would remain in the FY10 budget for this purpose. The contract was not fully expended in FY08, thus the Department believes there will be not direct impact from this reduction. The second contract is for the Leadership Training Program which is a 9 month program provided by IMPACT Silver Spring. FY10 funding would be about \$93,000.

HHS Committee Recommendation: Concur with Executive.

E. Neighborhood Safety Net

The Executive is recommending funding to implement the Neighborhood Safety Network, which is a partnership with Community Foundation, the City of Gaithersburg, and non-profit organizations that will focus efforts in highly impacted neighborhoods to assist vulnerable residents with services and referrals. The HHS Committee discussed this issue both as a part of the department’s Administrative Services and in Children, Youth, and Family Services. A recent e-mail and flyer about the Initiative is attached at © 58-61.

Aging and Disabilities

A summary of base funding for the major programs in this services area is attached at © 67-70.

The Executive is recommending \$38,689,900 for programs administered through the Aging and Disability Services section. There is a decrease of \$1,698,780 from the FY09 approved budget, which is in significant part due to shifting the Community/Nursing Home Medical Assistance and Outreach program from Aging and Disability Services to Public Health Services in FY10.

Aging and Disability Services Budget Summary

Program	FY09 Approved Budget	FY10 Rec. Budget	Change in Budget FY09-FY10	
			\$	%
Community Support Network for People with Disabilities	\$16,126,820	\$16,457,280	\$330,460	2.0%
Assessment and Continuing Case Mgmt Svcs	\$6,084,770	\$6,168,980	\$84,210	1.4%
Assisted Living Services	\$2,078,420	\$1,973,800	-\$104,620	-5.0%
Community/Nursing Home Med Assist. & Outreach	\$2,657,740	\$0	-\$2,657,740	-100%
In-Home Aide Services	\$4,722,360	\$4,617,880	-\$104,480	-2.2%
Information and Assistance	\$945,060	\$995,590	\$50,530	5.3%
Ombudsman Services	\$650,880	\$664,770	\$13,890	2.1%
Respite Care	\$1,196,040	\$1,035,430	-\$160,610	-13.4%
Senior Community Services	\$3,767,460	\$3,996,510	\$229,050	6.1%
Senior Food Program	\$1,685,690	\$2,291,130	\$605,440	35.9%
Service Area Administration	\$473,440	\$488,530	\$15,090	3.2%
Total	\$40,388,680	\$38,689,900	\$-1,698,780	-4.2%

3. Eliminate contract for Tuition Assistance (\$10,000)

This program has been provided through Montgomery College and is a Graduate Transition Scholarship Fund for low-income students with developmental disabilities. This scholarship, partially funded under this contract, allows qualifying low-income developmentally disabled students exiting high school to participate in a custom tailored learning program for students with special needs. The program is a two year, tuition-based, credit free certificate program focusing on basic academic skills and enhancing potential success as productive residents of our community.

There should not be any impact by this reduction. Starting in FY10, this money will not be needed as the Federal and State Governments are starting to provide tuition waiver programs for individuals that receive Supplemental Security Income (SSI). SSI is a means-tested program, based on an individual's income and resources. Recipients of SSI can take advantage of several incentives that exist under state and federal programs. For example, most state community college systems offer tuition waivers for students who meet certain financial requirements. Youth who receive SSI are automatically entitled to tuition waivers as long as they meet entrance requirements. Montgomery College is one of the community colleges that participate in this program.

HHS Committee Recommendation: Concur with Executive. The Committee was told that DHHS believes 100% of the students who will participate will be eligible for a tuition waiver funded by the State and Federal Government as a part of the Supplemental Security Income (SSI).

4. Program Specialist II Position (shift to grant funds) (\$64,600)

This was a new position for FY09 to assist with the transition of youth. The budget book indicates that a position will be abolished, but DHHS confirmed that that these General Fund dollars were replaced with State funding and this should have been described as a shift from the General Fund to the Grant Fund. There is no impact in services.

HHS Committee Recommendation: Concur with Executive.

5. Reduce Supported employment services and reduce total (\$80,000) contracts from three to one and replace with Customized Employment

This is a continuation of an item included in the FY09 Savings Plan. As a part of the Savings Plan, the Department ended employment with two of three contractors because DHHS had determined that the model being used was outdated. For FY10, \$26,000 will remain in the DHHS budget for a contract with one vendor. In addition, \$105,000 remains in the budget for the Customized Employment programs which is administered jointly with the Office of Human Resources. Testimony in support of the Customized Employment Program is attached at © 71-72.

HHS Committee Recommendation: Concur with Executive.

B. Assessment and Continuing Case Management Services

For FY10, the Executive is recommending a total of \$6,168,980 and 54.3 workyears for this program area, which is a net increase of \$84,210 and decrease of 0.1 workyear compared to FY09 approved levels. All increases are classified as miscellaneous changes.

HHS Committee Recommendation: Concur with Executive.

C. Assisted Living Services

For FY10, the Executive is recommending a total of \$1,973,800 and 6.8 workyears for this program area, which is a decrease of \$104,620 and level workyears compared to FY09 approved levels. Adjustments in this area include:

- | | |
|------------------------------------------------------|-------------------|
| 1. Reduce Group Senior Assisted Housing Grant | (\$38,680) |
| Decrease Assisted Living Services subsidy | (\$50,000) |

This grant pays a portion of the cost for clients to live in a licensed assisted living facility of 16 beds or less. Adults age 62 and older who meet financial and physical eligibility requirements and have a history of residency in the County are eligible. This program is intended to help clients continue living in the community as they age. There are currently 43 clients in the program. Their average age is 85. There are about 40 potential clients on the waiting list. The State initiated a reduction in this program in FY09. The \$38,680 reduction shown in the budget is a reduction in the Grant Fund. The FY10 State reduction is expected to reduce available subsidies by six, however the reduction will be achieved through attrition and no one will lose service. The County has provided a subsidy for this program in recognition of the high cost of living in Montgomery County. The \$50,000 reduction in the subsidy is a reduction to the General Fund. No current clients will be impacted as the subsidy will be provided for any client enrolled in the State program.

HHS Committee Recommendation: Concur with Executive.

D. Community/Nursing Home Medical Assistance and Outreach

For FY10, this entire program has been shifted into the Community Health Services Program in Public Health Services.

HHS Committee Recommendation: Concur with Executive.

E. In-Home Aide Services

For FY10, the Executive is recommending a total of \$4,617,880 and 16.9 workyears for this program area, which is a decrease of \$104,480 and level workyears compared to FY09 approved levels.

1. Elimination of the Chore Services Program

(**\$150,000**)

This is a continuation of the FY09 Savings Plan, which included the ending of Chore Services in February. Chore Services served an average of 48 clients per month and each client received about 4 hours of service per week. These clients, who are elderly or disabled, are able to handle their own personal care but need assistance with house cleaning, trash removal, and other heavier housework duties.

HHS Committee Recommendation: Concur with Executive. The Committee noted that this is a real elimination of a direct service and an example of the choices being made because of budget constraints.

2. In-Home Aide Program Update (no budget change)

As a part of the decisions on the FY09 budget, the Council approved a reduction in the maximum hours of in-home care from 20 to 15. At the same time, the Council provided the Department with \$100,000 to provide some flexibility should the DHHS Director determine that more than 15 hours should be provided in specific cases with unusual need. The Department reports that they have phased in this change and that it is working well. The budget remains unchanged in FY10. Currently, the Department provides personal care service to about 270 clients and there is a waiting list of about 120 people.

Director Ahluwalia told the Committee that this policy will remain in place in FY10 but that it has worked well and there have not been complaints. There are about 270 clients and a waiting list of 120.

F. Information and Assistance

For FY10, the Executive is recommending a total of \$995,590 and 9.8 workyears for this program area, which is an increase of \$50,530 and level workyears compared to FY09 approved levels. All increases are classified as miscellaneous changes.

HHS Committee Recommendation: Concur with Executive.

G. Ombudsman Services

For FY10, the Executive is recommending a total of \$664,770 and 6.3 workyears for this program area, which is an increase of \$13,890 and level workyears compared to FY09 approved levels. All increases are classified as miscellaneous changes.

HHS Committee Recommendation: Concur with Executive.

H. Respite Care

For FY10, the Executive is recommending a total of \$1,035,430 for this program area, which is a decrease of \$104,620 from FY09 approved levels. Adjustments in this area include:

1. Shift Respite Care expense to available grant funding	(\$ 48,950)
Reduce Respite Hours from 164 to 139 Hours Per FY	(\$135,000)

Respite care provides families who are ongoing caregivers for frail elderly relatives or children with severe medical conditions or behavioral needs with short-term periodic breaks from their responsibilities by providing personal care services. In FY09, caregivers are eligible for up to 164 hours of respite care, but the average usage is 140 hours. In FY09, about \$1.2 million was included in the DHHS budget for this purpose; about \$210,000 is State funds.

For FY10 there are two changes included in the budget, a reduction in the maximum number of hours (which results in a savings to the General Fund) and greater use of available State funds (which also results in a savings to the General Fund). The impact of this change would be felt by caregivers who have used over 139 hours in a fiscal year. The number of families served by respite varies. Between March 2008 and February 2009 the monthly low was 64 (March 2008) and the high was 182 (September 2008). During this same period there were two months where there was no waiting list for respite care. The highest number of respite care requests that could not be met was 45 (June 2008) with most months having about 30 unmet requests.

Council staff noted that while it is unfortunate that hours may be reduced for some, it would be a maximum reduction of 25 hours over the course of the year and should not impact the average caregiver in need of services.

HHS Committee Recommendation: Concur with Executive. The Committee recognized that this is also a reduction in the maximum hours of services, but because of budget constraints it seems reasonable for FY10.

I. Senior Community Services

For FY10, the Executive is recommending a total of \$3,996,510 and 19.1 workyears for this program area, which is an increase of \$229,050 and decrease of 2.0 workyears from FY09 approved levels. Adjustments in this area include:

Increase Program Transportation	\$154,010
Alzheimer's Disease and Related Disorders Association	\$ 92,000
Food and Friends, Inc.	\$ 20,000
Eliminate Senior Health Self Management Grant	(\$37,750)
Decrease Medicaid Waiver for Older Adults Grant	(\$74,680)

1. Increase Program Transportation \$154,010

As a part of the FY09 budget, the Council approved the Executive’s recommendation that the cost charged by the Department of Transportation (DOT) to DHHS for senior program transportation could be reduced by \$349,800 because of a more accurate chargeback for hours and miles used. This left approximately \$580,000 in the DHHS budget for FY09. For FY10, based on estimates from DOT, DHHS has included an additional \$155,830 (\$735,000 total) in the budget in order to maintain the same level of service.

HHS Committee Recommendation: Concur with Executive.

**2. Alzheimer’s Disease and Related Disorders Association, \$92,200
Program for frail seniors, families, and caregivers**

For FY09, the Alzheimer’s Association was awarded \$92,200 as a FY09 Community Grant. For FY10, the Executive is recommending this \$92,200 be added to the DHHS base funding.

The FY09 Outcome Summary Report indicates that there were problems with executing this grant that were not resolved until there was an amendment to the non-competitive list (which was approved by the Council on January 13, 2009). The Alzheimer’s Association is requesting a FY10 Council Grant for this amount noting that they plan to serve 1,000 County residents through a variety of programs, workplace assistance, safe return scholarships, and public safety personal training.

HHS Committee Recommendation: Concur with Executive.

**3. Food and Friends, Inc.-Provides clinical nutrition to residents \$20,000
living with HIV/AIDs, cancer, and other life-challenging illnesses**

For FY09, Food and Friends is receiving a total of \$55,730 in funding through two contracts; one for \$35,730 that has been in place for several years and a second for \$20,000 as a FY09 Community Grant. For FY10, the Executive is recommending this \$20,000 be added to the DHHS base funding.

The FY09 Outcome Summary Report provided to the Council notes that Food and Friends prepares and delivers specialized meals to men, women, and children living with HIV/AIDS, cancer, and other life-challenging illnesses. The cost per client is about \$9,100 per year and the \$20,000 provided by the FY09 Community Grant will serve just over two clients. Food and Friends served a total of 227 Montgomery County residents during the first half of FY09, providing over 20,000 prepared meals and 8,990 grocery meals. Food and Friend has requested a \$60,000 FY10 Council Grant.

HHS Committee Recommendation: Do not fund the additional \$20,000. The Committee is concerned about the administrative costs in the organization.

4. Eliminate Senior Health Self Management Grant (\$37,750)

The Maryland Department of Aging funded the Living Well program from FY06 through FY09. The grant allowed the Jewish Council on Aging to provide evidence-based health promotion programs to Montgomery County seniors. While the program was evaluated as successful, given fiscal constraints the Department is not asking for General Funds to replace the lost grant funding. The Department also notes that Holy Cross Hospital has committed to providing some similar services. The reduction is to the Grant Fund.

HHS Committee Recommendation: Concur with Executive.

5. Decrease Medicaid Waiver for Older Adults Grant (\$74,680)

While the budget identifies this item as a reduction to the budget, it is a reduction in personnel costs to the program and not in the amount of total funding from the grant, which is expected to remain at \$215,870. During FY09 a position was reduced through the 2008 (FY09) RIP and it was determined that duties could be reassigned and the position did not need to be filled. There are no service impacts to clients.

HHS Committee Recommendation: Concur with Executive.

J. Senior Food Program

For FY10, the Executive is recommending a total of \$2,291,130 and 4.4 workyears for this program area, which is an increase of \$605,440 and 1.5 workyears from FY09 approved levels. Adjustments in this area include:

Increase Older Americans Act	\$427,080
Increase Senior Nutrition Meals	\$134,000
Top Banana Home Delivered Groceries, Inc.	\$51,740

1. Increase Older Americans Act	\$427,080
 Increase Senior Nutrition Meals	\$134,000

Previously, senior meals for 36 community based meal programs were provided through an agreement with the Montgomery County Public Schools. Because of this arrangement the funding from the Older Americans Act was not appropriated to DHHS. During FY09, DHHS determined that they could get better service by contracting with a private vendor, which requires the funding to be appropriated in the Grant Fund. The Executive’s recommendations are intended to continue the FY09 level of service. Council staff noted that the budget book indicates that 200 fewer persons are expected to be served in FY10 than in FY09. DHHS has indicated that this is incorrect and the recommended funding is expected to serve the same number of people. In addition, Federal stimulus funds may become available to supplement the senior nutrition program.

HHS Committee Recommendation: Concur with Executive. The Committee discussed that the budget changes shown in the Executive's recommended budget are because the Montgomery County Public Schools are no longer preparing the meals for the community based senior food programs. DHHS issued an RFP for these services and it was awarded to a private vendor. DHHS said that the seniors in the program are very pleased with the meals and the contract is working well. It was also noted that the County has received about \$205,000 in Federal stimulus money for this program.

**2. Top Banana Home Delivered Groceries, Inc.-provides \$51,740
food and protects the health of vulnerable adults**

For FY09, Top Banana is receiving a total of \$71,740 in funding through two contracts; one for \$20,000 that has been in place since FY03 and a second for \$51,740 as a FY09 Community Grant. For FY10, the Executive is recommending adding the \$51,740 to the DHHS base budget.

The FY09 Outcome Summary Report provided to the Council notes that in the first half of FY09, Top Banana served 212 senior and made 918 deliveries. Top Banana has undertaken an outreach campaign to Leisure World, participated in resource fairs, and participated in the Senior Summit. They have received notice of funding from five foundations. Top Banana has applied for two FY10 Council Grants, one for the \$51,740 for grocery deliveries and a second for \$34,200 for outreach in the Wheaton and Silver Spring areas.

HHS Committee Recommendation: Concur with Executive.

K. Service Area Administration

The County Executive is recommending \$488,530 and 2.8 workyears, which is a net decrease of \$15,090 and level workyears compared to FY09 approved levels. All adjustments are classified as miscellaneous changes. **Council staff recommends approval.**

HHS Committee Recommendation: Concur with Executive.

Behavioral Health and Crisis Services

A summary of the base funding for major programs in this service area is attached at © 78-80.

Public hearing testimony from the budget hearing and the budget forum is attached at © 81-88.

The Executive is recommending \$40,010,250 for FY10 for programs administered through the Behavioral Health and Crisis Services section. This is a decrease of \$1.7 million, or about 4.1% from the FY09 approved budget.

Behavioral Health and Crisis Services Budget Summary

Program	FY09 Approved Budget	FY10 Rec. Budget	Change in Budget FY09- FY10	
			\$	%
System Planning and Management	\$8,225,890	\$7,514,950	-\$710,940	-8.6%
Behavioral Health Specialty Services	\$2,786,700	\$2,763,240	-\$23,460	-0.8%
Behavioral Health Community Support Services	\$5,623,890	\$7,410,560	\$1,786,670	31.8%
Criminal Justice/Behavioral Health Services	\$2,354,830	\$2,469,670	\$114,840	4.9%
Outpatient Addiction Services	\$5,854,770	\$4,045,570	-\$1,809,200	-30.9%
Victims Assistance and Sexual Assault Services	\$2,586,450	\$2,620,030	\$33,580	1.3%
Child and Adolescent Mental Health Services	\$3,272,960	\$3,304,330	\$31,370	1.0%
24-Hour Crisis Center	\$5,149,170	\$4,183,390	-\$965,780	-18.8%
Seniors and Persons with Disabilities	\$1,934,160	\$1,855,020	-\$79,140	-4.1%
Partner Abuse Services	\$3,346,210	\$3,258,260	-\$87,950	-2.6%
Service Area Administration	\$601,380	\$585,230	-\$16,150	-2.7%
Total	\$41,736,410	\$40,010,250	-\$1,726,160	-4.1%

A. System Planning and Management

For FY10, the Executive is recommending a total of \$7,514,950 and 13.8 workyears for this program area, which is a net decrease of \$710,940 and 5 workyears from FY09 approved levels. Adjustments in this area include:

Lab services based on historical spending	(\$ 6,000)
Consumer Affairs Fund	(\$ 8,000)
Training in Systems Planning and Management	(\$ 11,540)
Contract services for parent and child bonding	(\$ 28,900)
Abolish vacant .5 Administrative Specialist II-BHCS	(\$ 34,590)
Residential Supplement based on historical spending	(\$ 35,000)
Pharmacy Assistance Services	(\$ 40,000)
Federal Block Grant	(\$ 204,980)

1. Lab services based on historical spending (\$6,000)

This is a continuation of a FY09 Savings Plan item. DHHS provides lab testing services for low income uninsured clients who are in a DHHS or community behavioral health program with a psychiatrist in order to ensure that psychotropic medications are monitored. This reduces the budgeted amount from \$16,000 to \$10,000 which, in combination with funds from the Community Mental Health Grant, has historically been a sufficient amount of funding for these services.

HHS Committee Recommendation: Concur with Executive.

2. Consumer Affairs Fund

(\$8,000)

This is a continuation of the FY09 Savings Plan and would leave \$2,000 for this purpose in FY10. The DHHS Office of Consumer Affairs helps individuals with persistent mental illness with information, referrals, peer support, education and training on consumer issues, navigation of the public mental health system, and sponsors special events. This fund is used for a variety of purposes such as purchasing brochures, awards, and paying stipends at special events. The Department believes access to funding in the Consumer Special Needs Fund will be sufficient for FY10.

HHS Committee Recommendation: Concur with Executive.

3. Training in Systems Planning and Management

(\$11,540)

In FY09, \$15,000 was included in the budget to allow staff to attend training, including mental health and substance abuse conferences. For FY10, \$3,460 will be retained for this purpose.

HHS Committee Recommendation: Concur with Executive.

4. Contract services for parent and child bonding

(\$28,900)

This is a reduction to the Framework for Families contract with Family Services, Inc. The FY09 contract for these services is about \$170,000. Family Services provides services to families to address attachment and bonding issues and parenting skills and educates parents in evidenced-based strategies for setting boundaries and non-violent discipline techniques. This reduction could impact twenty children with a mental health diagnosis. DHHS notes that \$157,500 is designated for these same services for children and families being served by Child Welfare. The Department is hopeful that some of these funds can be reallocated to minimize the impact of this reduction.

HHS Committee Recommendation: Concur with Executive.

5. Abolish Vacant .5 Administrative Specialist II

(\$34,590)

This position is currently vacant. One-half of the position is funded in Behavioral Health Services and the other half is funded in Public Health (Women's Health Services). As noted in the Public Health Services discussion, while the position served as a contract monitor, the position has been vacant for over one year and duties have been assigned to existing staff.

HHS Committee Recommendation: Concur with Executive.

6. Residential Supplement based on historical spending (\$35,000)

This is a continuation of the FY09 Savings Plan. For FY09 \$1.037 million was approved. This reduction will provide funding of \$1.002 million. This funding provides a supplement to non-profit agencies that provide residential rehabilitation programs for persons with persistent mental illness. These non-profits receive funding through client fees and rental assistance. This supplement helps offset the high cost of housing in Montgomery County. The reduction is based on historical spending. As a part of the Savings Plan discussion the Committee was told that all providers have contracts so there should be no service change.

HHS Committee Recommendation: Concur with Executive.

7. Pharmacy Assistance Services (\$40,000)

This is a continuation of the FY09 Savings Plan. The FY09 budget included \$80,000 to pay for two contract Client Assistance Workers at the HHS Medbank. The Client Assistance Workers help patients complete applications to pharmacy companies to receive free psychiatric medications. The Department has determined that only one worker is needed for this purpose and the second position has not been filled in FY09. There is no impact expected from this continued reduction.

HHS Committee Recommendation: Concur with Executive. The Committee wanted to understand whether this service is provided by appointment and whether the goes to different sites. The Primary Care Coalition contract provides a BHCS Adult Mental Health Program Assistant to help clients with mental illness or substance abuse problems enroll in Medbank (a State program). The assistant completes the online applications and renewals for the clients so that they may obtain prescribed 90 days supply of psychotropic medications at no cost from the 43 pharmaceutical companies' patient assistance programs. The employee is located at 8757 Georgia Ave. at the Primary Care Coalition's location. Whenever a program becomes eligible for the Transitional Pharmacy, she registers the clients for MedBank if they are ineligible for MA or PAC.

8. Federal Block Grant (Grant Fund) (\$204,980)

The Federal Block Grant for Homelessness was \$801,770 in FY09 but is only expected to be \$596,790 in FY10. A majority of this reduction (\$194,983) is a reduction in the funding for psychiatrist services provided to the Noyes Children's Center (Department of Juvenile Services). The State Department of Health and Mental Hygiene is now providing these services and money is no longer directed to the County for this purpose. The remaining \$10,000 was for an additional supplement that was not needed. There are no changes to the scope of the contracts with St. Luke House and Threshold Services as a result of this reduction.

HHS Committee Recommendation: Concur with Executive.

B. Behavioral Health Specialty Services

This program as two components: the Access Team and the Adult Mental Health Clinic.

The Executive is recommending \$2,763,240 and 21.5 workyears to this program area, which is a net decrease of \$23,460 and 1 workyear from FY09 approved levels. Adjustments in this area include:

1. Abolish filled Program Specialist II (Access to Behavioral Health) (\$105,740)

The Department has shared that this is an administrative position that is affiliated with the Department’s IT staff. While the position is filled, the Department believes the position can be abolished with minimal impact on other staff.

HHS Committee Recommendation: Concur with Executive.

C. Behavioral Health Community Support Services

The Executive is recommending \$7,410,560 and 21.5 workyears to this program area, which is an increase of \$1,786,670 and a decrease of 1 workyear from FY09 approved levels. Adjustments in this area include:

Alcohol and Drug Abuse Administration (ADAA) Block Grant	\$1,400,300
Shift CRF for Addictions Treatment	-\$1,260,000
Shift Temporary Cash Assistance Substance Abuse	-\$204,030
Facility Maintenance Funds in Addiction Shelters	-\$15,000
Level III Addiction Treatment Services Contract	-\$20,000
Contract funding for Level 1 Outpatient Treatment Services	-\$70,000
Reduce Therapist in Program Monitoring Unit	-\$124,850

1. Alcohol and Drug Abuse Administration (ADAA) Block Grant	\$1,400,300
Shift CRF for Addictions Treatment	(\$1,260,000)
Shift Temporary Cash Assistance Substance Abuse	(\$204,030)

The increase in the Block Grant is a result of the State’s decision to eliminate the Addictions Treatment grant (which as noted was \$1,260,000 in FY09) and combine it with the Alcohol and Drug Abuse Administration Block Grant (which was \$3,376,760 in FY09) and to increase the overall amount by \$140,000. Also related to this action is the State’s determination that Temporary Cash Assistance will also be funded through the Block Grant. This shift more than offsets the additional dollars, but the Department expects no change to services.

HHS Committee Recommendation: Concur with Executive.

2. Facility Maintenance Funds in Addiction Shelters (\$ 15,000)

This is a 50% reduction to the funding within DHHS for ongoing maintenance and repairs to Avery Road Treatment Center, Avery House, Avery Road Combined Care, and Lawrence Court Halfway House. The impact will not be clear until it is known what types of maintenance and repairs are needed in FY10. Things covered by this funding are replacement of broken appliances and worn carpeting.

HHS Committee Recommendation: Concur with Executive.

**3. Level III Addiction Treatment Services Contract (\$20,000)
Contract funding for Level I Outpatient Treatment Services (\$70,000)**

There are two reductions proposed to outpatient addiction treatment services. The \$20,000 for Level III services is expected to come from reduced costs in contracts and not specifically from a reduction in service.

Level I Outpatient Treatment Services serves between 600 and 650 individuals per year and a majority stay in treatment for six months or longer. Research indicates that the highest rate of success is for persons who stay in treatment programs for 90 days or more and who can access treatment quickly. The proposed reduction is expected to eliminate services to about 70 individuals. It is also expected that clients may not be accepted as quickly and that some persons may chose not to seek treatment at a later date. There are two primary contractors that are the providers for the county. While this reduction is less severe than taking a reduction of a similar size to other parts of the addiction treatment system. It is expected to have an impact.

Last spring there was extensive discussion of the funding needed for treatment programs provided through Maryland Treatment Centers at Avery Road. The Council added funding to this area to ensure that capacity was not decreased. Funding for these programs is not impacted by either of these reductions and that capacity will continue at the FY09 level.

Council staff noted in February 2009, 276 persons were receiving services through Outpatient Addiction Services (including medication assisted treatment) and this is a high count for the 12 month period.

HHS Committee Recommendation: Concur with Executive regarding the reduction to Level III treatment but place \$70,000 on the reconciliation list to restore the reduction to Level I Outpatient Treatment. Councilmember Trachtenberg noted that suicide is increasing, particularly for people under age 25 and over age 55. It is particularly problematic for people with a dual diagnosis of mental health and substance abuse. DHHS shared that the waiting list for treatment services varies during the year. They are moving to using an open solicitation for some services which should allow them to be more responsive.

4. Reduce Therapist in Program Monitoring Unit (\$124,850)

The Department is proposing the reduction of one Therapist position that works in the contract monitoring unit. There are about \$5 million in adult addiction services contracts overseen by the group, and the work will be distributed to remaining staff. If there can be some consolidation of contracts and centralization of some of the fiscal monitoring, the impact might be minimized.

HHS Committee Recommendation: Concur with Executive.

D. Criminal Justice/Behavioral Health Services

The Executive is recommending \$2,469,670 and 19.2 workyears for programs in this area. The one adjustment aside from miscellaneous adjustments is:

1. Decrease Transitional Housing Services for Mentally Ill Offenders (\$40,000)

The Department had hoped to be able to find a suitable house to create a group home for mentally ill persons leaving the county’s jail system. A suitable house has not yet been made available for this program.

HHS Committee Recommendation: Concur with Executive. The Committee discussed the importance of finding stable housing for people with mental illness and/or substance abuse issue as this is critical if people are to be able to live in the community rather than having to be readmitted to residential treatment or ending up in the jail or prison systems. There was discussion about whether housing might be able to be provided in non-residential zones or in coordination with other services.

E. Outpatient Addiction Services

The Executive is recommending \$4,045,570 and 29.3 workyears for this program. Adjustments in this area include:

Montgomery County Adult Drug Court Capacity	\$300,000
Reduce Outpatient Addiction Services Acudetox Contract	-\$6,250
Abolish Outpatient Addiction Services Vocational Services Program Specialist	-\$84,360
Miscellaneous adjustments	-\$2,018,590

1. Montgomery County Adult Drug Court Capacity \$300,000

This is the second year of the grant that was received to expand the capacity of the Adult Drug Court. DHHS provides case management and coordination of treatment services.

HHS Committee Recommendation: Concur with Executive.

2. Reduce Outpatient Addiction Services Acudetox Contract (\$6,250)

DHHS expects to be able to reduce costs for this contract in FY10 because by July there will be 5 Acudetox certified counselors. The Department has been using the contract for training and supervision, and these costs will be reduced.

HHS Committee Recommendation: Concur with Executive.

3. Abolish Outpatient Addiction Services Vocational Services Program Specialist (\$84,360)

This is a filled position that would be abolished. DHHS has provided vocational/employment assistance to clients in addiction services programs. With this reduction, clients would be referred to the County workforce development and one-stop services. There is also potentially Federal stimulus monies that might become available for targeted unemployed populations.

HHS Committee Recommendation: Concur with Executive. The Committee discussed with DHHS how this gap might be filled through workforce development and that some programs being funded with Federal stimulus funds might serve some of this population. The Committee has requested an update in December.

4. Miscellaneous adjustments (Grant Fund) (\$2,018,590)

The vast majority of this miscellaneous adjustment is related to the ADAA Block Grant which has been consolidated and shifted to the Community Support Services program as previously discussed.

HHS Committee Recommendation: Concur with Executive.

F. Victim Assistance and Sexual Assault Services

The Executive is recommending \$2,620,030 and 18.5 workyears for this program area, which provides assistance to sexual assault and other crime victims. Adjustments in this area include:

Victims Compensation Fund Match	\$ 7,990
Eliminate Silver Spring Courthouse Victim Assistance	(\$17,300)

1. Victims Compensation Fund Match **\$7,990**

The County matches public donations on a 2:1 ratio. This amount is needed to meet this requirement.

HHS Committee Recommendation: Concur with Executive.

2. Silver Spring Courthouse Victim Assistant Project **(\$17,300)**

The Executive proposes the elimination of a part-time contract position for a bilingual victim assistant that is currently vacant as the grant funding this service will end June 30. The County is expecting to hear from the Department of Justice in May about the potential award of a Violence Against Women Act/Byrne Grant request that would continue funding of certain services and provide enhancement of some services that will assist in the funding of the Family Justice Center. The Family Justice Center staff is planning how to expand language capabilities and other outreach services to victims.

HHS Committee Recommendation: Concur with Executive.

G. Child and Adolescent Mental Health Services

The Executive is recommending \$3,304,330 and 17.3 workyears for this program, which is an increase of \$31,370 and level workyears compared to FY09 approved levels. Adjustments in this area include:

Mental Health Association–N*COMMON Multicultural Mental Health Initiative	\$60,000
Decrease Child and Adolescent Mental Health Care Coordination	-\$10,810
Reduce Contract for Family and Caregiver Support Services	-\$30,960
Reduce Child and Adolescent Mental Health Service Care Coordination funds	-\$73,000

1. MHA–N*COMMON Multicultural Mental Health Initiative **\$60,000**

Since FY07, the Mental Health Association has been providing the N*Common program which provides multi-cultural outreach services. The total FY09 award was \$145,160, but it was awarded to two pieces: \$110,160 as a contract that had been in the base of the DHHS budget and another \$35,000 as a FY09 Grant to specifically provide clinical staff who speak French. For FY10, the Executive has moved all the funding into the base and increased the total amount of the award to \$160,000. **Council staff recommends approval.**

HHS Committee Recommendation: Concur with Executive.

2. Decrease Child and Adolescent Mental Health Care Coordination	(\$10,810)
Reduce Child and Adolescent MH Service Care Coordination	(\$73,000)
Reduce Contract for Family and Caregiver Support Services	(\$30,960)

The reduction in these dollars is expected to impact children who are in Residential Treatment Centers (RTCs) and are ready to step down to community based services. All these children would be evaluated through the Local Coordinating Council and because they are in a RTC there will not be a gap where there would be no service; but, if they are ready to step down and there is not sufficient community based wrap around, children could stay longer than necessary in a RTC. Also, if a child cannot be served in the community, there may be an increase in residential placements. The Department will look to see if there are any possible sources of alternative funding, such as Medicaid, that might mitigate some of the impact.

HHS Committee Recommendation: Concur with Executive regarding \$30,960 reduction for the contract for Family and Caregiver Support Services but place \$73,000 on the reconciliation list to restore the reduction in 10 to 15 wraparound slots and the \$10,810 to support the County clinic. The Committee agreed that children should be served in the community when appropriate -- as it provides for the best long-term outcomes.

H. 24-Hour Crisis Center

The Crisis Center operates 24-hours a day, 7 days per week and offers psychiatric crisis services and the Mobile Crisis Team. It also houses the public inebriate initiative and provides screening for emergency housing services.

The Executive is recommending \$4,183,390 and 36.6 workyears. Adjustments in this area include:

Decrease Operating budget for supplies	(\$ 19,890)
Shift Assertive Community Treatment (ACT Team) to State	(\$899,800)

1. Decrease Operating budget for supplies (\$19,890)

This is a reduction to overall operating expenses for supplies.

HHS Committee Recommendation: Concur with Executive.

2. Shift ACT Team to the State (\$899,800)

Last year, the county agreed with the Executive recommendation to provide ACT Team services through a contract with the State as is done in other Maryland jurisdictions. The county positions associated with the ACT Team would be abolished. Because of the need for a transition period, one-half year funding was included in the FY09 budget. The transition has

occurred and this \$899,000 reduction is a reflection of the additional savings realized in FY10. The County positions were abolished in January 2009.

Last year, the Council received testimony and correspondence expressing concern about the shifting the ACT team to the State. Esther Kaleko-Kravitz, Executive Director of NAMI (National Alliance on Mental Illness), expressed several major concerns: (1) that future team will be certified and able to collect the maximum amount of funds possible from State; (2) that the team will maintain the services needed to have a caseload of 100 individuals, up from the current amount of 70; and (3) that sufficient funding and time and energy will be provided to instill trust in the members and staff of the new and ensure a smooth transition for clients and their families. Other testimony expressed concerns about vulnerability of the mentally ill population to change and lack of continuity and the provision of affordable medication.

The Committee requested and received a transition plan and received an update last fall on the transition and was told that it was going well and that there had not been a disruption in service to clients.

In response to the point of whether the contractor will be eligible for the higher evidence-based practices rate and whether 100 persons will be able to be served, DHHS has provided the following response:

People Encouraging People (PEP), the new provider, will be scored by the State of Maryland to become an Evidenced Based provider of ACT services. There will be a 2 day site review where PEP will be scored to ensure fidelity to the model. This review will take place in early June 2009 but the dates are not yet confirmed. As the selected trainer for new ACT teams in the state of Maryland, we are confident that PEP will pass this review and begin billing at the higher rate effective July 1, 2009. As of this writing PEP expects to be serving 100 clients by September 2009.

With regards to the transition, DHHS has provided the following reply:

The transition was successful. PEP began working full time on December 1, 2008. The entire month of December was devoted to help ensure a smooth transition for the clients. PEP worked side by side with the Montgomery County ACT Team to conduct joint home visits and joint client appointments in the office at 1301 Piccard. PEP staff and Montgomery County staff were co-located for the month of December allowing for combined staff meetings, case staffing, and general knowledge transfer about the program and the clients served. The cooperation between the two teams was commendable. The time and energy invested has yielded the desired outcomes.

HHS Committee Recommendation: Concur with Executive.

I. Mental Health Services: Seniors and Persons with Disabilities

The Executive is recommending \$1,855,020 and 10 workyears. This program funds a variety of contractual services. Adjustments in this area include:

Replace Grant Funds with general fund support to cover a shortfall in SORT	\$25,430
Dedicate savings from eliminated contract to cover grant shortfall in SORT	(\$25,430)
Decrease Contract for Mental Health Service for Persons with Developmental Disabilities and/or mental retardation based on historic actuals	(\$76,500)
Reduce services to 15 Hearing Impaired clients	(\$17,600)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 1. Replace Grant with general fund support to cover a shortfall in SORT | \$25,430 |
| Dedicate savings from eliminated contract to cover grant shortfall in SORT | (\$25,430) |
| Decrease Contract for Mental Health Service for Persons w/ Developmental Disabilities and/or mental retardation based on actuals | (\$76,500) |

The Department has about \$125,000 in contract services to provide emergency services for persons with mental retardation and/or developmental disabilities. There are contracts in both Behavioral Health and Aging and Disabilities. Currently there is only one person using funding from this source, but it was originally expected that up to 100 people might access this money. A portion of the funding will be used to cover a shortfall in the SORT grant. The \$76,500 is a savings to the budget. The Department has retained about \$22,000 of the funds to be used in various areas in the Senior Mental Health Program.

HHS Committee Recommendation: Concur with Executive.

- | | |
|----------------------------------------------------------|-------------------|
| 2. Reduce services to 15 Hearing Impaired clients | (\$17,600) |
|----------------------------------------------------------|-------------------|

The County has a contract to provide a comprehensive program of outpatient mental health, substance abuse, and victim services for Montgomery County residents who are deaf or hard of hearing. The FY09 funding estimates that 40 individuals can be served during a year. This reduction may impact up to 15 clients. Currently, the contract provides access to two Therapist workyears but this may be reduced to 1.5 workyears. It is possible that the services may be able to be supplemented with assistance from students at Galludet.

HHS Committee Recommendation: Concur with Executive. The Committee was told that if someone needed these services, they would find a way to provide them.

J. Partner Abuse Services

The Executive is recommending \$3,258,260 and 17.8 workyears. Adjustments in this area include:

Gudelsky Foundation	\$ 15,000
Abolish a vacant Supervisory Therapist Position I – APP	(\$100,770)

1. Gudelsky Foundation

\$15,000

The Gudelsky Foundation is providing support for Montgomery County’s efforts to implement a Lethality Assessment Protocol for First responders as developed by the Maryland Network Against Domestic Violence. This will appropriate the FY10 funding for this award.

HHS Committee Recommendation: Concur with Executive.

2. Abolish a vacant Supervisory Therapist I - Abused Person Program (\$100,770)

This reduction is proposed for fiscal reasons and work will be redistributed among remaining two Supervisory Therapists. In addition, there will continue to be seven Therapist positions authorized for Partner Abuse Services.

HHS Committee Recommendation: Concur with Executive. The Committee was told the position has been vacant since October and the situation is workable.

K. Services Area Administration

The County Executive is recommending \$585,230 and 3.9 workyears. Adjustments in this area include:

Decrease Advertising expenses in BHCS Chief’s budget	(\$6,000)
Decrease Temporary Services in Budget in BHCS	(\$10,000)

1. Decrease Advertising expenses in BHCS Chief’s budget (\$6,000)

This is the continuation of an item started in the FY09 Savings Plan. The Department has previously paid for advertising in specific media when filling positions that have specialized requirements. This allows the Department to reach out in order to try to attract a pool of qualified candidates. In FY10, the Department will continue to advertise through the Office of Human Resources website and other venues that do not charge a fee.

HHS Committee Recommendation: Concur with Executive.

2. Decrease Temporary Services in Budget in BHCS (\$10,000)

For FY10, funding for temporary services for the Behavioral Health and Crisis Services section will be reduced from the FY09 funding of \$20,000 to \$10,000.

HHS Committee Recommendation: Concur with Executive.

Children, Youth, and Family Services

Testimony from the Commission on Children and Youth on a variety of issues related to the well-being of children and families is attached at © 129. Testimony on issues specific to programs will be noted in the relevant section.

A summary of base funding for major programs in this service area is attached at © 115-117.

The Executive is recommending \$68,657,090 for programs administered through CYF, which amount represents a \$1,282,190 of 1.9% increase from the FY09 approved budget.

Children, Youth, and Family Services Budget Summary

Program	FY09 Approved Budget	FY10 Rec. Budget	Change in Budget FY09-FY10	
			\$	%
Child Welfare Services	\$22,126,340	\$22,116,950	-\$9,390	0.0%
Conservation Corps	\$843,450	\$722,330	-\$121,120	-14.4%
Linkages to Learning	\$5,175,820	\$5,202,670	\$26,850	0.5%
Juvenile Justice Services	\$4,881,060	\$4,844,280	-\$36,780	-0.7%
Enhancement of Early Childhood Services	\$2,845,410	2,854,410	\$9,000	0.3%
Parent Support Services	\$621,450	\$633,570	\$12,120	1.9%
Services to Children with Special Needs	\$2,282,050	\$3,556,200	\$1,274,150	55.8%
Child Care Subsidies	\$10,861,960	\$10,681,690	-\$180,270	-1.7%
Income Supports	\$15,025,440	\$15,432,020	\$406,580	2.7%
Child and Adolescent	\$3,632,800	\$3,523,540	-\$109,260	-3.0%
Administration	\$361,310	\$371,620	\$10,310	2.8%
Total	\$68,657,090	\$69,939,280	\$1,282,190	1.9%

A number of components in this service area were before the Council on the May 5 consent calendar including Early Childhood Services, Parent Support Services, Services to Children with Special Needs, Child Care Subsidies, Linkages to Learning, Transportation for Children in Foster Care, and the Kennedy Cluster project.

A. Child Welfare Services

HHS Committee Recommendation: Concur with the Executive on recommended adjustments including the abolishment of a vacant Social Work IV position for a savings of \$93,830.

For FY10, the Executive is recommending a total of \$22,116,950 and 210 workyears, which is a net decrease of \$9,390 and 1 workyear from the FY09 approved level. The one major adjustment to the program is the recommended abolishment of a vacant Social Worker IV position.

Child Welfare currently reports nine vacancies. In addition to the Social Worker IV position identified for elimination, there is a Social Worker III position that is recommended for elimination in FY10. That position is supported by HB669 funding and does not affect the program's position count. Of the remaining positions, five are being held for the County RIF process, a Social Worker III position is in the recruitment process, and the Department is waiting on approval for a Social Worker IV position.

1. Abolish a Vacant Social Work IV Position (\$93,830)

The Executive recommends eliminating a Social Worker Supervisor position, which will provide savings of \$175,090. The position has provided oversight of family involvement meetings and linking with families with support services. DHHS has divided the responsibilities of this position among its other supervisors. There will no change to family teams.

Child Welfare reports that it is doing a record number of investigations and placing sibling groups. For the period from March 2007 to February 2008, the program performed an average of 244 investigations per month compared to 205 per month for the previous year. As a result the Department reports that it may not meet its target performance measure of reducing the number of children placed in out-of-home care by 10 percent in FY09, as suggested in the Executive's Recommended FY10 Budget.

Despite the reported success resulting from Family Involvement meetings and the aggressive efforts to involve relatives and community members to prevent placement or offer short term placement for children, Child Welfare Services has only seen a 2% reduction in foster care in FY09. The average monthly number of out-of-home placements for the period from March 2007 to February 2008 was 19.5, about 3.5 more than the monthly average for the previous year.

2. *Child Assessment Center (Tree House) Update*

The Tree House is a private-public partnership that provides a single location for services in Montgomery County to children who are sexually or physically abused. Because the Tree House had been previously supported with federal, state and foundation sources and is a good candidate for attracting outside funding, the Committee has been interested in hearing about the Department's efforts to pursue outside funding.

The Department reports the following success in attracting funding to support services offered by the Tree House:

Grant Period/Start	Funder	Amount	Purpose
1/1/09-12/31/09	National Children's Alliance	\$29,979	Additional nursing hours for medical program
7/1/09	MVOC/GOCCP	\$26,250	Additional mental health services
7/1/09	MVOC/GOCCP	\$26,250	Victim advocacy services
7/1/09	MVOC/GOCCP	\$30,000	Additional nursing hours for medical program
FY09 & FY10	Bank of America	\$25,000	Training of multi-disciplined staff
FY09 & FY10	Target Foundation	\$2,000	General support
FY09 & FY10	Build-A-Bear Foundation	\$1,000	General support
FY10	Fundraiser -5/14/09	TBD	Emergent health care of abused and neglected children
FY09 & FY10	DC Metropolitan Subcontractors Asso.	\$1,272.50	General support
FY09 & FY10	National Capital Optimist Club	\$1363.50	General support

Accomplishments supported through private sector funding are at © 119.

B. Conservation Corps

HHS Committee recommendation: The Committee recommended placing funding to restore personnel reductions to the Conservation Corps program in two separate amounts on the reconciliation list as follows:

- **\$90,790 for a filled Human Service Specialist position**
- **\$46,040 for six Conservation Corps members slots**

The Executive is recommending \$722,330 and 23.3 workyears for the Conservation Corps program in FY10, which is a decrease of \$121,120 (14.4%) and 4 workyears from the FY09 approved budget.

The Executive recommended \$136,830 in program reductions that would eliminate a filled Human Service Specialist Position and reduce six Conservation Corps member slots from 42 to 36 annually. These staffing cuts would result in a reduction of four work years.

The Conservation Corps provides job, GED, and life skills training for out-of-school, at-risk 17 to 24 year old youth. In February, the Conservation Corps received an award for "Excellence in Corps Operations" from the National Corps Network, which distinguishes them as a model program. The program reports that in FY08 50% of its eligible members attained their GED, 92% previously involved in the criminal justice system did not recidivate, and 44% of members completed the program. The program has had a wait list of 33 youth over the last

few months, and with a recent enrollment of 23 new members, continues to have 10 youth waiting for services.

Testimony (©130-132) provided to the Council by the Friends of the Montgomery County Conservation Corps and the Conservation Corps Transition Work Group suggests that the program has been effective in working with court-involved youth. Of the 65% of members who had been court-involved, “almost all completed the six-month program and only 8% had another brush with the law, a rate that is less than half of the recidivism rate for similar youth.”

The Human Service Specialist position works directly with each youth providing counseling, employment skills training, and support in setting and achieving personal goals. The Department targeted this position because its elimination would not result in a reduction to the number of crews in the program.

The Conservation Corps has been actively seeking other sources of funding including:

- Maryland State Highway Authority: Exploring opportunities for work on the ICC, including reforestation and tree maintenance, storm water pond development, and invasive species removal.
- The American Recovery and Reinvestment Act: Working with the Department of Economic Development on two competitive grant proposals for Federal stimulus funds.

The testimony provided by the Montgomery County Conservation Corps Transition Work Group attached at ©130 also includes suggestions for restructuring the program.

Council staff notes that helping this at-risk population gain job and life skills and become productive members of the community would likely produce long term cost savings. The immediate short term savings from these proposed reductions may be more than offset by greater societal costs related to incarceration, gang involvement, crime and other negative impacts.

The Committee requested that the amount recommended by the Executive be broken out in two increments and placed on the reconciliation list as follows: \$90,790 for the Human Service Specialist position and \$46,040 for Conservation Corps member slots. Committee Chair Leventhal noted that advocates have suggested retaining the Human Service Specialist as a priority over member slots, in order to maintain the quality of the program and retain the maximum impact of the program on participants.

Council staff notes that the reduction of \$46,040 would directly impact the availability of services to needy youth and further extend the time required to access services. However, if alternative funding opportunities become available, they are more likely to support increasing the numbers of youth to be served by the program rather than a support staff position.

C. Juvenile Justice Services

HHS Committee recommendations:

- **Place on the reconciliation list \$50,000 for Collaboration Council Wrap-Around Funding to serve four clients.**
- **Place on the reconciliation list \$126,650 for a filled Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA) Program.**
- **Approve all other adjustments for Juvenile Justice Services recommended by the Executive.**

The Executive's budget recommended \$4,844,280 and 16.7 workyears for Juvenile Justice Services in FY10, a net decrease of \$36,780 and 2.0 workyears compared to approved FY09 levels. The adjustments that are being recommended for Juvenile Justice Services include:

Gang Prevention Coordination Assistance Program Grant	\$197,360
Reduce Collaboration Council Wrap-Around Funding	-\$ 50,000
Shift contract outpatient juvenile sex offender services to County clinics	-\$ 54,450
Abolish existing Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA)	-\$126,650

1. Gang Prevention Coordination Assistance Program Grant

The budget includes a Federal Gang Prevention Coordination Assistance Program grant of \$197,360. The funding was appropriated in FY08 and must be spent by September 2009. Grant funding has been used to assist in the coordination of community-based activities that focus on gang prevention and youth violence in three communities: Long Branch, Wheaton/Kennedy Cluster, and Germantown.

Regional Service Center Directors and their staff have convened multiple meetings with youth, residents, community-based organizations and other stakeholders to identify needs, develop strategies and initiate activities. In response to identified needs, the Community-Based Collaboratives have initiated or partnered in sports and other youth oriented activities, a summer food program, and a job fair. See ©126 for a complete list of activities.

The Committee recommended approval.

2. Reduce Collaboration Council Wrap-Around Funding

The Executive recommended a \$50,000 reduction for wrap around services coordinated by the Collaboration Council for approximately four children and youth who are gang involved or at risk of becoming gang involved. The \$50,000 reduction is a continuation of a mid-year FY09 savings of \$32,340. For FY10, CYF will provide \$155,000 for services to 8-10 youth who are gang involved or who are at risk of gang involvement.

Council staff notes there is a corresponding reduction of \$73,000 to the Collaboration Council for wrap around services in Behavioral Health and Crisis Services (BHCS), resulting in 10-15 fewer children to be served. In FY10, \$727,000 has been recommended in the BHCS budget to support these services for an estimated 100 to 110 children. These services target children and adolescents with intensive social, emotional, and behavioral disorders, who do not meet medical necessity criteria for residential treatment center level care.

The Collaboration Council contracts with Maryland Choices for care coordination and wrap around services for children with intensive needs who require individualized, coordinated, and multi-agency support. Services may include individual, group, and family counseling; mentoring; individual support in the child's activities in school and in the community; and positive youth development activities.

The Department reports that students who do not receive this service may be at greater risk for suspension, involvement with the Juvenile Justice System, and out-of-home placement both in and out of the state. Other negative outcomes include hospitalization, truancy, and an increase in special education placements.

The Council received testimony from Montgomery County Federation of Families for Children's Mental Health and the Commission on Children and Youth, who both urged restoration of funding for these services. The Federation of Families reports that Maryland Choices has provided high fidelity wraparound services that have produced positive results. For example, 93% of children served through BHCS moved to or remained in a lesser restrictive residential setting, and 86% participated in school/work or other daily activity at least 80% of the time. For children served through CYF, 70% of the children attended school at least 80% of the time during their enrollment. (See ©135)

The Commission on Children and Youth suggests at ©129 that by reducing funding for wrap around services and SASACA staffing, discussed below, the "County is positioning itself to merely shift costs from prevention and intervention now to pricier crisis care and remediation in the near future." The Collaboration Council reports that a residential treatment center placement costs approximately \$120,000 annually.

Committee members expressed concern about the reductions to wrap around services recommended in the CYF and BHCS budgets. The wrap around services provided by CYF and BHCS are valuable to the children and youth served, as well as their families. Moreover, monies invested in these services appear to be cost effective, i.e., they prevent more costly interventions from being realized.

The Committee recommended that both the \$50,000 in CYF and the \$73,000 in BHCS be put on the reconciliation list.

3. Shift outpatient juvenile sex offender services to County clinics (\$54,450)

The Executive recommended reducing contract funding for treatment services for juvenile sex offenders by \$54,450 and have the services provided by the County's Child and

Adolescent Mental Health Clinic. The Department reports that program utilization has been low, and that clinic staff have the capacity to provide individual, group, and follow up services.

The Committee recommended approval.

4. Abolish existing Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA) (\$126,650)

The Executive recommended the abolishment of a Therapist II position that provides SASCA services for a cost savings of \$126,650. Staff provides screening services and referrals for drug or alcohol treatment and education and mental health assistance as applicable for court-involved and non-court involved children and their parents. Referrals may come from MCPS, HHS, DJS, and directly from families. SASCA recommendations are used by the Police Department in constructing diversion contracts and by the juvenile court in adjudication. For FY10, with the abolishment of the therapist position, there will be four remaining positions that can provide screening services. However, DHHS estimates that 100 to 150 fewer children will be served.

The Department reports that MCPD is aware of the proposed budget reduction for SASCA. The Department expects to continue serving all diversion eligible youth, though there may be a delay in beginning the diversion process. Priority in scheduling will be given to youth who are being diverted, court ordered, suspended from school, and when parents are calling in crisis.

Youth who do not get diverted by the Family Crime Division because they are not eligible, do not respond to police within a given time frame, or refuse diversion are sent to DJS. Reductions in SASCA assessment services resulting from the proposed budget reduction will target self-referrals and DJS referrals. In these cases, SASCA staff will make efforts to offer suggestions about possible community programs when information about youth is available. Delays in scheduled appointments may cause some families to seek other alternatives directly, such as services in the community.

Testimony from the Commission on Children and Youth (© 129) presented to the Council urged restoration of funding for these services.

Council staff notes that the decision to eliminate funding for needed services in the FY10 budget may result in more costly and poorer outcomes for youth. Councilmember Trachtenberg expressed that the services are critical to families in the community and help get children in a treatment environment.

The Committee recommended placing funding for this position on the reconciliation list.

5. Journeys Outpatient Program Update

For FY09, the Council approved increased funding of \$64,760 to make up for a shortfall in grant funding for the Journeys Intensive Outpatient Program. The program is the only Intensive Outpatient Program (minimum of 9 hours of substance abuse treatment a week) that is available for families of adolescents without adequate private insurance.

The program has 25 slots and is expected to serve 50 youth annually. The Department reports that the program is currently treating 22 adolescents with significant drug abuse and delinquency programs. Through March of this fiscal year, the program has treated 64 adolescents and their families. The program has maintained a waiting list since early winter and they currently have 7 adolescents on a waiting list.

The program reports that almost 70% of those who were discharged either graduated or entered a higher level of care residential program.

D. Income Supports

HHS Committee Recommendation: Approve the Executive's recommended budget for Income Supports as submitted.

The Executive is recommending \$15,432,020 and 147.4 workyears for this program, which is a net increase of \$406,580 and 6.7 workyears from FY09 approved levels. The one major increase recommended in this area is \$291,210 for the Emergency Safety Net Program, which would provide for a total of two sites in Gaithersburg and Wheaton.

Council staff also notes that of the 17 vacancies in this program area, there are 9 positions being held for the County RIF process. If employees meet the minimum qualifications for education and experience, they must be placed in the vacant positions. The Department reports that it is managing the workload of the vacancies through existing staff.

E. Child and Adolescent Services

HHS Committee Recommendation: Concur with the Executive on providing funding to the following organizations, moving them from the Community Grant NDA into the HHS base:

- **Latin American Youth Center, Inc.-Support for the Maryland Multicultural Youth Centers** **\$140,000**
- **Asian American LEAD-After school academic enrichment programs to low-income Asian American residents** **\$125,000**
- **Community Bridges, Inc.-Leadership and empowerment programs for immigrant and low income adolescent girls** **\$117,600**
- **Maryland Vietnamese Mutual Association, Inc.-Support for the Vietnamese American Community** **\$70,000**

- **Washington Youth Foundation-After school and mentoring services** **\$70,000**

HHS and Education Committee recommendations: Concur with the Executive on the following reductions related the following Public Private Partnerships:

- **George B. Thomas Learning Academy Saturday School Funding** **(\$100,000)**
- **SHARP Suspension Program Funding** **(\$342,980)**

The Executive is recommending \$3,523,540 and 4.2 workyears for this program, which is a net decrease of \$109,260 (3%) and level workyears compared to FY09 approved levels.

A Contracts Recommended for Inclusion in DHHS Base Budget

The Executive has recommended that five organizations that received funding under the Community Grants NDA in FY09 have their funding moved into the Department's based budget. The organizations and contracts at issues are:

- **Latin American Youth Center, Inc.-Support for the Maryland Multicultural Youth Centers** **\$140,000**
- **Asian American LEAD-After school academic enrichment programs to low-income Asian American residents** **\$125,000**
- **Community Bridges, Inc.-Leadership and empowerment programs for immigrant and low income adolescent girls** **\$117,600**
- **Maryland Vietnamese Mutual Association, Inc.-Support for the Vietnamese American Community** **\$70,000**
- **Washington Youth Foundation-After school and mentoring services** **\$70,000**

The Washington Youth Foundation adjustment consolidates two community grants received by the organization in FY09, one for \$45,000 and the other for \$25,000.

The Committee asked for information on the criteria used by the Executive.

Executive staff has responded that the contracts moved to the base provide services that (1) have been in existence for a long period of time; (2) have been fully integrated into the County's service delivery system, and (3) provide an efficient and productive use of resources.

Executive staff has also noted that placing an appropriation in a department's base budget implies that the service should be ongoing, not that the vendor will be the permanent provider. The Department annually reviews non-competitive contracts to determine if a competitive solicitation should be undertaken for the service. Thus, Executive staff has concluded that including these grantees within the FY10 base budget is in the best interest of the County. Finally, Executives staff has reported that it will conduct a comprehensive review in the future to determine if other grants for services meet the stated criteria.

Executive staff also provided at © 63-64 a list of FY10 Community Grants and the items to be funded in the Department base and the years that these organizations have been included in the Community Grants NDA going back to FY01.

Council staff notes that:

- The length of time on the Community Grants NDA for organizations/ programs recommended to be included in the Department's base ranges from 2 to 7 years (or as much as 5 consecutive years).
- The length of time on the Community Grants NDA for organizations/ programs recommended in the FY10 Community Grants NDA range from 1 to 6 years (or as much as 5 consecutive years).
- A number of the organizations/programs recommended in the FY10 Community Grants NDA have provided services for a longer period than some recommended for inclusion in the base. Moreover, the length of time that some of these programs have been included in the Community Grants NDA would suggest that they also satisfy the criteria of being in existence for a relatively long period of time, being fully integrated into the County's service delivery system, and providing an efficient and productive use of resources.

The Committee recommended approval of the Executive's recommendation to fund these contracts in the DHHS base budget.

Child and Adolescent Services program area delivers a variety of others services through contracts with many different partners in the community as represented in table on the following page.

The full list of contracts administered by CYF is included at © 138-139.

Vendor Name	Competitive	Grantee	Service	Amount
African Immigrant & Refugee Foundation, Inc.		X	Tutoring and mentoring	21,436
African Immigrant & Refugee Foundation, Inc.		X	Mental health and empowerment	40,000
Asian American Lead		X	Tutoring and mentoring	125,000
Big Brothers Big Sisters		X	Mentor Development Center	40,000
Big Brothers Big Sisters		X	Mentoring	40,000
Boys & Girls Clubs of Greater Washington		X	Mini-bus	63,120
Boys & Girls Clubs of Greater Washington		X	Project Learn - Academic	30,000
College Tracks, Inc.		X	Mediation services	35,000
Community Bridges		X	Academic support and mentoring for girls	51,897
Community Bridges		X	HHS workforce development and leadership	200,000
Community Preservation and Development Corp		X	Youth literacy program	45,000
Conflict Resolution Center of Montgomery County		X	Case manager	49,780
Court Appointed Special Advocate		X	Court advocacy for foster care children	108,345
Crittendon Services of Greater Washington		X	Youth development program	50,000
Family Learning Solutions		X	Mentoring	130,000
Family Learning Solutions		X	Academic support and mentoring	54,126
GapBuster Learning Center, Inc.		X	Leaders in Training Suspension Program	105,000
George B. Thomas Learning Academy		X	Saturday School	985,134
George B. Thomas Learning Academy		X	Ruth Rales Reading Tutorial	40,178
GUIDE, Inc.	X		SHARP Street	410,150
Hearts and Homes for Youth		X	Runaway Prevention Program	37,503
Identity, Inc.	X		After school	318,362
Interages, Inc.	X		Ruth Rales Reading Tutorial	40,193
Jewish Social Services Agency		X	Mental Health Consultation	52,484
Junior Achievement of the National Capital Area		X	Work readiness and financial literacy	45,000
Latin American Youth Center		X	Gang Prevention Program	140,000
Latin American Youth Center		X	Safety improvements	60,000
Lt. Joseph P. Kennedy Institute		X	After school care for children w/multiple disabili	69,659
Lt. Joseph P. Kennedy Institute		X	Community Companions Program	109,000
Maryland Vietnamese Mutual Association		X	Educational Programs	70,000
Mental Health Association		X	Bridges to PALS	64,749
Mental Health Association	X		Regional Youth Services	108,430
Montgomery County Public Schools		X	Alternative education	185,000
Montgomery County Community Partnership		X	G -SHARP	47,835
Passion for Learning, Inc.		X	Ruth Rales Reading Tutorial	24,537
Passion for Learning, Inc.		X	Student learning	37,000
Reginald Lourie Center		X	After school supplies & sensory equipment	23,470
Thor Teams, Inc.		X	Tutoring	54,100
University of MD - CHOICES Program	X		Bureau of Rehab	218,870
Washington Youth Foundation		X	Tutoring	46,818
Washington Youth Foundation		X	Mentoring	25,000
Washington Youth Foundation		X	Mentoring	45,000
YMCA of Metropolitan Washington		X	Project HOME	56,854
YMCA of Metropolitan Washington		X	Nob Hill Community Center	42,000

2. Public Private Partnerships

The Executive recommended adjustments to two contracts historically administered by DHHS for public-private partnerships whose primary services are educational in nature: the George B. Thomas Learning Academy Saturday School and SHARP Suspension program. These recommended adjustments were discussed at the joint meeting of the HHS and Education Committees on April 16, 2009.

a. George B. Thomas Learning Academy Saturday School

(\$100,000)

The George B. Thomas Learning Academy (GBTLA) operates a Saturday School for students needing additional instruction and academic support. The Executive recommended funding for the program of \$944,848, about 10% less than FY09.

The organization has operated in Montgomery County for many years, and has received County funding since 2003. The current program is operational at 12 sites and serves approximately 3,670 students. MCPS is the primary source of referrals to the program, and provides substantial in-kind support for the program.

The program reports the following academic outcomes data:

- 25% of students showed improvement of at least one letter grade in reading and math (grades 3 to 8);
- 6.6% of children in grade 1 met the MCPS AP-PR benchmark in the Fall, and 73.3% met the benchmark in the Spring.
- 2.2% of grade 2 students met the MCPS AP-PR benchmark in the Fall, and 52.2% met the benchmark in the Spring.

Increasing revenues

DHHS has discussed with GBTLA increasing the revenues generated by the program by raising participant fees. Currently, the program charges \$20 for 22 weeks of service, and the Department reports that 40% of families participating in GBTLA have incomes over the eligibility levels for the FARMS program.

GBTLA staff reported that the program is serving 600 more students this year than last year and that the organization plans on making up the funding reduction through a combination of changing the fee scale for the program and increasing fundraising efforts. Furthermore, the organization will continue to waive its fees for families that cannot afford to pay them.

The following chart provides a basic analysis that demonstrates how revenue would increase based on fee increases for students whose family incomes are over FARMS eligibility criteria, assuming level attendance of 3,670 students in the program.

	1468 students (40%) x fee increase x 22 sessions
\$1 increase/session	\$32,296
\$3 increase/session	\$96,888
\$5 increase/session	\$161,480

In order to increase revenues by \$100,000, the program could charge approximately \$3 more per session for students whose family incomes are above the FARMS eligibility criteria. This increase would result in tuition of approximately \$88 for the 22 week session. Higher increases would result in higher revenues for the program.

Council staff notes that if fiscal constraints require deeper cuts to the DHHS budget, assuming greater revenue projections for this program could be a method to achieve greater cost savings for the Department.

Other GBTLA County Funding reductions

In FY09 GBTLA was awarded \$158,480 to provide afterschool tutoring services at Paint Branch and Springbrook High School Sports Academy programs, administered by the Department of Recreation. The funding under this contract was reduced by 25% or \$39,620 as part of the FY09 mid year savings plan, and the Recreation Department's recommended FY10 budget extended the savings for a total of \$79,240. GBTLA and the Recreation Department are negotiating what involvement, if any, GBTLA will have in delivering academic services at the two high schools Sports Academies. The reductions were reviewed and recommended for approval by the Planning, Housing, and Economic Development (PHED) Committee on April 14, 2009

The Committee recommended approval of the Executive's recommendation to reduce the funding for the GBTLA Saturday School program by \$100,000.

2. SHARP Street Suspension Program (\$342,980)

For FY10, the Executive is recommending a restructuring of the SHARP Street Suspension program with a corresponding cost savings of \$342,980. The FY10 budget for the program is \$115,000. The proposed FY10 budget is approximately 75% less than FY09 approved budget for the program. DHHS provided update information on the SHARP program at © 124 and © 141-143.

Background

The SHARP program is a collaborative partnership among DHHS, MCPS, the private sector, and the faith community. The program provides a safe place, educational assistance, and other supports for children who have been suspended. Currently, seven sites are housed in local churches and managed by two DHHS contractors. The program uses volunteers to work with students who have been suspended. It is not intended to prevent suspension, but to provide a safe, educational alternative for suspended students.

In 1998, Rev. George E. Hackey, Jr. introduced the program at Sharp Street United Methodist Church as a faith-based community outreach initiative in collaboration with Sherwood High School. Volunteers who were members of the church organized and operated the program. Because of the program's positive results, over the years churches in other communities worked with local MCPS schools to form six more sites: Bethesda, Burtonsville, Gaithersburg, Germantown, Montgomery Village, and Silver Spring.

In 2000, Montgomery County government began funding the program. Funding was placed into the budget of the Department of Health and Human Services (DHHS). As the program grew and funding increased, a nonprofit human services agency, Mental Health Association, was selected through a formal solicitation process to oversee the program at all sites. A new agency, GUIDE, was selected through a competitive process in July 2006. In the fall of 2007, DHHS entered into a contract with Community Partnerships to oversee the

Gaithersburg program. GUIDE continues to support the other six sites. GUIDE has implemented policies related to reporting and programming in an effort to assure consistency and effectiveness of the program.

MCPS Suspension Policy and Program Usage

DHHS reports that MCPS has implemented a new policy limiting the use of out of school suspensions, and there has been a significant reduction in referrals to the program. The students that are being referred generally have much more intensive needs.

The following three chart provide information on (1) the referrals made to the program between FY08 and FY09, (2) the monthly attendance by program site for FY09, and (3) FY09 suspension and referral data.

Comparison of Monthly Referrals in FY08 and FY09

	October	November	December	January	February	Monthly Average
FY08	73	73	83	40	77	69.2
FY09	39	52	61	25	40	43.4
Difference	-34	-21	-22	-15	-37	-25.8

FY09 Monthly Attendance by Site

Sites	Sept	Oct	Nov	Dec	Jan	Feb	Total
Gaithersburg	6	10	7	9	10	10	52
Bethesda	2	8	3	9	0	2	24
Burtonsville	10	10	7	19	11	10	67
Mont. Village	7	5	13	3	1	5	34
Sandy Spring	3	4	7	4	2	5	25
Up-County	5	2	8	8	2	9	34
Silver Spring	Program not yet opened	Program not yet opened	Program not yet opened	0	0	0	0
TOTAL	33	39	45	52	26	41	236

FY09 Suspension and Referral Data

Site	# of MCPS Suspensions	# of students referred	# of students attending	% of students attending from students referred
Gaithersburg	114	65 (57%)	52	80%
Bethesda	153	28 (18%)	24	86%
Burtonsville	208	148 (71%)	67	45%
Montgomery Village	95	40 (42%)	34	85%
Sandy Spring	235	50 (21%)	25	50%
Up County	383	62 (16%)	34	55%
Silver Spring	372	5 (1%)	0	0%
Total	1,560	393 (25%)	236	60%

Council staff makes the following observations related to program data:

- **On average, referrals are down in the program by about 37%.**
- **The average monthly attendance for the six sites with actual attendance was about 7 students, with a low of 2 and a high of 19.**
- **Some sites are functioning at a higher level than other sites. The Silver Spring has experienced implementation challenges during the current fiscal year.**
- **The program served 371 students at this time in FY08, which is 135 fewer students or 36% less than the prior year.**
- **There are significant number of suspended students, 1,325 out of 1,560 (85%), who are not referred to SHARP or do not attend the program when referred.**

Program Outcomes

For the current school year, the program reports the following outcomes:

- 98% of students attending SHARP completed 75% or more of their assignments, and
- 97% of students spent their entire suspension time in the program.

Changes in Program Structure

The new structure would involve eliminating the contracts with GUIDE Program, Inc. and Montgomery County Community Partnership supporting paid site directors. Proposed FY10 funding would support a DHHS program staff person who would provide coordination with churches and schools, help recruit volunteers, and support church volunteers. Funding would also support stipends for lead volunteers who would take on the coordination function at each church site and other operating expenses. Volunteers have always played a critical role in providing tutoring and developing supportive relationships with students. The new structure would place a greater demand on volunteers to deliver SHARP services without the support of a site director but with a lower number of students to serve.

The Department reports that there has been a tension inherent in the program's current structure between the interest to standardize programming supported by significant public resources and the desire of churches to run a more local community-oriented program. **The decreasing service numbers has prompted the Department to recommend program changes for two independent reasons: the needs to find cost savings for the Department and the need to develop a functional structure for the program that is more locally driven and consistent with the program original structure.**

However, the Department has suggested that the change in MCPS suspension policies and the needs of students being suspended will require close monitoring and analysis in the coming year to determine if a volunteer-driven program model can accommodate the increasingly complex needs of students who are receiving out of school suspension.

Provider Concerns

In reaching out to the churches involved in the SHARP program, DHHS reports (©140) that the churches have expressed concern that individual sites may not have sufficient support to operate with the absence of the site director and that the churches would not continue to receive

revenue support for the space provided for the program. The Department reports that the FY10 recommended budget for the program includes funding for space rental at the churches at the same level as FY09.

Roll Out of Changes

In moving forward with the recommended changes to the program, the Department reports that it will need to work with each of the sites to develop a transition plan for the changes in the program. This will include the following activities:

- Identify a Lead Volunteer who will assist in the coordination of the program, as well as working with each of the schools to address concerns and clarify roles;
- Provide additional training for the Lead Volunteer;
- Identification of the new Coordinator for the program;
- Schedule meetings with local advisory group and overarching advisory group to map out changes in the program;
- Develop mechanism to identify and address issues arising from implementation of program changes.

The HHS and Education Committees recommended:

- **Approval of the Executive's recommended reduction of \$342,980 to the SHARP Street Suspension Program and**
- **Scheduling a joint meeting after budget with invitation to the Board of Education to discuss MCPS suspension policies and services needed by students who are suspended.**

After the joint HHS and ED Committees last met Director Ahluwalia and Councilmember Leventhal heard from the providers that the continuation of the program at most of the sites was not viable with the recommended funding. As a result, DHHS is recommending a reallocation of funds and will provide \$40,000 each to the Burtonsville and Gaithersburg sites and \$20,000 each to the Sandy Spring and Montgomery Village sites for direct on-site support and operating expenses. DHHS will not use department staff for program coordination and will absorb contract monitoring costs within their overall FY10 appropriation. Bethesda, Silver Spring (which has not served any students in FY09), and the upcounty would no longer have program sites in FY10 unless they are supported with volunteers. This level of funding is proposed in order to stay within overall funds available to the Department.

F. Service Area Administration

HHS Committee Recommendation: Approve the Executive's recommended budget for Income Supports as submitted.

The Executive is recommending \$371,620 and 2.9 workyears for this program area, which is an increase of \$23,890 and level workyears compared to FY09 approved levels. All increases are classified as miscellaneous changes.

Public Health Services

A summary of base funding for major programs in this service area is attached at © 145-149.

A. Office of Health Partnerships and Health Planning

1. Care for Kids – savings from lapse of vacant position	(\$12,600)
Care for Kids – Spanish Catholic Center contract	(53,600)
Care for Kids – vacant contract Community Services Aide	(65,000)

The Care for Kids program provides health care services to children if their family's income is below 250% of the Federal Poverty Level and they do not qualify for the Maryland Children's Health Insurance Program. It is administered through a contract with the Primary Care Coalition (PCC). The PCC 2008 Annual Report notes that 43% of children enrolled come from families with incomes below 100% of the Federal Poverty Level. For the first time in five years enrollment declined in 2008. In 2008 the number of children enrolled was 3,810 (down from 4,277); however, the number of visits to primary care providers increased from 4,290 to 4,519. Through a variety of partnerships, Care for Kids also provides access to dental service, specialty care, and treatment for chronic medical conditions.

The \$12,600 is savings that would come by requesting the Primary Care Coalition lapse a vacant Client Services Specialist for the first four months of FY10. This is a continuation of the FY09 Savings Plan. The vacancy does increase the time it takes to enroll children in the program.

The Executive is proposing eliminating a stand alone contract with the Spanish Catholic Center that has been in place for several years. The elimination of the \$53,600 contract with the Spanish Catholic Center is not expected to impact services in the Care for Kids program as the Spanish Catholic Center may continue to provide services as subcontractor on the fee-for-service basis that applies to other participants in the program.

HHS Committee Recommendation: concur with Executive.

2. Montgomery Cares – facility grants for clinic expansion	(\$277,300)
Montgomery Cares – clinic start up grants	(100,000)
Montgomery Cares – miscellaneous operating expenses	(130,000)
Montgomery Cares – reduce pharmacy costs	(165,000)
Montgomery Cares – PCC administrative costs	(25,000)
Montgomery Cares – HealthCare for Homeless position	(92,700)
Montgomery Cares – HealthCare for Homeless vacant PAA	(48,320)
Montgomery Cares – contract for Behavioral Health Pilot	(70,000)

The Executive is recommending a reduction of \$908,320 to the Montgomery Cares program for FY10. A majority of the expenditures are used for primary care services, pharmacy

services, dental, and mental health pilot programs, and previously for new facility construction/expansion.

As a part of the FY09 Savings Plan, the Committee agreed to a \$510,000 savings with the understanding that monies would be reallocated to ensure that primary care was provided to all patients seeking services. The Department shared a proposed reallocation and to date there has been no problem with providing reimbursement to the clinics for primary care. The table on the following page shows the FY09 original, FY09 reallocated, and FY10 proposed budgets for Montgomery Cares.

Attached at © 164-170 is data on the trends in patient growth, the number of patient encounters, and the location of patients and clinics in the County. The number of patients has grown substantially and it is expected that Montgomery Cares could have about 22,400 patients by the end of FY09. It should be noted that while the savings plan sharply reduced the funding for new facilities, there is additional capacity in the system in FY09. Montgomery Cares has increased capacity through the addition of clinics: Proyecto Salud opened a satellite facility in Olney in partnership with Montgomery General Hospital and Mobile Med opened a freestanding clinic in Germantown in partnership with Shady Grove Adventist Hospital, and Holy Cross Hospital's Gaithersburg Clinic. Two additional clinics have been awarded funds to expand: Community Clinic, Inc. for a new clinic in Gaithersburg and the Muslim Community Center Medical Clinic for expansion of their existing site. Community Ministries of Rockville has been awarded planning monies for a clinic in Rockville.

In the most recent quarterly report from the Montgomery Cares Advisory Board the Board included the following budget priorities for FY10:

- Maintain all available funding for essential primary care service. This includes payments to the clinics for primary care encounters and medication. The Board expects Montgomery Cares to serve 28,000 patients in FY10, which would require \$6.6 million.
- Provide funding for specialty care at \$660,000. The Advisory Board estimates that because this money is used to leverage private resources the value will be \$2 to \$3 million.
- Maintain funding for ancillary care such as dental, mental health, substance abuse, and eligibility services.
- Continue to allocate dollars to support infrastructure. The Advisory Board says that while this support is critical, they acknowledge that support of direct service is the first priority.

DESCRIPTION	FY09 Approved	Reallocation	CE Rec Reductions shown in budget book	FY10 Budget CE Rec	Total Inc/Dec including Reallocation
Enrollment	19,430	3,070		22,500	3,070
Number of Primary Care Encounters: based on 2.7 encounters per user	52,461	8,289		60,750	8,289
SUPPORT FOR PRIMARY CARE VISITS	3,253,182	513,918	-100,000	3,667,100	413,918
COMMUNITY PHARMACY MEDBANK	1,975,021	276,300	-165,000	2,086,321	111,300
CULTURAL COMPETENCY	97,000	0	-47,000	50,000	-47,000
PILOT PROGRAMS	950,000	0	-70,000	880,000	-70,000
SPECIALTY SERVICES	562,077	51,392	0	613,469	51,392
PROGRAM DEVELOPMENT	344,000	-44,000	-56,000	244,000	-100,000
INFORMATION AND TECHNOLOGY	375,000	0	-27,000	348,000	-27,000
PCC-ADMINISTRATION	524,070	0	0	524,070	0
HHS-ELIGIBILITY DETERMINATION	184,014	0		184,014	0
HHS-ADMINISTRATION	509,313	-45,862	-5,000	458,451	-50,862
NEW FACILITY ESTIMATE	1,502,818	-818,708	-277,300	406,810	-1,096,008
HEALTH CARE FOR THE HOMELESS	793,822	66,960	-161,020	699,762	-94,060
TOTAL MONTGOMERY CARES BUDGET	11,070,317	0	-908,320	10,161,997	-908,321

The Committee considered the following question: While the Executive's recommendation shows substantial reductions in many areas, the question is, **is it sufficient to address the expected growth in patient and patient visits?**

Council staff was very concerned that the FY10 budget is based on 22,500 patients. This is clearly too few patients as this number is likely to be reached or exceeded in FY09. However, the Executive's assumption is that there will be 2.7 encounters per patient or 60,750 in a year. At \$62 per encounter a total of \$3,766,100 would be needed in the primary care visit category and the Executive's budget would be \$100,000 short. However, to date the encounter per patient for FY09 is 1.97. The average for FY07, FY08, and FY09 is 2.1.

The Committee discussed that if one accepted the Advisory Board's recommendation that the budget assume 28,000 patients in FY10 and they had 2.1 patient encounters then funding would be needed for 58,800 primary visits. This amount is \$3,645,600 (at \$62 per visit) or about the amount the Executive has proposed. Therefore, Council staff recommends the Committee agree to the amount of funding for primary care with the understanding that it is not limited to 22,500 patients. The Committee should schedule an update in the fall to review the number of patients and encounters to see if the current trends are holding.

The Executive has also recommended a reduction in pharmacy costs that it expects to realize from referring patients to low cost pharmacy programs available in many stores.

The reduction associated with the Health Care for Homeless position is a continuation of a reduction that is part of the FY09 Savings Plan. The position is no longer needed because the work has been absorbed by a Program Manager in DHHS. This is a continuation of the FY09 Savings Plan.

The Executive is recommending a \$70,000 reduction in the Behavioral Health Care Pilot, which was implemented in three clinics. The Department notes that there has been some difficulty with implementing the model and staff turnover; this has resulted in the full amount not being expended. The Department expects the delivery model to be adjusted and there may be a reduction in some clinic hours, however, there is not expected to be a reduction in the currently delivered level of service. The Primary Care Coalition's 2008 Annual Report says that in 2008, 491 uninsured patients were able to receive care that they were unable to afford or access through the public mental health system. They also note that the goal for FY09 is to improve efficiency and increase the capability of primary care providers to recognize and address behavioral health concerns.

No change is recommended to the Oral Health Pilot. The PCC Annual Report notes that the Spanish Catholic Center served 625 patients (average 2 visits per patient) and the DHHS adult dental services clinic served 251 patients (308 visits) in the three months it was opened. The combined wait list is about 150 people.

The largest reduction from the FY09 original budget to FY10 is the \$1.1 million reduction in facilities development. The question facing the Committee was, given the current budget shortfall, is it appropriate to take a break in funding the development of new facilities? As noted, there is still some new capacity coming into the system and it is possible that some Federal stimulus monies might become available, but it is clear that capacity growth will not occur in FY10 as it did in FY08 and FY09.

HHS Committee Recommendation: The Committee agreed to accept the County Executive's recommended for the allocation for primary care visits and pharmacy with two caveats: (1) the Committee will receive an update on the number of patients and encounters, and people will not be turned away from primary care because of the budget, and (2) the program must continue to provide pharmacy services on site and will not implement a policy that refers patients to private low cost pharmacy programs. The Committee agreed that many Montgomery Cares participants have limited transportation and it is critical that they be able to receive medications at the time.

The Montgomery Cares Advisory Board requested \$660,000 for specialty care. The Executive's allocation provides \$613,470. There is increasing demand for specialty care services. **The HHS Committee recommends an additional \$47,000 be funded to meet the Advisory Board's FY10 request for specialty care services.**

The Committee discussed the Montgomery Cares Behavioral Health pilot program. This pilot program provides mental health services as an integrated part of primary care. It was noted that many of those who are assessed to have mental health treatment needs are suffering from anxiety or depression. Many of those served through the pilot would be unlikely to separately seek mental health services because of stigma or transportation. The Executive's budget reduces

funding for the pilot by \$70,000. The Montgomery Cares Advisory Board recommends no reduction. **The Committee recommends that an additional \$70,000 be funded to restore the behavioral health pilot to the FY09 level. The Committee has requested a briefing on the most recent evaluation of this program.**

Reimbursement for Services:

The Committee asked for background information on the \$62 per encounter rate as some provided have shared that it does not cover their costs for services. DHHS has provided the following:

At the start of FY09, the Montgomery Cares Program changed their method of payment from a "per user" to a "per encounter" basis. Initially, the Department looked at the Medicaid encounter rate, determined to be \$69 per encounter. We then took the available resources for primary care visits and then determined that the rate we could pay would be \$62. Therefore, the \$62 per encounter rate was established by dividing the FY09 budget for clinic-based encounters by the estimated number of encounters projected for that year. Montgomery Cares staff suggested a range of fees based on type of visit (new patient, returning patient, specialty care visit), but the Clinic Directors chose to keep it simple and have a flat rate for all types of patient encounters. This \$62 rate is approximately 80% of the Medicaid rate.

As a policy question, the Committee discussed whether there should be a common co-pay policy for Montgomery Cares patients as there is a common policy for reimbursement. If some patients are able to assist the program through a co-pay this could assist in making sure future funding is available to serve a growing number of patients.

DHHS has provided information that the Federal government does not have a single universal sliding fee scale for federally qualified health care centers. However, Federal guidelines suggest:

Prepare a schedule of fees or payments for the provision of services that is consistent with locally prevailing rates or charges and designed to cover the reasonable costs of operation.

Make all reasonable effort to obtain reimbursement from third party payors — either public (Medicaid, SCHIP, Medicare and any other public assistance program) or private health insurance (for patients who are eligible for coverage). These third party payors should be billed on the basis of the full amount of fees and payments for such services without application of any discount.

Prepare a corresponding schedule of discounts (or sliding fee scale) to be applied to the payment of such fees, in which discounts are adjusted on the basis of the patient's ability to pay. The Schedule of discounts must:

1. Be made available for all individuals and families with an annual income below 200% of the poverty guidelines.
2. Provide for a full (100%) discount for all individuals and families with an annual income below 100 percent of the poverty guidelines.

3. Nominal fees may be collected from individual or families with an annual income at or below 100% of the poverty guidelines when imposition of such fees is consistent with project goals.
4. The health center's governing board must approve the fee schedule and schedule of discounts. The board should review and update the fee and discount schedule on a regular basis.

Community Clinic, Inc. (CCI), recently underwent an extensive effort in revising their sliding scale. As is required by the regulations, their fee scale is consistent with community rates, and has been approved by their board. Base payments on a percentage of the actual cost (schedule of discounts) based on income and family size. For example, a household earning less than 100% of Federal Poverty Level is responsible for a \$10 co-pay on all services. A household earning between 200% and 250% of FPL would pay \$26 for a focused office visit or \$44 for an expanded office visit.

The Committee expects to have further discussion about the current reimbursement rate and had no specific position about whether there should be a co-pay for services. DHHS is working with a contractor to review the governance structure of Montgomery Cares, and the Advisory Board will be involved in reviewing these and other issues.

B. Communicable Disease, Epidemiology, and Lab Services

- | | |
|---------------------------------------------------------|--------------------|
| 1. Abolish Community Health Nurse - Immunization | (\$105,330) |
| Hepatitis B Immunization Action Plan Grant | (161,000) |

Funding for the Hepatitis B Action Plan is expected to be reduced from \$475,500 to \$314,500. The Community Health Nurse position that is proposed to be abolished oversees the immunization program and entries into the State registry. The position is also involved with monitoring the program for children exposed to lead. The Department acknowledges that there will be service impact from this reduction in the Nurse position and the shortfall in funds from the State.

Information on the State's webpage notes that the risk of developing Hepatitis B virus infection is age dependent and the greatest risk is for infants who have a 90% chance of developing chronic infection if infected at birth. The DHMH program calls for testing of pregnant women at an early prenatal visit or at delivery if the status is unknown. There are recommended protocols for the treatment of infants born to positive mothers which includes a series of immunizations.

Hepatitis B is a major concern of the Asian American Health Initiative (AAHI). The AAHI Priorities Report notes that half of the chronic Hepatitis B cases in the United States are in the Asian American community. The AAHI has a Hepatitis B Program to increase awareness and improve access to preventive measures.

HHS Committee Recommendation: Concur with Executive. The Committee is concerned about this reduction. At the April 30th meeting Director Ahluwalia said that she is having conversations with the State to get an increase in funding for the Hepatitis B plan

and is hopeful the State is recognizing that additional resources are needed because of the number of Asian Americans in Montgomery County. The following details were provided to the Committee.

The Hepatitis B – Immunization Action Plan Grant was reduced by DHMH for FY10 by \$161,000 and could not support the current level of staffing. One full time Community Services Aide position was abolished. The loss of this position and the abolishment of the only county-funded Community Health Nurse in the Immunization Program will result in the following service/program reductions:

- Suspension of evening immunization clinics at Dennis Avenue and the Germantown Health Center,
- Suspension of the Adult Immunization clinics held weekly at Dennis Avenue,
- Reduction or elimination of large-scale flu clinics in the fall of 2009,
- Elimination of primary prevention community outreach and education activities targeted to at-risk populations (health fairs, public speaking engagements, collaboration with Latino health promoters).

The program will focus on meeting the grant requirements to include investigation of Vaccine Preventable Diseases (VPD), Community Outreach to private health care providers (record reviews for immunization compliance of 2 yr olds), and private school surveillance of immunization records. These efforts are all directed at improving the immunization compliance of children in the community. The Perinatal Hepatitis B program will continue to target pregnant women and their newborns as required by grant to prevent liver disease and cancer.

The Department Director and our Public Health Officer have been in contact with the Deputy Secretary of the State Department of Health and Mental Hygiene to communicate our grave concerns regarding immunization efforts in our County. Given the recent measles outbreak there is recognition at the State that Montgomery County, with its very diverse foreign born populations, needs a different strategy around immunization. The State has committed to work with us and to potentially target some ARRA competitive grants to address our needs,

C. Community Health Services

The budget document identifies a net addition of \$2,621,940 to this program area that is the transfer of 32.9 workyears from the Aging and Disability’s program for Community and Nursing Home Medical Assistance and Outreach, 4 workyears from System Planning and Management in Behavioral Health and Crisis Services, and a reduction of 3 workyears associated with positions that were reduced under the 2008 (FY09) Retirement Incentive Program.

1. Maryland Kids Count Grant

\$113,500

This is the second year of the Governor’s efforts for Medicaid expansion. The funds will be used to create 3 new term positions to provide screening and determine eligibility for health care programs funded by the State or the County. If the funds are not available, the additional positions will not be added or retained.

HHS Committee Recommendation: Concur with Executive.

2. Abolish Office Services Coordinator (\$93,890)

This position is currently filled and provides support services. The work will be distributed to other employees in the program area.

HHS Committee Recommendation: Concur with Executive.

3. Abolish Community Services Aide III (\$96,790)

This position is currently filled and provides a variety of County-funded health promotion and prevention services including assisting with the car seat program and Safe Kids Coalition. There will be service impacts from the reduction of this position.

HHS Committee Recommendation: Concur with Executive.

D. Dental Services

The budget document notes that the miscellaneous adjustments include the reduction of a Dental Hygienist position that was reduced under the 2008 (FY09) Retirement Incentive Program.

1. Eliminate Denture Services (\$ 40,000)

The current budget includes \$40,000 to provide a maximum of 34 clients in the senior dental program with services to fit and provide a first pair of dentures. The program has been able to serve about 33 clients per year for the past several years. There is currently a wait list for this service. The Department is proposing eliminating this program both for fiscal and operational reasons. The Department feels that this is a specialty service that is difficult to provide. DHHS is only able to fit the first pair of dentures and is unable to make adjustments or provide replacement dentures to clients. There are low cost denture programs at Howard University and the University of Maryland, but they have wait lists and require the client to travel a longer distance. The full senior dental program sees over 700 clients per year for restorative, therapeutic, and emergency care.

HHS Committee Recommendation: Concur with Executive.

2. Decrease enrollment – Maternity Partnership Program (\$140,000)

As noted later in this memo in the section on Women’s Health Services, the Department is projecting reduced enrollment in the Maternity Partnership program based on the current usage of the program. Dental services are available to women in the Maternity Partnership Program.

HHS Committee Recommendation: Concur with Executive.

E. Environmental Health Regulatory Services

1. Abolish vacant Office Services Coordinator (\$ 53,240)

This position has been vacant and is proposed to be abolished for fiscal reasons. The position assisted in processing applications which have now been assigned to other staff.

HHS Committee Recommendation: Concur with Executive. The Committee discussed that last year, it was expected that the Executive would look at increasing fees. The Committee was told that the Executive has declined to do so because he did not want to put further fees on small business during the economic downturn. The Committee asked for a listing of the current fees. Attached at © 180 is a table showing both the current fee and the fee proposed to, but not accepted by, the County Executive.

The Department has noted that they realize any review of fees necessitates a fair distribution of costs to avoid a disproportionate impact on licensees. Licensing and Regulatory has looked at the current fee schedule for Food Service Facilities which has three primary categories for restaurants and markets, based upon the number of seats (restaurants) or square footage of floor area (markets). The Swimming Pool Fee Schedule has one fee amount for all pools and spas. The Department's analysis and proposal is based on the following:

- A new fee category for food establishments which would be introduced in response to the increased size of some restaurants and markets (the Big Box Store phenomenon). As the number of these "mega facilities" has increased the time needed to conduct inspections has also increased. The cost to conduct inspections at these larger facilities should be reflected in the fee schedule.
- A review of the Swimming Pool fee schedule reveals opportunities to revise fees. Separate fees would be introduced for large pools sized at 100,000 gallons or greater, and for wading (baby) pools to reflect the cost of administering and enforcing the pool program for these pools.

F. Health Care and Group Residential Facilities

The Executive is not recommending any changes, other than \$23,290 in miscellaneous adjustments for this program which inspects and licenses nursing homes, domiciliary care facilities (assisted living), adult day care, and group homes.

HHS Committee Recommendation: Concur with Executive.

G. Health Promotion and Prevention

1. Eliminate Traffic Safety Grant (\$265,000)

The Traffic Safety and Education Grant is a regional grant that was awarded to Montgomery County in FY09. The focus of the grant was pedestrian safety and car restraint.

For FY10 the State is awarding the regional grant to Prince George’s County and there should still be some funding available to Montgomery County through the regional effort. Because it is a regional award, it is not yet clear what the service impacts will be.

HHS Committee Recommendation: Concur with Executive.

- 2. Substance Abuse Public Education and Prevention Grant \$279,290**
- Eliminate ATOD High Risk Kids Grant (\$144,580)**

The Alcohol, Tobacco, and Other Drug (ATOD) High Risk Kids Grant which has been a resource for many years (at least back to FY03) is being eliminated in FY10 because the State has decided that it will be folded into the Substance Abuse and Prevention Grant provided to the County through the Alcohol and Drug Abuse Administration.

HHS Committee Recommendation: Concur with Executive.

- 3. Abolish Community Health Nurse (promotion and planning)(\$120,870)**
- Abolish PAA (promotion and prevention) (36,970)**
- Operating expenses reduction (promotion and planning) (13,000)**

The Community Health Nurse position that is recommended for abolishment is a County funded position that focused on injury prevention, especially injury prevention for children. There will be a service impact from the reduction, but it is hoped that the remaining Nurse can take on some of the duties. The responsibilities of the Principal Administrative Aide will be assigned to other staff in the program area. Miscellaneous operating expenses will also be reduced.

HHS Committee Recommendation: Concur with Executive.

- 4. Reduce Under-21 Mini Grants (\$11,360)**
- Reduce contract out-of-school time activities (4,060)**

Under-21 Mini Grants provide up to \$1,500 for Under-21 activities sponsored by community groups. A 30% match is required. In FY08, 41 groups provided Under-21 activities and 36 schools participated in Project Prom. If the reduction is taken, \$45,500 will remain available for grants. It is expected that there would be a reduction of about 10 awards. Council staff is concerned about this reduction as after prom and after graduation activities have been very helpful in reducing a variety of problems that teens can get into on these dates.

A \$4,060 reduction in the DHHS funds provided to the YMCA for the Carroll Avenue/Quebec Terrace Community Center is also included in the budget recommendations. This would leave about \$36,000 in DHHS funding for this effort.

HHS Committee Recommendation: Concur with Executive.

H. Cigarette Restitution Fund Programs

The Executive's March budget assumed that the County would receive \$1,050,900 for the Tobacco Prevention and Education Grant and \$883,450 Cancer Prevention, Education, Screening and Training Grant. In addition, \$1.26 million in Cigarette Restitution Funds have been shifted to the Alcohol and Drug Abuse Block Grant.

The State has reduced the \$1,050,900 for prevention and education efforts by 74% to \$271,000. The Department has provided an impact statement and summary of the plan it expects to submit to the State for approval (© 174-175). Key points are:

- **Personnel reductions** will include the abolishment of a vacant Manager III, a vacant Enforcement Officer that worked in Liquor Control, and a vacant Office Services Manager. One Program Specialist and ½ of a Program Manager will remain in the Department.
- **Operating expense reductions of \$449,340 will eliminate contractual outreach and education** including a contract prevention position in the Montgomery County Public Schools, an 80% reduction in the contractual positions working with the Minority Health Initiatives, and a 30% reduction in counseling through Washington Adventist Hospital.
- **Additional personnel costs will be charged to the Cancer Prevention grant.** This will result in \$108,210 less for contract nurse care management that is funded in the Cancer Prevention Grant.
- Culturally appropriate smoking cessation will be provided through the Minority Health Initiatives, smoking cessation will be provided in a hospital setting at Washington Adventist Hospital. Nicotine replacement therapy will be provided at all cessation programs.

HHS Committee Recommendation: The Committee recommends placing \$30,000 on the reconciliation list for smoking prevention programs for at-risk youth and \$15,000 for the Young Moms anti-smoking program in response to a request from the Council President. These programs were eliminated because of the 74% reduction in Cigarette Restitution Funds from the State.

I. STD/HIV Prevention and Treatment

The budget document notes that the miscellaneous adjustments include the mid-year creation of a grant funded Behavioral Health Associate Counselor.

The monthly management reports indicate that from March 2008 to February 2009, an average of 337 persons were turned away each month due to capacity scheduling with the low being 286 in July 2008 and a high of 362 in February 2009. Last year's 12 month average (from March 2007 to February 2008) was 284 with a low of 216 (July 2007) to a high of 398 (December 2007).

1. Increased Cost for HIV/STD Services	\$ 85,000
Decrease AIDS Diagnostic and Evaluation Grant	(85,280)
Increase Ryan White II Consortia Grant	49,000
Decrease Washington AIDS Partnership Grant	(23,700)

The Ryan White II Consortia Grant provides case management and out-patient services for HIV/AIDS patients and works in coordination with the AIDS Diagnostic Evaluation Unit. The grant revenues provided for the AIDS Diagnostic and Evaluation Unit are expected to decline from \$238,788 (FY08 and FY09 amounts) to \$153,510 in FY10. Some of this reduction is offset by shifting positions to the Ryan White grant. The budget also includes an increase of \$85,000 to maintain a same services level for lab costs.

DHHS notes that while services will remain intact for FY10, a continued shortfall will jeopardize the unique comprehensive nature of these services.

The Washington AIDS Partnership Grant was available in FY09 but is not expected to be available in FY10.

HHS Committee Recommendation: The Committee concurs with the Executive on the changes shown in the budget, but was very concerned that the county is turning away people who are seeking screening and treatment for STD/HIV. The Committee requested additional information on reproductive health services currently provided by the Department and also a plan that would allow the County to phase-in increased capacity in HIV/STD clinic services.

The Department has provided a summary of current reproductive health services at © 176-179. In addition, they have provided the following information on how to begin to increase capacity. Please note that it focuses on providing service in an up-county location.

Proposal to Increase Capacity for STD/HIV Screening and Treatment (From DHHS):

For the past two years, need for STD services has exceeded available Department resources and we have had to turn people away and then call again for a next day appointment. The STD Clinic currently turns away 300 clients per month. We only make appointments 24 hours in advance since we are dealing with acute symptoms and the need for immediate diagnosis and treatment. If clients are not able to be seen within the week, we refer clients to other providers. However, Public Health does not charge for STD services and other providers will.

Given the need, we believe that STD services need to be located in an up-county location. To establish a clinic up county and to eliminate our current practice of turning clients away unserved if appointments are full, it would take several additional staff positions. The Executive did not put forth such a proposal given the ongoing costs involved. However, below is an itemized table of resource needs.

In order to address the waiting list/capacity issue in STD/HIV services, the program would require the addition of the following staff:

STD	
	Personnel Costs
0.5 WY Nurse Practitioner (Grade 25)	\$55,300
1.0 WY Community Health Nurse II (Grade 23)	\$92,620
1.0 WY Community Health Clinic Technician (Grade 15)	\$53,210
1.0 WY Principal Administrative Aide (Grade 13)	\$46,190
	Operating Expense
Infrastructure - Furniture , ongoing phone costs	\$1,680
Other Operating –supplies	\$1,000
Total Cost for STD/HIV Services	\$250,000

The Department would also need to identify space and location up-county (which could add cost). An option may be to partner with providers already serving the up-county area.

The Committee is recommending that this item be funded through the reconciliation list but that it be placed on the reconciliation list in two increments, \$150,000 and \$100,000. The Committee also asked whether service could be increased through a contract rather than with DHHS staff.

The Director believes there is a need for an increase in capacity. While the information provided to the Committee suggested that a new site might be necessary, DHHS believes that if funding is available for additional staff, the services can be provided at Dennis Avenue or 1335 Piccard. DHHS recommends the Department directly provide this service because of the time it would take to enter into a contract, and because many of the community providers charge for the reproductive health exam for people earning more than the Federal poverty level or refer them to the County for services. DHHS also believes that it can begin to address the needs in the upcounty with the addition of a Nurse Practitioner at a cost of about \$100,000 and may be able to find resources within its FY10 appropriation. **The Committee has not met since this additional information was made available and therefore has not had an opportunity to consider any change to their recommendation.**

J. Tuberculosis Services

The Executive is not recommending any changes other than (\$47,260) in miscellaneous adjustments for this program. Council staff notes that the DHHS management data shows that from March 2008 to June 2008 there were an average of 60 people per month awaiting appointments for the treatment of latent TB infections. In July 2008 there was no wait list. For the last seven months the wait list has varied between 32 and 77 patients.

As with STD/HIV Services, the Committee requested information on what would be needed to address the wait list. The Department has provided the following response:

The wait list in TB is for persons needing "prophylactic treatment" i.e. those who have a positive PPD, but a negative chest x-ray. These persons are at risk of developing active TB disease at some point in their lives. The wait listing began in January 2008; currently 536 patients are on the list.

The TB Program has approximately 40,000 patients per year. The program encompasses clinical, case management, Directly Observed Therapy (DOT), surveillance, contact investigations, and Refugee Health.

The Community Health Nurses (8FT, 1PT, 8.5 WYs) in this program are responsible for the administration and interpretation of TB skin tests, providing treatment for latent TB infections, administration of treatment and case management of active TB cases, patient education, HIV counseling and testing to determine co-infection, and nursing support to the Medical Director.

The Community Health Nurse is required to conduct timely Epidemiological contact investigation, tracking and evaluation of known contacts for active TB cases that are at risk of developing active disease. The Community Health Nurse is required to deliver services in multiple locations including home visits, work site, correctional facilities, and other areas to meet the client's needs.

The Executive recognized the urgency of these needs but given additional resources he needed he did not put this request forward. However, in order to eliminate the waiting list with this population, the TB Program would require the following additional staffing:

TB	
	Personnel Costs
.50 WY Community Health Nurse II (Grade 23)	\$49,810
1.0 WY Principal Administrative Aide (Grade 13)	\$46,190
0.5 WY Medical Doctor - IV Physician (H4)	\$125,630
	Operating Expense
Infrastructure - Furniture , ongoing phone costs	\$1,260
Other Operating – supplies, mileage	\$2,500
Total Cost for Tuberculosis Program	\$225,390

Following the April 30th meeting, Director Ahluwalia has shared that this service should be provided directly by DHHS because there are rigid guidelines for treatment, monitoring, and reporting. Because the Department has recently filled positions in this program that had been vacant, DHHS now believes that when this new staff is fully trained and up to speed in handling cases that the waitlist issue will be addressed without additional funding. **The Committee has not met since this additional information was made available and therefore has not had an opportunity to consider any change to their recommendation based on the Department's assessment that the additional funds for TB treatment are not needed.**

K. Women's Health Services

1. Abolish vacant Administrative Specialist (\$ 34,590)

This position was assigned to contract monitoring and support but has been vacant for over one year and the work has been assigned to other personnel. Half the position's cost was assigned to Women's Health and one-half was assigned to Behavioral Health and Crisis Services.

HHS Committee Recommendation: Concur with Executive.

- Planned Parenthood of Metropolitan Washington, D.C., Inc.: \$185,000
- Mary's Center for Maternal and Child Care, Inc.: \$ 33,000

The funding for contractual services comes from a combination of County General Funds for Women's Health and the DHMH Reproductive Health/Family Planning Grant. The Reproductive Health Family Planning Grant, expected to be level funded in FY10, totals \$546,790. In addition to contractual services, the grant also covers personnel, operating and indirect costs for one full time merit Office Services Coordinator and a contractual Program Assistant.

Additional Related DHHS Reproductive Health Services

- Teen Pregnancy Prevention and Parenting programs are coordinated by School Health.
- Northwood School-Based Wellness Center provides well woman exams for Teens.
- STD-HIV Clinic, located at Dennis Avenue Health Center, provides screening and treatment.
- Women's Cancer Control Program provides breast and cervical cancer screening.
- Maternity Partnership Program provides prenatal care through three hospital sponsored prenatal clinics for 2300 women. The Project Deliver Program covers the cost of the delivery of the baby. County dental services are provided for the pregnant women.
- Seven Montgomery Cares clinics provide pelvic exams, Pap tests and breast exams, and five of the clinics provide birth control methods for those who choose them.
- DHHS area health centers provide pregnancy tests and referrals to prenatal programs or Reproductive Health contractors.
- The Improved Pregnancy Outcome Grant Program includes the Fetal and Infant Mortality Review Board and its Community Action Team to identify systemic issues and solutions.
- The SMILE program provides nurse case management for Black/African American pregnant women under the African American Health Program.
- Community Health and School Health nurses case manage pregnant teens, women and infants.
- Public Health staff provides eligibility determination and care coordination for pregnant women with Medical Assistance.
- The Safety Net Project with Family Services will include a Teen and Young Adult Connection reproductive health clinic in Gaithersburg.

HHS Committee Recommendation: Concur with Executive.

4. Eliminate Crenshaw Perinatal Health Grant	(\$46,920)
Reduce CDC Breast and Cervical Cancer Grant	(27,920)
Reduce Cancer Outreach and Case Management Grant	(9,460)

The County received funding for the Crenshaw Perinatal Health Initiative, but no funds are expected in FY10.

The funding provided to the County for breast cancer outreach and case management is expected to be reduced by \$9,460. The total grant available for FY10 is expected to be \$258,720.

A reduction in the grant funds from the Center for Disease Control for breast and cervical cancer services is expected to decline by \$27,920. The total grant available in FY10 is expected to be \$555,160.

HHS Committee Recommendation: Concur with Executive.

L. Public Health Emergency Preparedness and Response

The Executive has recommended no changes, other than \$75,000 in miscellaneous adjustments, to this program area. Total funding for FY10 is recommended to be \$2,052,230 and 11.2 workyears. **Previously the Committee has expressed an interest in understanding what responsibilities/services are mandated and what is discretionary. DHHS has provided the following information.**

Mandated

1) CDC Emergency Preparedness Base Grant:

- All hazard Planning
- Planning/Hazard and vulnerability Analysis
- Epidemiological Surveillance & Investigation
- Emergency Response Communications
- Emergency Public Health Information and Warning
- Responder Health and Safety
- Isolation & Quarantine
- Mass Prophylaxis and Vaccination
- Medical and Public Health Surge
- Citizen Evacuation and Shelter-in-place
- Environmental Health and Food Safety
- Community Recovery
- Planning/Exercise after action reports and implementation

2) Cities Readiness Initiatives Critical Capacities and SNS Functions Grant

- SNS plan development and update
- Command and Control
- SNS asset requesting and controlling SNS inventory
- Management of local SNS functions
- Tactical Communication
- Public Information
- Security Support
- Dispensing oral medications to entire population within 48 hours of the decision to do so
- Treatment Center Coordination
- Train, exercise and evaluate

3) National Association of City and County Health Officials (NACCHO) Grant:

Advance Practice Center for Public Health Preparedness:

- CDC funds through NACCHO, seven Advance Practice Centers (APCs) to advance public health emergency preparedness at the local health department level. This is

accomplished by the development, distribution and marketing of APC tools and resources. This years outcome objectives are as follows:

- Collaborate with several county and community partners to provide consultation and guidance on emergency preparedness issues.
- Collaborate with the Washington Metropolitan Council of Governments (COG), in particular with the regional Cities Readiness Initiative (CRI) plans.
- Collaborate with other APCs to improve the Clinic Planning Model Generator, the Re-Supply Planning Model and eMedCheck.
- Collaborate with other APCs to enhance, improve and/or modify: the Plan to Be Safe Campaign, the Emergency Response Planning for Child Care Providers, the Stay at Home Toolkit, and the Emergency Preparedness Curriculum for Latino Health Promoters.
- Collaborate with other local health departments to receive guidance and input on APC tools and resources.
- Montgomery APC in collaboration with the University of Maryland will continue to enhance the Clinic Planning Model Generator software (web version) and to improve the user interface.
- Montgomery APC in collaboration with the University of Maryland will develop an updated Clinic Re-Supply Planning Model (formally the Logistics Planning computer model) along with a User's Guide.
- Montgomery APC in collaboration with the University of Maryland will enhance and improve eMedCheck (a medial screening software program for PDAs) for PODs.
- Montgomery APC in collaboration with the University of Maryland will develop an on-line report that describes the modeling framework and how computer models can benefit public health emergency planners.
- Montgomery APC will refine, enhance and improve the Plan to Be Safe Campaign Materials.
- Montgomery County will develop a modifiable on-line low-literacy version of the Plan to Be Safe Materials and Stay at Home Tool Kit
- Montgomery APC will refine, enhance and improve the Stay at Home Toolkit for Influenza (currently not an APC product).
- Montgomery APC will refine, enhance and improve the Emergency Response Planning for Child Care Providers.
- Montgomery APC will refine, enhance and improve the Emergency Preparedness Curriculum for Latino Health Promoters.
- Montgomery APC will participate in at least four promotional and communication activities at the local, regional, state, or national level.
- The Montgomery APC will develop a *Montgomery APC Electronic Network*. This network will include members from local health departments, community organizations, APCs, and others to help promote Montgomery APC's tools.

County Funded

Note: Much of what this program implements in the above "mandatory" list spills over to many staff who are not funded under the grants, other programs and other service areas/departments. Also, the regional planning both at the State level and at COG are not grant funded, but require our participation. Listed below are activities that are not mandated under grants, but are still essential activities for Public Health emergency planning and response.

- Regional Planning Efforts through COG
- Participation in State, Regional, and Federal work groups on Public Health Emergency Preparedness

- Advanced epidemiological surveillance in conjunction with Johns Hopkins University Applied Physical Lab and partners
- Special Needs population activities
- Significant administrative grant management activities
- Significant fiscal requirements and audit response capabilities (grants are frequently audited)
- Response to county emergency events such as water main breaks
- Management of Public Health Information Line when emergency events require activation
- County-wide exercise participation
- Emergency Preparedness integration into other county departments, service areas and divisions
- Community Outreach activities on public health emergency preparedness
- Training of county staff on public health emergency preparedness
- Pandemic flu emergency preparedness and plan development and implementation

Comments:

The County provides **no** operating funds for the program. CDC base grant and CRI grant do not provide adequate funding to meet requirements so county positions partially help with meeting the requirements.

HHS Committee Recommendation: Concur with Executive.

M. Service Area Administration

- | | |
|---------------------------------------------------|-------------------|
| 1. Congregational Health Outreach Services | (\$49,190) |
| Health and Wellness Coordinator | |

The Executive is recommending elimination of the contract with Catholic Charities to provide a community outreach and health coordination services as a part of the Wellness Works program.

HHS Committee Recommendation: Concur with Executive.

- | | |
|-----------------------------------------------------------------|-------------------|
| 2. Contract for primary care – Mobile Medical Care, Inc. | (\$88,480) |
| Contract for primary care – Proyecto Salud | (93,850) |

The Department is recommending the elimination of these two contracts, which pre-date the Montgomery Cares program and the current fee-for-service reimbursement. The Department argues that it no longer equitable for these two clinics to receive monies in addition to the fee paid per visit to all the participating clinics.

HHS Committee Recommendation: Place funding for both contracts on the reconciliation list.

Special Needs Housing

A summary of base funding for major programs in this service area is attached at © 182-183.

The Executive is recommending \$21,040,780 for programs administered through the Special Needs Housing section. There is an increase of \$116,990 from the FY09 approved budget.

Special Needs Housing Budget Summary

Program	FY09 Approved Budget	FY10 Rec. Budget	Change in Budget FY09- FY10	
			\$	%
Rental & Energy Assistance Program	\$7,994,390	\$8,320,630	\$326,240	4.1%
Shelter Services	\$5,929,980	\$5,997,900	\$67,920	1.1%
Supportive Housing Services	\$1,811,290	\$1,751,240	-\$60,050	-3.3%
Housing Stabilization Services	\$4,893,310	\$4,722,660	-\$170,650	-3.5%
Service Area Administration	\$294,820	\$248,350	-\$46,470	-1.6%
Total	\$20,923,790	\$21,040,780	\$116,990	0.6%

A. Rental & Energy Assistance Program

For FY10, the Executive is recommending a total of \$8,320,630 and 12.5 workyears for this program area, which is a net decrease of \$326,240 and level workyears compared to FY09 approved levels. Adjustments in this area include:

- 1. Decrease Operating Expenses in the Handicapped Rental Assistance Program (\$60,000)
Decrease Rental Assistance Program and offset with Housing Initiative Fund (\$252,000)**

These two items were reviewed by the PHED and HHS Committees as a part of the Housing First discussion.

2. Energy Assistance and County Energy Rebate (No recommended change)

The Executive has not proposed any specific changes to Office of Home Energy Programs for FY10. Included in the overall amount is a continuation of \$350,000 to fund the local energy rebate to 7,000 households. The local rebate is automatically paid to any household that receives assistance from the Maryland Energy Assistance Program (MEAP). As noted in last year's discussion, since FY04, each household that receives a MEAP grant from the State receives an additional rebate from Montgomery County to offset the cost of increased fuel/energy tax rates levied by Montgomery County beginning July 1, 2003. For FY09, the Council approved increasing the rebate to \$50 because of adjustments made to the energy tax.

The Executive’s budget continues to assume that there will be 7,000 households receiving help from the Maryland Energy Assistance Program who will also automatically receive the local \$50 energy tax rebate. Information provided by the Department (© 184-185) estimates that 8,500 households will receive MEAP and the rebate in FY09, and the Department expects this may increase to 10,000 families in FY10.

HHS Committee Recommendation: Concur with Executive. Requested a mid-year update.

B. Shelter Services

The Executive is recommending \$5,997,900 and 2.8 workyears for this program area, which is a net increase of \$67,920 and level workyears compared to FY09 approved levels. Adjustments in this area include:

Increase Gude Men’s Shelter–Daytime Hours	\$55,560
Increase SuperNofa–Home First III (Samaritan)	\$33,860
Increase SuperNofa – Rapid Rehousing	\$10,290
Bethesda Cares, Inc.–Eviction/utility shut off prevention	\$15,000
Decrease Mental Health Outreach Services to the Homeless	(\$111,860)

1. Increase Gude Men’s Shelter–Daytime Hours \$55,560

For FY09, the Council approved \$200,000, which would be used in coordination with \$30,000 in CDBG funding to expand programming hours at the Gude Men’s Shelter. As noted last year, the Gude Men’s Shelter opened for 24 hours during the week beginning January 1, 2008. Men stay in the shelter during the day to meet with case managers and the vocational counselor who conducts individual and group sessions. Staffing also allows those that are ill to remain during the day. In addition, Mobile Medical Care conducts a weekly health session as well as providing medical care at this site. The grant also funds the Shelter Director who serves a key role in coordinating services at the county’s largest shelter. The Coalition has requested a FY10 Council Grant. A majority of the request is funded through the Executive’s recommended amount; however, there is need for an additional \$54,850 for a case manager.

HHS Committee Recommendation: Concur with Executive.

2. Increase SuperNofa–Home First III (Samaritan)	\$33,860
 Increase SuperNofa – Rapid Rehousing	\$10,290

Each year the County receives additional HUD funding for SuperNofa-Home First projects. This item in the budget shows the marginal change in the County match that is required. County match for projects started in previous years continues. DHHS has provided a table of all existing projects, which is attached at © 7-8. The table notes that the Rapid Rehousing Grant is a three year demonstration project that is not renewable.

HHS Committee Recommendation: Concur with Executive.

3. Bethesda Cares, Inc.–Eviction/utility shut off prevention \$15,000

For FY09, Bethesda Cares will receive \$41,020 in funds that have been in place for several years for providing services to homeless persons in the Bethesda area and \$15,400 as a FY09 Community Grant for providing psychiatric and job counseling services to the homeless. For FY10, the Executive is recommending continuing the approximately \$41,000 that has been in the base budget and adding to the DHHS budget \$15,000 for emergency assistance grant to prevent evictions and utility cut-offs. Bethesda Cares has applied for a FY10 Council Grant for this purpose as well. The application indicates that grants would range from \$100 to \$200 per household and could only be received once per year; 75 to 150 households would be served.

HHS Committee Recommendation: Concur with Executive.

4. Decrease Mental Health Outreach Services to the Homeless (\$111,860)

As the Committee will have discussed during the Housing First discussion, some costs have been shifted from the DHHS budget to the HIF. This item is a reduction to the General Fund portion of the DHHS budget. It is now funded through the HIF, which is a non-tax supported fund in DHCA. There is no impact to services.

HHS Committee Recommendation: Concur with Executive.

C. Supportive Housing Services

The Executive is recommending \$1,751,240 and 9.7 workyears for this program area, which is a decrease of \$60,050 and .5 workyear from FY09 approved levels. The one major adjustment in this area is the elimination of funding for transitional housing through McKinney III.

1. Eliminate Transitional Housing Grant (McKinney III) (\$51,720)

This grant has already been eliminated, but shows as a reduction to the DHHS budget for FY10. There was a position associated with the grant but the person in the position has already been reassigned to another position and this position has been abolished. Other permanent supportive housing programs are continuing to provide services to the population that was once served by this grant.

HHS Committee Recommendation: Concur with Executive.

D. Housing Stabilization Services

The Executive is recommending \$4,722,660 and 29.6 workyears for this program area, which is a net decrease of \$170,650 and .6 workyear from FY09 approved levels.

1. Abolish vacant Manager II Position (S130,280)

While the person who previously held this position performed a significant amount of work, when the employee left the position was abolished and supervision within the Service Area was reorganized.

HHS Committee Recommendation: Concur with Executive.

E. Service Area Administration

The County Executive is recommending \$248,350 and 1.8 workyears, which is a net decrease of \$46,470 and level workyears compared to FY09 approved levels. All adjustments are classified as miscellaneous changes.

HHS Committee Recommendation: Concur with Executive.

Health and Human Services

Program Title	Page #	Program Title	Page #
Aging and Disability Services		Public Health Services	
Community Support Network for People with Disabilities	51-1	Office of Health Partnerships and Health Planning	54-1
Assessment and Continuing Case Mgmt Svcs	51-1	Communicable Disease, Epidemiology, & Lab Services	54-1
Assisted Living Services	51-2	Community Health Services	54-2
Community/Nursing Home Med. Assist. & Outreach	51-2	Dental Services	54-2
In-Home Aide Services	51-2	Environmental Health Regulatory Services	54-2
Information and Assistance	51-2	Health Care and Group Residential Facilities	54-3
Ombudsman Services	51-2	Health Promotion and Prevention	54-3
Respite Care	51-3	Cigarette Restitution Fund Programs	54-3
Senior Community Services	51-3	STD/HIV Prevention and Treatment	54-4
Senior Food Program	51-3	School Health Services	54-4
Service Area Administration	51-4	Tuberculosis Services	54-5
Behavioral Health and Crisis Services		Women's Health Services	54-5
System Planning and Management	52-1	Public Health Emergency Preparedness & Response	54-6
Behavioral Health Specialty Services	52-1	Service Area Administration	54-6
Behavioral Health Community Support Svcs	52-2	Special Needs Housing	
Criminal Justice/Behavioral Health Services	52-2	Rental & Energy Assistance Program	55-1
Outpatient Addiction Services (OAS)	52-3	Shelter Services	55-1
Victims Assistance and Sexual Assault Services	52-3	Supportive Housing Services	55-2
Child and Adolescent Mental Health Services	52-3	Housing Stabilization Services	55-2
24-Hour Crisis Center	52-4	Service Area Administration	55-2
Mental Health Svcs: Seniors & Persons with Disabilities	52-4	Administration and Support	
Partner Abuse Services	52-5	Office of the Director	56-1
Service Area Administration	52-5	Office of the Chief Operating Officer	56-1
Children, Youth, and Family Services		Office of Disparities Reduction	56-2
Child Welfare Services	53-1	Office of Community Affairs	56-2
Conservation Corps	53-1		
Linkages to Learning	53-2		
Juvenile Justice Services	53-2		
Quality Enhancement of Early Childhood Services	53-2		
Parent Support Services	53-3		
Services to Children with Special Needs	53-3		
Child Care Subsidies	53-3		
Income Supports	53-4		
Child and Adolescent Services	53-4		
Service Area Administration	53-5		

Health and Human Services

MISSION STATEMENT

The Department of Health and Human Services assures delivery of a full array of services to address the somatic and behavioral health, economic and housing security and other emergent needs of Montgomery County residents. To achieve this, the Department (directly and/or via a network of community partners) develops and implements policies, procedures, programs and services that: 1) offer customer-focused direct care and supports; 2) maximize financial and staffing resources to deliver services through effective management, coordination and pursuit of strategic funding opportunities; 3) pilot and evaluate innovative approaches to service delivery and systems integration; and 4) develop, enhance, and maintain a broad network of community-based organizations, public, and private agencies to promote and sustain partnerships, which increase the availability of needed services.

BUDGET OVERVIEW

The Department facilitates much of the delivery of direct services through partnerships with private providers. Approximately 80 percent of the Department's General Fund operating expenditures consist of contracts with service providers.

ORGANIZATION

The Department of Health and Human Services provides an array of public health and human services that address the needs of children, families, individuals, and seniors. At its core, the Department's mission, responsibility, and focus are: the provision of public health programs that protect the health of the general public and address the health care needs of specific populations; the administration of protection programs and systems that provide for the safety and well-being of children and vulnerable adults; and the provision of programs and services that meet basic needs including food, shelter, and personal care.

The Department also provides supportive services that include intervention programs, including psychosocial, behavioral and physical health services, early intervention and prevention, and self-sufficiency that assist individuals and families in achieving their maximum level of readiness and self-reliance. These programs and services are designed to assist families to be healthy, safe, and strong.

As a Department that provides services to clients across the lifespan, it is imperative to have a strong focus on integrating practice and supporting a seamless continuum. Clients, both as individuals and as families, have multiple needs and often access multiple services through the Department. Building a "No Wrong Door" approach will provide services to customers in a seamless and integrated way to minimize duplication and improve outcomes.

The Department's FY10 budget reflects the critical resources necessary to implement the core goals identified in the strategic plan and to maintain the broad range of services and programs administered by the Department.

ACCOMPLISHMENTS AND INITIATIVES

To assure healthy and sustainable communities, the FY10 budget provides:

- Funding to increase the number of patients served in the Montgomery Cares Program from 19,430 to 22,500. The program increased the number of patients served by 29% in FY08.
- Enhanced County funding for the meal subsidy program for seniors to provide the same level of service due to cost increases for the meals.
- Additional funding for lab services for sexually transmitted diseases and HIV.
- Continued funding for outreach efforts to the County residents 60 or older. Outreach efforts included the publication of a "Guide to Living and Thriving in Montgomery County", and an event for 235 seniors entitled "Aging in Place: Your Home, Your Community."
- Funding of the Health Care for the Homeless program. During FY08, this program increased the number of Montgomery County homeless seen by Mobile Medical Care's Health Care for the Homeless by 57% from 480 patients to 756 patients.

To assure affordable housing in an inclusive community, the FY10 budget provides:

- Continued funding for the Supportive Housing Rental Assistance Program (SHRAP), a County funded permanent supportive housing program providing deep housing subsidies to special needs renter households.
- Continuation of the Housing First Program. The program began in FY09 as a partnership among the Departments of Health and Human Services, Housing and Community Affairs, the Housing Opportunities Commission, the Cities of Gaithersburg and Rockville, and private sector service providers. The goal of Housing First is to rapidly place homeless individuals and families in permanent housing and reduce the time spent in homeless shelters.

To assure vital living for all of our residents the FY10 budget provides:

- Funding for the Emergency Safety Net Proposal to address the growing needs of residents, in response to the downturn of the economy. Staff will assist county residents with applications and review the required documentation for financial assistance and inform the residents about additional programs available through HHS and the community partners, making referrals as appropriate.
- Additional funding for the Senior Transportation Program due to increased costs.
- Continued funding to provide all day services at the Gude Men's Shelter.
- Continued funding for a Certified Diabetes Nurse Educator to the African American Health Program. This position has enabled the program to provide the needed individualized, one-on-one education and support, as well as referrals and consultation with private providers.
- Continued funding of the Adult Day Care Subsidy Program (ADC) for frail and/or disabled adults, whose family caregivers often are experiencing acute stress and burden. ADC funding allows these individuals to remain safely in the community with maximum independence and safety.
- Continued funding of the Customized Employment Public Intern Project. This project provides part-time employment for 25 people with significant disabilities for up to two years per person. There are 25 interns currently working in County departments, with 15 County divisions participating in the project.
- Continued funding for an occupational therapist (OT) to staff the Better Living at Home program. This program provides detailed home assessments, as well as assistive devices and home modifications to help seniors and disabled adults remain independent in the community.
- Continued funding of the Adult Behavioral Health program. This program added a component to their services in FY08 to provide the full range of outpatient mental health services for low income uninsured clients with serious mental illness needing treatment services while they are residents of the Pre Release Center.
- Enhanced funding for providers of services to the developmentally disabled.
- Continued funding to participate in the State's Medicaid Waiver for long-term care services, which permits the frail elderly to remain independent through the provision of a variety of community based services.
- Continued funding to address health disparities through the African American Health Program, the Asian American Health Initiative and the Latino Health Initiative.

To assure that children are prepared to live and learn, the FY10 budget provides:

- Additional funding to open the New Hampshire Estates School Based Health Center in August 2009. The existing School Based Health/Wellness Center programs offer health, mental health, social services and youth development opportunities to over 3,400 students.
- Full year funding for an early childhood education program in Takoma Park.
- Additional funding from the State Department of Education for the Infants and Toddlers Program. This funding will reinstate services lost in prior years due to budget cuts; will allow for expansion of mental health and family support network services to children and families; and will provide infrastructure support to enable the program to address expanded State and County requests and accountability processes.
- Additional funds to provide school health services at Clarksburg Elementary School.

- Continued funding of the Head Start Program. In FY08, Head Start served 648 young children from low income families with educational, health, nutritional, social, and other services.
- Continued funding of The Child Assessment Center (Treehouse), a part of Child Welfare Services, to provide multidisciplinary assessments for children who have been maltreated. The Treehouse gained national accreditation in FY09 from the National Children's Alliance.
- Continued funding for Linkages to Learning (LTL). In FY08, the program served more than 750 families with Thanksgiving assistance and 2,000 children in the LTL Holiday Exchange Program, a 33% increase over FY07.
- Continued funding to participate in the State's Medicaid Autism Waiver, which allows children with autism to remain in their homes and communities by providing supportive services.

To assure safe streets and secure neighborhoods, the FY10 budget provides:

- Continued funding of the Adult Drug Court Program. Through FY08, 97 individuals have been served in the Adult Drug Court program; 33 of those individuals had successfully completed the program, and 53 were enrolled at the end of the fiscal year. In FY09, the addition of the Substance Abuse and Mental Health Services Administration (SAMHSA) Capacity Expansion Grant, will allow program capacity to be expanded from 60 to 90 and approximately 30 additional offenders will be able to be enrolled in the Adult Drug Court Program.
- Continued funding of the Juvenile Drug Court to provide case management services to adolescents who are under the jurisdiction of the Juvenile Drug Court.
- Continued funding for the Positive Youth Development Initiative.

To provide a responsive and accountable county government, the FY10 budget provides:

- Enhanced funding for contract monitoring.
- One-time only grants for non-profit organizations to help achieve a safe, healthy, and self-sufficient community (See Non-Departmental Accounts - Community Grants).
- Continuation of the Latino Health Initiative's (LHI) Foreign-Trained Nursing Professionals program. This program, in partnership with the Montgomery County Workforce Investment Board, provides financial assistance to participants to cover training expenses including English as a Second Language (ESL) courses, nursing refresher courses, nursing board exam reviews, nursing licensure related fees, and stipends for child care and public transportation expenses.
- Continued efforts to increase grant awards. In FY08, the Department and its partners were awarded 21 grants totaling \$17.6 million in grant dollars to provide additional services to DHHS customers, including \$700,000 in new funding for the department and \$16.9 million in new funding for our partners. Grant awards reflect applications submitted in FY07 and FY08, and received in FY08.
- Continuation of the customer service initiative to improve the intake and screening process resulting in better customer access to a range of services and improved customer satisfaction.
- Continued collaboration between the Linkages to Learning program, the Montgomery Coalition on Adult English Literacy (MCAEL), the MCPS 21st Century Learning Centers grant, and partners from Community Ministries in Rockville to provide adult English as a Second Language services.

PRODUCTIVITY ENHANCEMENTS

Administration and Support

- In FY08, over 1600 DHHS employees completed legally mandated information security training within six weeks using a new computer based training platform. This new system enables the employee to complete the training at their workstation, gives test results immediately and documents training completion. Ongoing compliance with these mandatory trainings can be efficiently monitored using reports from this system.
- In March of 2008, DHHS and the Office of Procurement worked out a procedure to allow inflationary adjustments to be processed concurrently with extensions/renewals. This change resulted in a decrease of approximately 100 contract actions and significantly improved timeliness of inflationary adjustments for our vendors.

- The volunteers of Montgomery County Community Action Agency's Voluntary Income Tax Assistance (VITA) Program contributed 619 hours during the tax season at Progress Place and TESS Community Services Center. The VITA program also served 676 residents who received approximately \$1,000,000 in Federal, State and Earned Income Tax Credit (EITC) credits.

Children, Youth, and Family Services

Child Welfare Services

- The number of children placed in group homes was reduced by 15% during the past year in large part because of a strong focus on family centered practice. Many of the children returned home or were placed with extended family members. The focus on relatives was also evident in the increased number of children placed with kinship providers who were moving toward custody and guardianship of these children.

Child Care Subsidies

- As the result of recommendations made by a stakeholders' workgroup formed in late FY07, the Child Care Subsidy Program was challenged to increase enrollment through improved outreach and program access efforts. In FY08, the program staff continued their outreach efforts by attending thirty events promoting the availability of the subsidy programs. The Program Manager also made twenty visits to partner organizations to strengthen collaborative efforts to increase program enrollments. Finally the program managed a grass roots campaign to go to churches and apartment complexes which serve predominately Latino populations to promote the programs. These efforts resulted in 12.5% increase in the average number of families served and a similar increase in the number of families who are seeking access to the program as measured by the number of applications filled in the program.

Aging & Disability Services

Consumer Directed Care

- Several years ago, the In Home Aide Services implemented a Consumer Directed Care (CDC) initiative that allows consumers to select and hire self-employed personal care individual providers of their own choosing at half of the normal contractor rate. Savings realized enabled the program to serve an additional 31 clients in FY08. In FY09, the program expects approximately 35 additional clients will select CDC with an expected cost savings of approximately \$471,550. These savings will allow the program to serve 60 additional home care clients. In FY10, the program projects that 60 clients will select CDC. This enhancement will continue in future fiscal years.

Improvements to Senior Resource Line (7- 3000)

- In November 2008, the Senior Resource Line's voicemail system was changed to ring to available staff first, so that the welcome message is triggered only when all responders are busy. The result is that 90% of calls are answered by a live person (a 10% improvement), and callers reaching the voicemail now wait less than 20 seconds (compared with between 30 and 40 seconds) which has resulted in fewer callers hanging up as a result of reaching the voicemail. The impact is faster and higher quality service to clients in Aging and Disability Services.

Public Health Services

- The Montgomery Cares Dental program increased patients receiving dental services by 150% in FY08. Dental Clinic services expanded as a result of going from a one day per week clinic to five clinic days per week and the addition of a Dental site in Gaithersburg, co-located with the Mercy Medical clinic.
- The "Integrated Vaccine Surveillance System (IVSS) is a system being tested in local health departments that will let the public report any vaccine side effect from the seasonal flu vaccine. The study will test a system to monitor vaccine side effects with the vision of having such a system in place should a more serious influenza pandemic occur in the future.

Behavioral Health and Crisis Services

- The Victim Assistance and Sexual Assault Program (VASAP)'s Volunteer Component staffs a 24/7, 365 days per year Crisis Outreach to rape and sexual assault victims. For FY08, this corps of volunteers donated a total of 12,082 hours of service providing crisis intervention at hospitals and police stations and linking victims and their loved ones to essential VASA services. This translates to a savings to the County of 5.81 workyears.

Special Needs Housing

- Participants in the Employment Initiative Program operated by Montgomery Works, and students from the Ivy Mount School have contributed an average of fifty (50) hours a week to the Rental and Energy Assistance Programs (RAP/OHEP). These volunteers perform routine administrative tasks, including mass mailings, filing and data entry services for the RAP/OHEP program. The work of these volunteers has allowed case workers to spend more of their time determining eligibility and certifying clients for rental and energy assistance benefits.

In addition, this department's Capital Improvements Program (CIP) requires Current Revenue funding.

LINKAGE TO COUNTY RESULT AREAS

While this program area supports all eight of the County Result Areas, the following are emphasized:

- ❖ **A Responsive, Accountable County Government**
- ❖ **Affordable Housing in an Inclusive Community**
- ❖ **Children Prepared to Live and Learn**
- ❖ **Healthy and Sustainable Neighborhoods**
- ❖ **Vital Living for All of Our Residents**

DEPARTMENT PERFORMANCE MEASURES

This table presents the department's headline measures or submeasures that relate to multiple programs including projections from FY09 through FY11. These estimates reflect funding based on the FY09 savings plan, the FY10 budget, and funding for comparable service levels in FY11.

Measure	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Headline Measures					
Percentage of senior and/or disabled clients who avoid institutional placement after receiving case management services	94	93	94	94	94
Percentage of uninsured individuals that are either enrolled in a medical entitlement program or have had a HHS primary or prenatal care visit	41	42	43	43	44
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen	92	93	93	93	93
New cases of Chlamydia per 100,000 population among County residents (15-24) ¹	713	919	TBD	TBD	TBD
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing	NA	94	94	94	94
Percentage of households that received emergency financial assistance that sought additional assistance within 12 months ²	NA	NA	24	24	24
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 twelve months of assessment ³	99	TBD	98	98	99
Average 12 month earnings gain rate for current and former Temporary Cash Assistance (TCA) recipients that are placed in jobs (%)	51	NA	50	50	50
Average 12 month job retention rate for current and former TCA recipients who are placed in jobs (%)	80	NA	75	75	75
Percentage of family-based child care students who demonstrate "full readiness" upon entering kindergarten	63	66	69	69	69
Percentage of Head Start students who demonstrate "full readiness" upon entering kindergarten ⁴	59	64	67	70	70
Percentage of licensed child care center students who demonstrate "full readiness" upon entering kindergarten	69	76	78	78	78
Percentage of client cases reviewed that demonstrate beneficial impact from services received ⁵	NA	80	90	90	90
Percentage of HHS Information and Referral customers who report satisfaction with the assistance received	NA	91	91	91	91
Percentage of customers identified as needing language assistance who receive linguistically appropriate services ⁶	NA	97	97	97	97
Percentage of client cases needing assistance within three or more Service Areas for which effective team functioning is documented	NA	30	58	50	60
Percentage of new Request for Proposals (RFPs) that include performance measures related to beneficial impact and customer satisfaction ⁷	NA	NA	90	95	100
Percentage of HHS Request for Proposals (RFPs) that are sent to Procurement by established deadlines	NA	84	90	95	100

6

	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of individuals served by the continuum of behavioral health services that demonstrate a higher degree of Social Connectedness and Emotional Wellness ⁸	NA	NA	TBD	TBD	TBD
Multi-Program Measures					
Percentage of client cases needing assistance within three or more Service Areas for which effective team formation is documented	NA	50	67	60	70

¹ Chlamydia data is for the calendar year in which the fiscal year began. This measure represents one of the four age cohort components to this measure.

² Under construction. Baseline numerator data to be established FY09.

³ The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. Loss of a Therapist position in FY10 will result in 100-150 fewer youth being served.

⁴ Full Readiness is defined as consistently demonstrating skills, behaviors, and abilities needed to meet kindergarten expectations successfully. There are three components of this measure.

⁵ Figures shown are based on a qualitative assessment by experienced reviewers of a small sample of HHS cases, and are not representative of HHS as a whole. This measure also has composite quantitative submeasures.

⁶ Measure under construction. Data shown are from a small sample of respondents to annual I&R Customer Satisfaction Survey who self-identified as having needed and received language assistance.

⁷ Beneficial impact will be specific to the program and will focus on risk mitigation, greater independence, and improved health.

⁸ As demonstrated by: Increased/retained employment; increased success in school; increased stability in housing; increased outcomes for those receiving evidence-based practices; or decreased arrest rates.

PROGRAM CONTACTS

Contact Corinne Stevens of the Department of Health and Human Services at 240.777.4521 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this department's operating budget.

BUDGET SUMMARY

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
COUNTY GENERAL FUND					
EXPENDITURES					
Salaries and Wages	92,475,045	81,803,110	78,871,120	79,710,800	-2.6%
Employee Benefits	30,324,921	28,132,120	27,556,850	27,779,390	-1.3%
County General Fund Personnel Costs	122,799,966	109,935,230	106,427,970	107,490,190	-2.2%
Operating Expenses	95,400,082	91,320,900	90,422,810	88,759,560	-2.8%
Capital Outlay	59,028	0	0	0	—
County General Fund Expenditures	218,259,076	201,256,130	196,850,780	196,249,750	-2.5%
PERSONNEL					
Full-Time	1,230	845	845	807	-4.5%
Part-Time	317	299	299	303	1.3%
Workyears	1,406.0	1,155.9	1,155.9	1,129.5	-2.3%
REVENUES					
Purchase of Care - MSDE	6,815,798	6,766,000	7,100,000	7,100,000	4.9%
Health Clinic Fee - Adult Immunizations	51,476	47,000	47,000	47,000	—
STD Clinic Service Fee/Donation	13,908	12,060	12,060	12,060	—
Adult Mental Health Clinic Fee	72,289	78,670	40,850	40,850	-48.1%
Miscellaneous	1,192	0	0	0	—
Marriage Licenses-Battered Spouses	287,172	300,000	300,000	300,000	—
Core Health Services Funding	4,780,024	6,268,420	6,079,800	6,079,800	-3.0%
Medicaid Reimbursement: Child & Adolescent Service	257,353	250,000	250,000	250,000	—
Medicaid Reimbursement: Child Special Services	2,978	0	0	0	—
Medicaid Reimbursement: School Health	61,821	62,000	62,000	62,000	—
FFP: MA Hospital Reimbursement	500,662	473,600	428,080	0	—
STEPS	68,210	60,000	120,000	80,000	33.3%
MA Reimbursement: LTC Waiver AERS	155,065	167,180	167,180	167,180	—
MA Crisis Center: ACT	418,458	240,000	220,000	0	—
Medicaid Reimbursement: Obstetrics	870,902	850,000	850,000	850,000	—
Nursing Home Reimbursement	600,765	267,790	500,000	500,000	86.7%
Medicaid Reimbursement: Behavioral Hlth Case Man.	22,096	50,000	0	0	—
Medicaid Form Distribution	9,524	9,520	9,180	9,180	-3.6%
Health Inspections: Swimming Pools	443,138	440,000	440,000	440,000	—
Medicaid Reimbursement: Outpatient Addictions Svc	33,758	80,000	80,000	80,000	—
Medicaid Reimbursement: TASC Assess. & Urinalysis	168,171	167,000	167,000	167,000	—
Health Inspections: Restaurant	1,427,245	1,400,000	1,400,000	1,400,000	—
Health Inspec: Living Facilities - Environmental	75,675	75,770	75,770	75,770	—
Health Inspections: Living Facilities - Licenses	210,622	179,390	180,690	180,690	0.7%
Federal Financial Participation - Healthy Start	536,202	683,170	0	197,080	-71.2%
Federal Financial Participation (FFP)	13,469,337	11,205,760	13,109,890	12,923,090	15.3%
Health Inspections: Miscellaneous	34,195	32,610	30,030	30,030	-7.9%
FFP - Adult Mental Health	59,079	69,390	36,050	0	—
Medicaid & Medicare Reimb: Mental Health	128,564	110,000	120,000	120,000	9.1%
Social Services State Reimbursement (HB669)	32,037,046	0	0	0	—
MA Long Term Care Waiver	427,256	422,410	422,410	475,870	12.7%
Federal Financial Participation: Public Health	1,208,267	977,230	1,208,000	1,672,130	71.1%
Electronic Amusement Licenses	43,670	45,430	45,430	45,430	—
Conservation Corps Fees	86,996	80,000	80,000	50,000	-37.5%
Child and Adolescent-Outpatient Programs	7,150	3,500	3,500	3,500	—
Birth Search Adoption Fee	335	0	0	0	—
MA Hospital Fees	488,131	637,330	525,620	525,620	-17.5%
In-Home Aide Service Fees	9,622	8,100	8,100	8,100	—
Death Certificate Fees	263,312	275,000	250,000	250,000	-9.1%
Statement of Age Card	416	410	410	410	—
HIV Clinic Service Fees/Donations	14,306	13,600	13,600	13,600	—
Health Clinic Fees School Health Services Center	13,160	16,250	16,250	16,250	—
TB Testing Donations	36,022	32,490	32,490	32,490	—
Health Clinic Fees	2,197	0	0	0	—
Health Clinic Fees - Pregnancy Testing	760	500	4,500	4,500	800.0%
Health Clinic Fees - Dental	40,512	45,980	45,980	45,980	—
Rabies Vaccine Fee	67,827	80,000	80,000	80,000	—
Sexual Assault Victim Counseling	14,168	13,500	13,500	13,500	—
Partner Abuse Program	16,439	18,000	14,000	14,000	-22.2%
Outpatient Addiction Service Fees	9,499	2,000	2,000	2,000	—



	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
Adult Mental Health Fees	7,628	5,230	5,000	5,000	-4.4%
Addictions Services Coordination Fees	20,900	22,000	22,000	22,000	—
Autism Assessment Fee	405,225	422,400	395,800	459,600	8.8
County General Fund Revenues	66,796,523	33,466,690	35,014,170	34,851,710	4.1
GRANT FUND MCG					
EXPENDITURES					
Salaries and Wages	12,762,439	31,611,640	31,689,390	32,532,300	2.9%
Employee Benefits	4,371,239	10,153,410	10,174,280	10,406,360	2.5%
Grant Fund MCG Personnel Costs	17,133,678	41,765,050	41,863,670	42,938,660	2.8%
Operating Expenses	21,776,795	30,491,970	31,935,020	32,336,660	6.0%
Capital Outlay	0	0	0	0	—
Grant Fund MCG Expenditures	38,910,473	72,257,020	73,798,690	75,275,320	4.2%
PERSONNEL					
Full-Time	179	568	568	563	-0.9%
Part-Time	32	49	49	48	-2.0%
Workyears	198.5	453.1	453.1	448.0	-1.1%
REVENUES					
Parent Locator - FFS	0	0	52,000	0	—
Child Assessment: VOCA	16,670	0	0	0	—
Under One Roof	179,956	0	0	0	—
Social Services State Reimbursement (HB669)	0	32,593,410	32,593,410	33,518,630	2.8%
Safe Kids	0	0	12,000	0	—
Addressing Cancer Hlth Disparities - CDBG	33,604	0	0	0	—
HOC For Persons W/ AIDS (HOPWA)	388,252	452,220	452,220	452,220	—
Casey Grant	0	0	0	250,000	—
Gudelsky Foundation Grant	0	0	15,000	15,000	—
Adult Drug Court Capacity Expan	0	0	0	300,000	—
Infants and Toddlers (CLIG Part B 619)	0	0	0	9,000	—
Infants and Toddlers CLIG (Medicaid Revenue)	0	0	0	250,000	—
Disparities Self-Assessment Project	0	0	25,000	0	—
Infants and Toddlers CLIG (Impact Aide)	0	0	0	25,000	—
Administrative Care Coordination (EPSTD)	705,000	705,000	705,000	705,000	—
AIDS Diagnostic and Evaluation Unit	238,788	238,790	238,790	153,510	-35.7%
Alcohol and Drug Abuse Block Grant	3,118,764	3,367,760	3,367,760	4,768,060	41.6%
Area Agency on Aging: III	2,510,739	2,303,180	2,685,000	2,730,270	18.5%
Asthma Management Grant	20,000	20,000	20,000	20,000	—
ATOD High Risk Kids	147,469	144,580	144,580	0	—
Breast Cancer Outreach and Dx. Case Mgt.	268,044	268,180	268,180	258,720	-3.5%
CDC Breast and Cervical Cancer Screening	604,121	583,080	583,080	555,160	-4.8%
Child Care Resource and Referral	462,393	384,000	384,000	448,000	16.7%
Childhood Injury Prevention	3,950	3,000	3,000	3,000	—
Children With Special Care Needs	15,297	80,930	80,930	74,920	-7.4%
Community Mental Health	5,207,827	5,397,100	5,458,540	5,458,540	1.1%
Community Action Agency	451,175	446,790	446,790	446,790	—
Community Services Block Grant: State Funds	4,329	4,330	4,330	4,330	—
Community Supervision Program	143,863	143,870	143,870	143,870	—
Crenshaw Perinatal Initiative	6,434	46,920	46,920	0	—
CRF: Cancer Prevention, Educ., Screen, Training	818,975	883,450	883,450	883,450	—
CRF: Tobacco Prevention and Education	1,032,493	1,100,330	1,100,330	1,050,900	-4.5%
CRF: Addictions Treatment	1,249,683	1,260,000	1,260,000	0	—
DJJ Day Treatment	103,810	103,810	103,810	103,810	—
Domestic Violence Grant	180,408	182,000	182,000	182,000	—
Emergency Shelter & Nutrition: Homeless	269,893	269,900	269,900	269,900	—
Family Planning	276,126	197,600	197,600	546,790	176.7%
Foster Care Court Improvement	3,379	0	0	0	—
Federal Block Grant Homeless	733,217	801,770	791,770	596,790	-25.6%
Geriatric Evaluation	2,852	2,860	2,860	2,860	—
Head Start: DFR and Health	1,031,718	1,100,790	1,100,790	1,100,790	—
Head Start: Extended Year Summer	105,410	128,830	128,830	91,640	-28.9%
Hepatitis B Immunization Action Plan	465,059	475,500	475,500	314,500	-33.9%
HIV Local Prevention Initiative	224,070	230,000	230,000	230,000	—
HIV Positive Women's Health Program	120,786	128,910	128,910	128,910	—
HIV/STD Minority Outreach	220,228	262,210	262,210	262,210	—
Improved Pregnancy Outcome	75,751	139,440	139,440	139,540	0.1%

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
Individual Support Services-Single Point of Entry	833,365	997,120	997,120	960,000	-3.7%
Infants and Toddlers Mead Family Grant	1,400,889	1,145,320	2,083,620	2,083,610	81.9%
Infants and Toddlers State Grant	929,559	911,530	911,530	959,100	5.2%
IT Grant	3,534	3,540	3,540	3,540	—
Judith P Hoyer Module One Enhancement	27,427	30,000	0	0	—
Lead Poisoning Prevention	17,943	15,000	15,000	15,000	—
SR Ombudsman Grant	263,334	263,350	263,350	263,350	—
MA Waiver Admin and Case Management	215,868	215,870	215,870	215,870	—
McKinney III: Public Housing	35,580	51,720	51,720	0	—
McKinney: PATH	110,931	115,590	115,590	115,590	—
MD Children's Health Prog. Outreach & Eligibility	1,211,147	1,240,150	1,353,550	1,353,650	9.2%
Medicaid Fraud and Abuse Education (CAMM)	16,037	16,040	15,630	15,630	-2.6%
Nutrition: Risk Reduction	38,120	49,500	49,500	45,130	-8.8%
Oral Cancer Prevention	14,051	15,000	15,000	15,000	—
Refugee Resettlement: MONA	182,462	179,990	179,990	179,990	—
Ryan White I: Emergency AIDS Services	1,598,006	1,578,610	1,578,610	1,578,610	—
Ryan White II: Consortia Services	744,915	762,010	762,010	811,010	6.4%
State Homeland Security Grant	14,869	0	0	0	—
Senior Care Grant - Gateway II	613,250	620,620	620,620	620,620	—
Senior Group Assisted Housing	339,507	364,040	325,360	325,360	-10.6%
Senior Guardianship Program	43,902	43,910	43,910	43,910	—
Senior Health Insurance Counseling (SHICAP)	53,103	62,380	67,070	66,460	6.5%
Senior Information and Assistance	88,663	88,670	88,670	88,670	—
Senior Outreach Team (SORT)	1,267,437	1,432,300	1,432,300	1,432,300	—
Seniors State Nutrition Program (Meals Grant)	123,960	123,960	123,960	123,960	—
Service Coordination	3,439,462	3,951,520	3,951,520	4,010,800	1.5%
Sexual Assault: Rape Crisis Service	145,000	145,000	145,000	145,000	—
Stop Domestic Violence Now	32,930	27,190	42,050	29,430	8.2%
Substance Abuse Prevention (ADAA-Public Health)	209,679	204,100	204,100	483,390	136.8%
Surplus Food Distribution (TEFAP)	46,820	35,000	35,000	35,000	—
TCA Substance Abuse Assessment	203,048	204,030	204,030	0	—
TB Control: Nursing	331,930	331,930	331,930	331,930	—
Teenage Pregnancy & Parenting	14,671	12,000	27,000	15,000	25.0%
Tobacco Use Prevention & Cessation	10,814	43,000	43,000	0	—
Traffic Safety Education and Prevention	30,329	265,000	265,000	0	—
Victims of Crime: VOCA	362,052	327,520	327,520	327,520	—
Vulnerable Elderly Initiative VEPI	53,627	53,630	53,630	53,630	—
Grow Up Great Head Start	16,908	0	0	0	—
Sexual Assault: Prevention & Awareness	23,000	23,000	23,000	23,000	—
Early Childhood Mental Health	159,875	0	0	0	—
SS Courthouse Victim Assistant Project	2,069	17,300	17,300	0	—
Model Programs Initiative	-10	0	0	0	—
NACCHO Advanced Practice CTR Grant	444,973	450,000	450,000	450,000	—
Emergency Preparedness - PH (CDC)	963,834	895,060	895,060	929,340	3.8%
Washington AIDS Partnership	1,621	23,700	23,700	0	—
Silver Spring Senior Source	-518,000	0	0	0	—
Univ MD Cntr for Health Disp Research	12,000	0	0	0	—
School Based Health Center	283,222	193,750	193,750	193,750	—
Perinatal Disparities Nurse Case Management	2,798	0	0	0	—
Victims of Crime / Children's Service	50,560	0	0	0	—
Gang Prevention Initiative	382,870	0	0	197,360	—
Senior Health Management	39,263	37,750	25,000	0	—
Early Childhood Mental Health Consultant	0	150,000	150,000	150,000	—
Civic Justice Grant	124,038	0	0	0	—
Children of Addicted Parents Prevention	118,641	0	0	0	—
School Aged Children Influenza Prevention	10,000	0	0	0	—
Junvenile Drug Court	50,000	0	0	0	—
Adult Drug Court	72,899	89,780	89,780	89,700	-0.1%
Pre-Trial DV Offenders	55,311	0	0	0	—
Gang Prevention Coordination Assist	8,720	0	0	0	—
Northwood HS - Teen Pregnancy	96,528	0	0	0	—
Komen-PCC Quality Improvement Mini-Grant	599	0	0	0	—
Grant Fund MCG Revenues	38,910,473	72,257,020	73,798,690	75,275,320	4.2%
DEPARTMENT TOTALS					
Total Expenditures	257,169,549	273,513,150	270,649,470	271,525,070	-0.7%

10

	Actual FY08	Budget FY09	Estimated FY09	Recommended FY10	% Chg Bud/Rec
Total Full-Time Positions	1,409	1,413	1,413	1,370	-3.0%
Total Part-Time Positions	349	348	348	351	0.9%
Total Workyears	1,604.5	1,609.0	1,609.0	1,577.5	-2.0%
Total Revenues	105,706,996	105,723,710	108,812,860	110,127,030	4.2%

FY10 RECOMMENDED CHANGES

	Expenditures	WYs
COUNTY GENERAL FUND		
FY09 ORIGINAL APPROPRIATION	201,256,130	1155.9
Changes (with service impacts)		
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact [School Health Services]	353,000	1.9
Add: CentroNia for early childhood education in Takoma Park [Quality Enhancement of Early Childhood Services]	340,000	0.0
Enhance: Additional funding for Developmental Disability (DD) provider supplement [Community Support Network for People with Disabilities]	157,790	0.0
Enhance: Contract monitor support [Office of the Chief Operating Officer]	147,250	1.0
Add: Latin American Youth Center, Inc. - Support for the Maryland Multicultural Youth Centers [Child and Adolescent Services]	140,000	0.0
Add: School Health Services - School Community Health Nurse/School Health Room Aid School Coverage for Clarksburg Elementary School [School Health Services]	125,790	1.6
Add: Asian American LEAD - Provides after school academic enrichment programs to low-income Asian American residents [Child and Adolescent Services]	125,000	0.0
Add: Community Bridges, Inc. - Leadership and empowerment programs for immigrant and low-income adolescent girls [Child and Adolescent Services]	117,600	0.0
Add: Alzheimer's Disease and Related Disorders Association, National Capital Chapter, Inc. - Program for frail seniors, families and caregivers [Senior Community Services]	92,200	0.0
Add: Maryland Vietnamese Mutual Association, Inc. - Support for the Vietnamese American Community [Child and Adolescent Services]	70,000	0.0
Add: Latin American Youth Center, Inc. - Program to maintain safety and security for at-risk youth by gang prevention and intervention with families [Child and Adolescent Services]	60,000	0.0
Add: Mental Health Association, Inc. - Support N*COMMON Multicultural Mental Health Initiative [Child and Adolescent Mental Health Services]	60,000	0.0
Add: Potomac Community Resources, Inc. - Persons with developmental disabilities [Community Support Network for People with Disabilities]	60,000	0.0
Enhance: Contract Monitoring [Office of the Chief Operating Officer]	59,690	0.0
Add: Top Banana Home Delivered Groceries, Inc. - Provides food, protects the health of vulnerable adults [Senior Food Program]	51,740	0.0
Add: Community Grant Contract Monitoring [Office of the Chief Operating Officer]	25,000	0.0
Add: Food and Friends, Inc. - Provides clinical nutrition to residents living with HIV/AIDS, cancer and other life-challenging illnesses [Senior Community Services]	20,000	0.0
Add: Bethesda Cares, Inc. - Program to provide eviction/utility shut off prevention [Shelter Services]	15,000	0.0
Reduce: Contract for out-of-school time activities [Health Promotion and Prevention]	-4,060	0.0
Reduce: Outpatient Addiction Services (OAS) Acudetox Contract [Outpatient Addiction Services (OAS)]	-6,250	0.0
Reduce: Under 21 Mini-Grants Substance Abuse Prevention [Health Promotion and Prevention]	-11,360	0.0
Reduce: Primary Care Coalition - Care For Kids program savings from lapse of a vacant contractual position [Office of Health Partnerships and Health Planning]	-12,600	0.0
Reduce: Contract for Nurse Practitioner for services at the School Based High School Wellness Center at Northwood [School Health Services]	-15,000	0.0
Reduce: Services to 15 Hearing Impaired clients [Mental Health Svcs: Seniors & Persons with Disabilities]	-17,600	0.0
Reduce: Contract Nurse Practitioner hours from 24 to 18 at the Gaithersburg Elementary School (ES) and Summit Hall ES School Based Health Centers [School Health Services]	-26,000	0.0
Reduce: Contract services for parent and child bonding [System Planning and Management]	-28,900	0.0
Reduce: Contract for Family and Caregiver Support Services [Child and Adolescent Mental Health Services]	-30,960	0.0
Reduce: School-based prevention and community-based smoking cessation activities in the Cancer Restitution Fund Program [Cigarette Restitution Fund Programs]	-32,000	0.0
Eliminate: Denture Services for a maximum of 34 Seniors [Dental Services]	-40,000	0.0
Reduce: Eliminate the contract for Congregational Health Outreach Services - Health and Wellness Coordinator [Service Area Administration]	-49,190	0.0
Reduce: Collaboration Council Wrap-Around Funding and serve four (4) fewer clients [Juvenile Justice Services]	-50,000	0.0
Reduce: Abolish a vacant Office Services Coordinator (OSC) Position [Office of the Director]	-53,410	-1.0
Reduce: Miscellaneous operating expenses and outreach activities for the School Based Health/Wellness Centers [School Health Services]	-61,550	0.0

	Expenditures	WYs
Reduce: Contract funding for Level 1 Outpatient Treatment Services and serve approximately 84 fewer clients [Behavioral Health Community Support Svcs]	-70,000	0.0
Reduce: Child and Adolescent Mental Health Service Care Coordination funds and serve approximately 12 to 15 fewer children [Child and Adolescent Mental Health Services]	-73,000	0.0
Reduce: Supported employment services and reduce the total contracts from three to one and replace with Customized Employment [Community Support Network for People with Disabilities]	-80,000	0.0
Reduce: Abolish an existing Community Services Aide III Position [Office of Community Affairs]	-80,470	-1.0
Reduce: Abolish Outpatient Addiction Services (OAS) Vocational Services Program Specialist [Outpatient Addiction Services (OAS)]	-84,360	-1.0
Reduce: Abolish a vacant Social Work IV Position in Child Welfare Services (CWS) [Child Welfare Services]	-93,830	-1.0
Reduce: Abolish a filled Community Services Aide III Position in the Health Promotion & Prevention Program [Community Health Services]	-96,790	-1.0
Reduce: George B. Thomas Learning Academy Saturday School Funding [Child and Adolescent Services]	-100,000	0.0
Reduce: School Health Services coverage of the Extended School Year (ESY) Summer School [School Health Services]	-102,650	0.0
Reduce: Abolish a filled Community Health Nurse II Position in Communicable Disease & Epidemiology -Immunization Program [Communicable Disease, Epidemiology, & Lab Services]	-105,330	-1.0
Reduce: Learning Parties Coordination--Abolish a filled Program Specialist II Position [Quality Enhancement of Early Childhood Services]	-111,820	-1.0
Reduce: Abolish a filled Community Health Nurse II Position in Health Promotion & Planning Program [Health Promotion and Prevention]	-120,870	-1.0
Reduce: Behavioral Health Community Support Services- Therapist in Program Monitoring Unit [Behavioral Health Community Support Svcs]	-124,850	-1.0
Reduce: Abolish an existing Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA) Program; and serve 100 to 150 Fewer Clients [Juvenile Justice Services]	-126,650	-1.0
Reduce: Respite Hours From 164 Per Fiscal Year Per Individual to 139 Hours Per Fiscal Year Per Individual [Respite Care]	-135,000	0.0
Reduce: Conservation Corps--Eliminate a filled Human Service Specialist Position and reduce the number of Conservation Corps member slots from 42 to 36 annually [Conservation Corps]	-136,830	-4.0
Eliminate: The Chore Services Program (services to approximately 48 clients for 4 hours per week) [In-Home Aide Services]	-150,000	0.0
Reduce: SHARP Suspension Program Funding [Child and Adolescent Services]	-342,980	0.0
Other Adjustments (with no service impacts)		
Increase Cost: Service Increment	666,410	0.0
Restore: Additional Appropriation Needed Due to HB669 Transfer Issue in FY09	630,000	0.0
Increase Cost: Annualization of FY09 Personnel Costs	510,250	0.0
Increase Cost: Retirement Adjustment	381,350	0.0
Increase Cost: Emergency Safety Net Program for two sites in Gaithersburg and Wheaton [Income Supports]	291,210	7.1
Increase Cost: Group Insurance Adjustment	159,040	0.0
Increase Cost: Program Transportation [Senior Community Services]	154,010	0.0
Increase Cost: Senior Nutrition Meals - Increased Cost [Senior Food Program]	134,000	0.0
Technical Adj: Group Adjustment	117,000	0.0
Increase Cost: Maternity Partnership Program [Women's Health Services]	89,250	0.0
Increase Cost: STD/HIV Services [STD/HIV Prevention and Treatment]	85,000	0.0
Increase Cost: Washington Youth Foundation [Child and Adolescent Services]	70,000	0.0
Increase Cost: Gude Men's Shelter - Daytime Hours [Shelter Services]	55,560	0.0
Replace: Grant funding with general fund support in Senior Program Services for portions of five positions.	48,950	0.5
Increase Cost: SuperNofa - Home First III (Samaritan) [Shelter Services]	33,860	0.0
Increase Cost: Printing and Mail Adjustments	30,470	0.0
Replace: Grant Funds with general fund support to cover a grant shortfall in SORT- Senior Mental Health and preserve services for 35 clients [Mental Health Svcs: Seniors & Persons with Disabilities]	25,430	0.0
Increase Cost: Motor Pool Rate Adjustment	24,190	0.0
Increase Cost: Annualization of FY09 Lapsed Positions	21,540	0.4
Increase Cost: FY09 Midyear Miscellaneous Personnel Changes	18,700	1.0
Increase Cost: Conservation Corps Lease Cost [Office of the Director]	15,600	0.0
Replace: Grant funding with general fund support for the Police Safety Grant (F64038) [Office of Disparities Reduction]	14,290	0.1
Increase Cost: SuperNofa - Rapid Rehousing [Shelter Services]	10,290	0.0
Increase Cost: Risk Management Adjustment	9,930	0.0
Increase Cost: Victims Compensation Fund Match [Victims Assistance and Sexual Assault Services]	7,990	0.0
Increase Cost: Annualization of FY09 Operating Expenses	1,250	0.0
Decrease Cost: Adult English for Speakers of Other Languages (ESOL) classes [Office of Community Affairs]	-3,070	0.0
Decrease Cost: Contract for the Latino Youth Wellness Program (Latino Health Initiative) [Office of Disparities Reduction]	-5,000	0.0
Decrease Cost: Latino Health Initiative - System Navigator and Interpreter Program [Office of Disparities Reduction]	-5,000	0.0
Decrease Cost: Occupational Medical Services Adjustment	-5,450	0.0

	Expenditures	WYs
Decrease Cost: Advertising expenses in BHCS Chief's budget [Service Area Administration]	-6,000	0.0
Decrease Cost: Lab Services based on historical spending [System Planning and Management]	-6,000	0.0
Decrease Cost: Consumer Affairs Fund [System Planning and Management]	-8,000	0.0
Decrease Cost: "Ama Tu Vida" Media Campaign in the Latino Health Program [Office of Disparities Reduction]	-10,000	0.0
Decrease Cost: Case Management and support groups services contract [Office of Community Affairs]	-10,000	0.0
Decrease Cost: Eliminate contract for Tuition Assistance [Community Support Network for People with Disabilities]	-10,000	0.0
Decrease Cost: Foreign trained health professionals in Latino Health Initiative to grant [Office of Disparities Reduction]	-10,000	0.0
Decrease Cost: Silver Spring Team for Children & Families Contract [Office of Community Affairs]	-10,000	0.0
Decrease Cost: Temporary Services Budget in Behavior Health and Crisis Services [Service Area Administration]	-10,000	0.0
Decrease Cost: Professional purchase of service funds in the Asian American Health Initiative [Office of Disparities Reduction]	-10,500	0.0
Decrease Cost: Child and Adolescent Mental Health Care Coordination Operating Budget [Child and Adolescent Mental Health Services]	-10,810	0.0
Decrease Cost: Training in Systems Planning and Management [System Planning and Management]	-11,540	0.0
Decrease Cost: Operating expenses for temporary, interpreter and translation services in Health Planning & Promotion program [Health Promotion and Prevention]	-13,000	0.0
Decrease Cost: Latino Health Initiative - Career Transition Center Contract [Office of Disparities Reduction]	-13,100	0.0
Decrease Cost: Operating Expenses for the African American Health Program [Office of Disparities Reduction]	-14,290	0.0
Decrease Cost: Facility Maintenance Funds in Addiction Shelters [Behavioral Health Community Support Svcs]	-15,000	0.0
Decrease Cost: Professional purchase of service funds for planning accountability and customer service [Office of the Director]	-15,000	0.0
Decrease Cost: General Fund Operating Expenses for Asian American Health Initiative [Office of Disparities Reduction]	-16,270	0.0
Decrease Cost: Central Duplicating Deficit Recovery	-18,390	0.0
Decrease Cost: Operating budget for supplies [24-Hour Crisis Center]	-19,890	0.0
Decrease Cost: Level III Addiction Treatment Services Contract [Behavioral Health Community Support Svcs]	-20,000	0.0
Decrease Cost: Miscellaneous Operating Expenses (HIPAA/ADA Compliance) [Office of the Chief Operating Officer]	-20,000	0.0
Decrease Cost: Professional purchase of service funds for the African American Health Program [Office of Disparities Reduction]	-22,080	0.0
Decrease Cost: Leadership training program [Office of Community Affairs]	-22,980	0.0
Decrease Cost: Eliminate training incentives for New Child Care Providers [Quality Enhancement of Early Childhood Services]	-25,000	0.0
Decrease Cost: Linkages to Learning New Site Start-Up Funding [Linkages to Learning]	-25,000	0.0
Decrease Cost: Montgomery Cares - Primary Care Coalition contract administrative costs [Office of Health Partnerships and Health Planning]	-25,000	0.0
Decrease Cost: Unencumbered professional services funds [Office of the Director]	-25,000	0.0
Decrease Cost: Dedicate savings from eliminated contract (Affiliated Sante) to cover the grant shortfall in SORT-Sr. Mental Health [Mental Health Svcs: Seniors & Persons with Disabilities]	-25,430	0.0
Decrease Cost: Broker Contract Services [Office of the Chief Operating Officer]	-28,640	0.0
Decrease Cost: Abolish a vacant Administrative Aide Position in Contract Management Team [Office of the Chief Operating Officer]	-28,650	-0.5
Decrease Cost: Abolish a vacant Office Clerk Position in Contract Management Team [Office of the Chief Operating Officer]	-29,280	-0.5
Decrease Cost: Unencumbered professional services funds for African American Health Initiative [Office of Disparities Reduction]	-33,520	0.0
Decrease Cost: Abolish vacant Administrative Specialist II Position - Public Health Services (1/2 of position is in PH) [Women's Health Services]	-34,590	-0.5
Decrease Cost: Abolish vacant Administrative Specialist II Position -Behavioral Health & Crisis Services (1/2 of position is in BHCS) [System Planning and Management]	-34,590	-0.5
Decrease Cost: Residential Supplement based on historical spending [System Planning and Management]	-35,000	0.0
Decrease Cost: General Fund Operating Expenses for Latino Health Initiative [Office of Disparities Reduction]	-36,450	0.0
Decrease Cost: Abolish a filled Principal Administrative Aide Position in the Health Promotion & Prevention Program [Health Promotion and Prevention]	-36,970	-0.5
Decrease Cost: Pharmacy Assistance Services [System Planning and Management]	-40,000	0.0
Decrease Cost: Transitional Housing Services for Mentally Ill Offenders as the program was not operational [Criminal Justice/Behavioral Health Services]	-40,000	0.0
Decrease Cost: Information Technology (IT) equipment [Office of the Chief Operating Officer]	-45,000	0.0
Decrease Cost: Montgomery Cares - Abolish a Vacant Principal Administrative Aide Position in Health Care for Homeless Services [Office of Health Partnerships and Health Planning]	-48,320	-1.0
Shift: Respite Care expenses to available grant funding [Respite Care]	-48,950	0.0
Decrease Cost: Assisted Living Services subsidy based on historic actuals (Senior Group Assisted Housing Subsidy) [Assisted Living Services]	-50,000	0.0

	Expenditures	WYs
Decrease Cost: Linkages to Learning Contractor Vacancies [Linkages to Learning]	-50,000	0.0
Decrease Cost: Early Childhood Services--Abolish a vacant Part-Time Therapist II Position [Quality Enhancement of Early Childhood Services]	-51,150	-0.5
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Environmental Health Regulatory Services [Environmental Health Regulatory Services]	-53,240	-1.0
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Income Supports and Child Care Subsidy Programs [Child Care Subsidies]	-53,410	-1.0
Decrease Cost: Spanish Catholic Center contract for Care For Kids services [Office of Health Partnerships and Health Planning]	-53,600	0.0
Decrease Cost: Shift contract Outpatient juvenile sex offender services to County clinics [Juvenile Justice Services]	-54,450	0.0
Decrease Cost: Abolish a vacant Administrative Specialist I Position in Support Services [Office of the Chief Operating Officer]	-57,010	-1.0
Decrease Cost: Operating Expenses in the Handicapped Rental Assistance Program [Rental & Energy Assistance Program]	-60,000	0.0
Decrease Cost: Abolish a vacant Program Specialist II Position [Community Support Network for People with Disabilities]	-64,600	-1.0
Decrease Cost: Care For Kids - Abolish vacant contractual Community Services Aide Position [Office of Health Partnerships and Health Planning]	-65,000	0.0
Decrease Cost: English for Speakers of Other Languages (ESOL) utilities and rent no longer needed [Office of Community Affairs]	-65,520	0.0
Shift: Funding for a vacant Program Manager II Position, from General Funds to Grant Funds [Office of the Director]	-66,060	-0.5
Decrease Cost: Montgomery Cares - contract for Behavioral Health Pilot [Office of Health Partnerships and Health Planning]	-70,000	0.0
Decrease Cost: Broker Contract Services [Office of the Chief Operating Officer]	-72,710	0.0
Decrease Cost: Contract for Mental Health Services for Persons with Developmental Disabilities and/or Mental Retardation based on historic actuals [Mental Health Svcs: Seniors & Persons with Disabilities]	-76,500	0.0
Decrease Cost: Temporary Office Clerical Funding in the Office of the Director [Office of the Director]	-84,780	0.0
Decrease Cost: Mobile Medical Care, Inc. contract for primary care services for uninsured adults [Service Area Administration]	-88,480	0.0
Decrease Cost: Montgomery Cares - Health Care for the Homeless contractual position [Office of Health Partnerships and Health Planning]	-92,700	0.0
Decrease Cost: Proyecto Salud contract for primary care for uninsured adults [Service Area Administration]	-93,850	0.0
Decrease Cost: Abolish a filled Office Services Coordinator Position in Community Health Services - administrative and interpretive support [Community Health Services]	-93,890	-1.0
Decrease Cost: Montgomery Cares - Clinic start up funds no longer needed due to encounter based payment [Office of Health Partnerships and Health Planning]	-100,000	0.0
Decrease Cost: Abolish a vacant Supervisory Therapist Position in the Abused Persons Program (APP) [Partner Abuse Services]	-100,770	-1.0
Decrease Cost: Abolish a filled Program Specialist II Position at the Access to Behavioral Health Program (ABHS) [Behavioral Health Specialty Services]	-105,740	-1.0
Decrease Cost: Mental Health Outreach Services to the Homeless [Shelter Services]	-111,860	0.0
Decrease Cost: Abolish a vacant Manager III Position in Fiscal Team [Office of the Chief Operating Officer]	-115,280	-1.0
Decrease Cost: Abolish Program Manager II Position [Office of the Director]	-123,580	-1.0
Decrease Cost: Montgomery Cares - Miscellaneous operating expenses [Office of Health Partnerships and Health Planning]	-130,000	0.0
Decrease Cost: Abolish a vacant Manager II Position in Housing Stabilization Services [Housing Stabilization Services]	-130,280	-1.0
Decrease Cost: Contractual dental services for the Maternity Dental Program based on 250 decreased enrollment projections [Dental Services]	-140,000	0.0
Decrease Cost: Montgomery Cares - Pharmacy costs and refer patients to low cost retail pharmacy program [Office of Health Partnerships and Health Planning]	-165,000	0.0
Decrease Cost: Miscellaneous Information Technology (IT) expenses [Office of the Chief Operating Officer]	-175,000	0.0
Decrease Cost: Rental Assistance Program (RAP) and offset with Housing Initiative Fund (HIF) [Rental & Energy Assistance Program]	-252,920	0.0
Decrease Cost: Montgomery Cares - Facility grants for clinic expansion [Office of Health Partnerships and Health Planning]	-277,300	0.0
Decrease Cost: Elimination of One-Time Items Approved in FY09	-434,830	0.0
Decrease Cost: Projected Client Enrollment in Maternity Partnership from 2,550 to 2,286; decrease County Contribution per patient and increase Client's co-pay from \$350 to \$450; and change inflationary adjustment from 4% to 2% [Women's Health Services]	-512,290	0.0
Decrease Cost: Project Deliver based on historic actuals [Women's Health Services]	-660,000	0.0
Shift: Crisis Center - Assertive Community Treatment (ACT) Team [24-Hour Crisis Center]	-899,800	-5.5
Decrease Cost: Retirement Incentive Program (RIP) Savings	-1,219,340	-6.0
FY10 RECOMMENDED:	196,249,750	1129.5

GRANT FUND MCG**FY09 ORIGINAL APPROPRIATION****72,257,020****453.1****Changes (with service impacts)**

Enhance: Infants & Toddlers Program Grant-Thornton [Services to Children with Special Needs]	938,290	0.0
Add: Montgomery County Adult Drug Court Capacity [Outpatient Addiction Services (OAS)]	300,000	0.0
Enhance: Substance Abuse Public Education & Prevention Grant [Health Promotion and Prevention]	279,290	0.0
Add: Casey Grant Funds [Office of the Director]	250,000	0.5
Add: Infants and Toddlers Consolidated Loan Implementation Grant (CLIG) (Medicaid Revenue) [Services to Children with Special Needs]	250,000	0.0
Add: Gang Prevention Coordination Assistance Program Grant [Juvenile Justice Services]	197,360	0.0
Enhance: PWC/Maryland Kids Count Grant [Community Health Services]	113,500	3.0
Add: HB669	99,120	0.0
Enhance: Child Care Resource and Referral Grant [Quality Enhancement of Early Childhood Services]	64,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Impact Aide) [Services to Children with Special Needs]	25,000	0.0
Add: Gudelsky Foundation [Partner Abuse Services]	15,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Part B 619) [Services to Children with Special Needs]	9,000	0.0
Enhance: Teen Pregnancy Prevention Grant [School Health Services]	3,000	0.0
Add: Benefits adjustment	10	0.0
Reduce: Cancer Outreach & Case Management Grant [Women's Health Services]	-9,460	-1.3
Eliminate: Silver Spring Courthouse Victim Assistance [Victims Assistance and Sexual Assault Services]	-17,300	-0.7
Eliminate: Washington AIDS Partnership Grant [STD/HIV Prevention and Treatment]	-23,700	0.0
Reduce: Center for Disease Control (CDC) - Breast & Cervical Cancer Grant [Women's Health Services]	-27,920	0.5
Eliminate: Judith P. Hoyer Enhancement Grant Module I [Quality Enhancement of Early Childhood Services]	-30,000	0.0
Eliminate: Senior Health Self Management Grant [Senior Community Services]	-37,750	0.0
Reduce: Group Senior Assisted Housing Grant [Assisted Living Services]	-38,680	0.0
Eliminate: Crenshaw Perinatal Health Grant [Women's Health Services]	-46,920	0.0
Reduce: Tobacco Prevention & Education Grant [Cigarette Restitution Fund Programs]	-49,430	2.3
Eliminate: Transitional Housing (McKinney III) [Supportive Housing Services]	-51,720	-0.5
Eliminate: Alcohol, Tobacco, and Other Drugs High Risk Kids Grant [Health Promotion and Prevention]	-144,580	0.0
Reduce: Hepatitis B - Immunization Action Plan Grant [Communicable Disease, Epidemiology, & Lab Services]	-161,000	-1.0
Eliminate: Traffic Safety Grant [Health Promotion and Prevention]	-265,000	-1.4

Other Adjustments (with no service impacts)

Increase Cost: Alcohol and Drug Abuse Administration (ADAA) Block Grant [Behavioral Health Community Support Svcs]	1,400,300	2.9
Increase Cost: HB669 Grant	826,100	-1.0
Increase Cost: Older Americans Act [Senior Food Program]	427,080	1.2
Increase Cost: Reproductive Health & Family Planning Grant [Women's Health Services]	349,190	0.0
Technical Adj: Miscellaneous Grant Adjustments	192,680	0.9
Increase Cost: Ryan White II - Consortia Grant [STD/HIV Prevention and Treatment]	49,000	0.7
Decrease Cost: Administrative Care Coordination Grant [Community Health Services]	0	-0.8
Decrease Cost: Cigarette Restitution Funds Grant [Cigarette Restitution Fund Programs]	0	-2.8
Decrease Cost: Retirement Incentive Program (RIP) Savings	0	-2.5
Shift: Federal Head Start Grant [Office of Community Affairs]	0	-0.5
Shift: Senior Outreach (SORT) [Mental Health Svcs: Seniors & Persons with Disabilities]	0	-1.0
Decrease Cost: Motor Pool Rate Adjustment	-10	0.0
Decrease Cost: State Head Start Supplemental Grant [Office of Community Affairs]	-37,180	0.2
Decrease Cost: Medicaid Waiver for Older Adults Grant [Senior Community Services]	-74,680	0.0
Decrease Cost: AIDS Diagnostic & Evaluation Grant [STD/HIV Prevention and Treatment]	-85,280	-0.9
Shift: Temporary Cash Assistance Substance Abuse [Behavioral Health Community Support Svcs]	-204,030	-2.2
Decrease Cost: Federal Block Grant [System Planning and Management]	-204,980	0.0
Shift: CRF for Addictions Treatment [Behavioral Health Community Support Svcs]	-1,260,000	-0.7

FY10 RECOMMENDED:**75,275,320****448.0**

FUNCTION SUMMARY

Program Name	FY09 Approved		FY10 Recommended	
	Expenditures	WYs	Expenditures	WYs
Aging and Disability Services	40,388,680	198.2	38,689,900	163.9
Behavioral Health and Crisis Services	41,736,410	226.6	40,010,250	209.4
Children, Youth, and Family Services	68,657,090	461.1	69,939,280	457.1
Public Health Services	72,970,220	536.9	72,684,180	565.9
Special Needs Housing	20,923,790	57.5	21,040,780	56.4
Administration and Support	28,836,960	128.7	29,160,680	124.8
Total	273,513,150	1609.0	271,525,070	1577.5

CHARGES TO OTHER DEPARTMENTS

Charged Department	Charged Fund	FY09		FY10	
		Total\$	WYs	Total\$	WYs
COUNTY GENERAL FUND					
Intergovernmental Relations	County General Fund	60,000	0.4	60,000	0.4
Sheriff	Grant Fund MCG	49,050	1.0	0	0.0
Total		109,050	1.4	60,000	0.4

FUTURE FISCAL IMPACTS

Title	CE REC.		(\$000's)			
	FY10	FY11	FY12	FY13	FY14	FY15
This table is intended to present significant future fiscal impacts of the department's programs.						
COUNTY GENERAL FUND						
Expenditures						
FY10 Recommended	196,250	196,250	196,250	196,250	196,250	196,250
No inflation or compensation change is included in outyear projections.						
Annualization of Positions Recommended in FY10	0	11	11	11	11	11
New positions in the FY10 budget are generally lapsed due to the time it takes a position to be created and filled. Therefore, the amounts above reflect annualization of these positions in the outyears.						
Elimination of One-Time Items Recommended in FY10	0	-14	-14	-14	-14	-14
Items recommended for one-time funding in FY10, including infrastructure cost for Clarksburg ES and Victims Compensation (VC) match, will be eliminated from the base in the outyears. The VC match is recalculated each fiscal year.						
Labor Contracts	0	328	328	328	328	328
These figures represent the estimated cost of service increments and associated benefits.						
High School Wellness Center - Operating Budget Impact (CIP)	0	0	625	687	1,375	1,375
School Based Health & Linkages to Learning Centers - Operating Budget Impact (CIP)	0	15	222	522	575	575
These figures represent the operating budget impact for the School Based Health and Linkages to Learning Centers in the Capital Improvement Program. The Approved FY09-14 CIP assumes centers opening at New Hampshire Estates, Rolling Terrace, and Highland Elementary Schools.						
Subtotal Expenditures	196,250	196,590	197,422	197,784	198,525	198,525

ANNUALIZATION OF PERSONNEL COSTS AND WORKYEARS

	FY10 Recommended-		FY11 Annualized	
	Expenditures	WYs	Expenditures	WYs
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact [School Health Services]	172,680	1.9	183,560	2.0
Total	172,680	1.9	183,560	2.0

Aging and Disability Services

FUNCTION

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

PROGRAM CONTACTS

Contact Jay Kenney of the HHS - Aging and Disability Services at 240.777.4565 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Community Support Network for People with Disabilities

This program area provides supported employment for adults with developmental disabilities; service coordination; services for people with visual and hearing impairments and physical disabilities; summer camp for children with multiple disabilities; crisis management and intervention; school-to-work transition assistance; and the Home and Community Based Services Waiver for Children with Autism Spectrum Disorder (Autism Waiver). This program area also provides financial assistance to State-funded providers who serve adults with developmental disabilities

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving supportive services ¹	97	NA	97	97	97
Percentage of customers in supported employment services who participate in gainful activity ²	94	NA	94	94	94

¹ FY08 data was not reported after the suspension of Montgomery Measures-Up

² FY08 data was not reported after the suspension of Montgomery Measures-Up

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	16,126,820	44.3
Enhance: Additional funding for Developmental Disability (DD) provider supplement	157,790	0.0
Add: Potomac Community Resources, Inc. - Persons with developmental disabilities	60,000	0.0
Decrease Cost: Eliminate contract for Tuition Assistance	-10,000	0.0
Decrease Cost: Abolish a vacant Program Specialist II Position	-64,600	-1.0
Reduce: Supported employment services and reduce the total contracts from three to one and replace with Customized Employment	-80,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	267,270	0.2
FY10 CE Recommended	16,457,280	43.5

Notes: Miscellaneous adjustments includes inflationary adjustments for providers of developmental disabilities services totaling \$155,750 and a contract shift of \$68K from Children, Youth, and Family Services.

Assessment and Continuing Case Mgmt Svcs

This program area provides multi-disciplinary assessments, care planning, and case management services to frail seniors and adults with disabilities to remedy and prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. Services include Adult Protective Services, Adult Evaluation and Review Services (AERS), Statewide Evaluation and Planning Services, Social Services to Adults, and the Public Guardianship Program.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number on Social Services to Adults (SSTA) waiting list	255	284	200	150	100

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	6,084,770	54.4
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	84,210	-0.1
FY10 CE Recommended	6,168,980	54.3

Assisted Living Services

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,078,420	6.8
Reduce: Group Senior Assisted Housing Grant	-38,680	0.0
Decrease Cost: Assisted Living Services subsidy based on historic actuals (Senior Group Assisted Housing Subsidy)	-50,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-15,940	0.0
FY10 CE Recommended	1,973,800	6.8

Community/Nursing Home Med. Assist. & Outreach

This program area will shift into the Community Health Services Program in Public Health Services in FY10.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,657,740	32.9
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-2,657,740	-32.9
FY10 CE Recommended	0	0.0

In-Home Aide Services

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	4,722,360	16.9
Eliminate: The Chore Services Program (services to approximately 48 clients for 4 hours per week)	-150,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	45,520	0.0
FY10 CE Recommended	4,617,880	16.9

Information and Assistance

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	945,060	9.8
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	50,530	0.0
FY10 CE Recommended	995,590	9.8

Ombudsman Services

This program area investigates and resolves complaints in nursing homes and assisted living facilities for seniors and people with disabilities made by residents, staff, and family members.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	650,880	6.3
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	13,890	0.0
FY10 CE Recommended	664,770	6.3

Respite Care

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

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of unmet requests for service in Respite Care	204	430	150	200	200
Percentage of customers with disabilities that remain in the community	94	85	90	90	90

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,196,040	0.0
Shift: Respite Care expenses to available grant funding	-48,950	0.0
Reduce: Respite Hours From 164 Per Fiscal Year Per Individual to 139 Hours Per Fiscal Year Per Individual	-135,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	23,340	0.0
FY10 CE Recommended	1,035,430	0.0

Senior Community Services

This program area provides funds for services that help seniors to remain independent in the Community including: legal services; representative payee services; health insurance counseling; "visitor" services; grocery shopping; transportation to senior centers; subsidized employment; and socialization for seniors with visual impairments. This program area also administers and operates the Home and Community Based Waiver for Older Adults (Medicaid Long-Term Care Waiver).

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,767,460	21.1
Increase Cost: Program Transportation	154,010	0.0
Add: Alzheimer's Disease and Related Disorders Association, National Capital Chapter, Inc. - Program for frail seniors, families and caregivers	92,200	0.0
Add: Food and Friends, Inc. - Provides clinical nutrition to residents living with HIV/AIDS, cancer and other life-challenging illnesses	20,000	0.0
Eliminate: Senior Health Self Management Grant	-37,750	0.0
Decrease Cost: Medicaid Waiver for Older Adults Grant	-74,680	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	75,270	-2.0
FY10 CE Recommended	3,996,510	19.1

Notes: Miscellaneous adjustments includes two Retirement Incentive Program (RIP) abolishments.

Senior Food Program

This program area provides lunches to seniors at sites around the County and also provides home-delivered meals, nutrition education, and physical fitness activities. It is administered in cooperation with a variety of public and nonprofit agencies including the Montgomery County Board of Education, which is responsible for a major portion of the food preparation.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of unduplicated customers served in Senior Food Program	5,464	5,237	5,500	5,500	5,300
Percentage of customers who report an increase in social contacts ¹	83	NA	75	75	75

¹ Data not collected in FY08 due to transition to department wide outcomes

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,685,690	2.9
Increase Cost: Older Americans Act	427,080	1.2
Increase Cost: Senior Nutrition Meals - Increased Cost	134,000	0.0
Add: Top Banana Home Delivered Groceries, Inc. - Provides food, protects the health of vulnerable adults	51,740	0.0

20

	Expenditures	WYs
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-7,380	0.3
FY10 CE Recommended	2,291,130	4.7

Service Area Administration

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	473,440	2.8
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	15,090	0.0
FY10 CE Recommended	488,530	2.8

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services (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. Services incorporate evidence based or best practices along a continuum of care. BHCS works with the State's public mental health and substance abuse system to ensure children, adults, and families receive integrated treatment. Crisis Services are available twenty-four hours, seven days a week along with victim services. Victim services provide treatment for victimization that occurs in schools, home, or community. Access to behavioral health specialty services provide screening/referrals along with treatment on an outpatient basis. System Planning and Management monitors various services provided to families with public health insurance including, outpatient mental health clinics, psychiatric rehabilitation, and residential rehabilitation programs. BHCS is committed to providing culturally and linguistically competent care in the least restrictive environment.

PROGRAM CONTACTS

Contact Uma Ahluwalia of the HHS - Behavioral Health and Crisis Services at 240.777.1058 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

System Planning and Management

As the State mandated local mental health authority, this program is responsible for the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). This include persons with co-occurring mental illness and substance abuse disorders, homeless persons with SPMI, and persons with SPMI who have been incarcerated and/or are on conditional release. This program is responsible for the ongoing development of a resiliency and recovery oriented continuum of quality mental health services that provide for consumer choice and empowerment, while assuring consumers have access to clinically appropriate and cost-effective behavioral health services.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of clients served in Outpatient Mental Health Clinics	1,241	1,516	1,583	1,403	1,403
Percentage of customers receiving services who report an increase in well being -Outpatient Mental Health Clinics	70	70	70	70	70

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	8,225,890	18.8
Decrease Cost: Lab Services based on historical spending	-6,000	0.0
Decrease Cost: Consumer Affairs Fund	-8,000	0.0
Decrease Cost: Training in Systems Planning and Management	-11,540	0.0
Reduce: Contract services for parent and child bonding	-28,900	0.0
Decrease Cost: Abolish vacant Administrative Specialist II Position -Behavioral Health & Crisis Services (1/2 of position is in BHCS)	-34,590	-0.5
Decrease Cost: Residential Supplement based on historical spending	-35,000	0.0
Decrease Cost: Pharmacy Assistance Services	-40,000	0.0
Decrease Cost: Federal Block Grant	-204,980	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-341,930	-4.5
FY10 CE Recommended	7,514,950	13.8

Notes: Miscellaneous adjustments include four workyears moved to Community Health Services as part of a reorganization and one workyear adjustment for an abolished split funded position.

Behavioral Health Specialty Services

Behavioral Health Specialty Services includes both the Adult Behavioral Health and the Access to Behavioral Health Services programs. The Adult Behavioral Health program provides a comprehensive range of mental health services including assessment, diagnostic evaluation, psychotropic medication evaluation, and medication monitoring. Individual, family, and group psychotherapy including family psycho-educational support are available, as well as case management services. Eligibility is limited to Montgomery

22

County residents who have a high level of acuity and are involved in multiple systems in the Community. Many of these individuals are unable to receive Public Mental Health System services or the level of care necessary to effectively stabilize their illness. This program has expanded capacity to provide services to Limited English proficiency (LEP) clients and those with specialized cultural and language needs. The Access to Behavioral Health Services program provides clinical necessity and financial assessments for consumers needing outpatient mental health services including those with a co-occurring disorder, and linkages to those eligible in the Public Mental Health System or community resources. This program also provides for Montgomery County adult residents, walk-in substance abuse assessments including co-occurring disorders and linkages to the range of services in the Addiction Services continuum. Safety Net Services, a service within Access to Behavioral Health Services, provides immediate, brief psychiatric, and case management services (16 hours a week) until those clients who are eligible for the Public Mental Health system and have been discharged from a psychiatric hospital can be linked to a community Outpatient Mental Health Clinic.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,786,700	22.5
Decrease Cost: Abolish a filled Program Specialist II Position at the Access to Behavioral Health Program (ABHS)	-105,740	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	82,280	0.0
FY10 CE Recommended	2,763,240	21.5

Notes: Miscellaneous adjustments includes grant increases of \$114,100 to the Community Mental Health Grant.

Behavioral Health Community Support Svcs

Behavioral Health/Community Support Services is composed of three sub-programs: Community Case Management Services, Urine Monitoring Program, and Program/Contract Monitoring Unit. These programs provide: 1) case management services to Temporary Cash Assistance (TCA) clients, women who are homeless, adults incarcerated at the Montgomery County Correctional Facility, and other clients who are "high-end" users of services and involved in multiple programs within HHS; 2) urine testing services to clients referred by the courts, child welfare, the criminal justice system and others required to submit to urine surveillance or who require or request urine screening and testing; and 3) the Program/Contract Monitoring Unit monitors contract compliance for addiction and co-occurring treatment with certified providers who contract with the Department to provide detoxification, outpatient, intensive outpatient, residential halfway house, combined care, and long-term residential treatment services to enhance the quality of care available to Montgomery County residents.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of persons served in Level 1 Outpatient Treatment	525	734	600	516	516
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment)	84	74	68	68	68

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,623,890	22.5
Increase Cost: Alcohol and Drug Abuse Administration (ADAA) Block Grant	1,400,300	2.9
Decrease Cost: Facility Maintenance Funds in Addiction Shelters	-15,000	0.0
Decrease Cost: Level III Addiction Treatment Services Contract	-20,000	0.0
Reduce: Contract funding for Level 1 Outpatient Treatment Services and serve approximately 84 fewer clients	-70,000	0.0
Reduce: Behavioral Health Community Support Services- Therapist in Program Monitoring Unit	-124,850	-1.0
Shift: Temporary Cash Assistance Substance Abuse	-204,030	-2.2
Shift: CRF for Addictions Treatment	-1,260,000	-0.7
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,080,250	0.0
FY10 CE Recommended	7,410,560	21.5

Criminal Justice/Behavioral Health Services

Criminal Justice/Behavioral Health Services is composed of three programs: (1) Clinical Assessment and Triage Services (CATS), (2) Community Re-Entry Services (CRES), and (3) Jail Addiction Services (JAS). CATS provides assessment and post-booking diversion services within 24 hours of booking to inmates with behavioral health issues upon entry into the Montgomery County Detention Center. JAS is an intensive jail-based residential addiction treatment program for inmates who suffer with substance related disorders at the Montgomery County Correctional Facility. CRES provides court advocacy and release planning for inmates at the Montgomery Correctional Facility by assessing inmates' behavioral health needs and coordinating services in the Community.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,354,830	19.2

153
83

	Expenditures	WYs
Decrease Cost: Transitional Housing Services for Mentally Ill Offenders as the program was not operational	-40,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	154,840	0.0
FY10 CE Recommended	2,469,670	19.2

Notes: Miscellaneous adjustments includes \$28K in grant increases.

Outpatient Addiction Services (OAS)

OAS provides comprehensive and quality outpatient, intensive outpatient drug court and medication assisted treatment services to adult residents of Montgomery County, who are diagnosed with substance use disorders or co-occurring mental health and substance use disorders. Priority populations include people who are indigent, homeless, medically compromised, women who are pregnant or those with infants, individuals involved with the criminal justice system, and people with HIV/AIDS.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,854,770	30.3
Add: Montgomery County Adult Drug Court Capacity	300,000	0.0
Reduce: Outpatient Addiction Services (OAS) Acudetox Contract	-6,250	0.0
Reduce: Abolish Outpatient Addiction Services (OAS) Vocational Services Program Specialist	-84,360	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-2,018,590	0.0
FY10 CE Recommended	4,045,570	29.3

Notes: Miscellaneous adjustments includes the realignment of Alcohol and Drug Abuse Administration (ADAA) Block Grant Funds from Outpatient Addiction Services to Behavioral Health Community Support Services.

Victims Assistance and Sexual Assault Services

This program provides information, referral, support, psychiatric evaluations, criminal justice advocacy, court accompaniment, crisis, and ongoing counseling services to persons subjected to sexual assault (exclusive of partner abuse), as well as to persons victimized by crimes in general. 24-hour outreach is provided through volunteer support to rape and sexual assault victims at hospitals and police stations, and compensation is provided to eligible victims of crime

Program Performance Measures	Actual FY07	Actual FY08	Estimated — Projected		Projected FY11
			FY09	FY10	
Percentage of adult victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by PCL-C clinical scales)	84	85	85	85	85
Percentage of child victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by the CRTES clinical scales)	70	81	76	77	76

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,586,450	19.2
Increase Cost: Victims Compensation Fund Match	7,990	0.0
Eliminate: Silver Spring Courthouse Victim Assistance	-17,300	-0.7
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	42,890	0.0
FY10 CE Recommended	2,620,030	18.5

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of three components that provide or support comprehensive mental health treatment and care coordination services to children, youth, and their families that are individualized, culturally, and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Outpatient Mental Health Service provides assessment, psychiatric, and therapeutic treatment to children and adolescents with serious emotional impairments. The Home-based Treatment Team for Child Welfare Services provides specialized, evidence-based mobile treatment specifically for children and families involved with Child Welfare Services. The System of Care Development and Management Team collaborates with Local and State partners to plan, develop, and manage publicly-funded (State and County) mental health and care coordination services for children and adolescents. All three components are guided by the principles that services should be child focused, family driven, and culturally competent.

24

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,272,960	17.3
Add: Mental Health Association, Inc. - Support N*COMMON Multicultural Mental Health Initiative	60,000	0.0
Decrease Cost: Child and Adolescent Mental Health Care Coordination Operating Budget	-10,810	0.0
Reduce: Contract for Family and Caregiver Support Services	-30,960	0.0
Reduce: Child and Adolescent Mental Health Service Care Coordination funds and serve approximately 12 to 15 fewer children	-73,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	86,140	0.0
FY10 CE Recommended	3,304,330	17.3

24-Hour Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational, emotional, or mental health crises. The Crisis Center provides all services, twenty-four hours/day seven days/week. Much of the work of the Crisis Center is focused upon providing the least restrictive community-based service that is appropriate to the client's situation. Many of the services provided are alternatives to more traditional mental health services. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters and community crises. The Crisis Center coordinates the mental health response during disasters and community critical incidents. During the off-hours (after 5:00 p.m., weekends, and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available.

The Assertive Community Treatment (ACT) Team provided community-based mental health services for those individuals with the highest level of acuity. This service was transitioned to the private/not for profit sector during FY09.

The Public Inebriate Initiative is a pilot program to intervene with those individuals who are drinking on the street. It is comprised of two components. The first is outreach workers who engage these individuals on the street, or in an emergency department. The second component is sobering beds. The beds are available for up to 24 hours with possible transfer to detoxification if available.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,149,170	43.1
Decrease Cost: Operating budget for supplies	-19,890	0.0
Shift: Crisis Center - Assertive Community Treatment (ACT) Team	-899,800	-5.5
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-46,090	-1.0
FY10 CE Recommended	4,183,390	36.6

Notes: Miscellaneous adjustment includes one workyear reduction as part of the RIP.

Mental Health Svcs: Seniors & Persons with Disabilities

This program provides mental health services to seniors, persons with developmental disabilities, persons with hearing impairments and individuals in a Psychiatric Crisis. Services include evaluation, treatment, outreach counseling, provider training, caretaker support, and referral services. In addition, this program provides a countywide response to screen uninsured individuals who are at risk of needing publicly funded hospitalization and who present at any of the five local emergency departments. The focus of this program is to provide the least restrictive and most appropriate community disposition possible for these individuals.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,934,160	11.0
Replace: Grant Funds with general fund support to cover a grant shortfall in SORT- Senior Mental Health and preserve services for 35 clients	25,430	0.0
Shift: Senior Outreach (SORT)	0	-1.0
Reduce: Services to 15 Hearing Impaired clients	-17,600	0.0
Decrease Cost: Dedicate savings from eliminated contract (Affiliated Sante) to cover the grant shortfall in SORT-Sr. Mental Health	-25,430	0.0
Decrease Cost: Contract for Mental Health Services for Persons with Developmental Disabilities and/or Mental Retardation based on historic actuals	-76,500	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	14,960	0.0
FY10 CE Recommended	1,855,020	10.0

25

Partner Abuse Services

The Abused Persons Program is a comprehensive domestic violence program that provides community education, crisis intervention, safety planning, legal advocacy, on-going counseling, and emergency shelter to victims and families of partner-related physical abuse. Assessment and counseling are also provided to those who have been abusive towards their partners.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,346,210	18.8
Add: Gudelsky Foundation	15,000	0.0
Decrease Cost: Abolish a vacant Supervisory Therapist Position in the Abused Persons Program (APP)	-100,770	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-2,180	0.0
FY10 CE Recommended	3,258,260	17.8

Service Area Administration

This program provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	601,380	3.9
Decrease Cost: Advertising expenses in BHCS Chief's budget	-6,000	0.0
Decrease Cost: Temporary Services Budget in Behavior Health and Crisis Services	-10,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-150	0.0
FY10 CE Recommended	585,230	3.9

27

Children, Youth, and Family Services

FUNCTION

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

PROGRAM CONTACTS

Contact Kate Garvey of the HHS - Children, Youth, and Family Services at 240.777.1101 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Child Welfare Services

This program provides protective, rehabilitative, and supportive services for children who are maltreated and for their families. This program also provides supportive and financial help to relatives, foster, and adoptive parents. Investigations, protective services, kinship care, foster care, adoption, and in-home aide services are also provided through this program. Family Preservation Services provide social services to families with children who are at risk of removal from home due to neglect or abuse.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percent of reduction in the number of children placed in out-of-home care ¹	NA	NA	10	5	5

¹ In FY09, the aggressive use of relatives and community members enabled more children to remain with their parents or in the community.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	22,126,340	211.0
Reduce: Abolish a vacant Social Work IV Position in Child Welfare Services (CWS)	-93,830	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program.	84,440	0.0
FY10 CE Recommended	22,116,950	210.0

Conservation Corps

This program seeks to increase the employability of out-of-school, at-risk 17 to 24 year old youth by providing opportunities for personal growth, education, and training. Corps members earn their high school equivalency diploma, receive training, and perform conservation, landscape, and carpentry projects. Program participants also build trails, homeless shelters, handicap access ramps, and run a recycling program.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of Corps members with prior criminal or juvenile justice involvement who remained free of charges while enrolled in the program	94	92	93	80	80

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	843,450	27.3
Reduce: Conservation Corps--Eliminate a filled Human Service Specialist Position and reduce the number of Conservation Corps member slots from 42 to 36 annually	-136,830	-4.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	15,710	0.0
FY10 CE Recommended	722,330	23.3

26

Linkages to Learning

This program is a collaboration among HHS, Montgomery County Public Schools, and local public and private human service agencies to provide school-based prevention and early intervention services to students and families of elementary and middle school communities with the highest indicators of poverty. These integrated social, health, mental health and educational support services are designed to address the non-academic issues that may interfere with a child's success in school.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of children served in ongoing (case management and/or mental health) services	3,573	3,573	3,600	3,600	3,600
Percentage of clients satisfied with services	95	94	90	90	90

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,175,820	5.6
Decrease Cost: Linkages to Learning New Site Start-Up Funding	-25,000	0.0
Decrease Cost: Linkages to Learning Contractor Vacancies	-50,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	101,850	0.0
FY10 CE Recommended	5,202,670	5.6

Juvenile Justice Services

The primary function of Juvenile Justice Services is to support the County's comprehensive Juvenile Justice Plan by integrating screening, assessment, case management, community services, and treatment with the juvenile justice legal process. These programs serve youth involved in, or at risk for involvement in, the juvenile justice system, as well as youth who are not in the system, but are in need of treatment for substance abuse or other services. HHS works in partnership with the Police Department Family Crimes Division, the Maryland Department of Juvenile Services, the Juvenile Division of the Circuit Court, Montgomery County Public Schools, the Collaboration Council and other relevant agencies and non-profit organizations.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
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 twelve months of assessment ¹	99	TBD	98	98	

¹ The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. Loss of a Therapist position in FY10 will result in 100-150 fewer youth being served.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	4,881,060	18.7
Add: Gang Prevention Coordination Assistance Program Grant	197,360	0.0
Reduce: Collaboration Council Wrap-Around Funding and serve four (4) fewer clients	-50,000	0.0
Decrease Cost: Shift contract Outpatient juvenile sex offender services to County clinics	-54,450	0.0
Reduce: Abolish an existing Therapist II Position in Screening and Assessment Services for Children and Adolescents (SASCA) Program; and serve 100 to 150 Fewer Clients	-126,650	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-3,040	-1.0
FY10 CE Recommended	4,844,280	16.7

Notes: Miscellaneous adjustments includes 1 workyear RIP abolishment.

Quality Enhancement of Early Childhood Services

This program focuses on increasing the quality of early care and education programs available to young children throughout Montgomery County through technical assistance, consultation, and training for providers, and helping parents choose quality child care through counseling and referrals. This program also includes the development of strategies to increase the supply of quality early care and education programs and services.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of family child care workforce who successfully completed one or more trainings offered by the Montgomery County Child Care Resource and Referral Center	NA	53	53	53	53

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,845,410	14.8

21

	Expenditures	WYs
Add: CentroNia for early childhood education in Takoma Park	340,000	0.0
Enhance: Child Care Resource and Referral Grant	64,000	0.0
Decrease Cost: Eliminate training incentives for New Child Care Providers	-25,000	0.0
Eliminate: Judith P. Hoyer Enhancement Grant Module I	-30,000	0.0
Decrease Cost: Early Childhood Services--Abolish a vacant Part-Time Therapist II Position	-51,150	-0.5
Reduce: Learning Parties Coordination--Abolish a filled Program Specialist II Position	-111,820	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-177,030	0.0
FY10 CE Recommended	2,854,410	13.3

Notes: Miscellaneous adjustments includes the elimination of one time only funds for the Pre-Kindergarten Pilot.

Parent Support Services

These services, delivered through contracts between HHS, the State, and private non-profits, support parents as their children's first and most important teacher. The services primarily target families and children with risk factors such as poverty, health issues, and isolation. They include voluntary screening of newborns and services such as "Learning Parties," home visits, health and parenting education, screening of children to identify special needs, and family support.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of families that are receiving parent support services that do not have involvement with child welfare by the time the child is five years old	100	100	100	100	100

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	621,450	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	12,120	0.0
FY10 CE Recommended	633,570	0.0

Services to Children with Special Needs

This program, more commonly known as the Infants and Toddlers Program, provides evaluation, assessment, family support and early intervention services to families with children from birth to age three when there is a concern about development or when a developmental delay is documented. The services are delivered using a family-centered approach and are provided by staff employed by Montgomery County Public Schools, HHS, and private community service providers.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of children served	3,485	3,632	3,632	3,632	3,632
Percentage of families that understand their child's special needs	82	82	82	82	82

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,282,050	9.9
Enhance: Infants & Toddlers Program Grant-Thornton	938,290	0.0
Add: Infants and Toddlers Consolidated Loan Implementation Grant (CLIG) (Medicaid Revenue)	250,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Impact Aide)	25,000	0.0
Add: Infants and Toddlers Consolidated Local Implementation Grant (CLIG) (Part B 619)	9,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	51,860	0.1
FY10 CE Recommended	3,556,200	10.0

Child Care Subsidies

This program provides child care subsidies and support for eligible low-income families who work or are in a work activity and families receiving Temporary Cash Assistance and actively participating in job search or job preparation or another work activity. The Child Care Subsidy Program is the single point of entry for both the State and Federally-funded Purchase of Care program and the County's Working Parents Assistance program.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of families authorized to receive a subsidy (per fiscal year) ¹	552	547	550	550	550

¹ This is calculated as the number of families with approved vouchers for any portion of the fiscal year. Note that not all approved vouchers are fully used.

30

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	10,861,960	26.0
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Income Supports and Child Care Subsidy Programs	-53,410	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-126,860	-1.3
FY10 CE Recommended	10,681,690	23.7

Notes: Miscellaneous adjustments include the abolishment of an Account Auditor HB669 position and an unfunded workyear reduction.

Income Supports

This program serves low-income families and individuals facing significant challenges by providing basic resources of cash assistance, food supplements, and medical assistance. This program determines eligibility for: Temporary Cash Assistance (TCA) (formerly Aid to Families with Dependent Children); Temporary Disability Assistance Program (TDAP); Refugee Cash Assistance (RCA); Food Stamps (FS); Community Medical Assistance (MA); and Refugee Medical Assistance. This program also manages a required employment program for applicants and recipients of TCA.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of Food Stamp household cases	11,310	11,758	13,900	15,000	16,100
Percentage (increase) in families accessing Food Stamps as a support to self sufficiency measured as the number of families applying for Food Stamp assistance (compared to FY05 as the base year)	6	40	57	76	95
Average 12 month earnings gain rate for current and former Temporary Cash Assistance (TCA) recipients that are placed in jobs (%)	51	NA	50	50	50
Average 12 month job retention rate for current and former TCA recipients who are placed in jobs (%)	80	NA	75	75	75

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	15,025,440	140.7
Increase Cost: Emergency Safety Net Program for two sites in Gaithersburg and Wheaton	291,210	7.1
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	115,370	-0.4
FY10 CE Recommended	15,432,020	147.4

Notes: Miscellaneous adjustments include the shift of two Income Assistance Program Specialist positions from Child Care Subsidies as part of a reorganization and a mid-year Program Specialist II position creation.

Child and Adolescent Services

Services provided through this program include respite care, community empowerment efforts, and single-parent family services, family services, youth services, and family outreach efforts. The program also provides for the coordination, planning, and implementation of a number of key interagency initiatives among public and private agencies in the community to meet the needs of children, youth, and their families.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of juveniles who received services from these contract providers and demonstrated a reduction in risky behavior	NA	NA	80	80	80

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,632,800	4.2
Add: Latin American Youth Center, Inc. - Support for the Maryland Multicultural Youth Centers	140,000	0.0
Add: Asian American LEAD - Provides after school academic enrichment programs to low-income Asian American residents	125,000	0.0
Add: Community Bridges, Inc. - Leadership and empowerment programs for immigrant and low-income adolescent girls	117,600	0.0
Add: Maryland Vietnamese Mutual Association, Inc. - Support for the Vietnamese American Community	70,000	0.0
Increase Cost: Washington Youth Foundation	70,000	0.0
Add: Latin American Youth Center, Inc. - Program to maintain safety and security for at-risk youth by gang prevention and intervention with families	60,000	0.0
Reduce: George B. Thomas Learning Academy Saturday School Funding	-100,000	0.0
Reduce: SHARP Suspension Program Funding	-342,980	0.0

	Expenditures	WYs
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-248,880	0.0
FY10 CE Recommended	3,523,540	4.2

Notes: Miscellaneous adjustments include the shift of \$290K in contract funding to other programs in Children, Youth, and Family Services and Aging and Disability Services.

Service Area Administration

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	361,310	2.9
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	10,310	0.0
FY10 CE Recommended	371,620	2.9

Public Health Services

FUNCTION

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

PROGRAM CONTACTS

Contact Dr. Ulder Tillman of the HHS - Public Health Services at 240.777.1741 or Pooja Bharadwaja of the Office of Management and Budget at 240.777.2751 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Office of Health Partnerships and Health Planning

This program coordinates health planning and population based epidemiology functions, medical quality assurance, Memorandum of Understanding, grant, and contract development. This program oversees Montgomery Cares and Care for Kids programs through public-private partnerships to provide comprehensive health care services for low-income uninsured, adults and children, using the resources of private pediatricians and health provider organizations. This program also provides administrative support for Project Deliver and assists with emergency preparedness activities as needed. This office coordinates development and tracking of Public Health Services' program measures and coordinates relevant Information Technology (IT) systems development with the Department's IT program.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Montgomery Cares enrollment	13,019	16,773	19,430	22,500	25,875
Percentage of newly referred children linked with a provider within 30 days of referral from the County Service Eligibility Unit	61	59	46	54	54
Percentage of uninsured individuals that are either enrolled in a medical entitlement program or have had a HHS primary or prenatal care visit	41	42	43	43	44

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	12,675,980	16.6
Reduce: Primary Care Coalition - Care For Kids program savings from lapse of a vacant contractual position	-12,600	0.0
Decrease Cost: Montgomery Cares - Primary Care Coalition contract administrative costs	-25,000	0.0
Decrease Cost: Montgomery Cares - Abolish a Vacant Principal Administrative Aide Position in Health Care for Homeless Services	-48,320	-1.0
Decrease Cost: Spanish Catholic Center contract for Care For Kids services	-53,600	0.0
Decrease Cost: Care For Kids - Abolish vacant contractual Community Services Aide Position	-65,000	0.0
Decrease Cost: Montgomery Cares - contract for Behavioral Health Pilot	-70,000	0.0
Decrease Cost: Montgomery Cares - Health Care for the Homeless contractual position	-92,700	0.0
Decrease Cost: Montgomery Cares - Clinic start up funds no longer needed due to encounter based payment	-100,000	0.0
Decrease Cost: Montgomery Cares - Miscellaneous operating expenses	-130,000	0.0
Decrease Cost: Montgomery Cares - Pharmacy costs and refer patients to low cost retail pharmacy program	-165,000	0.0
Decrease Cost: Montgomery Cares - Facility grants for clinic expansion	-277,300	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	71,070	0.0
FY10 CE Recommended	11,707,530	15.6

Communicable Disease, Epidemiology, & Lab Services

This program involves investigations, management, and control of the spread of over 65 infectious diseases as stipulated by Maryland law, including: rabies; hepatitis A, B, and C; salmonellosis; measles; cholera; legionellosis; and lyme disease. Emerging pathogens, such as West Nile Virus, avian flu, and others are addressed with aggressive surveillance efforts and collaboration with State agencies of Agriculture, Health, and the Environment. Control measures for disease outbreaks in high-risk populations, such as long-term care facilities are implemented to prevent further spread of diseases to others. Educational programs are provided to groups

who serve persons at-risk for infectious diseases (homeless shelters, nursing homes, day care centers, etc.). The program also provides vital record administration (death certificate issuance, and birth verification) Immunizations, outreach and education is available to residents, private medical providers, schools, childcare providers and other community groups.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,749,620	14.2
Reduce: Abolish a filled Community Health Nurse II Position in Communicable Disease & Epidemiology -Immunization Program	-105,330	-1.0
Reduce: Hepatitis B - Immunization Action Plan Grant	-161,000	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-39,080	0.0
FY10 CE Recommended	1,444,210	12.2

Community Health Services

Community Health Services provides preventative health access services to at-risk uninsured and underinsured populations, from newborns to the elderly. Services include dental and women’s health services in regional sites, adult and child primary care health services through public-private partnerships, and case management of targeted populations such as pregnant women, children up to two years of age, and vulnerable clients in the Medicaid managed-care system. This program also provides care coordination to uninsured children and adolescents with chronic or handicapping conditions needing specialty diagnostic, medical and surgical treatment. This program now includes the Community/Nursing Home Medical Assistance and Outreach program (formerly in Aging and Disability Services) in addition to the regional service eligibility units, to provide a single point of entry for eligibility screening, access and assignment to Federal, State, or County health programs. Other services include immunizations and conducting pregnancy testing in regional sites.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	10,437,760	100.4
Enhance: PWC/Maryland Kids Count Grant	113,500	3.0
Decrease Cost: Administrative Care Coordination Grant	0	-0.8
Decrease Cost: Abolish a filled Office Services Coordinator Position in Community Health Services - administrative and interpretive support	-93,890	-1.0
Reduce: Abolish a filled Community Services Aide III Position in the Health Promotion & Prevention Program	-96,790	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,621,940	32.7
FY10 CE Recommended	12,982,520	133.3

Notes: Miscellaneous adjustments includes the shift of 32.9 positions from Aging and Disability Community/Nursing Home Medical Assistance and Outreach, 4 workyears from System Planning and Management in Behavioral Health and Crisis Services, and 3 RIP abolishments

Dental Services

This program provides dental services to promote oral health. Services include teaching of preventive health practices, primary assessments, targeted dental services, and emergency services. Services are provided to income-eligible Montgomery County children, pregnant women, adults and seniors. This program provides oral hygiene education to MCPS 2nd grade classes. This program also includes an HIV Dental Program, which provides comprehensive oral health services to HIV-infected clients.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,254,850	15.1
Eliminate: Denture Services for a maximum of 34 Seniors	-40,000	0.0
Decrease Cost: Contractual dental services for the Maternity Dental Program based on 250 decreased enrollment projections	-140,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-94,460	-1.1
FY10 CE Recommended	1,980,390	14.0

Notes: Miscellaneous adjustments include a Retirement Incentive Program abolishment of a Dental Hygienist position.

Environmental Health Regulatory Services

This program involves issuing permits for and inspection of, a variety of activities in order to protect the public health by ensuring that sanitation standards are met and maintained, and that there is minimal risk of injuries or spread of vector, food, and water borne diseases in facilities licensed by the program. This program also enforces nutritional restrictions on trans fat in foods. Food service establishments, swimming pools, health-care facilities, group homes, private educational facilities for children and adults, hotels, motels, massage establishments, and a variety of other facilities used by the public, are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and by State of Maryland laws and regulations.

15
35

The County's Rat Control Ordinance and smoking prohibitions and restrictions are enforced under this program. Complaints made by the public are investigated and orders for correction are issued as appropriate.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,140,490	30.8
Decrease Cost: Abolish a vacant Office Services Coordinator Position in Environmental Health Regulatory Services	-53,240	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	27,450	0.0
FY10 CE Recommended	3,114,700	29.8

Health Care and Group Residential Facilities

This program inspects and licenses nursing homes, domiciliary care homes (large assisted living facilities with less intensive care than nursing homes), adult day care centers, small assisted living facilities and group homes serving children, elderly, mentally ill, and developmentally disabled to ensure compliance with County, State, and Federal laws and regulations. Staff respond to complaints and provide advice and consultations to licensees to maintain high standards of care.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,331,640	10.7
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	23,290	0.0
FY10 CE Recommended	1,354,930	10.7

Health Promotion and Prevention

This program provides a combination of planning training, consultation, coalition building, and health information to community groups to help change attitudes and behaviors related to nutrition, physical activity, and strategies to help prevent obesity, alcohol, tobacco, and other drug use. The program also administers grants to community groups for substance abuse prevention, injury prevention programs for various target groups; coordinates the Fetal and Infant Mortality Review Board (FIMR), provides shaken baby and other family violence prevention and parenting programs for high-risk parents and providers. The program provides a health information and outreach program targeting faith-based communities to help reduce health disparities.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,368,460	7.7
Enhance: Substance Abuse Public Education & Prevention Grant	279,290	0.0
Reduce: Contract for out-of-school time activities	-4,060	0.0
Reduce: Under 21 Mini-Grants Substance Abuse Prevention	-11,360	0.0
Decrease Cost: Operating expenses for temporary, interpreter and translation services in Health Planning & Promotion program	-13,000	0.0
Decrease Cost: Abolish a filled Principal Administrative Aide Position in the Health Promotion & Prevention Program	-36,970	-0.5
Reduce: Abolish a filled Community Health Nurse II Position in Health Promotion & Planning Program	-120,870	-1.0
Eliminate: Alcohol, Tobacco, and Other Drugs High Risk Kids Grant	-144,580	0.0
Eliminate: Traffic Safety Grant	-265,000	-1.4
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	215,150	1.4
FY10 CE Recommended	1,267,060	6.2

Notes: Miscellaneous adjustments include two mid-year position shifts to this program area from Cigarette Restitution Fund Program, and Community Health Services.

Cigarette Restitution Fund Programs

Tobacco Use Prevention and Cessation Program and the Cancer Prevention, Education, Screening and Treatment Program are two major programs funded through the State Cigarette Restitution Funds. The State funding allows for administering grants to community groups for outreach, screenings, education, and treatment. Each program has established coalitions consisting of public health partners, community based organizations, hospitals, and other existing resources that work collaboratively to implement the statewide goal of early detection and elimination of cancer disparities, whether based on race, ethnicity, age or sex, as well as the establishment of comprehensive tobacco-control programs.

36

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,240,820	7.0
Decrease Cost: Cigarette Restitution Funds Grant	0	-2.8
Reduce: School-based prevention and community-based smoking cessation activities in the Cancer Restitution Fund Program	-32,000	0.0
Reduce: Tobacco Prevention & Education Grant	-49,430	2.3
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-136,870	0.5
FY10 CE Recommended	2,022,520	7.0

Notes: Miscellaneous adjustment includes mid-year shift of Program Manager from Mental Health Services for Seniors to Cigarette Restitution.

STD/HIV Prevention and Treatment

The STD Program provides diagnosis and treatment to those who have contracted sexually transmitted diseases (STDs). Contacts of infected patients are confidentially notified and referred for treatment. HIV counseling and testing is provided, with referral for medical and psychosocial support services if the test is positive. The HIV program provides primary medical care through all stages of HIV/AIDS, medication, as well as a broad spectrum of case management support services. Other services include home/hospice care, coordination of a regional HIV dental clinic, and housing services through the Housing Opportunities for People with AIDS (HOPWA).

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
New cases of Chlamydia per 100,000 population among County residents (15-24) ¹	713	919	TBD	TBD	TBD

¹ Chlamydia data is for the calendar year in which the fiscal year began. This measure represents one of the four age cohort components to this measure.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	6,295,600	41.7
Increase Cost: STD/HIV Services	85,000	0.0
Increase Cost: Ryan White II - Consortia Grant	49,000	0.7
Eliminate: Washington AIDS Partnership Grant	-23,700	0.0
Decrease Cost: AIDS Diagnostic & Evaluation Grant	-85,280	-0.9
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-155,660	0.7
FY10 CE Recommended	6,164,960	42.2

Notes: Miscellaneous adjustment includes the mid-year creation of a grant funded Behavioral Health Associate Counselor.

School Health Services

This program provides health services to the students in Montgomery County Public Schools. These services include: first aid and emergency care; health appraisal; medication and treatment administration; health counseling, consultation and education; referral for medical, psychological and behavioral problems; case management for students with acute and chronic health conditions, and pregnant and parenting teens. Hearing and vision, screenings are provided to students in 1st and 8th grade, new entrants, and by teacher referral. Immunizations and tuberculosis screenings are administered at the School Health Services Centers, primarily to international students enrolling in MCPS. Primary health care, provided by nurse practitioners and physicians, is provided, in addition to routine health services to students enrolled at the County's four School Based Health Centers and one High School Wellness Center.

Head Start-Health Services is a collaborative effort of HHS, Office of Community Affairs, School Health Services, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children. School Health Services provides a full range of health, dental, and social services to the children and their families.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	20,820,690	237.4
Enhance: New Hampshire Estates School Based Health and Linkages to Learning Center - Operating Budget Impact	353,000	1.9
Add: School Health Services - School Community Health Nurse/School Health Room Aid School Coverage for Clarksburg Elementary School	125,790	1.6
Enhance: Teen Pregnancy Prevention Grant	3,000	0.0
Reduce: Contract for Nurse Practitioner for services at the School Based High School Wellness Center at Northwood	-15,000	0.0

	Expenditures	WYs
Reduce: Contract Nurse Practitioner hours from 24 to 18 at the Gaithersburg Elementary School (ES) and Summit Hall ES School Based Health Centers	-26,000	0.0
Reduce: Miscellaneous operating expenses and outreach activities for the School Based Health/Wellness Centers	-61,550	0.0
Reduce: School Health Services coverage of the Extended School Year (ESY) Summer School	-102,650	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	219,460	0.0
FY10 CE Recommended	21,316,740	240.9

Tuberculosis Services

This program involves testing persons for exposure to Tuberculosis (TB), treating active cases, identifying persons at risk of developing TB, performing contact studies to determine who may have been exposed to an infectious person, and the supervision of therapy. Each patient is diagnosed, has a treatment plan developed, and has supervised medication therapy. Special programs are provided to high-risk populations, such as the homeless, addicted persons, incarcerated persons, and persons living in high-density areas of foreign-born populations.

The Refugee Health Program, organizationally placed in TB control, involves screening all persons who enter the county with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

The Refugee Health Program, organizationally placed in TB control, involves screening all persons who enter the County with refugee status for communicable diseases. Refugees are medically assessed and are either treated or referred to the private sector. The Migrant Health Program is also provided in compliance with Federal laws governing migrant laborers.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of clients with active infectious tuberculosis who receive Directly Observed Therapy and successfully complete the treatment regimen	92	93	93	93	93

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,198,680	19.9
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-47,260	0.0
FY10 CE Recommended	2,151,420	19.9

Women's Health Services

This program provides services for women, including clinical prenatal health care and family planning services through public/private partnerships. Referral services are provided for individuals with specific health issues (i.e., sexually transmitted diseases). Newborn delivery services are provided through participating hospitals. Nursing case-management services are provided for pregnant women, high-risk infants, and children birth to two years of age as well as dental services, prenatal classes, and orientations to the three participating hospitals. Gynecological examinations, clinical breast examinations, mammograms, ultrasounds of the breast and related case-management services are offered through the Women's Cancer Control Program (WCCP) to eligible women aged forty years and older.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of pregnant women enrolled in the Maternity Partnership	2,323	2,372	2,400	2,286	2,300
Percentage of healthy birth weight babies (= or > 2,500 grams) born to pregnant women in the Maternity Partnership Program	95%	94%	94%	94%	94%

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,106,620	17.6
Increase Cost: Reproductive Health & Family Planning Grant	349,190	0.0
Increase Cost: Maternity Partnership Program	89,250	0.0
Reduce: Cancer Outreach & Case Management Grant	-9,460	-1.3
Reduce: Center for Disease Control (CDC) - Breast & Cervical Cancer Grant	-27,920	0.5
Decrease Cost: Abolish vacant Administrative Specialist II Position - Public Health Services (1/2 of position is in PH)	-34,590	-0.5
Eliminate: Crenshaw Perinatal Health Grant	-46,920	0.0

	Expenditures	WYs
Decrease Cost: Projected Client Enrollment in Maternity Partnership from 2,550 to 2,286; decrease County Contribution per patient and increase Client's co-pay from \$350 to \$450; and change inflationary adjustment from 4% to 2%	-512,290	0.0
Decrease Cost: Project Deliver based on historic actuals	-660,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-12,270	0.0
FY10 CE Recommended	4,241,610	16.3

Public Health Emergency Preparedness & Response

This program is responsible for the planning and readiness to identify a bio-terrorism threat and to respond immediately if a disaster occurs. Planning efforts are in collaboration with the County Emergency Management Group, the Office of Emergency Management and Homeland Security, the Departments of Fire and Rescue Service, and Police, the Volunteer Center, hospitals and a variety of other County, State, Regional, and Federal agencies. Efforts are targeted at training and staff development; communication strategies; emergency response drills; partnerships; resources and equipment; the establishment of disease surveillance systems; mass immunization/ medication dispensing sites, and readiness.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,977,230	11.2
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	75,000	0.0
FY10 CE Recommended	2,052,230	11.2

Notes: Miscellaneous adjustments include an increase to Emergency Preparedness Grant.

Service Area Administration

This program provides leadership and direction for the administration of Public Health Services.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,371,780	6.6
Reduce: Eliminate the contract for Congregational Health Outreach Services - Health and Wellness Coordinator	-49,190	0.0
Decrease Cost: Mobile Medical Care, Inc. contract for primary care services for uninsured adults	-88,480	0.0
Decrease Cost: Proyecto Salud contract for primary care for uninsured adults	-93,850	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-256,900	0.0
FY10 CE Recommended	883,360	6.6

Notes: Miscellaneous adjustments include elimination of one time only items for Mobile Medical Care, Inc.

Special Needs Housing

FUNCTION

The mission of Special Needs Housing (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. SNH is responsible for collaborating with public and private agencies to develop and implement strategies, to address the County's plan to remedy and prevent homelessness, and increase the development of supportive, accessible, and affordable housing for special needs populations. Special needs populations include homeless individuals and families, persons with mental health and substance abuse issues, individuals with developmental disabilities, transitioning youth, and seniors with disabilities.

PROGRAM CONTACTS

Contact Nadim Khan of the HHS - Special Needs Housing at 240.777.1179 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Rental & Energy Assistance Program

The Maryland Energy Assistance Program (MEAP) and Electric Universal Services Program (EUSP) provide financial assistance for eligible low-income households to pay home heating and energy costs.

The Rental Assistance and Handicapped Rental Assistance Programs provide subsidies to low-income renters, handicapped persons, and families with dependent children.

The Supportive Housing Rental Assistance Program (SHRAP) provides housing and service coordination to special need families/individuals and also provides funding for the Partnership for Permanent Housing (PPH) program.

The Rental and Energy Assistance Program was formerly in Behavioral Health and Crisis Services. SHRAP and PPH were formerly in the Office of the Director (Administration and Support).

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Average number of households receiving a rental subsidy each month. ¹	1,715	1,668	1,768	1,663	1,663

¹ The average number of households funded directly out of the department's budget is 1,618. The number of subsidies reflected in FY09 and beyond includes the 150 additional subsidies funded out of the Housing Initiative Fund.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	7,994,390	12.5
Decrease Cost: Operating Expenses in the Handicapped Rental Assistance Program	-60,000	0.0
Decrease Cost: Rental Assistance Program (RAP) and offset with Housing Initiative Fund (HIF)	-252,920	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	639,160	0.0
FY10 CE Recommended	8,320,630	12.5

Notes: Miscellaneous adjustments includes additional appropriation needed due to HB669 calculation error when transferred from the General Fund to the Grant Fund in FY09.

Shelter Services

Shelter Services coordinates and provides shelter services to homeless families and single adults on a seasonal and emergency basis with the goal of placing individuals and families in stable, permanent housing as rapidly as possible. Shelter Services, include community outreach, emergency shelter placement, a comprehensive needs assessments, and case management.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Average length of stay by homeless families in emergency shelter ¹	120	93	85	75	75

¹ Under the Housing First Initiative, the goal is to have families in a shelter for a maximum of 30 days. Due to the large number of families with housing needs, the department does not believe that goal is attainable in the next few years.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,929,980	2.8
Increase Cost: Gude Men's Shelter - Daytime Hours	55,560	0.0
Increase Cost: SuperNofa - Home First III (Samaritan)	33,860	0.0
Add: Bethesda Cares, Inc. - Program to provide eviction/utility shut off prevention	15,000	0.0
Increase Cost: SuperNofa - Rapid Rehousing	10,290	0.0
Decrease Cost: Mental Health Outreach Services to the Homeless	-111,860	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	65,070	0.0
FY10 CE Recommended	5,997,900	2.8

Notes: Miscellaneous adjustments includes FY09 contract inflationary adjustments.

Supportive Housing Services

Supportive Housing Services provides transitional housing for families with children and persons with mental disabilities. On-site case management is provided to assist persons receiving services to become self sufficient.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of households remaining housed at least 12 months after placement in permanent supportive housing	NA	94	94	94	94

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,811,290	10.2
Eliminate: Transitional Housing (McKinney III)	-51,720	-0.5
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-8,330	0.0
FY10 CE Recommended	1,751,240	9.7

Housing Stabilization Services

Housing Stabilization Services provides intake and assessment for County households who are experiencing a housing-related emergency. The program's focus is on crisis intervention and prevention. State and County grants are provided to prevent eviction and utility cut offs. Referrals are made for Temporary Cash Assistance (TCA). Case management services are provided to help at risk households develop and implement plans to prevent future housing crisis.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of households that received emergency financial assistance that sought additional assistance within 12 months ¹	NA	NA	24	24	24

¹ Under construction. Baseline numerator data to be established FY09.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	4,893,310	30.2
Decrease Cost: Abolish a vacant Manager II Position in Housing Stabilization Services	-130,280	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-40,370	0.4
FY10 CE Recommended	4,722,660	29.6

Notes: Miscellaneous adjustments includes 0.4 workyear for the Emergency Safety Net Program.

Service Area Administration

This program provides leadership and direction for the administration of Special Needs Housing.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	294,820	1.8
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-46,470	0.0
FY10 CE Recommended	248,350	1.8

Administration and Support

FUNCTION

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

PROGRAM CONTACTS

Contact Corinne Stevens of the HHS - Administration and Support at 240.777.4521 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Office of the Director

The Office of the Director provides comprehensive leadership and direction for the Department, including policy development and implementation; planning and accountability; service integration; customer service; and the formation and maintenance of partnerships with non-governmental service providers. Further, the Office of the Director facilitates external liaison and communications, provides overall guidance and leadership of health and social service initiatives.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,734,280	22.2
Add: Casey Grant Funds	250,000	0.5
Increase Cost: Conservation Corps Lease Cost	15,600	0.0
Decrease Cost: Professional purchase of service funds for planning accountability and customer service	-15,000	0.0
Decrease Cost: Unencumbered professional services funds	-25,000	0.0
Reduce: Abolish a vacant Office Services Coordinator (OSC) Position	-53,410	-1.0
Shift: Funding for a vacant Program Manager II Position, from General Funds to Grant Funds	-66,060	-0.5
Decrease Cost: Temporary Office Clerical Funding in the Office of the Director	-84,780	0.0
Decrease Cost: Abolish Program Manager II Position	-123,580	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	925,230	0.0
FY10 CE Recommended	3,557,280	20.2

Notes: Miscellaneous adjustments includes HB669 grant dollars pending distribution throughout the Department.

Office of the Chief Operating Officer

This Office provides overall administration of the day-to-day operations of the Department, including direct service delivery, budget and fiscal management oversight, contract management, logistics and facilities support, human resources management, information technology and compliance with relevant laws and regulations including the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA).

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	18,661,780	85.1
Enhance: Contract monitor support	147,250	1.0
Enhance: Contract Monitoring	59,690	0.0
Add: Community Grant Contract Monitoring	25,000	0.0
Decrease Cost: Miscellaneous Operating Expenses (HIPAA/ADA Compliance)	-20,000	0.0
Decrease Cost: Broker Contract Services	-28,640	0.0
Decrease Cost: Abolish a vacant Administrative Aide Position in Contract Management Team	-28,650	-0.5
Decrease Cost: Abolish a vacant Office Clerk Position in Contract Management Team	-29,280	-0.5
Decrease Cost: Information Technology (IT) equipment	-45,000	0.0
Decrease Cost: Abolish a vacant Administrative Specialist I Position in Support Services	-57,010	-1.0
Decrease Cost: Broker Contract Services	-72,710	0.0
Decrease Cost: Abolish a vacant Manager III Position in Fiscal Team	-115,280	-1.0
Decrease Cost: Miscellaneous Information Technology (IT) expenses	-175,000	0.0

	Expenditures	WYs
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-40,140	0.6
FY10 CE Recommended	18,282,010	83.7

Notes: Miscellaneous adjustments include annualization of FY09 new positions.

Office of Disparities Reduction

The Office of Disparities Reduction is responsible for the Department's comprehensive approach to addressing disparities across the different systems of care within DHHS. The Office will capitalize on the program expertise of the three Minority Health Programs; the African American Health Program, Latino Health Program, and the Asian American Health Program, to assist in the internal assessment, planning, and development of strategies that will reduce disparities, promote equity, and improve the total well-being of the diverse communities the Department serves.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,856,870	6.5
Replace: Grant funding with general fund support for the Police Safety Grant (F64038)	14,290	0.1
Decrease Cost: Contract for the Latino Youth Wellness Program (Latino Health Initiative)	-5,000	0.0
Decrease Cost: Latino Health Initiative - System Navigator and Interpreter Program	-5,000	0.0
Decrease Cost: "Ama Tu Vida" Media Campaign in the Latino Health Program	-10,000	0.0
Decrease Cost: Foreign trained health professionals in Latino Health Initiative to grant	-10,000	0.0
Decrease Cost: Professional purchase of service funds in the Asian American Health Initiative	-10,500	0.0
Decrease Cost: Latino Health Initiative - Career Transition Center Contract	-13,100	0.0
Decrease Cost: Operating Expenses for the African American Health Program	-14,290	0.0
Decrease Cost: General Fund Operating Expenses for Asian American Health Initiative	-16,270	0.0
Decrease Cost: Professional purchase of service funds for the African American Health Program	-22,080	0.0
Decrease Cost: Unencumbered professional services funds for African American Health Initiative	-33,520	0.0
Decrease Cost: General Fund Operating Expenses for Latino Health Initiative	-36,450	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	122,630	0.9
FY10 CE Recommended	3,817,580	7.5

Notes: Miscellaneous adjustments includes a Program Manager I position reassigned from Public Health.

Office of Community Affairs

This office develops and implements outreach strategies and initiatives targeted to ethnically and culturally diverse populations, who are disproportionately underserved by health and human services, and fosters empowerment and leadership in low-income communities through the work of the Community Action Agency. It develops strategies for service delivery that meet specific regional needs shaped by the size, diversity, and economic conditions of populations in different areas of the County. The Office also monitors and assures department-wide compliance with Limited English Proficiency (LEP) requirements, and has responsibility for the Head Start grant. This program is a collaborative effort of DHHS, Montgomery County Public Schools (MCPS), and contracted community-based child care centers to provide comprehensive pre-kindergarten services to Federally eligible three and four year old children.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,584,030	14.9
Shift: Federal Head Start Grant	0	-0.5
Decrease Cost: Adult English for Speakers of Other Languages (ESOL) classes	-3,070	0.0
Decrease Cost: Case Management and support groups services contract	-10,000	0.0
Decrease Cost: Silver Spring Team for Children & Families Contract	-10,000	0.0
Decrease Cost: Leadership training program	-22,980	0.0
Decrease Cost: State Head Start Supplemental Grant	-37,180	0.2
Decrease Cost: English for Speakers of Other Languages (ESOL) utilities and rent no longer needed	-65,520	0.0
Reduce: Abolish an existing Community Services Aide III Position	-80,470	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	149,000	-0.2
FY10 CE Recommended	3,503,810	13.4

543

ADMINISTRATIVE and SUPPORT SERVICES

	Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
			CC Approved	WY	CC Approved	WY	Recommend	WY	
1	Office of the Director	Information & Referral	431,499	6.00	352,543	5.31	384,355	5.31	This program provides information and referral services for all programs of the department to the community; provides cross-agency and resource information to internal customers.
2	Minority Health Initiatives	Latino Health Initiative	1,455,462	4.00	1,504,972	4.00	1,446,990	4.00	The LHI is composed of staff representing DHHS and a Steering Committee (SC) of 14 community leaders with vast experience in health issues at the national, state and local levels. In February 2001, the LHI and SC, under the auspices of the County Executive, released the Blueprint for Latino Health in Montgomery County, 2002-2006.
3	Minority Health Initiatives	Asian Health Initiative	729,408	1.00	742,043	1.00	719,415	1.00	The mission of this program is to identify the health care needs of the Asian American Community; develop, educate, and implement quality and timely services that are accessible and available for all Asian Americans in Montgomery County.
4	Minority Health Initiatives	African American Health Program	1,489,309	1.00	1,523,004	1.00	1,560,984	2.00	AAHP's goal is to eliminate disparities between the health status of African Americans and other groups in Montgomery County.
5	Minority Health Initiatives	Health Promoters Program	110,932	1.00	118,245	1.00	121,596	1.00	This is a training program to enable Spanish speaking health promoters to disseminate specific health information in the community.
6	Office of Community Affairs	Office of Community Affairs	381,208	4.50	549,667	1.81	550,735	1.81	Develops and implements outreach strategies and initiatives targeted to ethnically and culturally diverse populations who are disproportionately underserved by health and human services. The Office is also responsible for the department's compliance with federal LEP requirements, cultural competency of services, and department-wide disparities assessment.
7	Community Action Agency	Community Action Agency	510,233	1.21	1,940,804	6.60	1,883,516	5.40	Provides services that empower low-income communities through programs such as VITA, EITC, Head Start, food, clothing, Adult ESL, job training, after school programs, leadership development, rent and utilities assistance. The Community Action Board advocates and raises awareness of poverty in the County.
8	Community Action Agency	Tess Center	1,888,356	7.00	347,836	4.50	338,400	4.50	TESS is a store front office located in the racially/ethnically diverse, high traffic Long Branch neighborhood. Program staff help low income and immigrant clients access vital health and human services by navigating the complex systems for county residents.
9	Community Action Agency	Head Start - Community Action			745,721	2.00	731,160	1.70	The Community Action Agency (CAA), the grantee for the Head Start program, is responsible for the grant management and monitoring of the comprehensive child development program in Montgomery County. Serving 648 children and their families, the Head Start program prepares young children for success in school.

45

ADMINISTRATION and SUPPORT

PROGRESS REPORT ON HHS SERVICE INTEGRATION EFFORTS

HHS has been involved in service integration efforts for over 18 months. During this time we have continued to make steady progress. Back in the summer of last year we reported to the Committee on our efforts and the reports from our various work groups. Since then we have engaged in the following activities:

1. Developed our Confidentiality agreement to share information with partners within HHS to help with case assessment, planning and treatment activities
2. We have administered several Quality Service Reviews to baseline our performance on indicators such as team-work, collaboration and shared outcomes
3. Developed a single screening tool for needs and services for our clients coming in the door – this is now being universally applied in all of the HHS service sites – Silver Spring, Rockville and Germantown and is now also being used in our Neighborhood Safety Net Sites
4. We have developed our electronic appointment scheduling tool for services within HHS
5. We are currently finalizing our practice model that clearly lays out the service integration model, standards and practice expectations for all staff to understand, adopt and implement universally
6. We have piloted in all service areas a sampling of new and existing cases where multiple services are needed and provided to identify opportunities and challenges.

The biggest challenge for us remains with changing culture and changing organizational behavior. We have identified a champion/change manager who will continue to drive the initiative through our Office of Performance, Accountability and Customer Service. This will support our efforts and help speed it up. In addition, we are trying to identify training around team based planning and intervention. This training would be very helpful and will truly begin to build system changes as identified in all of our visioning and planning documents around Service Integration.

DHHS Teaming for Clients Conceptual Framework

Goals:

1. Address the complex needs of the clients served by the department in a comprehensive and effective manner
2. Reduce delays in service delivery
3. Eliminate conflicting service plans
4. Increase empowerment of clients and families in the acquisition of services
5. Achieve effective resource alignment and efficiencies
6. Building a seamless continuum where gaps are mitigated and resources developed when necessary.
7. Ensure continuous quality improvement

Model for Practice

Tools: Consolidated screening tool
Unified Assessment tool with specialized addenda
Automated case plan (universal access to team members)
Tracking/reminder mechanism for key milestones and deadlines
Measurement tools to identify and track trends

Values: Shared decision making
Family and Individual self determination
Cross functional team approach to problem solving and management
Strengths-based focus
Adhere to highest ethical standards
Client and family focused
Accountability as a team and as individuals
Linguistic and cultural competence
Ongoing and open feedback
Practice to evidence/Evidenced based practice

Behaviors: Share information, follow through and meet deadlines
Model behaviors of a well functioning team
Share responsibility as well as success
Demonstrate creativity in problem solving and planning

Outcomes

- Clients' needs will be identified earlier
- Clients will acquire service more quickly
- Clients/families will achieve individual outcomes identified in respective plans
- Cooperation among staff will increase
- Clients functioning will be improved
- Client satisfaction will be improved

Issues

- Who would take lead role in each case?
- Technology requirements to share and update information (no duplicate data entry)
- How early/quickly do we get people into team?
- Need to formalize current efforts that are working
- Address documentation needs re: RMTS and claiming
- Who is the client?
- What if client wants only one service?
- Does screening tool include family questions?
- Should core services be considered for every client (basic needs)?
- Must deal with training needs of staff to ensure abilities in team
- Requirements of other organizations re: plans and documentation
- Time and staffing demands
- Skill levels required to carry out assessment
- Need to agree on definition of terms (assessment, case management, etc.)
- Should there be tiers of case management dependent on acuity
- Role of private partners in team and planning process
- Establishment of business process

Next Steps

- Establish teams to research/determine the best approach on :
 - Intake and Screening (already convened for Piccard Pilot group) Sponsors: JoAnne Calderone and JoAnn Barnes
 - Assessment tools: Sponsors—Jay Kenney and Dick Kunkle
 - Case planning: Sponsors—_____ and Kate Garvey
 - Client engagement: Sponsors—Ulder Tillman and Betty Lam
 - Single case record: Sponsors—Nadim Khan and Jon Frey

All information will be brought back to SLT: Corinne and Traci to track and monitor progress

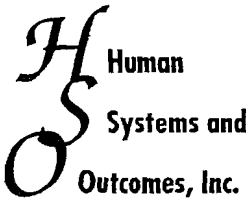
- A future group may look at the role of non-profit partners in process and impact on contracting
- Review staffing needs
- Determine business process for information sharing, planning and follow-up
- ID current models operating in the department
- Develop plan to address IT issues
- Develop chartering documents for entire effort as well as each group
- Define terms, using existing document (Jon Frey) and further work by Muriel Hesler
- Determination on case record
- Establish method to ask staff about key policy questions
- Need to review previous document done in HHS re: definition of terms
- Need to select pilot areas to begin in September and October
- Work plans should include: Chartering, data sources, activities, recommendations, identification of resources, schedule, persons responsible
- **June 15th, next date for addressing issues and key steps**

THE QUALITY SERVICE REVIEW PROTOCOL

This protocol is designed for use in an in-depth case-based quality review process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of a focus individual having special needs in key life areas, (2) status of the individual, and (3) performance of key system of care practices for the focus individual. The protocol examines recent results for focus individuals with special needs and their caregivers and the contribution made by local service providers and the system of care in producing those results. Review findings will be used by local agency leaders and practice managers in stimulating and supporting efforts to improve practices used for individuals who are receiving services in a local system of care.

These working papers, collectively referred as the *Quality Service Review Protocol*, are used to support a professional appraisal of the current status and system of care performance for individual persons and their caregivers in a specific service area and at a given point in time. This protocol is not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to human service agencies for their use. These tools and processes, often referred to as the Quality Service Review or QSR are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

This Quality Service Review Protocol and other QSR processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact an HSO representative at:



2107 Delta Way
Tallahassee, Florida 32303-4224

Phone: (850) 422-8900
Fax: (850) 422-8487
<http://www.humansystemsandoutcomes.com>

Quick Study
Job Aid for
Reviewers

QSR PROTOCOL:
Listing of Status and
Practice Indicators

QSR PROTOCOL INDICATORS

Presented below is the set of status indicators contained in the QSR Multi-Program Protocol. These indicators represent common sense questions used to determine the current status of the focus individual. Reviewers using this list of indicators are directed to the **QSR Protocol** for further guidance. Status is determined for the most recent 30-day period. The QSR status indicators follow:

STATUS INDICATORS

1. **SAFETY:** Extent to which the focus individual is free from external risks, inclusive of such factors as abuse, neglect, and/or exploitation by others.
2. **BEHAVIORAL RISK:** The degree to which the focus individual avoids self-endangering situations and refrains from using behaviors that may put him/her or others at risk of harm. *[Does not apply to children under 36 months of age.]*
3. **HEALTH:** The degree to which the focus individual is achieving and maintaining his/her optimal level of health. If the individual has a serious or chronic physical illness, consider whether or not the individual is achieving his/her best attainable health status given any disease diagnosis and prognosis.
4. **EMOTIONAL STATUS:** Degree to which the focus individual's behavioral functioning and emotional development are adequate for successful daily functioning in normal, age-appropriate activities and settings. *[Does not apply to children under two years of age].*
5. **LIVING SITUATION • APPROPRIATENESS:** Extent to which the focus individual is living in the most appropriate living arrangement that is consistent with his/her physical and emotional needs, age, ability, special needs, family/social relationships, and peer group affiliation.
 - **STABILITY:** Extent to which the stability of the living situation meets the focus individual's ongoing needs for continuity in connections to his/her language and culture, community, faith, extended family, social activities, and peer group.
6. **RESOURCES AND BASIC NECESSITIES:** The degree to which:
 - The focus individual has sufficient resources (earned income and/or other supports) to cover basic living requirements (e.g., housing, utilities, food, clothing, transportation, health care/medicine, child care).
 - The focus individual is receiving education or training that enables him/her to meet current or future developmental and resource needs.
 - The focus individual (or caregiver) is accessing, receiving, and adequately managing the resources for which he/she is eligible.
 - The focus individual's (or caregiver's) procurement of food, shelter, clothing, transportation, health care, and dependent care are meeting daily requirements on a consistent basis.
7. **RELATIONSHIPS:** Extent to which the social and emotional needs (e.g., nurturance, guidance, protection, supervision, companionship) of the focus individual are met through supportive, enduring relationships with caregivers and other significant members of his/her social network.
8. **QUALITY OF LIFE:** The extent to which the focus individual is engaged in daily activities that enhance the quality of his/her life, as appropriate to age and ability. Depending on age/ability, activities can be interpreted as: interactions with other people, self-development, work/school, leisure or recovery. Activities enhancing quality of life can give a sense of purpose, accomplishment, and success. Such activities include fulfilling valued social roles in the family, social network, culture or community.
9. **OVERALL STATUS:** • Based on the review findings determined for Status Reviews 1–8 above, how well is the focus individual presently doing?

PRACTICE PERFORMANCE INDICATORS

Presented below is a set of questions used to determine the performance of practice (essential system functions) for the individual in a review. Practice performance is measured over the most recent 90 days of service.

1. **ENGAGEMENT:** The degree to which:
 - Service providers are using effective outreach and engagement strategies to increase the focus individual's participation in the service process.
 - Service providers are building and maintaining a trust-based working relationship with the focus individual, and/or others to support ongoing assessment, understanding, and service decisions.
2. **TEAMWORK • TEAM FORMATION:** The degree to which: (1) A group of motivated, qualified people, with skills and knowledge appropriate to the needs of this focus individual, have formed a highly-functioning working team that meets, talks, and plans together; (2) The collective team has the ability to organize and execute effective services for this focus individual, given the level of complexity and cultural background required.
 - **TEAM FUNCTIONING:** The degree to which: (1) Leadership is used effectively in facilitating intervention planning and service decision processes for the focus individual; (2) Effective coordination, integration, and continuity are being used in the assessment, planning, organization, and provision of services to the focus individual; (3) Members of the team collectively participate in planning services and evaluating results; (4) Actions of the team reflect effective teamwork and collaborative problem solving that supports the focus individual's capacities and aspirations for independence.
3. **ROLE & VOICE:** The degree to which the focus individual is an active ongoing participant (e.g., having a significant role, voice, and influence) in decisions made about intervention strategies, services, and results.
4. **ASSESSMENT & UNDERSTANDING:** The degree to which formal and informal assessments are conducted and used to form a broad-based understanding of the focus individual's situation, strengths, challenges, and aspirations. Assessments can uncover underlying issues that should

be addressed to help the focus individual achieve adequate functioning and well-being. They also clarify what changes need to be made to promote the focus individual's well-being.

5. **LONG-TERM GOALS & OBJECTIVES:** The degree to which clearly stated, well-informed, carefully reasoned, and agreed-upon long-term goals and objectives guide the intervention planning process toward attainment of desired outcomes.
6. **PLANNING OF INTERVENTIONS:** The degree to which the team of service providers has established clearly specified interventions (i.e., strategies with actions, resources, schedules) detailed in written plans and used to guide the process for assisting the focus individual in attaining desired outcomes for well-being and functioning.
7. **INTERVENTION ADEQUACY:** The degree to which implementation of planned interventions is sufficient and effective in helping the focus individual reach the levels of well-being, functioning, and supports defined in the long-term goals and objectives set for him/her.
8. **TRACKING AND ADJUSTMENT:** The extent to which the case manager and/or team of service providers are:
 - **TRACKING:** Maintaining awareness of the focus individual's situation, including the emergence of new needs; monitoring the delivery of planned interventions; monitoring the quality and consistency of communication with the focus individual and among team members; monitoring progress made toward desired outcomes; and evaluating the effectiveness of strategies to determine what best benefits the focus individual.
 - **ADJUSTING:** Making adjustments in planned goals, strategies, actions and resources to keep plans relevant to the focus individual's current situation and assist him/her in achieving desired outcomes.
9. **OVERALL PRACTICE PERFORMANCE:** Based on the review findings determined for Service Reviews 1-8, how well is the service system functioning for the focus individual now?

RATING SCALES USED IN THE QSR

The QSR protocol uses a 6-point rating scale as a "yard stick" for measuring the situation observed for each indicator. [See the two rating scale displays presented on page 4.] The general timeframes for rating indicators are: (1) for status indicators, the reviewer focuses on the past 30 days, and (2) for system performance indicators, the reviewer focuses on the past 90 days.

STATUS INDICATOR RATINGS

Presented below are general definitions of the rating levels and timeframes applied for status indicators. The general interpretations for these ratings are defined as follows:

- **Level 6 - Optimal and Enduring Status.** The individual/caregiver status situation has been generally optimal [best attainable taking age

and ability into account] with a consistent and enduring high quality pattern evident, without being less than good (level 5) at any point or any essential aspects. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally optimal and enduring, never dipping below level 5 at any moment. Confidence is high that long-term needs or outcomes will be or are being met in this area—perhaps reaching the level indicated for stepping down services in this status area.

- **Level 5 - Substantially Good and Stable Status.** The individual/caregiver status situation has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect over that time period. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally good and stable, never dipping below level 4 at any moment. This status level is consistent with eventual satisfaction of major needs or attainment of long-term outcomes in the area.
- **Level 4 - Minimally Adequate to Fair Status.** The individual/caregiver status situation has been at least minimally adequate at all times over the past 30 days, without being inadequate at any point or any essential aspect over that time. The situation may be dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed pattern may not endure or may have been less than minimally acceptable in the recent past, but not within the past 30 days.
- **Level 3 - Marginally Inadequate Status.** The individual/caregiver status situation has been somewhat limited or inconsistent over the past 30 days, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have endured or may have been less than minimally acceptable in the recent past and somewhat inadequate.
- **Level 2 - Substantially Poor Status.** The individual/caregiver status situation has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured or may have been inadequate and unacceptable in the recent past and substantially inadequate.
- **Level 1 - Adverse or Poor and Worsening Status.** The individual/caregiver status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. The observed pattern may have endured or may have recently become unacceptable, substantially inadequate, and worsening.

SERVICE SYSTEM PERFORMANCE INDICATOR RATINGS

The same general logic is applied to performance indicator rating levels as is used with the status indicators. The general interpretations for performance indicator ratings are defined as follows:

- **Level 6 - Optimal and Enduring Performance.** The service system practice/system performance situation observed for the individual/caregiver has been generally optimal [*best attainable given adequate resources*] with a consistent and enduring pattern evident, without ever being less than good (level 5) at any point or in any essential aspect. The practice situation may have had brief moments of minor fluctuation, but performance in this area has remained generally optimal and stable. This excellent level of performance may be considered “best practice” for the system function, practice, or attribute being measured in the indicator and worthy of sharing with others.
- **Level 5 - Good and Stable Performance.** The service system practice/system performance situation observed for the individual/caregiver has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect. The situation may have had some moments of minor fluctuation, but performance in this area has remained generally good and stable. This level of performance may be considered “good practice or performance” that is noteworthy for affirmation and positive reinforcement.
- **Level 4 - Minimally Adequate to Fair Performance.** The service system practice/system performance situation observed for the individual/caregiver has been at least minimally adequate at all times over the past 30 days, without being inadequate (level 3 or lower) at any moment or in any essential aspect over that time period. The performance situation may be somewhat dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed performance pattern may not endure long term or may have been less than minimally acceptable in the recent past, but not within the past 30 days. This level of performance may be regarded as the lowest range of the acceptable performance spectrum that would have a reasonable prospect of helping achieve desired outcomes given that this performance level continues or improves. Some refinement efforts are indicated at this level of performance at this time.
- **Level 3 - Marginally Inadequate Performance.** The service system practice/system performance situation observed for the individual/caregiver has been somewhat limited or inconsistent, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have been less than minimally acceptable (level 3 or lower) in the recent past and somewhat inadequate. This level of performance may be regarded as falling below the range of acceptable performance and would not have a reasonable prospect of helping achieve desired outcomes. Substantial refinement efforts are indicated at this time.
- **Level 2 - Substantially Poor Performance.** The service system practice/system performance situation observed for the individual/caregiver has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(S) recently. The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured for a while or may have become inadequate and unacceptable in the recent past and substantially inadequate. This level of inadequate performance warrants prompt attention and improvement.
- **Level 1 - Absent, Adverse, or Poor Worsening Performance.** The service system system performance situation observed for the individual/caregiver has been missing, inappropriately performed, and/or substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. This level of absent or adverse performance warrants immediate action or intervention to address the gravity of the situation.

QSR Interpretative Guide for Status Indicator Ratings

Maintenance Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL & ENDURING STATUS.** The best or most favorable status presently attainable for this individual in this area [taking age and ability into account]. The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.

5 = **GOOD & CONTINUING STATUS.** Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Acceptable
Range: 4-6

Refinement Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS.** Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

3 = **MARGINAL INADEQUATE STATUS.** Status is mixed, limited, or inconsistent and not quite sufficient to meet the individual's short-term needs or objectives now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

Improvement Zone: 1-2

Status is problematic or risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS.** Status is and may continue to be poor and unacceptable. The individual may seem to be "stuck" or "lost" with status not improving. Any risks may be mild to serious.

1 = **ADVERSE STATUS.** The individual's status in this area is poor and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.

Unacceptable
Range: 1-3

QSR Interpretative Guide for Practice Indicator Ratings

Maintenance Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL & ENDURING PERFORMANCE.** Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.

5 = **GOOD ONGOING PERFORMANCE.** At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.

Acceptable
Range: 4-6

Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

4 = **FAIR PERFORMANCE.** This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short-term due to change circumstances, requiring change soon..

3 = **MARGINAL INADEQUATE PERFORMANCE.** Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.

Improvement Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE.** Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE.** Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable
Range: 1-3

Needs Questionnaire

Please check services that you or someone in your family needs.

Date: _____

STAFF USE ONLY

	Needs	Referred To:
Financial Services		
<input type="checkbox"/> Burial Assistance		
<input type="checkbox"/> Cash Assistance (TCA -TDAP)		
<input type="checkbox"/> Food Assistance		
<input type="checkbox"/> Food Stamps		
<input type="checkbox"/> Emergency Prescription Assistance		
<input type="checkbox"/> Housing – Eviction or Foreclosure Assistance		
<input type="checkbox"/> Housing – Homeless Services		
<input type="checkbox"/> Housing – Moving Help or Security Deposit		
<input type="checkbox"/> Housing – Rental Assistance		
<input type="checkbox"/> Medical Assistance – Coverage for Adults		
<input type="checkbox"/> Medical Assistance – Coverage for Children and Families		
<input type="checkbox"/> Personal Finances and Budgeting Assistance		
<input type="checkbox"/> Utilities Assistance		

Health Services

<input type="checkbox"/> Alcohol/Drug Treatment		
<input type="checkbox"/> Cancer Screening and Treatment		
<input type="checkbox"/> Birth Control/		
<input type="checkbox"/> Medical Care for Adults		
<input type="checkbox"/> Medical Care for Child		
<input type="checkbox"/> Dental Services		
<input type="checkbox"/> HIV/STD Testing		
<input type="checkbox"/> Mental Health Services – Adult		
<input type="checkbox"/> Mental Health Services – Child		
<input type="checkbox"/> Immunizations (vaccinations)		
<input type="checkbox"/> Pregnancy/Prenatal Services		
<input type="checkbox"/> Vision/Hearing Services		

STAFF USE ONLY

	Needs	Referred To
Family Services		
<input type="checkbox"/> Child Care – Help Finding Child Care		
<input type="checkbox"/> Child Care – Help Paying for Care		
<input type="checkbox"/> Child Support Payments		
<input type="checkbox"/> Counseling (need someone to talk with)		
<input type="checkbox"/> Day Care - Adult		
<input type="checkbox"/> Disability Support Services		
<input type="checkbox"/> Domestic Violence		
<input type="checkbox"/> Gang Prevention		
<input type="checkbox"/> Physical Abuse or Neglect – Adult		
<input type="checkbox"/> Physical Abuse or Neglect – Child		
<input type="checkbox"/> Services for Children ages 0-5 years – Early Childhood		
<input type="checkbox"/> Senior Services		
<input type="checkbox"/> Transportation Information		
<input type="checkbox"/> Victim of Crime and Sexual Assault		

Other Services

<input type="checkbox"/> Clothing		
<input type="checkbox"/> Furniture		
<input type="checkbox"/> Employment – non TCA		
<input type="checkbox"/> Immigration		
<input type="checkbox"/> Legal		
<input type="checkbox"/> Social Security		
<input type="checkbox"/> Other :		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

For Office Use Only: _____

HHS Worker/Phone _____

If you would like more information before applying for services, please call the DHHS information and Referral line, 240-777-1245.

Intake Summary/Referral Notes:

I understand this information may be shared for referral or management purposes. DHHS staff may call me for follow-up purposes at (phone #) _____ and leave a message: on voice mail Y N or with a person Y N.

Customer Name (please print) _____ Customer Signature _____

DHHS Contract Monitoring Improvement Initiatives

Since the fall of 2007 DHHS senior management has been in ongoing dialogue with our vendors, DHHS staff, and the other County Departments involved in Procurement to define the issues relating to the contract monitoring process and to devise more effective and comprehensive strategies to address the challenges and barriers to strengthening and improving our processes.

- In June 2008 all DHHS contract monitors were mandated to take the County's Contract Administration Class every three years. To date over 60 monitors have completed the training. Additional training sessions are available in April and are being scheduled in September 2009. We expect that by the time the fall training is completed, nearly 100% of DHHS contract monitors will have completed the required training.
- During the summer of 2008 an internal DHHS training program was developed. This training, initiated in September 2008, is required for all DHHS contract monitors. To date five sessions have been held. In March of 2009, DHHS provided training to over 120 contract monitors, supervisors, and managers on issues relating to support documentation for contract payments.
- During January-February 2009, DHHS worked collaboratively with the Department of General Services (DGS), Office of Procurement, the Department of Finance, Office of Risk Management and the County Attorney's Office (CAO) to review and streamline processes associated with the non-competitive County Council grants. As a result of these discussions, we have agreed on a process to prioritize activities associated with summer programs, conduct an advance review of insurance requirements, and execute contracts which will allow a full 12 twelve months of funding.
- In March 2009 DHHS instituted a Contract Monitoring Review Committee (CMRC) to conduct audits of at least one contract /service area each quarter. The first group of reviews will be initiated in the fourth quarter of FY09.
- In March 2009 DHHS initiated a 100% contract review to assure that DHHS is receiving appropriate back-up payment support documentation from our vendors. The file review will be completed in mid-April and DHHS will work with our vendors to provide guidance on County requirements.
- Starting July 1, 2009, HHS will support program monitoring functions with the creation of a focused team of fiscal monitors. This team will conduct audits and build capacity both within HHS and with our vendor partners to comply with contract requirements.

Over the next six months, DHHS will continue to work collaboratively with the Departments of Finance and DGS, Office of Procurement, and OCA as well as our vendors to:

- Restructure DHHS monitoring practices by reducing the number of monitors and enhancing the involvement of the DHHS fiscal and compliance teams in the monitoring process.
- Revise the DHHS Monitoring Guidelines to strengthen the fiscal component of the monitoring plan. (March-August 2009)

- Develop a standard training plan for contract monitors, supervisors, and managers. (March-August 2009)
- Develop, in collaboration with the Department of Finance, OCA and, DGS, Office of Procurement, several 'brown-bag' training presentations on the County's Regulations, policies, and procedures for DHHS vendors. (August/September 2009)
- Continue discussions with OCA, Department of Finance, DGS (Office of Procurement) and OMB on streamlining the contracting process. This will become increasingly important as the County's Enterprise Wide Project (ERP) moves forward and business processes are developed for the new system.

-----Original Message-----

From: Khan, Trudye **On Behalf Of** HHS Director's Office

Sent: Monday, April 06, 2009 9:35 AM

To: #HHS.ALL

Subject: Neighborhood Safety Net Site Opened

Importance: High

Dear HHS Colleagues:

I am writing to inform you of a unique partnership aimed at bringing much needed emergency food and housing stabilization services to neighborhoods most impacted by the current economic downturn. As you know, Montgomery County is not immune to the deepening economic crisis. Many neighborhoods have been hit hard by rising unemployment, hunger, evictions and foreclosures. Our service statistics are consistently showing higher rates of evictions, emergency assistance requests as well as increased reports on child neglect and domestic abuse, increased calls to the suicide hotline and other troubling indicators of need.

Since September of 2008, our department has joined forces with Family Services, Inc., IMPACT Silver Spring, Interfaith Works, Emergency Assistance Coalition, Montgomery Community Foundation, the City of Gaithersburg and the County Executive's Office of Community Partnership in raising awareness of the increasing number of individuals and families falling into hard times, using data to tell the stories of economic insecurities, strong advocacy to protect the safety net for our vulnerable residents, as well as to think outside of the box to ensure access to government services and private resources.

4/6/2009

The planning and discussions have resulted in the launch of the first Neighborhood Service Center, serving Gaithersburg families in zip code 20877 with Family Services, Inc., as our lead non-profit agency. The Center is staffed by "community connectors" and a triage worker who have been trained by HHS to assist residents with information and referral resources, applications and documentation collection for many of our benefit assistance programs and program grants. These include Income Support Services (Temporary Cash Assistance, Food Stamps, Medical Assistance, Temporary Disability Assistance Program and Child Care Subsidy Programs), Public Health Services (MCHP, Prenatal, Care for Kids, and Dental), and Emergency Services for the prevention of eviction and utility disconnections, Home Energy and County Rental Assistance Programs. The Center will also use the HHS Needs Assessment Screening Tool to determine if our customers have other needs for which HHS can assist. **In summary, these staff will connect the community to HHS services!**

IMPACT Silver Spring with their staff and volunteers have already begun to knock on doors within this zip code to alert residents to this new resource and to build the capacity for self-empowerment and self advocacy among these vulnerable individuals.

Once a week, the HHS Safety Net Team comprised of selective Housing Stabilization managers and Income Support managers will go to the site to review difficult cases with the lead non-profit agency to see if other resources or alternative interventions might be available to help the client. On that same day, a Housing Stabilization case manager will also be on site to conduct interviews that have been scheduled through the neighborhood center.

Attached is the flyer with location, hours of operation and phone number for the Gaithersburg Neighborhood Service Center. Please help us spread the word to your constituents and let those who reside in the 20877 area know about the availability of this site to serve them closer to where they live.

Another neighborhood site is scheduled to open in late April in Wheaton, with Catholic Charities as the lead non-profit agency. We will send you more information for the second site when it gets closer to the opening date.

I am deeply appreciative of the efforts the HHS Core Planning Team has expended to make this new center a reality. The members of the Core Planning Team are JoAnn Barnes, Sue Gordon, Felicia Turner, David Carter, Vera Johnson, Diane Horning, Jon Frey and Betty Lam. Please feel free to contact me or any one of the staff on the HHS Core Planning Team if you are interested in finding out more about this initiative.

Thank you and I sincerely hope that you too will spread the message about the neighborhood based service center and work with your colleagues to make this initiative a success.

Best Regards,
Uma

4/6/2009

59

Need Help with...

**Utility Bills, Rent, Food, Health Care,
Foreclosure Prevention?**

**Come to New Neighborhood Service Site
Nearest You**

Neighborhood Service Center

602 E. Diamond Avenue,

Gaithersburg (20877)

Monday – Friday 2-5:30 p.m.

301-840-4080

**Bilingual staff on site to assist with
applications and referrals to emergency
services and other resources.**

Site Sponsored by the following Neighbors Campaign partners:
Family Services, Inc., Montgomery County Department of Health
and Human Services, City of Gaithersburg, Impact Silver Spring,
Interfaith Works, Community Foundation

Necesita Ayuda con...

Los pagos de gas o electricidad, con la renta, comida, servicios médicos, o la prevención de un juicio hipotecario?

Venga al Nuevo “Centro de Servicio en su Vecindario” más cercano a usted

“Centro de Servicio en su Vecindario”

602 E. Diamond Avenue,

Gaithersburg (20877)

Lunes a Viernes – 2 - 5:30 p.m.

301-840-4080

Empleados bilingües le ayudarán con las solicitudes, y a obtener referencias para servicios de emergencia y otros recursos.

Este centro es auspiciado por las siguientes agencias que trabajan en la Campaña de Vecinos: Family Services, Inc., El Departamento de Salud y Servicios Humanos del Condado de Montgomery, la Ciudad de Gaithersburg, Impact Silver Spring, Interfaith Works, Community Foundation

Minority Health Initiatives Programs

FY10 OE

Latino Health Initiative (LHI)	
Bilingual Line/ Interpreters Program (Contract CASA of Maryland)	307,120.00
Latino Youth Wellness Program (Contract Identity)	373,930.00
Foreign-Trained Health Professionals Program (Contract Career Transition Ctr.)	144,128.00
Health Promoters Program (Contract PCC 92K) (County 34K)	126,000.00
Ama Tu Vida Health Festival	10,000.00
Asthma Program (Contract with Primary Care Coalition)	74,000.00
Smoking Cessation Counseling	5,000.00
Steering Committee & Workshops	10,000.00
General Expenses (supplies, equipment, printing, travel, grant development)	36,399.00
<i>Asthma Management Grant</i>	<i>20,000.00</i>
TOTAL LHI FY10 Operating Expenses	1,107,077.00

African American Health Program (AAHP)	
AAHP Program Administration (Contract BETAH Associates)	1,213,708.00
Sneakers and Pearls Programs (Contract Crittenton Svs. Of Greater Washington)	10,404.00
Data Manager/20 hours per week (Contract Family Services)	45,292.00
General Expenses (supplies, phones, copiers, travel, training)	32,500.00
Increase Data Mgr. hours OR fund Hypertension Education & Awareness Link Community Program OR 29% of Diabetes Program Manager if grant funding is not continued.	46,217.00
TOTAL AAHP FY10 Operating Expenses	1,348,121.00

Asian American Health Initiative (AAHI)	
Administration/Program Coordination (Contract Primary Care Coalition)	200,213.00
Outreach Coordinator (Contract Primary Care Coalition)	48,672.00
Cancer Program Coordinator (Contract Primary Care Coalition)	46,800.00
Patient Navigator Program (Contract Cross Cultural Info Tech)	299,510.00
General Expenses (supplies, printing, travel)	18,675.00
TOTAL AAHI FY10 Operating Expenses	613,870.00

62

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
African American Festival of Academic Excellence	To provide for the Festival site	Yes	-	Yes	-	Yes	Yes	Yes	-	-	Yes
African Immigrant and Refugee Foundation, Inc.	To support the expertise and staff time for diversity training in Montgomery County	-	-	-	-	Yes	Yes	Yes	-	Yes	Yes
Asian Pacific American Legal Resource Center, Inc.	To support legal service, outreach, and education programs for low-income Asian Americans of MC	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Big Brothers Big Sisters of the National Capital Area	To provide support to Mentor Development Center and programs	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Caribbean Help Center, Inc.	To support operating expenses	-	-	-	Yes	Yes	Yes	-	-	Yes	Yes
CASA de Maryland, Inc.	Social Services, information and referral for low-income immigrants at Silver Spring center	Yes	-	-	-	-	-	-	Yes	-	Yes
Catholic Charities of the Archdiocese of Washington, Inc.	To support immigration legal services outreach workshops and pro bono trainings	-	-	-	-	-	Yes	-	-	Yes	Yes
Child Center & Adult Services, Inc.	Healthy Mothers, Healthy Babies program	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Circle of Rights, Inc.	To support vital Hispanic Outreach	-	-	-	-	-	-	-	-	-	Yes
College Tracks, Inc.	To provide operating expenses for program to improve college access for students at Wheaton High School	-	-	-	-	-	-	-	-	Yes	Yes
Crossway Community, Inc.	To provide help with operating costs	Yes	-	-	-	-	-	Yes	Yes	-	Yes
Crossway Community, Inc.	To provide reimbursement for emergency provisions to help families in crisis	-	-	-	-	-	-	-	-	-	Yes
Crossway Community, Inc.	To provide salary for an intervention services coordinator	-	-	-	-	-	-	-	-	-	Yes
Family Learning Solutions, Inc.	To provide services to at-risk African-American and immigrant youth via Family Learning Connections program at the Gilcrest Center for Cultural Diversity	-	-	Yes	Yes	-	-	-	Yes	Yes	Yes
Family Services Agency, Inc.	To match the funds from the City of Gaithersburg for Brothers program	-	-	-	-	-	-	-	-	-	Yes
First African Methodist Episcopal Church	Provides food program for low income families	-	-	-	-	-	-	-	Yes	-	Yes
Gandhi Brigade Youth Media	To support at-risk youth community engagement by outfitting a community media center in Silver Spring with technology	-	-	-	-	-	-	-	-	-	Yes
GapBuster Learning Center, Inc.	Provides services for teen and young adult activities	-	-	-	-	-	Yes	-	Yes	Yes	Yes
Identity, Inc.	To provide case management funding to low-income Latino youth and families	-	-	Yes	Yes	-	Yes	Yes	Yes	-	Yes
IMPACT Silver Spring, Inc.	To support Neighbors Supporting Neighbors campaign	-	-	Yes	Yes	-	-	Yes	Yes	Yes	Yes
Institute for Family Development, Inc. d.b.a. Centro Familia	To provide training, business development and home visiting for Listos para Escuela/Ready for School program and Career Ladder for latino Family Childcare Providers	-	-	-	Yes	-	Yes	Yes	Yes	Yes	Yes
InterFaith Community Against Domestic Violence	To support the initial offering of the training program Clergy as Domestic Violence First Responders	-	-	-	-	-	-	-	-	-	Yes
Jewish Federation of Greater Washington	To provide emergency services funding	-	-	-	-	Yes	-	-	-	-	Yes
Jewish Federation of Greater Washington	To purchase emergency generator	-	-	-	-	-	-	-	-	-	Yes
Jobs Unlimited, Inc.	To hire a part-time Outreach Coordinator	-	-	-	-	-	-	-	-	-	Yes
Jubilee Association of Maryland, Inc.	To support the autism initiative for individuals with high functioning autism spectrum disorders	-	-	-	-	-	-	-	-	-	Yes

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Korean Community Service Center of Greater Washington, Inc.	Provides support to the operation of the KAMMSA Health Clinic	-	-	-	-	-	-	-	-	-	Yes
Korean Community Service Center of Greater Washington, Inc.	Provides support to the Keystones Domestic Violence Prevention Program	-	-	-	-	-	-	-	Yes	Yes	Yes
Liberty's Promise	To provide help to at-risk youth immigrant population, internship and civic education programs for low-income youth immigrants	-	-	-	-	-	-	-	Yes	Yes	Yes
Lt. Joseph P. Kennedy Institute, Inc.	To provide for a specialized after-school program for children with developmental disabilities (Community Companions)	-	-	-	-	Yes	Yes	-	-	-	Yes
Manna Food Center, Inc.	To provide moving costs and improvements to build refrigeration and shelving units	-	-	-	-	-	-	-	Yes	Yes	Yes
Mental Health Association, Inc.	To support the Military Mental Health Initiative	-	-	-	-	-	-	-	-	Yes	Yes
Metropolitan Community Development Corporation	To provide after school enrichment program for low-income and immigrant children ages 3-13	-	-	-	-	Yes	-	-	Yes	-	Yes
Montgomery County Collaboration Council	To support Advancing Youth Development training for Out-of-School time program staff	-	-	-	-	-	-	-	-	-	Yes
Montgomery County Muslim Foundation, Inc.	To hire an Administrative Assistant	-	-	-	-	-	-	-	-	-	Yes
Nonprofit Roundtable of Greater Washington	To support the nonprofit sector to adapt to serve through nonprofit partnerships and collaborations; cost savings in contract and procurement processes; impact of the nonprofit sector in Montgomery County	-	-	-	-	-	-	-	-	Yes	Yes
Partnership for Jewish Life and Learning	To provide Capital security enhancements	-	-	-	-	-	-	-	-	-	Yes
Passion for Learning, Inc.	To continue academic after school programs for at-risk students in Montgomery County Public Schools	-	-	-	-	-	-	-	-	Yes	Yes
St. Ann's Infant and Maternity Home	Teen Mother-Baby program	-	-	-	-	-	-	-	-	-	Yes
St. Camillus Church	To provide assistance to low-income individuals, families and children with basic living needs.	-	-	-	-	-	-	-	-	-	Yes
Supported Employment Enterprises Corp. (SEEC)	To provide for emergency housing costs for adults with developmental disabilities	-	-	-	-	-	-	-	-	-	Yes
Supported Employment Enterprises Corp. (SEEC)	To provide for dental expenses for adults with developmental disabilities	-	-	-	-	-	-	-	-	-	Yes
The Cambodian Buddhist Society, Inc.	To establish an employment center at the Cambodian Buddhist Temple	-	-	-	-	-	-	-	-	-	Yes
Women Who Care Ministries, Inc.	To rent a food pantry, which also includes office space	-	-	-	-	-	-	-	-	Yes	Yes
Women Who Care Ministries, Inc.	To hire a Food Services Coordination Manager	-	-	-	-	-	-	-	-	-	Yes

19

NDA - Community Grants

Entity	Purpose	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10
Entity Included in the Base Budget											
Washington Youth Foundation	Positive youth development program targeting Korean immigrants and at-risk youth and their families	-	-	-	-	-	-	-	-	Yes	Yes
Entity *Included in the Base Budget by County Executive in DHHS											
Asian American LEAD	Provides after-school academic enrichment programs to low-income Asian Americans of MC	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Alzheimer's Disease Related Disorders Association, National Capital Chapter, Inc.	Program for frail seniors, families and caregivers						Yes	Yes	Yes	Yes	Yes
Bethesda Cares, Inc.	To provide eviction/utility shut off prevention program (to prevent homelessness)	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Community Bridges, Inc.	Leadership and empowerment programs for immigrant and low-income adolescent girls	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Food & Friends, Inc.	To provide clinical nutrition to residents living with HIV/AIDS, cancer and other life-challenging illnesses	-	-	Yes	Yes	-	Yes	Yes	-	Yes	Yes
Latin American Youth Center, Inc.	To support Maryland Multicultural Youth Centers	-	-	-	-	-	Yes	-	Yes	Yes	Yes
Latin American Youth Center, Inc.	To maintain safety and security for at-risk youth	-	-	-	-	-	-	-	Yes	Yes	Yes
Maryland Vietnamese Mutual Association, Inc.	To support Vietnamese American Community	-	-	-	-	-	Yes	Yes	Yes	Yes	Yes
Mental Health Association, Inc. N*Common	To support N*COMMON Multicultural Mental Health Initiative	-	Yes	-	Yes	-	Yes	Yes		Yes	Yes
Potomac Community Resources, Inc.	To serve persons with developmental disabilities	-	-	-	-	-	-	Yes	Yes	Yes	Yes
Top Banana Home Delivered Groceries, Inc.	To provide food, protects the health of vulnerable adults	-	-	Yes	Yes	-	Yes	Yes	Yes	Yes	Yes

* The above eleven grants were requested by the entities through the County Executive community grants -NDA. Washington Youth Foundation did not apply for a community grant.



AGING and DISABILITY SERVICES

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Community/Nursing Home Medical Assistance - MOVED for FY10 to Public Health Services - Community Health Services	Medical Assistance	2,456,714	32.70	2,657,738.78	32.90	-	-	The Medical Assistance Long Term Care and Outreach units determine eligibility for the Maryland Medical Assistance Program. 10 positions fully funded by facilities and FFP.
Community Support Network for People with Disabilities	Disabilities Outreach Services	1,013,869	3.40	1,004,293.53	3.20	1,064,421.24	2.20	Provides supported employment, services coordination, summer camps for children, crisis management and intervention, school-to-work transition assistance, assisted transportation subsidies, case management and support program for children between the ages of 3 to 14. (Homeless Case Management was combined with this program--assists individuals in finding services to stabilize the individual's crisis situation. Operating dollars are \$25,000 from DHMH and \$5,780 from HB669 State Grant; no work years.)
Community Support Network for People with Disabilities	My Turn Program			66,600.01	0.80	81,414.97	1.00	My Turn is a collaborative program working with the schools, faith communities and private/non-profit organizations that serve low income children ages of 3 to 13 years old that have severe, and often, multiple developmental disabilities. The program works with low-income families disenfranchised from community services, links them to vital community resources, and designs circles of community support.
Community Support Network for People with Disabilities	Autism Waiver	619,070	8.00	668,225.19	8.00	668,673.66	8.00	Through an agreement with MCPS, DHHS provides resource coordination for the children with autism spectrum disorder (ages 1 through 21). This program services children with one of the most difficult, self-destructive disabilities to manage and has the greatest impact and demand on family life. Services are vital to the stability of the family.
Community Support Network for People with Disabilities	Service Coordination Grant	3,144,160	15.75	3,951,520.00	22.75	4,010,800.00	22.75	DHHS provides resource coordination to children and adults with developmental disabilities living in the community and is responsible for assisting participants in gaining efficient and effective access to the service delivery system
Community Support Network for People with Disabilities	Individual Support Services Grant	843,910	2.00	997,120.00	2.00	960,000.00	2.00	DHMH funding provides for support services provided to individuals with a developmental disability living with their family or living on their own. Included are respite services, transportation, environmental modifications, adaptive equipment, money management, home skills, and residential services.
Community Support Network for People with Disabilities	Residential (DD) -	9,005,652	1.00	9,339,056.29	1.00	9,571,970.01	1.00	This program was moved from 645010 as part of a reorganization for FY07. Provides financial assistance to non-profit community agencies that serve individuals with developmental disabilities that receive funding from DHMH. This funding ensures that these providers remain in the County and that they provide a high level of quality residential and community based programs for children and adults with developmental disabilities.
Community Support Network for People with Disabilities	Public Service Intern Program	100,000	6.50	100,000.07	6.50	100,000.07	6.50	In FY08, The County began a Public Service Intern program for individuals with developmental disabilities. This new program provides a stable, flexible high-quality work force that the County can rely upon for both on-going and ad hoc assignments and increases the participation of persons with severe disabilities into the County's workforce.



Aging and Disability

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Information & Assistance	Senior Info & Assistance	833,645	9.51	945,055.56	9.81	995,594.21	9.81	Sr. I and A provides one-stop information, assistance, and outreach to Montgomery County residents regarding services for seniors, and their families, people with disabilities and families with children with disabilities. Information, referrals, advocacy and follow-up are provided as needed. The program provides minimal supports that allow people to do as much as possible for themselves, or to receive services that allow them to remain independent.
Senior Community Services	Health Promotion	35,084	0.49	36,811.06	0.46	33,757.51	0.39	Provides nutrition education, screening and counseling, physical fitness and medication management for seniors 60 and over.
Senior Community Services	MA Waiver	1,114,604	13.00	1,136,998.07	11.90	1,339,383.54	12.90	Prevents nursing home placement for people 50+ by providing case management and community based services (including assisted living). The Waiver pays for all services up to the cost equivalent of a nursing home placement. Montgomery County clients receive about \$38,000/year in services paid for directly by Medicaid.
Senior Community Services	Caregivers	210,841	1.27	189,812.11	1.27	169,921.30	0.28	Helps caregivers of older adults, and grandparents, age 60 and older, who care for minor grandchildren to be more effective caregivers. Assistance includes: information to caregivers about available services; assistance to caregivers in gaining access to services; referral for individual counseling, support groups, educational resources or caregiver training, respite care, and other supplemental services that complement the care provided by caregivers.
Senior Community Services	Health Insurance Counseling Grant	60,260	0.08	62,380.00	0.08	66,460.00	0.08	Grant funded program provides health insurance counseling to help seniors make better choices about health insurance.
Senior Community Services	Medicaid Fraud And Abuse Education	16,040	-	16,040.00	-	15,630.00	-	Grant funded program that teaches seniors how to identify fraud in Medicaid billing.
Senior Community Services	AAA Miscellaneous Services and Support	970,825	5.66	936,860.27	6.39	709,128.47	4.38	This contains a variety of small programs which provide services to seniors, as well as administrative support for the Area Agency on Aging. Includes general funds, Title III grant funds, the MDoA I.T. and Elderly Refugee grants.
Senior Community Services	Contracts	1,547,427	-	1,232,231.24	-	1,505,595.24	-	This includes the contracts through which the Area Agency on Aging provides many of its services. Includes both grant and general funds.
Senior Community Services	Occupational Therapist	66,200	0.40	156,333.01	1.00	156,630.57	1.00	The new Occupational Therapist initiative provides home based occupational therapy assessments and interventions to seniors and adults with disabilities. This service identifies assistive devices and home modifications that will enable individuals with disability to provide for their own care, increase autonomy, and improve safety. Operating Expenses will pay for the cost of assistive devices and home modifications (wheelchair ramps, grab bars, etc.) that are critical to safety and well-being of individuals assessed who cannot afford to pay for it themselves. This is not an income based program.
Senior Food Programs	Senior Food Programs	1,395,515	3.00	1,685,688.94	2.90	2,291,130.87	4.40	Provides meals and nutrition education to seniors at nutritional risk. About 325,000 meals are provided at about 30 congregate sites (such as senior centers) and through home-delivered meals.
Assessment & Continuing Case Management Services	SS Long Term Care - Senior Care	620,620	2.55	620,620.00	2.55	620,620.00	2.55	Helps frail, elderly people with low incomes who are at risk of entering a nursing home to remain safely in the community for as long as possible.

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Assessment & Continuing Case Management Services	Adult Evaluation & Review Svcs	1,738,245	17.29	1,886,705.21	19.24	1,873,122.56	17.93	Provides assessment, care planning and short-term case management to the frail elderly and to adults with disabilities age 18 and older who are at risk of institutionalization. AERS assessments are done on high risk abuse and neglect clients, and are mandatory for access to medical assistance waiver programs to prevent institutionalization.
Assessment & Continuing Case Management Services	Adult Protective Services/SSTA/ Public Guardianship -	3,092,230	32.16	3,472,447.16	32.56	3,570,235.37	33.88	APS law requires mandatory reporting for health practitioners, police and human service workers who find evidence of abuse or neglect. APS staff investigates maltreatment allegations, assist clients in securing needed resources, follow-up as case managers and provide community and professional education to promote the health, safety and welfare of adults age 18 and over who are at risk in the community and lack the physical or mental capacity to protect their own interests. Provides surrogate decision making for adults who are adjudicated as incompetent by the Circuit Court and who have nobody else willing or able to make decisions for them. Services provide basic needs and are an intervention to stop and prevent high risk abuse, neglect or self neglect. Works with Public Guardianship to protect vulnerable seniors.
Assessment & Continuing Case Management Services	Adult Day Care Subsidy Program	3,092,230	32.16	105,000.00	-	105,000.00	-	The new Adult Day Care Subsidies initiative provides families/caregivers with support and respite from the home-based care of their elderly family members as an alternative to placement in institutional long term care. This initiative sets an asset limit at \$35,000 excluding the value of the home and car - comparable to that used by the MD Dept. of Aging, Congregate Housing Program. The income and asset limits will allow middle income county residents to be eligible for subsidy funds to help defray the cost of adult day care.
Respite Care	Respite Care	1,176,665	0.00	1,196,044.15	-	1,035,430.15	-	Respite Services offers support to caregivers who provide ongoing care to family members who are frail elderly person, children and adults with disabilities, and/or children with severe medical or behavioral needs. Respite is provided on a short-term, periodic basis, providing the family with vital and necessary relief from the tremendous demands of caring for the family member. Families are eligible for up to 164 hours of respite services per fiscal year.
In-Home Aide Services	Chore Services	4,905,186	17.50	150,000.00	-	-	-	The Home Care Chore Services program provides services in the home for low income frail elderly and people with disabilities who need help with light cleaning, vacuuming, laundry, grocery shopping, and/or meal preparation in order to remain in their own homes and in the community.
In-Home Aide Services	Personal Care	150,000	0.00	4,572,358.82	16.90	4,617,876.30	16.90	The Home Care Personal Care program provides vital services in the home for low income frail elderly (75%) and people with disabilities (25%). These vulnerable individuals have physical and/or mental disabilities that severely limit their ability to perform daily tasks, such as bathing, dressing, walking, feeding or toileting. The in-home support services help vulnerable individuals remain safe and cared for in the community rather than unsafe without care and with the possibility of premature institutionalization.

69

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Assisted Living Services	Sr. Group Homes	500,464	0.00	453,963.00	-	364,746.77	-	GHS is a Maryland Department of Aging program that allows subsidy payments up to \$550/month through the State's Public Assistance to Adults Program. The County provides up to an additional \$625/month. The County amount was increased \$75 from \$550/month in FY 02. Group Home Subsidy is sometimes used for Adult Foster Care clients who reside in group homes.
Assisted Living Services	Adult Foster Care	1,520,544	6.30	1,624,455.36	6.80	1,609,061.23	6.80	Montgomery County provides about \$790,000 in General Funds to increase the number of placements. Montgomery County chooses to use COMAR to regulate the placements it pays for with County General Funds. Provides case management and subsidized assisted living to persons with disabilities and frail seniors. Provided in family homes (usually 1-2 people) and assisted living facilities (4 and more). Serves 175 people, about 80 funded by DHR and 85-90 funded by the County.
Ombudsman Services	Ombudsman	678,569	6.50	650,876.60	6.30	664,771.83	6.30	Works to remedy problems on behalf of long term care residents.
						38,201,375.87	161.05	
						488,533.67	2.81	Chief's Office
						38,689,909.54	163.86	

LM
VY ✓

25

Montgomery County Council Budget Hearing – April 15, 2009
Karen Leggett
Chair, Transition Work Group
301-438-7601 ph
Leggett@comcast.net

I am here to speak about a small portion of the budget that has value far beyond the \$150,000 currently devoted to it – the Customized Employment Public Intern Project. I am speaking for the Transition Work Group, an organization of parents, county and school staff, and service providers who work young adults who have developmental and other significant disabilities. Our group is working to improve the transition of young people with disabilities from school to productive, independent lives in the community.

There are currently 36 interns working in ten county departments, generally working from 4 to 18 hours a week.

These interns are providing a valuable service to the county, they are building their own skills and learning that work can help them become confident, contributing members of the community.

Many of these interns do routine tasks that would otherwise have to be done by professionals whose time is better spent on program-related work. Adam Tepper is an intern at Montgomery Works, where he answers phones, shreds unnecessary documents and talks to customers. He writes, "I feel cool when I'm at work. My paycheck is awesome. I want to keep going and

71

working.” Adam’s parents are pleased their son is engaged in meaningful work; the element of compensation, they say, lays the foundation for understanding the true working world.

Jeremy Tanen sorts and staples files, makes photocopies and sends faxes at the Department of Liquor Control. “I like doing all of these things,” writes Jeremy. “ Please keep this program going because this is the perfect job for me.”

Jeremy’s job coach – the person who helps him learn new tasks and resolve problems on the job – is Nathan Peck with Abilities Network, one of the service providers approved by the Maryland Developmental Disabilities Administration in Montgomery County. He has a few thoughts to add:

NATHAN

We understand it may not be possible to expand this program during this difficult budget year. But we certainly want to maintain the program at its current level until the program can be expanded and we determine a way to make these interns permanent county employees.

LH 111
VY 6

Community Support Services, Inc. Testimony
Montgomery County Council
April 15, 2009

Community Support Services, Inc. is a member of the Inter Agency Coordinating Committee for Persons with Developmental Disabilities (Inter ACC/DD) and the Safety Coalition. Located in Gaithersburg, we provide support to over 200 individuals with developmental disabilities in Montgomery County. CSS appreciates the ongoing support of the county executive and council and would like to make comments on three items of the proposed FY 10 operating budget.

We understand the challenge faced by Montgomery County to use its limited resources carefully and still ensure a safety net for our most vulnerable citizens. The county's match to the DDA state funding for these programs is an efficient use of county funds. This match has been essential over the years to enable agencies to expand services to new individuals as well as maintain quality services for our most vulnerable citizens. CSS supports the full funding of the match for DDA service providers.

CSS supports the continuation of the customized employment intern project and asks for the council's continued effort to make intern jobs permanent this year. The interns have proven themselves to be valued members of the departments in which they have worked for almost two years. The project successfully identified jobs the county needed to have done. This project is a win:win for everyone. Inter ACC/DD providers are committed to work with the county staff and council members to continue our success.

CSS supports county funding for children's services which assist them to live safely in their homes and enable their family members to work. Montgomery County has always recognized that state programs need coordination, support and county resources to bridge the gaps. The My Turn program and summer camp scholarships for children with disabilities have provided needed services to children and their families who are on waiting lists for state funded programs. Specific services such as after school care have made a critical difference for families trying to juggle work, the needs of a disabled child and other family needs as well.

Children with autism and other severe developmental disabilities are often unable to participate in typical day care or after school programs. Children often require supervision on into teen age and adult years, past the age cut off of typical programs, and may need higher staff ratios, more specialized staff training and other accommodations to meet their needs and ensure their safety. There are 481 children on the waiting list for autism waiver services in Montgomery County. In FY 09, there are an additional 142 children on the wait list for My Turn services, and 54 of them are considered critical need. In FY 08, 236 requested assistance, of which the county provided funds for about one hundred. In addition, 196 children were provided with partial camp scholarships last year, and about one hundred have been granted some assistance this year for summer camp. Camp scholarships have been reduced already this year, and there are more requests than can be met again. Special education services cover 180 days per year typically, which leaves another 185 days without support. The special education day covers six hours, and most working parents need nine.

Oscar Peter is 16 years old and attends Rock Terrace School. He is one of the hundred children the county provided some targeted funding for a Saturday program and some days of summer camp. He says that he likes swimming, bowling and going to Dave and Busters. The CSS staff are trained to work with children with autism, and the programs are structured to support children to develop community skills, interact with peers and develop leisure and recreational interests.

Oscar is on the waiting list for state funding and is too old to attend a typical day care program. He does not have the independent living skills to stay home alone, does not have friends he can hang out with on weekends and is unable to participate in sports or recreation programs without support. Mary Peters requested Saturday and after school services for Oscar two years ago so that he would have structure and instruction with peers. She was laid off in January from her job and cannot afford to contribute to the cost of the services any longer. The family is struggling with the decision of whether to leave Oscar alone at home with an eight year old brother while his mother goes back to work, or to face the financial challenges of her not working. If the program is cut, Oscar will lose the therapeutic benefits of the services he has received. On behalf of the more than 600 families, with disabled children on waiting lists for state funding, we ask for your support for county funding for the My Turn program and summer day camp scholarships.

C·H·I Centers Inc.

Supporting people with disabilities since 1948

Harold Blank D.D.S.
President

Alan Lovell, Ph.D.
Chief Executive Officer

TESTIMONY

On behalf of
CHI CENTERS, INC.

"Supporting People with Disabilities since 1948"
Presented by Alan C. Lovell/CEO
April 15, 2009

CHI Centers is appearing before the Montgomery County Council to thank each of you for your support of individuals with developmental disabilities. The programs and services provided to these individuals are critical and support their families as well. CHI Centers' first and foremost priority is the continuation of the match that the County has consistently provided over the years to licensed community providers by the Maryland State Developmental Disabilities Administration. These funds are used not only to assist with improvement of wages for direct care staff who support the individuals receiving services, but to recognize the higher cost of operating residences, transportation support and doing business in Montgomery County.

CHI Centers would ask for your support of the County Council community grant submitted to assist in the purchase of two lift-equipped vehicles to support people who use wheelchairs. These vehicles cost between \$50,000 - \$55,000. CHI Centers is requesting \$70,000 from the County Council and will augment the additional cost with its own fundraising revenues. Transportation is a major expense and, at this time, the state of Maryland, through the Developmental Disabilities Administration, does not provide funding for the acquisition of vehicles to transport individuals with developmental disabilities to work sites and to vocational training and habilitation programs.

CHI Centers recognizes these are difficult times and that there are so many challenges falling on our County Government during the deliberations of the fiscal year 2010 County budget. Our agency does not support the elimination of the free transportation provided to people with disabilities who use the Ride-On transportation system.

10501 New Hampshire Avenue, Silver Spring, MD 20903-1122
Tel 301.445.3350 Fax 301.439.8117 TDD 301.439.5366
www.CHICenters.org Email Info@CHICenters.org

*The Rehabilitation Accreditation Commission (CARF)
United Way Agency #8059
Combined Federal Center #07000*

74

I would like to remind the County Council of the large number of people who are waiting for services in Montgomery County. Unfortunately, the waiting list continues to increase, and the emergencies and people in crisis continue to grow.

I also think that it is important to remind you of the continued need for employment for the County's population of people with disabilities. The customized employment initiative is certainly a step in the right direction. But the Montgomery County Government should do more hiring and continue to look at how to procure contracts in a manner that could support the employment of people with disabilities. I would encourage the County Council to recommend the convening of an A-10 contract task force.

Finally, CHI Centers and the collective agencies funded by the Developmental Disabilities Administration and other state agencies bring over \$100 million to the County. Many of us fall into the category of small to mid-range businesses. We are helping the economy of our county, and the continued support of the County Council and County Executive is vital to our successful operations as we support individuals with developmental disabilities and their families.

*Testimonial from Beth Shiau Mother of 2 boys with Developmental Disabilities
before the County Council to Keep Funding for Respite Services Program
Facilitated by The Arc of Montgomery County
April 15, 2009*

When Karen called and asked me to speak about what respite care has done for my family I couldn't say no. Speaking in public is like going to the dentist for me but I absolutely had to give back. My name is Beth Shiau. I am the mother of three wonderful children under the age of four, the wife to a great daddy who is active duty Navy and a part time NICU nurse. I am here to speak to you about how respite care helped my family and saved my sanity after the birth of my 26 week twins. First I will tell you a little about James and Daniel. Then a little about what it's like to be married to someone in the military with a child who has some chronic health issues, and finally how respite got me through some hard times.

James and Daniel were born in my 26th week of pregnancy. We knew that they would be premature as my membranes on twin A (James) ruptured at 14 weeks. The fact that the pregnancy reached viability is a miracle, when James was born at 26 weeks and 3 days weighing 1 pound 15 ounces. He was given a zero percent chance for survival. His initial chest x-ray showed that his tiny lungs had not developed. My husband and I made him DNR so he would not suffer. After about 12 hours he started to improve. He defied all the text books. James is a fighter. He had a ways to go but he was fighting. Daniel was born three days later at 1 pound and 15 ounces as well. His start was better as it was his brother's sac that was ruptured. The boys remained fighting for the next 3 1/2 months in the NICU. James had eye surgery for retinopathy of prematurity and also had an operation for reflux and the placement of a G-Tube as he had difficulties with feeding. I thought I was prepared as a nurse to take care of them.

They both came home on oxygen and monitors with medications and James had his G-tube feedings. I thought I was ready but I was not prepared for what it would be like to care for these boys for 24 hours a day, day after day with little or no sleep. I spent the first three months in my bedroom with the boys because they were tethered to oxygen concentrators. I have never been that tired in my whole life. Then Montgomery County Infants and Toddlers group suggested that I apply for respite care. With a nurse to care for James, for the first time in four months, I left the house. I got outside and played some tennis, saw the sunshine and felt like a new person. I can't tell you how it helped me to get a break. I think I am a better mom because of it.

James continues to struggle with oral aversion meaning he doesn't eat much and survives mostly on Pediasure. He still has some fine and gross motor issues but he amazes me every day with his smarts and his sense of humor. Both boys are almost five. They have asthma as a result of their prematurity. Last year my husband was deployed to the Middle East. I think the boys got every respiratory illness out there. We spent a lot of time in the ER and respite care again saved my sanity providing me with some time for myself and sometime to rest.

I also wanted to share that the people who work for the ARC have been nothing but wonderful to me. Karen Patterson has always listened when I was overwhelmed. She has heard about James and his feeding disorders and listened patiently about the many trips to specialists to help him. Respite care has made a huge difference to me. It enabled me to become rested enough to go back to work. I work in a level two NICU and now I feel like I can give back. Thank You.

BEHAVIORAL HEALTH and CRISIS SERVICES

Program Area	Program Title	FY08	FY09	FY10 CE		Description of Services		
		Approved Appropriation	Approved Appropriation	Recommended	WY			
		n	WY	n	WY			
Systems Planning & Management	Systems Planning & Management	7,936,207	20.15	8,225,887	18.75	7,514,950	13.75	This program provides overall planning, mgmt. and monitoring of the publicly-funded mental health services for Montgomery Co. to include outpatient, residential, case mgmt., psychiatric and rehabilitative services. Additionally this unit serves as a liaison between the Dept. & the State Mental Hygiene Administration. Funds also provide for specialized, mental health services in Montgomery Co. for adults, children & adolescents, and seniors not provided through the public mental health fee-for-services system. Over 40 direct services contracts are funded through a variety of local mental health providers. Some of these specialized services are also provided by HHS merit staff. Develop and implement a centralized Case Management and Case Load function in Behavioral Health & Crisis Services.
Outpatient Addiction Services	Methadone Treatment Program	224,139	2.00	279,716	2.50	255,905	2.50	Treatment Program for opiate abusers which combines medication as well as counseling as part of its treatment.
Outpatient Addiction Services	Intensive Day & Outpatient Program	3,282,627	27.71	3,345,271	26.92	3,399,885	25.80	Intensive and outpatient program which provide treatment to clients needing these services who have no other means of treatment. This population is multiproblematic and mostly homeless.
Outpatient Addiction Services	Adult Drug Court Program	-	-	89,780	1.00	389,780	1.00	The Adult Drug Court program provides addiction treatment including crisis intervention, assessment, diagnostic evaluation, case management, treatment planning, and direct clinical services including individual, group, and family treatment to clients enrolled in the program. The program also assists with urine collection, ensuring that clients attend AA, NA, and other support group meetings, and coordinating linkage with participants for employment, housing, and other primary healthcare and community based services as needed.
Criminal Justice Behavioral Health Services	Jail Addiction Services	723,665	6.38	558,397	4.73	592,721	4.70	Substance Abuse Treatment Services provided in jail setting. Separate tracks for both men and women.
Criminal Justice Behavioral Health Services	Community Re-entry Services	463,115	3.80	550,863	4.59	568,024	4.59	Linking inmates who are being released with substance abuse and/or mental health services (behavioral health services) within the community.
Criminal Justice Behavioral Health Services	Client Assessment and Triage Services	1,069,999	9.25	1,245,571	9.91	1,308,925	9.91	Screening and evaluation of individuals detained at MCDC for mental health and/or substance abuse problems. Psychiatric Services available as needed.
24-Hour Crisis Center	Assertive Community Treatment Team	1,578,200	13.00	899,806	6.50	-	-	This service was transitioned to the private/not for profit sector during FY09 (12/31/2008). This program provides a full range of community based mental health services to the 10% of the seriously persistently mentally ill population who are most difficult to treat.
24-Hour Crisis Center	24 Hour Crisis Center Services	3,604,877	34.51	3,844,867	33.61	3,790,979	33.61	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers. And, the mobile crisis team supports the 24 hours operations.

2

Program Area	Program Title	FY08 CC Approved Appropriatio n		FY09 CC Approved Appropriatio n		FY10 CE Recommend ed		Description of Services
		WY	WY	WY	WY	WY	WY	
24-Hour Crisis Center	Public Inebriate Program (Sobering Center)	386,396	4.00	404,495	3.00	392,411	3.00	The Public Inebriation Diversion Initiative is a pilot effort to provide mobile outreach case management services and sobering beds to individuals who are drunk in public. Many of these individuals may also have committed a minor misdemeanor such as trespassing or public urination. This service will be provided by the Department of Health and Human Services (HHS) in conjunction with the Montgomery County Police (MCP) and the municipal police departments. Community partners will include businesses, community associations, local hospitals, regional services centers, the Avery Road Treatment Center for detoxification services, and homeless services providers.
Partner Abuse Services	BAK Center	977,843	-	1,059,843	-	1,068,292	-	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers.
Partner Abuse Services	Victim Counseling & Assistance - Partner Abuse	1,817,542	17.21	2,076,700	17.21	1,909,292	16.20	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers.
Partner Abuse Services	Abuser Intervention	185,223	1.80	120,967	1.60	195,126	1.60	Assessment counseling and education to abusers.
Partner Abuse Services	Community Education - Partner Abuse	82,907	0.00	88,698	-	85,550	-	Domestic violence education and outreach services
Victims Assistance and Sexual Assault Services	Victim Counseling & Assistance - VASAP	2,406,085	19.41	2,502,295	19.21	2,534,886	18.47	This program provides information, referral, support, crisis, and ongoing counseling services to persons subjected to sexual abuse (exclusive of partner abuse), as well as to persons victimized by crimes in general. A 24-hour outreach effort is provided through volunteer support, and compensation is provided to eligible victims of crime.
Victims Assistance and Sexual Assault Services	Community Education - VASAP	72,550	0.00	84,153	-	85,144	-	Sexual abuse and general crime education and outreach services.
Child & Adolescent Mental Health Services	Child & Adolescent Mental Health Services	1,935,533	17.10	1,919,580	16.05	1,950,780	16.05	Treatment to children who have serious mental health or behavioral problems.
Child & Adolescent Mental Health Services	Community Kids/Care Coordination	1,342,692	1.00	1,353,378	1.25	1,353,550	1.25	This program provides wraparound services and care coordination for children and youth with serious emotional and behavioral disturbances.
Mental Health Services for Seniors & Persons with Disabilities	Mental Hlth Services for Seniors & Persons w/Disabilities	721,498	2.00	707,457	2.00	644,113	2.00	Program provides mental health services to seniors, persons with developmental disabilities & persons with hearing impairments. Services include evaluation, treatment, outreach counseling, provider training, caretaker support & referral services.
Mental Health Services for Seniors & Persons with Disabilities	Hospital Diversion	1,201,970	9.00	1,226,703	9.00	1,210,907	8.00	The Mental Health Administration (MHA) awarded supplement to existing SORT Grant to Montgomery County Department of Health and Human Services - Core Service Agency for the Hospital Diversion pilot program. The program is to reduce admissions to the State Psychiatric Hospitals by providing community based behavioral health alternatives to inpatient psychiatric care and when necessary to purchase inpatient care at private psychiatric hospitals for uninsured persons presenting for inpatient psychiatric admission at MC Emergency Departments

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC	WY	CC	WY	Recommend	WY	
		Approved		Approved		ed		
		Appropriatio		Appropriatio				
		n		n				
Behavioral Health Specialty Services	Behavioral Health Specialty Services	2,753,727	24.20	2,786,708	22.50	2,763,240	21.50	Includes the Adult BH program and Access to BH Care program. The Adult BH program provides MH services to MC residents unable to receive Public MH system services or the level of care necessary in order to stabilize their illness. Provides services to LEP client and those with specialized cultural and language needs. The Access to BH Care program provides screening, assessment, and linkage for MC residents, of all ages, seeking BH services, addictions services, MH services, or services to individuals with a co-occurring disorder.
Behavioral Health Community Support Services	Urine Monitoring Program	521,356	1.20	618,811	3.10	590,648	3.10	Collection of random and routine urine specimens for drug testing for both in-house clients as well as contractor clients. Reporting of results.
Behavioral Health Community Support Services	Community Case Management Services	2,282,415	21.00	4,255,169	19.29	4,061,515	18.40	Case Management Services, targeted case management and services to substance abusing women.
Behavioral Health Community Support Services	Program Monitoring Unit/Addictions Contracts	4,571,502	0.00	2,889,918	-	2,758,397		In-house unit that provides information and coordinates referrals to contract services within the County continuum of services.

80

Testimony for Montgomery County Council on the 2010 Budget
Esther Kaleko-Kravitz, Executive Director of NAMI Montgomery
County
April 15, 2009

Good afternoon President Andrews and members of the Montgomery County Council. My name is Esther Kaleko-Kravitz and I am the Executive Director of NAMI (National Alliance on Mental Illness) of Montgomery County. NAMI Montgomery County is also a member of the Safety Net Coalition, as well as the St. Mark Coalition—both formed to deal with protection of the most vulnerable residents in the county—that include the mentally ill and the homeless.

We realize that there are many challenges and difficult decisions in finalizing an FY 10 budget, and we are appreciative that many of the items needed to protect the most vulnerable have not been cut. NAMI is a human service provider that serves the community by offering educational programs, support groups and advocacy with no charge for any of its programs. We are a unique part of the safety net, and are feeling the demands that a tough economy places on the County Executive and the County Council as well as the non-profits that provide services to the community.

We have received more calls about classes, referrals and resources in the last six months than ever before. In particular, we have received a large number of calls from the Latino population. We offer classes such as Family-to-Family, in Spanish as well as a Spanish Helpline, and referrals and support groups in Spanish. As you all know, the Latino population in Montgomery County is growing to over 200,000 people—many who are newly-arrived immigrants. These people face the same statistics of one out of four families has a relative with mental illness as the rest of the population faces. However, there are fewer services available to them, and especially for free.

The last time I testified before you I asked you to imagine a world where the vulnerable chronically mentally ill and their families were able to take care of themselves. Keeping the safety net in tact would help achieve a small part of that goal. We thank you in advance for considering that in your budget process and in balancing the needs of Montgomery County residents.



11600 Nebel Street
 Rockville, Maryland 20852-2554
 301.984.5777 • FAX 301.816.2429 • TTY 301.881.1548
 www.arcmontmd.org • E-MAIL: info@arcmontmd.org

Supporting persons
 with mental retardation
 and related developmental disabilities
 and their families

MHS
 Grounds
 LAM
 Yao

**Testimony before the Montgomery County Council
 Monday, April 30, 2009
 Ellen Widoff
 Director of Children's Services**

My name is Ellen Widoff and I am the Director of Children's Services for The Arc of Montgomery County. I'm here to thank the county for supporting the funding for a playground module to be used by over 114 children **daily** and the community. This equipment is adjacent to two of our largest programs: **MPAC**, our special education preschool for children with multiple developmental delays and autism and **The Karasik Center**, our child care and after school program.

Mental Health

This piece of equipment is **not just about play and outdoor recreational opportunities**, although **socialization** is important to **mental health** and overall well being and can help a child be more self-sufficient, confident, develop self esteem, and increase language skills. Physical activity is an excellent outlet for physical energy and increases a child's ability to cope with stress and anxiety.

Physical Health

It's not just a **cost effective means of preventing secondary health conditions** such as obesity and diabetes, resulting from low levels of fitness. The May issue of the Journal of the American Academy of Pediatrics, states that 18% of children and adolescents in the United States have a chronic condition or disability, **but opportunities for their participation in fitness and activity programs are limited and more restricted**. Children with disabilities have lower levels of cardio respiratory fitness, lower levels of muscular endurance and muscular strength, higher levels of body fat and higher rates of obesity than typical children. In 2004 the United States Department of Health and Human Services indicated that one of their main goals is to **"improve the health of the six million American children who have disabilities by encouraging increased physical activity."**

Cognitive Development

Lastly, for our classroom teachers and therapists, this equipment provides the children with opportunities to develop **balance, eye-hand and eye foot coordination, enhance sensory motor integration, and perceptual motor development**. All prerequisites to cognitive thinking and reading readiness.

I would like to thank the county for their forward thinking and their understanding that this investment repays itself many times with improved health, fitness, and social, emotional and cognitive development of one of our counties most vulnerable populations.



Children's Services 301.593.3797 FAX 301.593.1340	Family & Community Resources 301.984.5777 FAX 301.816.2429	Community Affairs 301.984.5777 FAX 301.816.2429	Residential Services 301.984.5781 FAX 301.816.2429	Transportation Services 301.439.5365 FAX 301.439.0912	Vocational Services 301.294.6840 FAX 301.294.0669
---------------------------------------------------------	------------------------------------------------------------------	-------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------------------	---------------------------------------------------------

Accredited by CARF for all services



Montgomery County Alcohol and Other Drug Abuse Advisory Council

FY 2010 County Council Operating Budget Hearings

April 13-17, 2009

OVERVIEW

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of community representatives who come together to offer guidance to the County Executive and the County Council in identifying alcohol and other drug policy and budget allocations. As of FY 05, the AODAAC was also designated as Montgomery County's State Local Drug and Alcohol Advisory Council which collaborates with the Maryland State Drug & Alcohol Abuse Council to identify available funding sources and review the County's Strategic Plan on Alcohol and Drug Abuse. On January 8, 2009, the AODAAC invited the public to a forum to share their thoughts and concerns in regards to substance abuse prevention, intervention, treatment, and legislation in the County. Some of the themes discussed at this forum are presented below.

BUDGET PRIORITIES

Maintain Current Funding Levels for the County's Continuum of Services

We want to voice our appreciation for the commitment shown in maintaining current funding levels for the continuum of services and supports to date. We also want to caution that any cuts in funding at this time will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current continuum is operating at a floor that cannot absorb any reductions.

- It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. *(1994 CALDATA Study)*

Maintain Current Level of Outpatient Adolescent Substance Abuse Treatment

These are contracted services and the contracts have gone out to bid. The budgeted amount for these contracts has remained fixed, except for several 1% or 2% inflationary adjustments, over the past 8 years. With new contracts being solicited, the non-profits are requesting a substantial increase in funding just to *maintain the same level of services*. Currently we are funding 200 adolescent treatment slots county-wide, which is a small number for a county this large. We are requesting \$100,000 in order to simply maintain the current 200 outpatient substance treatment slots for adolescents.

- Solid research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adolescents can get their lives back on track. The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. *(Rehabilitating Juvenile Offenders. The MacArthur Foundation)*

Restore Partial Funding of \$5,360 for the "Under 21 Grant" Program

Restoring the grant amount in FY10 to \$50,000, an increase of only \$5,360, will support grants to approximately eight (8) new youth orientated organizations, expand the reach of substance abuse prevention in the County and/or maintain the current high quality of activities for youth. The "Under 21 Grant" provides funding of up to \$1500 per grant to small organizations or programs that provide a variety of clubs/activities for youth. Grantees are required to show matching funds of thirty percent (30%). In FY09, thirty-four (34) programs were funded; reaching approximately 14,940 Montgomery County youth, many who are considered at-risk. All programs offer a main activity as well as a substance abuse prevention education component in order to prevent the early initiation and consequences of alcohol and drug use as well as provide alternatives for at-risk youth who are most likely to engage in non-productive, risky and/or illegal behavior in the community or at home.

Support Relocation of Outpatient Addiction Services

- Clients will have better access to public transportation.
- Move out of a residential neighborhood.
- Availability of evening public transportation for Drug Court clients.

POLICY PRIORITIES

LOCAL INITIATIVES

THE AODAAC RECOMMENDS SEVERAL **SOLUTIONS** FOR FUNDING SUBSTANCE ABUSE TREATMENT, INTERVENTION, AND PREVENTION SERVICES IN MONTGOMERY COUNTY FOR CURRENT AS WELL AS FUTURE REQUESTS.

1) Increase county pricing on alcoholic beverages.

Research has shown that increasing the price of alcohol leads to a decrease in consumption by youth. Increasing the total price of alcohol has also been shown to decrease drinking and driving among all age groups. According to the "Youth Access to Alcohol Survey" funded by the Robert Wood Johnson Foundation and prepared by the University of Minnesota Alcohol Epidemiology Program, 82% of adults favor an increase of *five cents* per drink on beer, wine, and liquor to pay for programs to prevent minors from drinking and to expand alcohol treatment programs.

2) 10% of the net profit from the sale of liquor, beer, and wine to be earmarked to fund prevention, intervention, and treatment programs.

For the past five years, the Department of Liquor Control reports that an average of over \$20.5 million is returned to the County General Fund from liquor sales each year. A percentage of this on-going revenue stream would assure that adequate funding is available for on-going maintenance and expansion of these vital services. *It seems intuitive to this Advisory Council that if the County is going to participate in selling and controlling the sale of alcoholic beverages that a portion of the profits be set aside for programs that prevent and mitigate against the harmful effects of those sales.*

STATE INITIATIVES

IN OUR ROLE AS THE STATE-MANDATED LOCAL DRUG AND ALCOHOL ABUSE COUNCIL, THE AODAAC RECOMMENDS A STATE TAX INCREASE ON ALCOHOLIC BEVERAGE PRODUCTS FOR THE PURPOSE OF REDUCING CONSUMPTION BY UNDERAGE YOUTH AND TO FUND LOCAL ALCOHOL AND DRUG PREVENTION AND TREATMENT PROGRAMS.

Current funding for the continuum of addiction treatment services consists of Federal, State, and locally generated dollars. Over the past two years efforts to increase the tax on sales of alcohol at the state level have failed. An article in the Baltimore Sun, December 30, 2007 by Bradley Olson stated that taxes have not increased since 1955 in the case of alcohol, and 1972 for beer and wine. The article went on to say that "a survey last year commissioned by the Baltimore chapter of the Open Society Institute found that of 1,214 likely Maryland voters more than two-thirds of those support increasing alcohol taxes to support funding for alcohol and drug treatment." Alcohol taxes were once intended to keep prices high enough to deter excessive use. However, these taxes have not kept pace with general inflation, and the real price of beer has actually dropped in the past 30 years. The five states with the highest beer taxes have significantly lower rates of teen binge drinking than the states with the lowest taxes. **MARYLAND IS RANKED 8TH LOWEST IN THE COUNTRY!** (*Join Together – Advancing Effective Alcohol and Drug Policy, Prevention, and Treatment. Raise Alcohol Taxes*)

LM
VY

24

Testimony on the FY10 Operating Budget
Before the Montgomery County Council
By: Mental Health Association of Montgomery County
Submitted by: Carla Satinsky, VP Mental Health Association Board of
Directors and Chair, Government Affairs Committee
and Sharon E. Friedman, LCSW-C, Executive Director
April 15, 2009

On behalf of the Board of Directors, staff, volunteers and clients of Mental Health Association of Montgomery County (MHA), I would like to thank the County Executive and the County Council for their longstanding support of this community's mental wellness and of MHA. The County has been a vital partner in our work and in the success of our programming - for that we thank you.

As many of you know, MHA has served this community for over 50 years providing mental health education, advocacy and direct service programming for the most in need as well as the community-at-large. MHA has been responsive to the complex and ever-changing mental health needs of this community. We are always working to ensure that we are neither recreating nor unnecessarily duplicating efforts and that we are leveraging funds with private dollars and volunteer dedication when possible. In fact, MHA has consolidated and ended programs to ensure we run an effective and efficient nonprofit with a high standard of accountability.

We have adapted our array of existing programs and begun others as this community has changed, especially with regard to cultural diversity. As in years past, MHA's programs served thousands of clients this year -

approximately 53.5% of which were Hispanic/Latino, 25% of which were African American, 16.5% were Caucasian, 2% were Asian/Pacific Islander and 3% were Biracial or identified as "other".

Even as we all work to ensure that somatic healthcare needs are addressed, we must not forget about the mental health needs of this diverse community. We at MHA know the complexity of this community's mental health and social service needs and understand the constraints of the fiscal times. So, when we stand before you we come to you already 'lean and mean'. Any additional cuts will directly impact services delivered to clients as well as the organization's ability to meet the increasing community needs. At the same time that public funding continues to be challenged, we are highly impacted by decreases in private funding that in the past we have used to leverage county contracts. Even as we do all that we can to tighten our belts even further, the need is increasing.

As just one example, in MHA's HOPES program (Hotline, Outreach and Programming for Emotional Support) hotline calls were up 50% in the second quarter of this fiscal year as compared to the first quarter of the year. They offered three times as many suicide assessments in January of 2009 as compared to January of 2008. Twelve percent of callers are calling in with financial distress, an issue that didn't register at even 1% in prior years. We have and will continue to provide additional services at no

additional costs, but we are challenged even more than in years past to do more with less.

And so, we continue to be grateful to the County Executive and the County Council for supporting our programs. While we are appreciative that across the board cuts which would be devastating to our programs and services were not in the County Executive's proposed budget, we are concerned about the Linkages to Learning cut which will impact the most vulnerable families among us. We know that the current fiscal times require cuts, not additions, but this is an important area to review.

We are also thankful to the County Executive for maintaining the funding of the Military Helpline and ask that the County Council approve that funding. Just as with our other programs and services, these challenging fiscal times bring with them increased need in special populations, including the veterans and their families served by the Helpline. For these special populations and for all of Montgomery County's residents, we are part of the safety net of this community. As such, we support the testimony being offered by the Safety Net Coalition as well.

Finally, even as we think about the clients we serve we must not forget about the mental health and social service nonprofit workforce, the MHA workforce. Our employees are extraordinarily dedicated, dynamic people. They are both reflective of this diverse community- 43.4% of MHA's staff members are Black/African American, Latino/Hispanic, Asian, or Two or

more races (not Hispanic or Latino) - and part of this community. We need to keep them where they are, doing vital work for Montgomery County's residents.

Thank you for your continued dedication to this community and thank you in advance for your careful consideration of these important issues.

Managing Life's Challenges



Mental health is an essential part of each person's overall health and wellness. At times, we all face challenges that test us and put our mental health at risk. When our mental health is poor, it can affect our entire body and play a role in the development of other health issues. For example, when stress doesn't let up and isn't managed, it can harm your health and well-being.

About Stress

Everyone feels stress. In small doses, stress may be good for you when it gives you a burst of energy. But too much stress or stress that lasts for a long time can take its toll on your body. Stress can make you feel run down, sad, nervous, angry or irritable. It can cause headaches, muscle tension, upset stomach, nausea, dizziness or feelings of despair, and may cause you to eat more or eat less than normal.

In the long-term, stress can raise your risk of high cholesterol, heart disease, diabetes and reproductive problems and weaken your body's ability to fight disease. It can also raise your risk of depression, which may in turn contribute to heart disease and diabetes. In addition, stress can make it harder for you to recover from a heart attack or keep your diabetes in check. So managing your stress is very important. Take a look at the ideas below for healthy suggestions on reducing your stress.

Healthy Ideas to Manage Life's Challenges

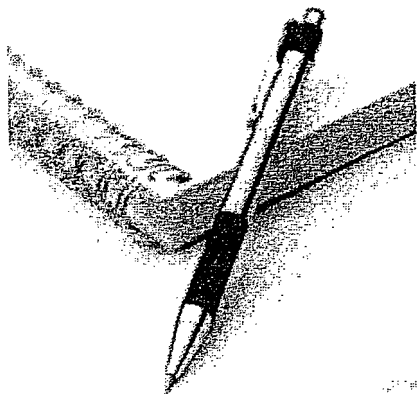
When we're trying to manage life's stressors, how we deal with these challenges can positively or negatively impact our mental health and our overall health and well-being. Finding healthy ways to manage life's challenges can lower the risk of mental health and other health problems and help you feel better overall. Here are some ideas to think about.

- ☐ **Relax your mind.** Each person has his or her own ways to relax. You can relax by listening to soothing music, reading a book or doing a quiet activity. Also think about deep breathing, yoga, meditation or massage therapy.

- ☐ **Exercise.** Exercising relieves your tense muscles, improves your mood and sleep, and increases your energy and strength. In fact, researchers say that exercise eases symptoms of anxiety and depression. You may not even need to exercise intensely to get the benefits of activity. Try taking a brisk walk or use a stationary bike. See what it takes for you to feel better.
- ☐ **Connect with others.** You don't have to cope with stress or other issues on your own. Talking to a trusted friend, family member, support group or counselor can make you feel better. Spending time with positive, loving people you care about and trust can ease stress and improve your mood.
- ☐ **Get enough rest.** Getting enough sleep helps you recover from the stresses of the day. Try to get seven to nine hours of sleep every night. Visit the Sleep Foundation at www.sleepfoundation.org for tips on getting a better night's sleep.
- ☐ **Help others.** Helping others builds social networks, improves self-esteem and can give you a sense of purpose and achievement.
- ☐ **Know your limits.** Let others know them, too. If you're overwhelmed at home or work, or with friends,



learn how to say "no." It may feel uncomfortable at first, so practice saying "no" with the people you trust most.



• **Keep a journal.**

Writing down

your thoughts can be a great way to work through issues. Some researchers have reported that writing about painful events can reduce stress and improve health. You can also track your sleep to help you identify any triggers that make you feel more anxious.

• **Watch your negative self-talk.** Try not to put yourself down. For example, if you don't make it to the gym this week, don't call yourself lazy. Instead think about the specific factor that may have kept you from going to the gym. "I wasn't able to work out because I had to work late hours this week, but next week, I'll make it a priority to go." The problem is temporary and can be overcome.

• **Get involved in spiritual activities.** Studies have shown that religious involvement and spirituality are associated with better health outcomes, such as greater coping skills, less anxiety and a lower risk of depression. Spirituality may provide a sense of hope, meaning and purpose in life, a way to understand suffering and illness, and a connection with others. Religious and spiritual practices, such as prayer and meditation, can evoke positive emotions that can lead to better health.

• **Write down three good things that happen to you each day for a week.** Also write down why each good thing happened. Thinking about the good things in your life and expressing gratitude may actually help you feel happier.

Remember, it's OK to ask for help. If you feel overwhelmed or unable to cope, consider contacting a mental health professional.

For a referral to local services, contact your local Mental Health America affiliate or the Mental Health America national office at 1-800-969-6642. You can also visit www.mentalhealthamerica.net. If you're in a crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

De-Stress Through Deep Breathing

Deep breathing is a great way to de-stress. It actually changes your brain's chemical balance to calm you down. Here's how to do it:

1. Lie down or sit on the floor or in a chair.
2. Rest your hands on your stomach.
3. Slowly count to four and inhale through your nose. Feel your stomach rise. Hold it for a second.
4. Slowly count to four while you exhale through your mouth. To control how fast you exhale, pinch your lips like you're going to whistle. Your stomach will slowly fall.
5. Do this a few times.



Your Leading Mental Health Resource

1000 Twinbrook Parkway, Rockville, MD 20851
301.424.0656 • www.mhanc.org



90



Your Leading Mental Health Resource

1009 Twinbrook Parkway, Rockville, MD 20851
301.424.0656 • www.mhamc.org

MHA: The Facts

The Facts: Montgomery County Hotline

The # of suicide calls/assessments requested of the Hotline was up 50% in the 2nd quarter of FY09 (October-December 2008 – 93 Calls) vs. the 1st quarter of FY09 (July-September 2008 – 51 Calls)

In January of 2009 (40 suicide assessments) the Hotline did 3 times as many suicide assessments as were offered in January of 2008. (14 suicide assessments).

General Call Volume to the Hotline (including calls for referrals to therapy, housing assistance, employment services) is up by over 500 calls for the same quarter of last year - October 1, 2007 -December 31, 2007 (4070 calls) compared to October 1, 2008 - December 31, 2008 (4615 calls).

12 percent of callers are dialing in with great financial distress and in need of resources to help them in these difficult times. Financial distress did not register as a major issue before about July of 2008 which means less than 1 percent of callers mentioned it as one of the main reasons for being in crisis...thus the 12 percent is a significant recent increase.

Some Scenarios: Montgomery County Hotline

A recent college graduate was overwhelmed with bills to pay, multiple rejections for job opportunities, and no apparent social support network - all of this added to a history of severe depression. He was thinking of ending his life when he called the Hotline for assistance. He indicated that he never thought he would try to access a Hotline.

An individual with strong involvement on behalf of Montgomery County had lost his job. He was experiencing panic attacks. With the prospect of no job in sight he was also becoming depressed. He called the Hotline for assistance.

A number of individuals who deal with chronic mental illness have been calling the Hotline....they are tremendously scared because they live with the assistance of monies that families have invested in the stock market...They are worried about how they will take care of themselves financially.

Many people are calling the Hotline because they are being evicted or are losing their homes...many calls for shelter.

The Facts: N*COMMON

Clients that are being seen in the Mental Health Associations' N*COMMON program (mental health services for new immigrants) are indicating they have lost employment within the previous year or their number of work hours has been scaled back by employers. In some cases individuals have had to increase their number of work hours to stay afloat. Some clients have indicated they must postpone needed mental health treatment because their work schedules are so full they cannot find the time to attend therapy sessions. Economic hardship is also a common theme throughout therapy session.

The Facts: Kensington Wheaton Youth Services

More and more families are exhibiting the anxiety and depression associated with poor economic trends and the lack of monies to help meet basic client needs. Poor economic trends include higher numbers of evicted (or foreclosed) clients then ever before and sudden increases in unemployment, which leads to many clients having their water/electricity/gas turned off.

A Scenario: Kensington Wheaton Youth Services

A client walked into the Kensington Wheaton Youth Services (KWYS) office with a \$4,000 unpaid electric bill. Every possible extension had been requested. The client could not catch up fast enough to prevent a shutoff. As part of KWYS case management services, the client received referrals to every available financial resource in Montgomery County, as well as limited financial assistance from KWYS. The money and referrals that KWYS was able to provide her with were not enough to prevent the shutoff of her electricity in an ongoing way. Every week KWYS receives at least one new case of a family in the same situation.

The Facts: Adult Homeless Mental Health Services

Many of the program's clients who receive Social Security benefits, are not seeing the small increase in benefits meet the increase in prices to meet basic needs (clothing, shelter and particularly FOOD!). Many of the clients are faced with making difficult choices between what bills to pay versus what medication or food to buy.

Resources:

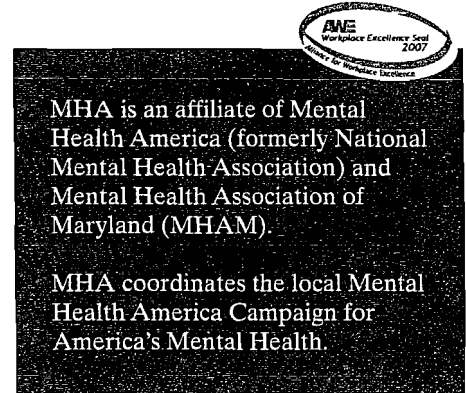
Montgomery County Hotline	301-738-2255
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Mental Health Association	301-424-0656



FACT SHEET

United Way #8151/CFC #88462

Mental Health Association of Montgomery County (MHA) promotes mental wellness and supports those with mental illness by sponsoring and implementing advocacy, education and direct service programs. A private, nonprofit, United Way (#8151) and CFC (#88462) agency, MHA has served Montgomery County residents for over 50 years. MHA currently manages 11 major direct service programs for children, teens, families, senior adults and individuals with long-term mental illness. Over 1,000 volunteers implement programs under the direction of MHA's professional staff.



Visit our website at www.mhamc.org

** Denotes volunteer opportunities

Education & Advocacy are the primary missions of Mental Health Association. MHA's Board of Directors, staff and volunteers initiate and serve on numerous committees, task forces and coalitions to help assure better mental health services for area residents. MHA offers mental health literature, mental wellness screenings, newsletters, legislative briefings, advocacy alerts, community education events and affordable, timely continuing education seminars. MHA also offers Kids on the Block educational puppet troupe performances.**

Direct Service Programs

ADULT HOMELESS MENTAL HEALTH SERVICES offers case management and ongoing assistance to formerly homeless adults who are living independently through Shelter Plus Care and New Neighbors programming. Shelter Plus Care is a tenant-based, permanent, supportive housing program providing individual apartment units. New Neighbors is a sponsor-based, permanent supportive housing program offering either apartment or shared housing options. Clients are helped to achieve and maintain self-sufficiency. Outreach and case management services are provided at the Lord's Table soup kitchen in Gaithersburg.

BRIDGES TO PALS offers support to children and adolescents in foster care, as well as other "at-risk" children, through a one-on-one relationship with a caring, responsible mentor. The program helps youth develop a strong sense of self worth and strengthens their ability to interact with others in positive ways, including building trusting relationships.**

FAMILIES FOREMOST CENTER (FFC) provides free, comprehensive services for pregnant women and parents with young children (less than four years of age). Services include: adult education (ABE/GED/ESOL) classes, in-home intervention services, parent education classes, computer literacy classes, health education classes, employment readiness classes, developmental infant and toddler programs, parent-child activities, family literacy activities, Reading is Fundamental, peer support and case management. The Center is located at 1109 Spring Street, Suite 300 in Silver Spring, (301) 585-3424. FFC also offers the Mothers Offering Maternal Support (MOMS) program, which provides mentoring services, support groups and educational sessions to pregnant and parenting young women between the ages of 12-24. MOMS operates at the Twinbrook Parkway offices.**

FRIENDLY VISITOR PROGRAM offers friendship and support to home-bound elderly individuals who are isolated and lonely due to physical or emotional concerns. Each client is matched with a trained volunteer who has similar interests. Friendly Visitor provides access to resources and advocates for a healthy and safe environment so that clients may remain in the community as long as possible. Each friendship is very unique, and both clients' and volunteers' lives are enriched by the relationship.**

HOPES (Hotline, Outreach & Programming for Emotional Support) seeks to increase community awareness and opportunities to make a difference in the lives of people touched by mental illness. Services include: The Montgomery County Hotline which is a free, confidential 24-hour hotline offering crisis & suicide intervention/prevention and postvention, information, and referral and supportive listening; "Red Flags" which is a depression and suicide awareness education program that serves middle and high schools throughout the county; Mental Health First Aid which is a 12-hour training course that educates the community on accessing services for someone experiencing a mental health

Continued on back



issue; and Specialized Information and Referral Services which currently focuses on providing information and referrals to veterans, active military and their family members.**

KENSINGTON WHEATON YOUTH SERVICES (KWYS) serves youth and families in the Einstein, Kennedy and Wheaton Montgomery County Public Schools cluster communities. KWYS offers short-term counseling and community- and school-based workshops for those experiencing difficulties in their daily lives and seeks to prevent more serious personal, family or community problems. Additionally, KWYS offers assorted youth development services, such as therapeutic recreation and after-school programming. KWYS, in collaboration with the Montgomery County Department of Health and Human Services, Montgomery County Public Schools and other nonprofit organizations, provides Linkages to Learning services at school sites to “at risk” children and families to improve performance in school, at home and in the community. KWYS is located at 3950 Ferrara Drive in Wheaton. (301) 933-2818.**

**Denotes volunteer opportunities

N*COMMON (New Capacity & Outreach for Multicultural Mental Health Opportunities Now) seeks to forge common bonds of mental wellness across our community through services that are culturally and linguistically responsive to Montgomery County’s diverse residents. N*COMMON creates internship opportunities for culturally and linguistically competent individuals to work in the human services field through placements at MHA as well as other public and nonprofit agencies in the county. N*COMMON also offers multicultural educational opportunities for mental health and human services professionals serving our community. In addition, N*COMMON provides prevention and intervention mental health clinical services (individual, group and family therapy) to diverse clients unable to afford treatment. Currently, the focus of the clinical program is on low-income, uninsured, newly-arrived immigrant children, youth and families who are referred by MHA programs and other partner agencies.

PETS ON WHEELS links pet owners and their pets to lonely and isolated residents in nursing homes, assisted living facilities, and hospitals, as well as attendees at adult day centers and hospice patients. The program “licks loneliness” through the unconditional love of animals. It enriches the lives of both residents and trained volunteers through regular visits which offer social engagement and companionship. Animals are screened for appropriateness.**

REPRESENTATIVE PAYEE PROGRAM provides financial supervision for low income Montgomery County adults who receive a government benefit that they are unable to manage because of a physical or mental disability. Each program client is matched with a volunteer who manages the monthly benefit for the client. The Representative Payee Program is an AARP Foundation Money Management Program. The AARP Foundation is AARP’s Affiliated Charity.**

TRANSPORTATION SERVICE transports Springfield Hospital Center patients to and from Montgomery County to prepare to return home and for medical appointments, job searches, visiting and participation in private agency programs.

VOICES VS VIOLENCE (VVV) works to ensure safe lives for youth and families by bringing together diverse segments of the community to foster attitudes and behaviors that prevent and reduce violence in our homes, families, schools, communities and workplaces. VVV offers presentations to parents, youth, community members, and professionals on bullying prevention, anger/stress management, youth violence prevention, and family communication. In addition to violence prevention workshops, VVV offers the Voices2Empower (V2E) Initiative, a 10-week psychoeducational program for 12-18 year olds who are first time or repeat misdemeanor offenders.**

Community Partnerships

Many of MHA’s programs and special services are collaborations with Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Housing Opportunities Commission of Montgomery County, other Montgomery County agencies, several Maryland state agencies and various private organizations.

MENTAL HEALTH CRISIS PREPAREDNESS AND RESPONSE efforts are provided by MHA in collaboration with the Montgomery County Department of Health and Human Services, its Crisis Center, and Montgomery County Public Schools. As a partner in this endeavor, MHA coordinates the Volunteer Mental Health Crisis Response Corps, a group of mental health professional volunteers who are trained for and are available to respond to community crises. In addition, MHA maintains stock of crisis-related, psycho-educational materials available to the public.

MONTGOMERY COUNTY THRIFT SHOP is managed in cooperation with four other Montgomery County nonprofit agencies. A percentage of the proceeds supports MHA. The shop is located at 7215 Wisconsin Avenue, Bethesda, (301) 654-0063. **

WIDOWED PERSONS SERVICE offers support to newly widowed men and women as they adjust to their new status and rebuild their lives. Support comes through outreach volunteers and a monthly newsletter. Call (301) 949-7398 for more information.

Special Services

MHA CONSULTING SERVICE offers organizations consultation in various areas of MHA’s expertise, including workforce mental wellness programming, organizational collaboration, event partnership and coordination, nonprofit management and school-linked mental health education.

OPERATION SANTA CLAUS is a project administered completely by volunteers. Volunteers assemble holiday packs of donated items for patients with mental illness at Springfield State Hospital and Montgomery General Hospital who would not otherwise receive gifts. Individuals, businesses and community organizations donate new personal care items and make financial contributions year-round for this project.**

PLACES FOR PEOPLE, LLC, a wholly owned subsidiary of Mental Health Association, administers housing for formerly homeless individuals who have serious mental illness. Ongoing case management services are provided for all clients. Call (301) 424-0656, x506 or x518 for more information.

Testimony for County Council on February 3, 2009

My name is Esther Kaleko-Kravitz and I am the Executive Director of NAMI (the National Alliance on Mental Illness) of Montgomery County.

I would like you to
Imagine...

- a world where there are no homeless people with mental illness wandering the streets
- where the jails are not filled with inmates with serious mental illnesses
- where people without insurance or on Medicaid could get timely, excellent services
- where there would be enough affordable housing for people with serious mental illnesses
- where diagnoses would be treated appropriately for all
- where there is no stigma about mental illness
- where individuals and/or their families can afford their medications

Am I asking for a miracle, or are many of these issues solvable with the proper integrated community services? If funding is cut for these services, even the baseline that we barely hold on to would be threatened.

We at NAMI MC offer free evidence-based courses such as Family-to-Family in English and Spanish, Peer-to-Peer, a course for consumers to aid with their recovery, In Our Own Voice, an interactive video presentation to de-stigmatize mental illness in the community and more. These courses have been studied and are proven to help individuals with serious mental illnesses and their family members or caregivers.

It is important that the County Council and the County Executive do not allow funding to the mental health community to be cut. I would urge all of you to negotiate about budget reductions in a systematic way to communicate with public and private systems about such cuts. We have been receiving more calls since the economic downturn as financial problems, foreclosures, lost jobs cause a great deal of anxiety in people, which often triggers more serious mental illnesses

Please focus on the fact that evidence-based programs bring a great deal of positive good to the participants. There should be no consideration of cutting these programs that bring positive results to the consumers, their families and the county at large.

As an organization, we will try to look internally for ways of addressing cuts. We do not know the extensive information that is needed to suggest system-wide cuts for other public or private institutions. We are a member of a safety net coalition whose priority is to protect the most vulnerable Montgomery County residents by prioritizing and holding harmless safety net services. I am aware that difficult budget decisions need to be made, and I hope that programs for the most vulnerable population will be the last programs to be cut, as these people are the most defenseless.

Testimony of Craig Knoll
To the Montgomery County Council

On Behalf of Threshold Services
1398 Lamberton Drive, Silver Spring, MD 20902

February 3, 2009

Mr. President and Members of the County Council, I am Craig Knoll, Executive Director of Threshold Services, which provides treatment, rehabilitation and housing for 850 people with major mental illness or co-occurring substance use disorders and major mental illness at nine locations, all of which are in Montgomery County.

As you consider ways to reduce next year's budget, I have no doubt that you will want to protect the most vulnerable Montgomery County residents by prioritizing and holding harmless safety net services. You will also want them to receive the most effective services possible.

President Obama said in his inaugural address that the test of whether a government-funded program should be cut or kept is, "Does it work?" In health and human services, there are two ways to know that a program works. One is by measuring outcomes. The other is by implementation of evidence-based practices.

Evidence-based practices have three characteristics. First, they have demonstrated positive outcomes in multiple research studies. Second, detailed descriptions of them have been published, so they can be replicated. Third, a valid means of measuring the extent to which a program faithfully replicates the practice has been published for administration by knowledgeable reviewers. If a practice has demonstrated positive outcomes in multiple research studies, and it is faithfully replicated, that constitutes reliable evidence that what a program is doing works.

In behavioral health, the United States Substance Abuse and Mental Health Services Administration (SAMHSA) has acknowledged six practices that have all three of those characteristics, such as Integrated Dual Disorders Treatment, Family Psychoeducation, Supported Employment, and Assertive Community Treatment. There also are practices that have those characteristics, but which have not yet been formally acknowledged by SAMHSA, such as Dialectical Behavior Therapy and Social Skills Training for People with Schizophrenia.

Recently, a representative of the Behavioral Health Work Area of the Montgomery County Department of Health and Human Services stated at a Provider Council meeting that they are considering development of a report card for service providers. That is a good idea, and funding decisions should be related to passing marks. Passing marks should require utilization of evidence-based practices, as well as demonstration of positive outcomes. The report card also should take into account the common features of

the evidence based practices acknowledged by SAMHSA, such as consumer empowerment, recovery orientation, and service delivery in people's own environments.

Outcome measurement is the other indicator that a program works. It is important to note that all of SAMHSA's evidence-based practice tool kits define outcomes in terms of improvements in clients' life status, such as stable housing, employment, relationships, and avoidance of events such as incarceration or hospitalization. That is because, in behavioral health, recovery is not the complete absence of symptoms; it is the recovery of a person's life, a life of one's own choosing, with things like a home, a job, and friends. Recovery is a process, in which hope emerges and lives unfold.

County Government makes a substantial investment in health and human services. All investors require a return on their investment. For investors in health and human services, that return consists of concrete, observable improvements in the quality of life for targeted populations and the community as a whole, which evidence-based practices produce. Furthermore, when investments are made in effective services, the total long term cost of services declines, because people recover. By implementing evidence-based practices, service providers produce the return on investment that County Government requires.

So, as you consider what to keep and what to cut, and how best to serve the most vulnerable among us, may I suggest that you ask what outcomes programs produce, and whether or not there is a substantial body of empirical evidence to support what they do?

Thank you.

MEMORANDUM

September 23, 2008

TO: Public Safety and Health and Human Services Committees

FROM: Linda McMillan, Senior Legislative Analyst *LM*

SUBJECT: **Discussion:** Expansion of Sobering Center Services (Public Inebriate Initiative) to the Wheaton CBD

Those expected for this session:

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
David T. Jones, Chief, DHHS Behavioral Health and Crisis Services
Betsy Davis, Assistant Chief for Field Services, MC Police Department
Nancy Demme, Commander, 4th District, MC Police Department
Joan Logan, Crisis Intervention Team Coordinator, MC Police Department
Natalie Cantor, Director, Mid-County Regional Services Center

At this session the Committees will receive an update on the Public Inebriate Initiative that is currently in place in the Silver Spring/Long Branch/Takoma Park area. Following this update, the Committee will be provided with information on the number of police calls for driving under the influence and drunkenness events in the 4th Police District (Wheaton-Glenmont) and the impact of public drunkenness on the Wheaton community and particularly on the business district. Last spring, the Council heard from both the Wheaton Urban District Advisory Board and the Wheaton Citizen's Coalition about problems with public inebriation. Councilmember Ervin asked Councilmembers Andrews and Leventhal if the Public Safety and Health and Human Services Committee would discuss an expansion of sobering services to Wheaton. A memo from Councilmember Ervin is attached at © 1-2.

Update on Public Inebriate Initiative

The Committees last received an update in November 2007. The update included data from March 2007 through September 2007. DHHS has provided an update for this session that is included at © 3-8. This update includes data from April 2007 through August 2008. The following table compares the data from the two updates. Please note that the data do not

compare two time periods of the same duration as the second update includes the people encountered in the first update.

Of Those Encountered	November 2007 Update N=831	September 2008 Update N=3,806
Reason for Service:		
Public Drinking/Intoxication	80.3%	53.9%
Homeless/Sleeping	8.7%	17.4%
Case Management	8.5%	5.7%
Public Safety Issues	2.5%	23.0%
Gender:		
Male	96.3%	92.9%
Female	3.7%	7.1%
Race:		
Latino	85.2%	77.0%
African American	10.5%	16.7%
Caucasian	2.6%	5.1%
African	1.6%	0.9%
Other	0.1%	0.3%
Source of Referral:		
PITT	94.7%	92.2%
Emergency Department	3.5%	4.0%
Community Programs	1.1%	2.0%
Merchants	0.7%	1.6%
EMS/Police	NA	0.2%
Admissions:		
Admitted to Sobering Beds	28 admissions	125 admissions
Admitted to DeTox	71.4% of sobering	76% of sobering
Admitted to ICF	32% of Detox	34% of Detox
Hypothermia Outreach:		
Blankets	NA	37
Cold Weather Clothing	NA	22
Transport to Shelter	NA	61

In comparing the two updates, many of the trends appear to be the same. However, there has been a substantial increase in the percentage of those who are encountered for public safety reason. The data now shows about 23% are encountered for public safety reasons rather than the 2.5% in the first report. There has been a decrease in the percentage of those encountered who are Latino and an increase in the percent who are African American.

Expansion of Services to Wheaton

As previously noted, the Wheaton community is also facing impacts from public inebriation. The data provided by the Montgomery County Police Department on © 9-11 indicates that the 4th Police District (which includes Wheaton) in almost all months has the highest number of events related to driving under the influence or drunkenness. The map at © 12 shows that while events occur throughout the Lincoln Sector of the 4th District many are in the Central Business District or in the area between Veirs Mill Road and Georgia Avenue.

The memo from Director Ahluwalia (©4-5) indicates that DHHS can discuss the feasibility of creating a second Public Inebriation Initiative Team (PIIT) for Wheaton and provides some of the cost (© 5). There is no recommendation from DHHS or the Executive at this time regarding a specific strategy to address the issues in Wheaton.

The Committees may want to discuss with those present:

- If a PIIT Team was created for Wheaton, how many hours per day and how many days per week are needed to address the times and days when incidents are at their highest?
- What is the estimated time and cost to the Police Department to respond to calls. For example, it appears from the chart at © 9 there were about 1,575 calls for service for DUI and drunkenness in 2005. While the PIIT would not handle DUI calls, the map on © 12 shows that many calls are for drunkenness. While it is unlikely that the Police Department would or could reduce service to Wheaton because of a PIIT, they would be able to dedicate more time to calls that must be handled by the Police Department.
- Is there any possibility that this type of intervention and outreach approach could be provided through a contract rather than with County staff?
- Does the Avery Road Treatment facility have capacity more service to the County if the additional funds are provided? Can this be funded on a per diem rather than assumption that one bed would be reserved?



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

VALERIE ERVIN
COUNCILMEMBER
DISTRICT 5

Memorandum

To: George Leventhal, Chair, Health & Human Services Committee
Phil Andrews, Chair, Public Safety Committee
From: Valerie Ervin
Date: September 22, 2008
Subject: Expansion of Sobering Center Services to the Wheaton Central Business District

Residents from the Wheaton Urban District Advisory Committee have contacted my staff to discuss issues associated with public inebriation in the Wheaton Central Business District (CBD) and its detrimental impact on residents, local small businesses, and Wheaton's long-range plans for revitalization. As you know, the joint HHS/PS Committee meeting on September 25 was scheduled at my request, so the Council can explore the most cost-effective approaches to dealing with public drunkenness in this CBD.

One option for limiting habitual public drunkenness is to expand the service area of the Avery Road Sobering Center to include the Wheaton CBD. While I am not wedded to any one approach to reduce public drunkenness in downtown Wheaton, I want to make sure that we are using County resources effectively when dealing with complaints about this issue and to ensure that individuals get the help they need to deal with alcoholism.

Wheaton residents and business owners report that they are impacted by habitual inebriants in the CBD on an almost daily basis. The Police Department must respond to repeat calls at the same locations for a handful of individuals. Once these individuals are processed through the criminal justice system, they are often back in the community exhibiting the same behavior. Tying up public safety personnel for these calls may not be the best use of resources. I am concerned that public safety response times for more serious crimes may be delayed, if officers are repeatedly responding to non-violent public drunkenness calls.

I request that Committee members and staff evaluate: the costs associated with having public safety personnel respond to public drunkenness calls verses Health and Human Service staff; the types of treatment options presented to habitual inebriants based

on the method of intake; and how the method of intake influences the follow up services that may be provided and how this impacts treatment outcomes.

The expansion of sobering center services to downtown Wheaton has been a major priority of the Wheaton Urban District Advisory Committee for the last year, and the Committee's FY 09 Operating Budget testimony highlighted this crucial need.

While I recognize the fiscal limitations that the County is currently facing, on behalf of residents, local small business owners, corporate retailers, and customers in downtown Wheaton, I urge Committee members to evaluate the impact of public drunkenness on this community and recommend an appropriate solution to this on-going issue.

c: Councilmember Marc Elrich
Councilmember Duchy Trachtenberg
Councilmember Roger Berliner
Councilmember Don Praisner
Linda McMillian, Legislative Analyst



DEPARTMENT OF HEALTH AND HUMAN SERVICES


Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

MEMORANDUM

September 19, 2008

TO: Linda McMillan, Senior Analyst
Montgomery County Council

FROM: 
Uma S. Ahluwalia, Director

SUBJECT: Expansion of Public Inebriate Initiative to Wheaton – September 25, 2008

Status of Recommendations from November 2007 HHS Committee hearing

- Additional education was provided to Holy Cross Emergency Department, and there has been some increase in calls. The vast majority of requests for service, however, coming directly from an Emergency Department (ED) is from Washington Adventist Hospital.
- Two of the three staff of the Public Inebriate Initiative Team (PIIT) completed Second Eyes training through the Department of Liquor Control.
- Outreach and engagement was focused on preventing hypothermia during the winter months. The data for this effort is as follows:

Hypothermia Outreach

	Frequency
Blankets	37
Cold Weather Clothing	22
Transport to Shelter	61
Total	120

In addition, the PIIT now routinely gives out water to individuals on the street in exchange for their alcohol and to prevent hyperthermia.

Behavioral Health and Crisis Services

- Data collection has continued to focus upon gathering descriptive statistics regarding the population the PIIT works with. At this point, data has not been collected that demonstrates a connection with other clinical issues, although the staff reports that homelessness is a factor with those individuals they interact with most frequently. In addition, this population is at increased risk for being involved with domestic violence. There is now increased data regarding recidivism both in terms of street outreach and also in terms of admissions to Avery Road Treatment Center. The recidivism data is available for each level of treatment: Sobering Beds, Detox, and Intermediate Care Facility. Data is attached for the PIIT outreach and for admissions to the Sobering Beds (see attachment).

Data from Washington Adventist Hospital indicates that admissions to their ED for acute alcohol intoxication have increased by 53% from 2004 to 2007. During this time, the average length of stay (ALOS), however, has decreased by 20%. The ALOS for acutely intoxicated patients is 2.3 times greater than the ALOS for the average ED patient.

The PIIT distributed a survey to the community regarding the services provided. A total of 49 individuals returned the survey. The breakdown is as follows: 86% merchants, 7% hospital staff, and 7% community agencies. Eighty percent of the respondents indicated that public inebriation is a problem in their community. The data for the responses is:

- 96% think that the PIIT is a useful service.
 - 55% knew how to reach the PIIT
 - 51% had received direct help from the PIIT
 - suggestions included additional staff and additional Spanish speaking capability
- Commander Johnson from the Silver Spring District of the Montgomery County Police and Chief Ricucci of the Takoma Park Police both have stated they are pleased with the PIIT model. Suggestions include giving the team a police radio, and changing the hours from the current 2:00 PM to midnight to 12:00 PM to 10:00 PM. The police indicated that this time frame would better address the issues presented.

Recommendations on what would be required to address the problems in Wheaton

- In terms of addressing the issue of public inebriation in Wheaton, HHS will discuss the feasibility of a second Public Inebriate Initiative Team given needs are discussed within current resource constraints. If an expansion is possible, the current model with an outreach component and sobering beds should be replicated. The specific requirements for this expansion could be provided following an assessment using the current team. The unique aspects of the problem of public inebriation as it presents in Wheaton would be considered in formulating a response.

Linda McMillan, Senior Analyst
September 19, 2008
Page 3

- The expansion could potentially be accomplished by building upon the team that is now established. Some economies of scale may be possible. Unit required costs are as follows:

Program Elements	Cost
Behavioral Health Technician Position	\$55,170*
One Sobering Bed Annually	\$146,000
Vehicle	\$30,000**

*includes salary & fringes per position

**one time only expense

USA:adp

Attachment

Public Inebriate Initiative Data
 4/07 – 8/08
 (N=3806)

Contacts by Month

Month	Frequency	Recidivism	%
4/07	66		
5/07	110		
6/07	141		
7/07	176		
8/07	247		
9/07	194		
10/07	263		
11/07	163		
12/07	108		
1/08	166		
2/08	114		
3/08	135		
4/08	196		
5/08	312	58	19%
6/08	450	84	19%
7/08	640	169	26%
8/08	325	37	11%
Total	3806		%
Average	223		19%

Race

	Frequency	Percent
Latino	2930	77
African American	635	16.7
Caucasian	195	5.1
African	36	.9
Other	10	.3
Total	3806	100

Gender

	Frequency	Percent
Female	270	7.1
Male	3536	92.9
Total	3806	100

Reasons for Service

	Frequency	Percent
Public Drinking/Intoxication	2051	53.9
Homeless/Sleeping in Public Area	663	17.4
Case Management	216	5.7
Public Safety Issues	876	23.0
Total	3806	100

Source of Referral

	Frequency	Percent
PIIT	3509	92.2
Emergency Department	156	4
Community Programs	76	2.0
Merchants	59	1.6
EMS/Police	6	.2
Total	3806	100

Location of Engagement

	Frequency	Percent
Long Branch/Crossroads/ Takoma Park	2641	69.4
WAH/Holy Cross	163	4.3
Progress Place/Silver Spring	1002	26.3
Total	3806	100

Disposition

	Frequency	Percent
Referred to Sobering Beds	132	3.5
Referred to Access/Crisis Center	41	1.1
Transport	151	4.0
Referred to Police/EMS	55	1.4
Outreach & Counseling	502	13.1
Maintain Safety	2834	74.5
Refused Services	91	2.4
Total	3806	100

Hypothermia Outreach

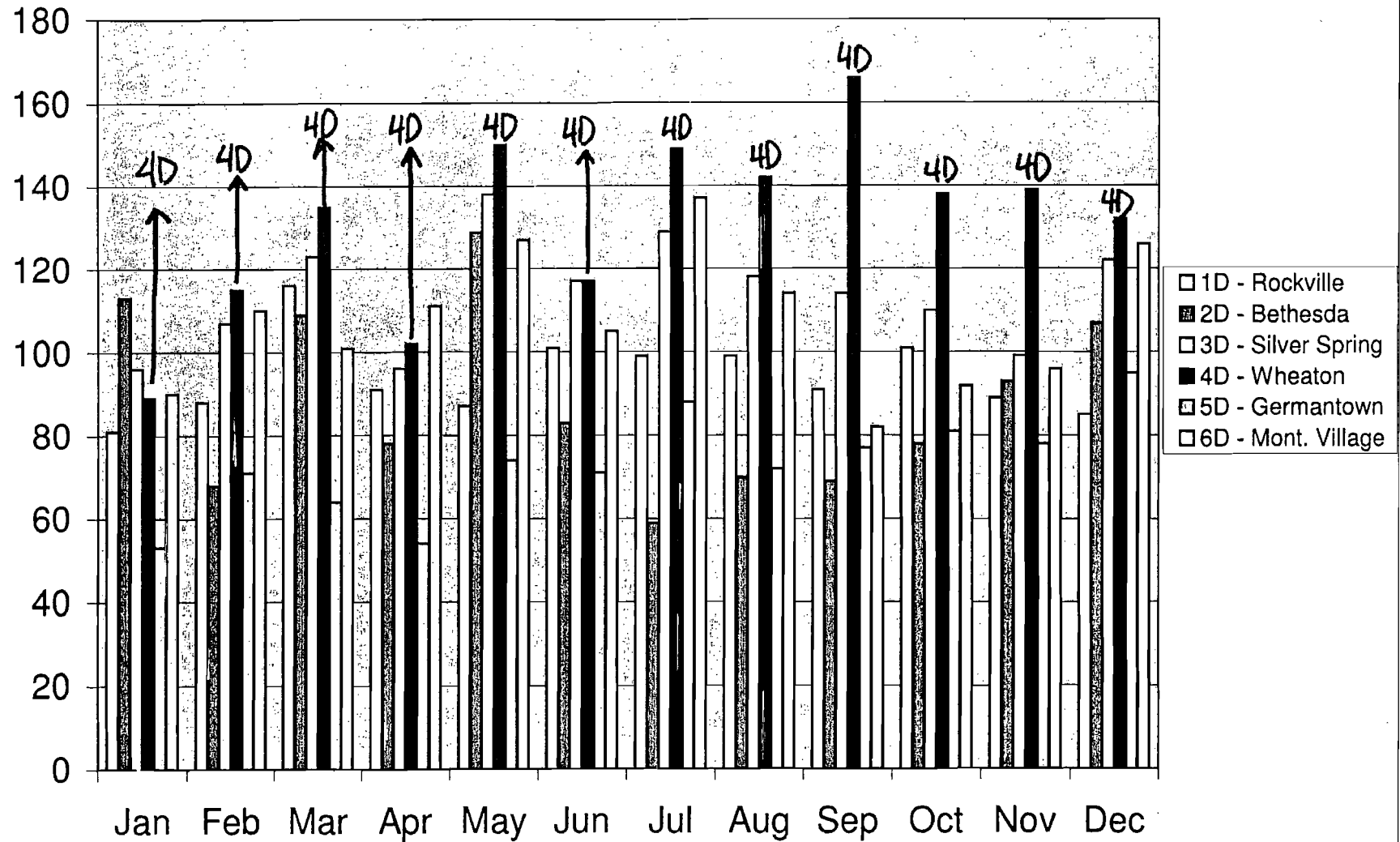
	Frequency
Blankets	37
Cold Weather Clothing	22
Transport to Shelter	61
Total	120

107

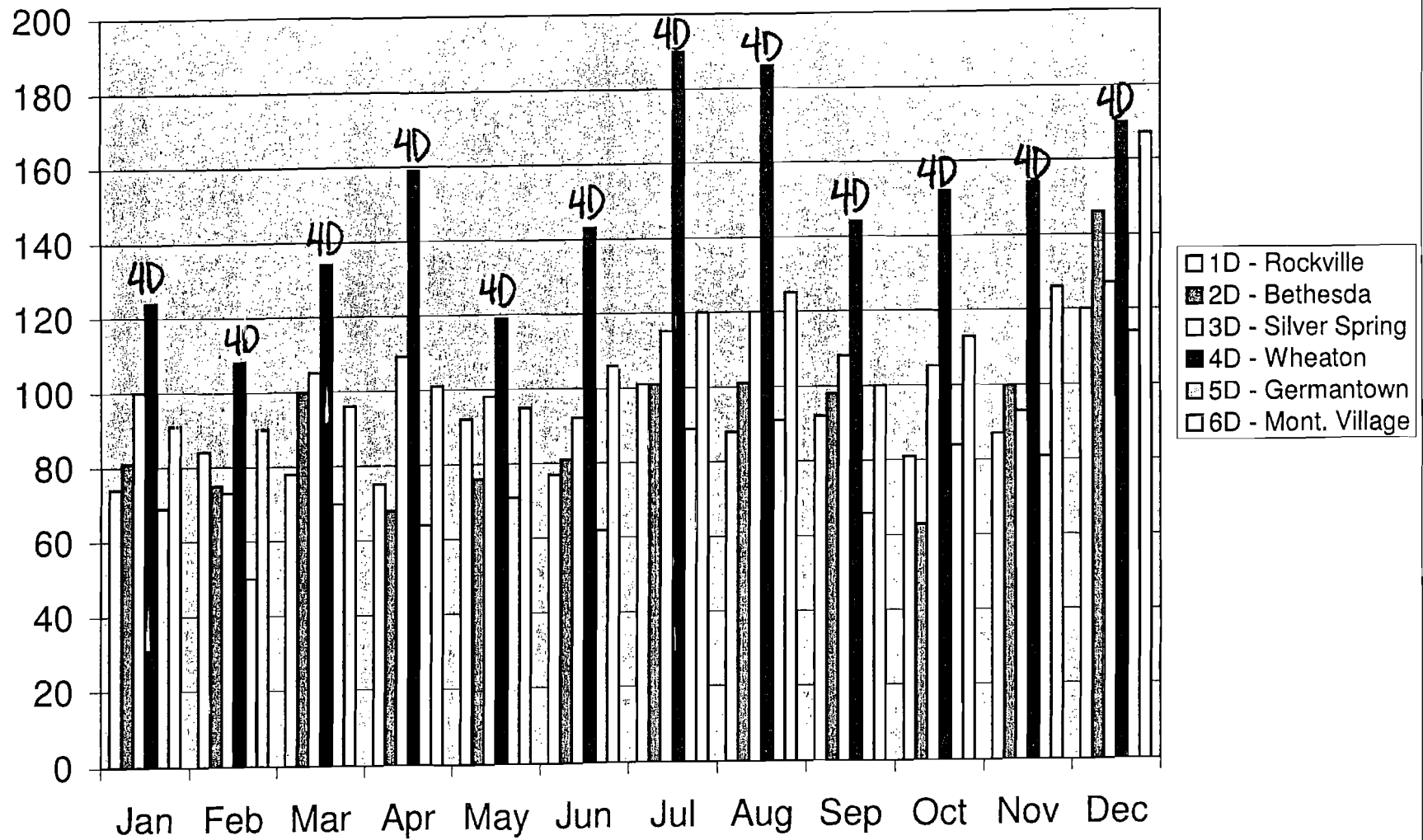
Public Inebriate Admissions

	Frequency	%
Admitted to Sobering Beds	125	
Readmissions	43	34%
Admitted to Detox	95	76%
Completed Detox	48	51%
Average LOS in Detox	5.3	
Admitted to ICF	42	34%
Average LOS in ICF	15	

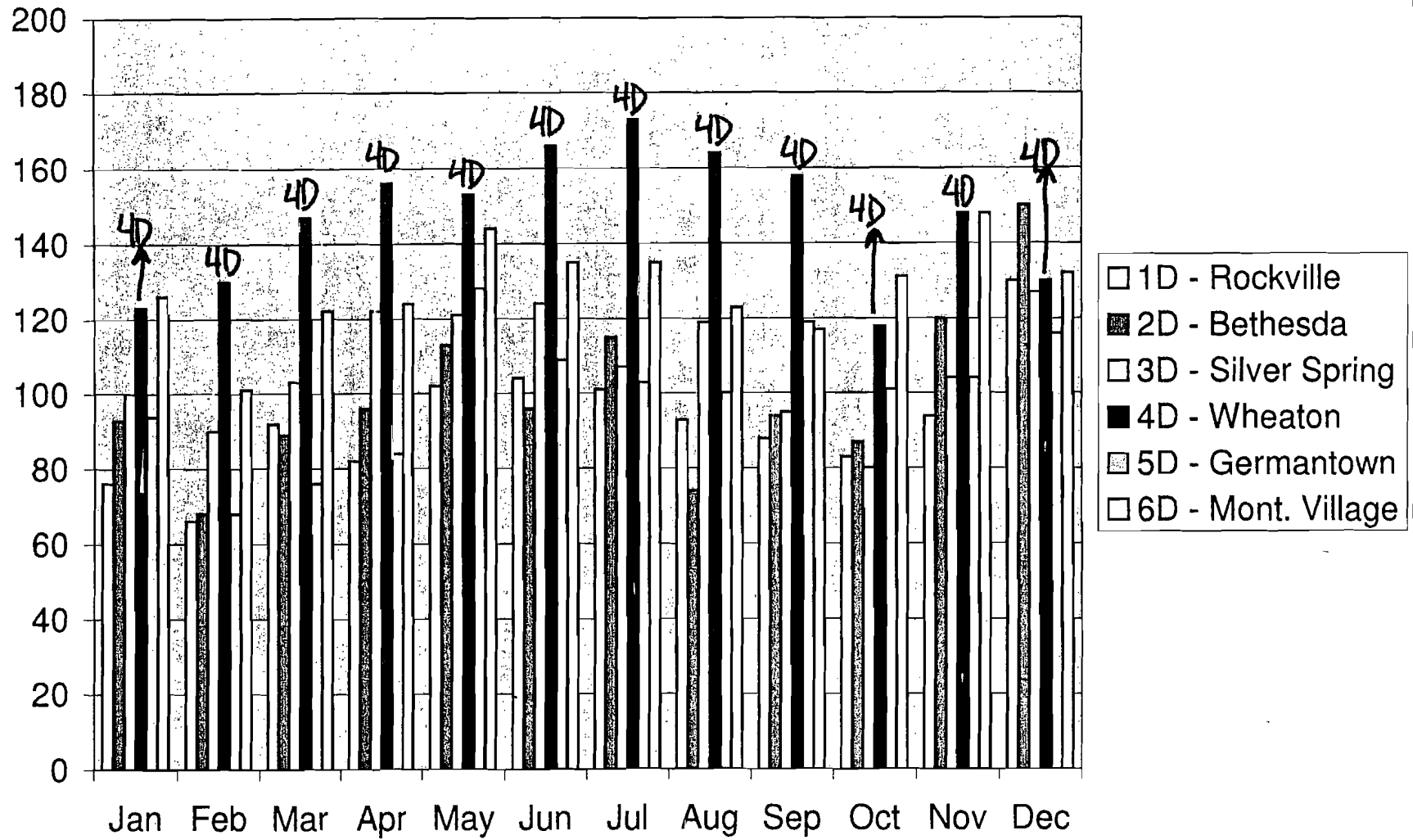
2005 Drunk & DUI Events by District and Month



2006 Drunk & DUI Events by District and Month

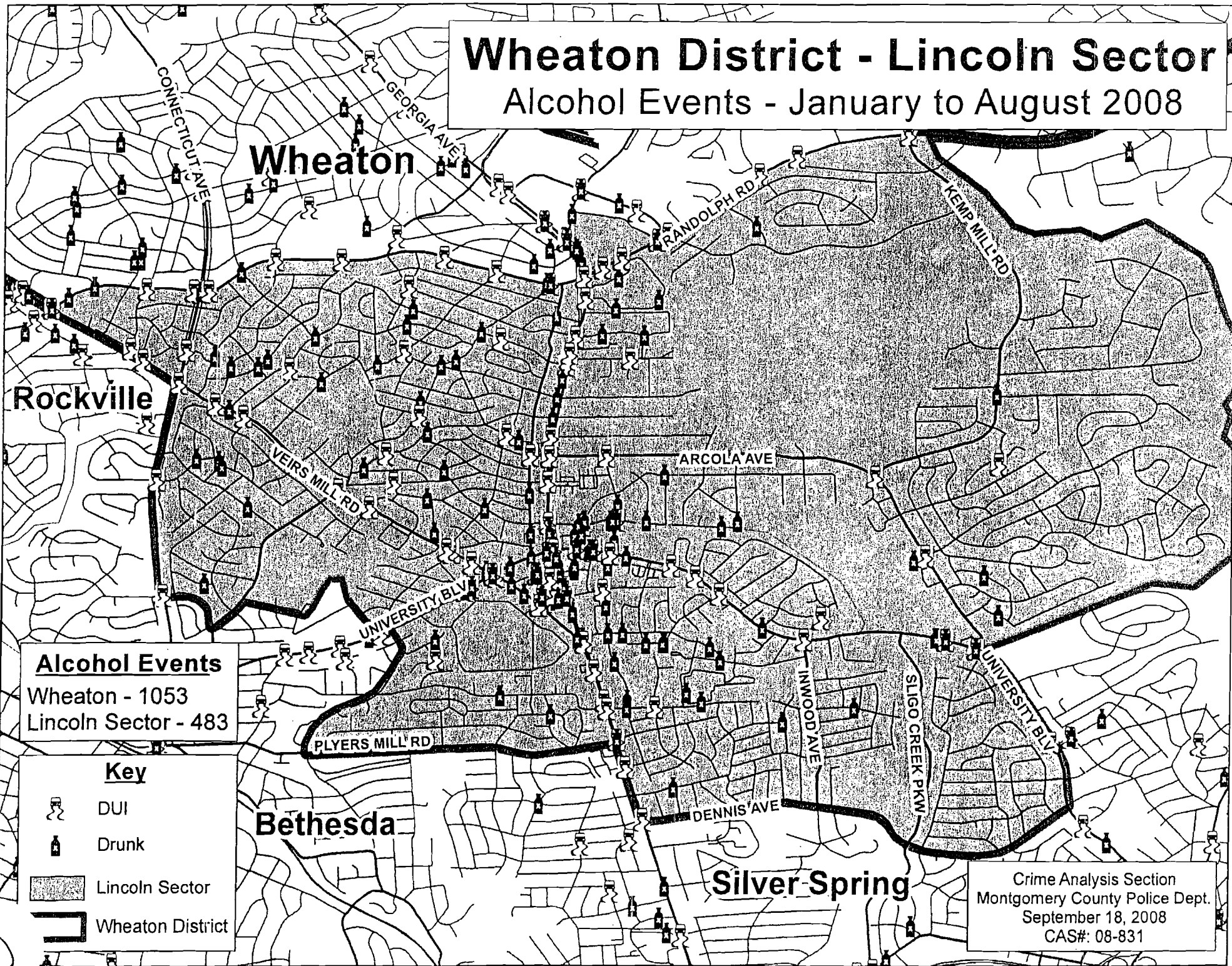


2007 Drunk & DUI Events by District and Month







Wheaton District - Lincoln Sector

Alcohol Events - January to August 2008



Alcohol Events
 Wheaton - 1053
 Lincoln Sector - 483

Key

-  DUI
-  Drunk
-  Lincoln Sector
-  Wheaton District

Crime Analysis Section
 Montgomery County Police Dept.
 September 18, 2008
 CAS#: 08-831

112

PS

LAM
cc

WHEATON CITIZENS COALITION

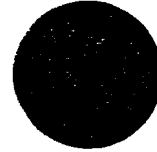
11221 Rose Lane
Wheaton, MD 20902
301-942-7663

034744

April 10, 2008

Ike Leggett
County Executive
Executive Office Building
101 Monroe St., 2nd Floor
Rockville, MD 20850

Mike Knapp
President
Montgomery County Council
100 Maryland Avenue
Rockville, MD 20850



2008 APR 15 AM 9:11

RECEIVED
MONTGOMERY COUNTY
COUNCIL

Re: Public Intoxication Problem – Downtown Wheaton

Dear County Executive Leggett and Council President Knapp:

We write in relation to the significant problem of public intoxication in Wheaton. We are requesting that the appropriate County department(s) consider how to approach solving this problem and then that the County provide adequate funding to do so, tapping in to the programs that already exist to address public intoxication elsewhere in the County. This problem needs attention now, in order to work toward a permanent solution.

Statistics from the Wheaton Clean and Safe Team in 2007 show that the Team tended to 415 incidents of public intoxication, 139 incidents of drinking in public, 119 incidents of public urination (not all attributable to intoxicated individuals), and 75 incidents of disorderly conduct. In July 2007, the activity peaked at 65 public intoxications, 36 drinking in public, 16 public urinations, and 11 disorderly conducts for that one month. In comparison, the Team tended to 14 assaults and fights and 34 drug activity incidents for the entire year of 2007. One out of six calls received by the Wheaton Rescue Squad (WRS) concerns fights and injuries related to inebriation. In addition, attached is a first-person account of one WRS volunteer's weekend in 2007.

Public intoxication in Wheaton is having an adverse impact on:

- The image of Downtown Wheaton—and it is deterring growth
- The morale of emergency services—police, fire services, and County safety personnel—who have to deal continuously with this issue without any sign of improvement and many times with repeat offenders
- County resources, by tying up a huge amount of our public safety personnel and assets in attending to publicly intoxicated individuals, from transportation through hospital care
- The welfare and safety of Wheaton and other County citizens, who are placed at significant risk through the substantial amount of resources diverted to attending to intoxicated persons

We request that funding be made available to tackle this problem immediately so as to significantly reduce the number of publicly intoxicated persons in downtown Wheaton and to get these individuals, especially repeat offenders, the help they need. Thank you.

Sincerely,

Marian M. Fryer
President, Wheaton Citizens Coalition

c: Natalie Cantor, Mid-County Service Center

CHILDREN, YOUTH, and FAMILY SERVICES

Program Area	Org Code	Program Title	FY08		FY09		FY10 CE		Description of Services
			CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Children Youth & Family Services									
Child Welfare Services	644012	Out-of Home Services	11,253,250	120.09	7,855,010.88	74.90	7,851,517.25	74.55	Provides temporary out-of-home placement when children cannot be cared for safely in their own homes. Services are provided to children in foster homes, pre-adoptive homes, residential placements, treatment foster care, living w/relatives and independent living. It is estimated that 35.5% of the total budget and workyears are dedicated to out-of-home services.
Child Welfare Services	644012	In-Home Services	6,828,895	72.88	12,943,908.88	123.41	12,938,415.75	122.85	Investigates reports of alleged child physical abuse, sexual abuse, and neglect. Services include investigations, continued monitoring of child safety, and Family Preservation. It is estimated that 58.5% of the total budget and workyears are dedicated to in-home services.
Child Welfare Services	644012	Adoptions	1,154,179	12.32	1,327,420.20	12.66	1,327,017.00	12.60	Provides permanent placement for abused and/or neglected children who cannot be reunited with their parents. It is estimated that 6% of the total budget and workyears are dedicated to adoption services.
Linkages to Learning	644017	Linkages to Learning	5,161,787	6.50	5,175,821.50	5.60	5,202,670.00	5.60	Provides direct health, mental health, social and educational support services to vulnerable children/families in school, at home, and in the community.
Child & Adolescent Svcs	644026	Child & Adolescent Svcs	3,654,543	4.30	3,632,805.87	4.20	3,523,540.00	4.20	Provides for the delivery of a variety of direct services, such as mental health, substance abuse, after school services, case management, short-term and long-term shelter, to children at risk through contracts with a number of private agencies. Also provides mental health services to children and adolescents who are undocumented and uninsured.
Conservation Corps.	644029	Conservation Corps.	797,216	26.35	843,450.20	27.25	722,330.00	23.30	Provides youth development, focusing primarily on workforce and skill development for at-risk young adults 17-24 who are vulnerable to gang involvement. Youth receive GED preparation, workplace preparation training, job skills training, and real work experience.
Juvenile Justice Services	644030	Juvenile Justice Services	2,009,594	10.12	2,646,348.47	10.52	2,007,569.34	8.52	Includes the Admin. of the JJS program & staff in the Screening and Assessment Services for Children and Adolescents (SASCA). This program provides behavioral health (substance abuse & mental health) assessments for juveniles & their families, treatment planning, and referral services for children referred by the Police Dept., Maryland Dept. of Juvenile Services, Juvenile Court and MCPS
Juvenile Justice Services	644030	Gang Prevention Initiative	2,422,623	1.00	1,851,019.86	6.00	2,432,067.68	6.00	This program addresses issues of gang involvement, violent behavior, substance abuse, teen pregnancy and other high risk behaviors of youth in the community. It includes the Youth Opportunity Center where services are provided to approximately 200 youth and their families in collaboration with Prince George's County. Services include, but are not limited to: employment training and referral services; behavioral health assessment, counseling and referral services; ESOL and case management services; income and academic supports. Also included in this area is the High School Wellness Center where services will include behavioral health, somatic primary care, violence prevention, diagnostic testing, health education, fatherhood initiatives, mentoring and youth development.

115

Program Area	Org Code	Program Title	FY08		FY09		FY10 CE		Description of Services
			CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
Juvenile Justice Services	644030	CMH Grant - DJS Family Intervention	233,709	2.00	239,824.50	2.20	260,772.98	2.20	Funds two Social Worker III Family Intervention Specialists who are members of an Intensive Aftercare Team w/DJS staff. They transition youth in DJS placements back to the community and also serve the most violent youth in the community on DJS probation. After Care/Violence Prevention is a state-wide effort.
Juvenile Justice Services	644030	Community Supervision Program:	143,870	0.00	143,870.00	-	143,870.00	-	Dept. of Juvenile Services (DJS) grant-funded program that provides intensive in-home support and clinical services for youth on probation and their families.
Quality Enhance.of Early Childhood Svcs	644032	Quality Enhance.of Early Childhood Svcs	1,746,750	9.26	1,986,412.12	9.96	1,806,310.00	8.45	Provides key information, training and support services to over 4,000 child care workers and parents to assure that child care providers are meeting basic health and mental health standards and parents can choose regulated licensed care. Services includes on-site health and mental health consultation, health and safety training and technical assistance.
Quality Enhance.of Early Childhood Svcs	644032	Child Resource & Referral Grant	379,220	4.35	384,000.00	4.85	448,000.00	4.85	Provides services, training and key information to over 4,000 child care providers and 10,000 parents.
Quality Enhance.of Early Childhood Svcs	644032	Judith Hoyer Module One - Enrichment	30,000	0.00	30,000.00	-	-	-	Provides support for child care providers and evaluates school readiness for children birth to age 5 and specifically national or state program accreditation. Grant expires 9/30/08 - funding past this date is not expected. Freeze BE submitted on 9/3/08.
Quality Enhance.of Early Childhood Svcs	644032	Pre-K			445,000.00		600,100.00	-	Provide community-based pre-kindergarten services through partnerships with non-profit organizations with the overall goal of ensuring that children will enter school fully ready to learn.
Parent Support Services	644034	Parent Support Services	599,822	-	621,451.00	-	633,570.00	-	To ensure that high-risk families with children 0-5 years old receive direct services to prevent child abuse, meet basic needs, including food, clothing and shelter, and child development, including early intervention and prevention as appropriate.
Services to Children with Special Needs	644035	Services to Children with Special Needs	2,060,542	9.83	2,282,052.35	9.93	3,556,200.00	10.00	Provides assessment, evaluation, and ongoing early intervention services to children ages 0-3 and their families when there is a concern about development or a documented delay.
Income Supports	644036	PA Benefits Certification	10,400,527	133.50	14,124,862.70	131.20	14,508,709.20	137.90	Eligibility determination for TCA, TDAP, FS, MA, MCHPS, Refugee Cash Assistance and Refugee Medical Assistance. These are financial benefits extended to financially and/or medically needy individuals and families who qualify.
Income Supports	644036	Employment Services/TCA	2,631,076	1.00	900,576.41	9.50	923,310.80	9.50	Job preparation, job readiness, job placement and support services for applicants and recipients of TANF funds as required by the Personal Responsibility and Work Opportunity Act of 1996 and the Deficit Reduction Act of 2005.
Child Care Subsidies	644037	WPA	8,200,656	16.43	3,052,859.60	12.00	2,990,873.20	10.00	County funded child care subsidy program for low income working parents who do not qualify for or exceed the eligibility guidelines for the State funded subsidy program. This program helps prevent low income working parents from leaving children in unsafe child care situations while they work and includes an emphasis on outreach to targeted populations.
Child Care Subsidies	644037	POC	3,277,899	14.17	7,809,103.68	14.00	7,690,816.80	13.70	State/Federal funded child care subsidy program for TANF recipients and low income families who are either working or participating in a training, job preparation or other approved activity.

Program Area	Org Code	Program Title	FY08		FY09		FY10 CE		Description of Services
			CC Approved Appropriation	WY	CC Approved Appropriation	WY	Recommended	WY	
							69,567,660.00	454.22	
					chiefs office		371620	2.90	
							69,939,280.00	457.12	

117

**CYF Responses to
County Council Staff Questions**

4/8/09

644012: Child Welfare

Foster Care Transportation

Since July 1, 2008, 42 children have received bus transportation. As of March 31, 2009, we have 27 children getting the transportation. The cost to date is almost \$39,000 with 2 ½ months to go to the end of the school year. There is not a waiting list at this time.

Double check Performance Measure stats: 5% reduction in foster care. During FY 09 the Child Welfare has seen a 2% reduction in foster care. Child Welfare is doing a record number of investigations and placing sibling groups, so it may not be possible to meet this target number.

Child Welfare is seeing great success as a result of Family Involvement meetings. These meetings are an effort to involve extended family and the community to prevent placement or offer a short term placement for the children. While we are seeing progress in this area, it may not be enough to assist in meeting the 5% goal.

Treehouse--please give summary of outside funding we have raised--sources and amounts

- 1/1/09 – 12/31/09 National Children's Alliance \$29,979 through the Primary Care Coalition ~ for additional nursing hours for the Tree House's Medical Program (in FY 09 we received ~ \$9,944 for training for multi-disciplined Montgomery County staff)
- 7/1/09 MVOC/GOCCP \$26,250.00 (2nd year of grant, in FY 09 we received \$35,000) through the Primary Care Coalition ~ for additional mental health services
- 7/1/09 MVOC/GOCCP \$26,250.00 (2nd year of grant, in FY 09 we received \$35,000) through State's Attorney's Office ~ Victim Advocacy Services
- 7/1/09 MVOC/GOCCP \$30,000 (1st year of grant) through the Primary Care Coalition – additional nursing hours for The Tree House's Medical Program

- Bank of America (\$10,000 in FY 09 for training of multi-disciplined Montgomery County staff) and an additional \$15,000 to be spent during FY 09 & FY 10
- Target Foundation to be spent in FY 09 & FY 10 \$2,000 ~ for general support
- Build-A-Bear Foundation to be spent in FY 09 & FY 10 \$1,000 ~ for general support
- Fundraiser May 14, 2009 ~ funds will be utilized in FY 10 for the emergent health care needs of abused and neglected children
- DC Metropolitan Subcontractors Association to be spent during FY 09 & FY 10 \$1,272.50 ~ general support
- National Capital Optimist Club ~ to be spent during FY 09 & FY 10 \$1363.50 ~ general support

Funds obtained through donations, foundations and grantors through the private sector partner have accomplished the following:

- Sent Montgomery County staff (police, Child Welfare Services, Tree House, and SAO) to specialized trainings in order to enhance their knowledge and understanding in the field of child maltreatment;
- At one point this year, The Tree House had a wait-list of 10 clients for ongoing mental health services, additional funding allowed for increased mental health services to be provided to Montgomery County residents, who are either primary or secondary victims of child abuse/neglect, and currently no wait-list exists;
- The Tree House has participated in several public relations campaigns to educate the community about child abuse and neglect. Child activities must be coordinated during these campaigns and funds go to support these projects.
- Funds have also paid for the medical follow-up for several children seen at the Center who needed immediate lab work or x-rays to insure their safety and in order to diagnose whether the injuries they sustained were accidental or non-accidental in nature.
- Funds also went to increase public awareness about The Tree House CAC and about child abuse and neglect issues.

644017: Linkages to Learning

Need figures for FY08 and FY09 contract vacancies: How long were they vacant? How is the \$ saved from vacant positions used?

- FY08 – a total of 16 vacancies as follows:
 - 4 full-time case manager positions
 - 3 vacancies lasted 2 months each
 - 1 for 1 month
 - 2 full-time site coordinator/case manager positions
 - 1 for 5 months
 - 1 for 1 month
 - 2 full-time site coordinator positions
 - 1 for 1 month
 - 1 for 6 months
 - 5 full-time mental health therapist positions
 - 3 vacancies lasted 1 month each
 - 1 vacancy lasted 2 months
 - 1 for 2 weeks
 - 1 0.5 fte mental health therapist position – 2 months
 - 1 0.25 fte case manager position – 12 months
 - 1 0.2 fte community service aide position – 12 months

- Fy09 – a total of 9 vacancies as follows:
 - 2 full-time case manager positions – each lasted 1 month
 - 1 full-time site coordinator/case manager position – 3 months
 - 1 full-time site coordinator position – 1 month
 - 3 full-time mental health therapist positions
 - 1 for 5 months
 - 1 for 3 months
 - 1 for 2 months
 - 1 0.5 site coordinator position – 7 months
 - 1 0.5 mental health therapist position – 4 months

How much money?

- Fy08: approx. \$87,000 (\$29,546 were re-directed to county savings plan, so net vacancy savings = \$57,494)
- Fy09: approx. \$88,400 (\$40,000 were re-directed to county savings plan, so net vacancy savings = \$48,400)

What alternative things has this savings paid for in the past?

- Operating:
 - Recruitment
 - Client assistance:
 - Huge demand for food assistance in fy09
 - Transportation assistance
 - Extra camps & equipment
 - Therapeutic materials
- Increased supervision across Linkages (that had been underfunded during expansion) for both mental health licensure and case management needs
- Linkages facilities work
- Technical assistance for staff on database
- Staff development/training (partly also as retention strategy)

Breakdown of Linkages \$50,000 reduction:

This amount was based on the size of their respective contracts:

MHA	\$21,000
YMCA	\$14,000
GUIDE	\$13,000
City of Rockville	\$ 2,000
TOTAL =	\$50,000

644030: Juvenile Justice

Provide data on YOOC - # served since beginning of program and # in FY09

Since the CYOC first opened a total of 460 youth and families have been served.

Active clients, per service area, as of 3/31/09:

Total Active clients: 154 (unduplicated)

Case Management: 97 clients

Mental Health: 24 clients

Tattoo Removal: 17 clients

Recreational activities: 48 clients

Brotherhood (Young men's Group): 30 clients

Young Women's Support Group: 38 clients

Youth Advisory Board: 20 clients

Human Rights class: 12 clients

Mixed Unity (Participants): 30 clients

Advocacy: 19 clients

Re-entry (Montgomery County Corrections): 15 clients

Special Activities (Retreats, camping): 38 clients

Follow-up on Gang Prevention Coordination Assistance Program Grant, has it already been appropriated?

It has been appropriated and currently the three regional services centers are spending down the money in the Up County, Mid County, and Down County areas. We are supposed to have that money spent by September of 09.

SASCA: Will police be taking some clients?...f/u with them.

Have we talked with MCPD about this so we are coordinating our approach?

Yes, MCPD is aware of the proposed budget reduction for SASCA. SASCA will continue to accommodate the diversion eligible youth as best we can, although they may have to wait longer to begin the diversion process. Youth who do not get diverted by the Family Crimes Division, either because they are not eligible, don't respond to the police within a given time frame, or refuse diversion are sent to DJS. The department expects to continue serving all diversion eligible youth. Reductions in SASCA assessment services due to the proposed budget reduction will target self-referrals and DJS referrals. SASCA staff will make efforts in both cases to offer suggestions about possible community programs when information about the youth is available.

Can we triage to ensure those who need an assessment get it?

It is difficult to triage because most referrals originate from other agencies. Priority in scheduling will be given to youth who are being diverted, court ordered, suspended from school, and when parents are calling in crisis. SASCA may try to refer more parents to community services over the phone, without scheduling an appointment. SASCA may not be able to serve as many DJS referrals as we have in the past. Delays in scheduled appointments may cause some families to seek other alternatives directly, such as services in the community.

644032:Early Childhood

Training Incentives for New Child Care Providers was eliminated: how many people did it serve and who is being served e.g. child care centers, home providers, etc.

This fiscal year a total of 33 family providers and 50 center staff have benefited from the training incentives program as follows:

- 7 newly licensed family child care providers received \$500 in start-up training incentives after completing the 28 hour "Your Future in Family Child Care Training Series", obtaining a license to operate a family child care program and completing a program assessment
- 6 family child care providers and 17 child care center staff received \$50 stipends or Giant gift cards upon completion of a free two-day cultural competency training from Ready at Five
- 23 center staff attended received resource packets (value \$10) as training incentives to attend an inclusive child care session
- 20 family providers and 10 center staff received file boxes and folders (value \$10) as a training incentive to attend financial literacy classes

Learning Parties: How much OE is there? How many fewer Parties with there be? Give more detail on plan.

In fiscal year 2010 there will be \$16,000 for Learning Parties. Early Childhood will no longer have a staff person to run the Learning Parties. It will provide **no** Learning Parties, but will facilitate any that its partners want to give. Early Childhood often get requests to hold Learning Parties and will work with the requestors to allow them to put them on and will give them supplies. Early Childhood trained facilitators last year and can put its partners in touch with those who were trained. In FY10 it will partner with the community organizations that are requesting Learning parties.

644036: Income Supports

Emergency Safety Net: Requesting a 1-page highlight of this program (this will be in the Admin & Support packet)

Follow up on Misc Adjustment note - **This was an error - it was left in from FY09 comments**

644037: Child Care Subsidies

<u>Pay Month</u>	<u>POC</u>	<u>WPA</u>
July	1222	-
Aug	1187	314
Sept	1202	315
Oct	1342	304
Nov	1314	379
Dec	1374	362
Jan	1340	331
Feb	1277	not available from IMPROMPTU
March	1340	not available IMPROMPTU

Data Sources:

(POC data from Crystal Reports from FAMIS data – run by Fiscal Team)
(WPA data from Impromptu reports from the WPA system – the report is currently not running and IT is investigating)

644026: Child & Adolescent Services

Get comparative info for SHARP

- SHARP – up-to-date data by month comparing 07/08 school year to the 08/09 school year.

	Oct	Nov	Dec	Jan	Feb	March	Apr	May	June
FY08	73	73	83	40	77				
FY09	39	52	61	45	40				

SHARP:

- MCPS implemented a new policy for the current school year, notifying the schools that they are to use out of school suspensions only as a last resort. This has resulted in a significant reduction in referrals to the SHARP programs, and the students that are being referred generally have much more intensive needs.
- It is probable that several of the current churches will not want to, or will not be able to, continue with the new proposed structure. It is also possible that new SHARP sites could be developed due to the interest expressed by other schools and churches and the minimal cost of funding a site.

ADDITIONAL REQUEST:

Need a list of all CYF contracts for FY09. Please see attached.

CYF Responses to Council Staff Questions

4/20/09

Conservation Corps

- **Program update including service numbers:**

There will be a total of 60 Conservation Corps members who will participate in the program during FY09. There has been a waiting list of 33 young people over the last few months. After the recent enrollment of 23 new members, there are 10 left on the waiting list.

The Conservation Corps has been in discussions with the Maryland State Highway Authority to explore opportunities for work on the ICC, including reforestation and tree maintenance, storm water pond development, and invasive species removal. The Conservation Corps is currently providing reforestation work at Seneca Creek Park for the Department of General Services, maintaining seven storm water ponds for the Department of Environment, and is preparing to begin several other projects.

The American Recovery and Reinvestment Act targets the Conservation Corps as a priority program and the population that it serves (disadvantaged and disconnected adolescents and young adults) as a priority population to receive funding and job training, specifically for careers in conservation and energy. The Conservation Corps is working with the Department of Economic Development on two competitive grant proposals for Federal stimulus funds.

In February the Conservation Corps received an award for "Excellence in Corps Operations" from the National Corps Network, which distinguishes them as a model program.

Juvenile Justice

- **Description of services being provided under the gang prevention and coordination assistance grant?**

The funding from this grant is intended to assist in the coordination of community-based activities that focus on gang prevention and youth violence. The Gang Prevention and Coordination Assistance Grant has been used to assist with the work of the Community Based Collaboratives in the communities of Long Branch, Wheaton/Kennedy Cluster, and Germantown area. Each of the area's Regional Service Center Directors and their staff convened multiple meetings with youth, residents, community-based organizations and other stakeholders to identify needs, develop strategies and initiate activities.

Some of the key needs that were identified included arts, sports, academic programming; transportation from programs; hot meals; and employment and life skills assistance.

In response to these identified needs, the CBCs have initiated or partnered in some of the following activities:

- Soccer tournaments and league
- Basketball tournament
- Summer food programs
- Job fair
- National Night Out
- Cultural, Arts and Education program
- Safety Patrol
- Food and clothing donations
- Youth employment and mentoring program

Description of wrap around services available in the County by provider with the total amount supporting the service, the source of funding, and the populations eligible to receive the services. With the reduction of funding to the Collaboration Council in CYF and Behavioral Health, which children could be potentially affected and what could the potential outcome be (increased detention, RTC placements (in or out of state)? Would there be any fiscal impact, and if so what?

Through a contract with Maryland Choices, the Montgomery County Collaboration Council for Children, Youth, and Families supports care coordination and wraparound services to children with intensive needs who require individualized, coordinated, and multi-agency support. Maryland Choices maintains a pool of more than 90 service providers. The services offered may include individual, group, and family counseling, mentoring, individual support in the child's activities in school and in the community, mentoring, and positive youth development activities. These services support the children and youth and their families in the community to prevent negative outcomes such as out of home placement.

CYF will provide \$155,000 in general funds in FY10 for this service to be provided to 8 to 10 youth who are gang involved or who are at risk of gang involvement. This eliminates four slots for service. This could result in increased suspensions, increased involvement with the Juvenile Justice System, and increased out-of-home placement both in and out-of-state for the youth who do not receive the service. If placements increase due to reductions in services, there would not be any fiscal impact to the County because out-of-home placements are State funded.

Behavioral Health & Crisis Services contracts with the Montgomery County Collaboration Council for Children, Youth & Families to provide the wraparound process for children and adolescents with intensive social, emotional and behavioral disorders, but who do not meet medical necessity criteria for residential treatment center level of

care. The wraparound services are provided by Maryland Choices, and the primary referral source for the services is MCPS. In FY2010, BHCS will provide \$727,000 in general funds to support this contract, which is a \$73,000 reduction from FY2009. The impact of this reduced funding will be a reduction in the number of children served by 10 to 15 children. These children are at risk for requiring higher levels of mental health intervention, contact with the juvenile justice and child welfare systems, and failure in school. The reduced funding could result in negative outcomes in school, including suspensions and failure, and increased out of home placements through the mental health, child welfare or juvenile justice systems. The department estimates that the contract should serve 100 to 110 children in FY10.

Program update on Street Outreach Network including service numbers:

The Street Outreach Network (SON) has served 211 youth since its inception in 2007. For the past year and a half, the SON has not been fully staffed due to vacancies and the hiring freeze, at times requiring the Youth Violence Prevention Coordinator to also be deployed in the field to offer support for the successful operation of the SON. At this time, 128 youth are being served by the SON.

- Of the 211 youth served by the SON, 101 had been previously arrested. Only 30 youth have been re-arrested after SON engagement.
- 114 youth had previously been suspended and after engagement only 30 youth have been suspended.
- 30 of the youth served by the SON were either expelled previous to engagement or withdrawn; however, none of the youth served have been expelled after engagement.
- The SON has recently hired a female street outreach worker. It is anticipated that one more SON worker will be brought on by the end of the summer.

Update on Journeys Outpatient program:

Journeys is a six month program which provides services five afternoons/evenings a week, and includes an aftercare component which lasts for 3 additional months. Journeys is the treatment provider for the adolescent drug court and they also receive DJS referrals for youth and SASCA referrals for youth who are not DJS involved. They have maintained a waiting list since early winter, and they currently have 7 adolescents on a waiting list. The Journeys Program is the only Intensive Outpatient Program (minimum of 9 hours of substance abuse treatment a week) that is available for families of adolescents without good private insurance.

Currently, the Journeys Program is treating 22 adolescents with significant drug abuse and delinquency problems. Through March of this fiscal year they have treated 64 adolescents and their families. Almost 70% of those who were discharged either graduated or entered a higher level of care residential program.

Child Welfare, Income Supports & Child Care subsidies:

A number of vacant positions are being held for the County RIF. What would be the

process for bringing on employees (e.g., qualifications, training, timeline, etc.) If there are not enough qualified RIF candidates to fill these vacancies, how the Department plan to handle the work load? Will positions be eliminated? Will the Department be filling the vacancies externally?

All vacancies are posted on the Montgomery County Career site, allowing County employees with priority placement rights to apply. If the employees meet the minimum qualifications (education and experience) they must be placed in the vacant position. If the positions are not filled by RIF candidates, and if they are exempt from the hiring freeze, the positions will be advertised for transfer or promotional opportunity to County employees and, in some cases, will be advertised externally.



COMMISSION ON CHILDREN AND YOUTH
Testimony to the Montgomery County Council
On the FY 2010 Operating Budget
April 15, 2009

My name is Sammy Prywes. I am senior at Richard Montgomery High School and a youth representative on the Commission on Children and Youth. Thank you for considering my testimony tonight.

The Commission on Children and Youth promotes the well being of Montgomery County's children, youth and families so that all young people may realize their full potential and become contributing, productive adults. Personally, I joined the Commission because I believe that youth must be able to express their thoughts and beliefs from their own perspective in order to make the greatest impact on the issues that matter to them. The Commission provides a unique ability for people my age to do just this.

I spent a great deal of time working with other Commissioners to keep in mind how best to approach you when these are the toughest economic times most of us have ever known. Tonight we will ask you to rethink how and where reductions are made.

Teens are among the most vulnerable populations in our community. While the County Executive's budget made efforts to protect vulnerable citizens, it seems that the proposed reductions to teen programs and effective intervention programs, such as intensive wraparound services and Screening and Assessment Services for Children and Adolescents (SASCA), and to the Department of Recreation's Teen Club, Rec Extra, and Sports Academies, do not recognize the vulnerability of our youth. We talk and talk about how to prevent me and my peers from engaging in risky – and costly – behaviors such as drug and alcohol use, sexual behaviors, and joining gangs, etc., but this budget represents a step back. By reducing the wraparound funding and abolishing a Therapist position within SASCA for example, the County is missing an opportunity to engage over 300 at-risk youth a year. By significantly reducing prevention and intervention services the previous work done in the County will be lost, while the need remains. The challenge to the County is how to provide for this population of future voters.

The Commission is concerned that the County is positioning itself to merely shift costs from prevention and intervention now to pricier crisis care and remediation in the near future. Adolescents in need will always show up in our system; either engaged in positive youth activities or at crisis centers or in the juvenile justice system. The County's safety net will only strain and tear if we do not provide for our youth.

The Commission does not envy your position. If you ultimately decide to approve the County Executive's recommended budget for FY2010 but need to return to the budget table due to additional state cuts, please realize that the youth of this county have already paid their fair share and cannot afford to miss out on any additional services.

Thank you very much for your time this evening. The Commission looks forward to continuing to partner with you on issues related to children, youth and families.

**Montgomery County Conservation Corps
Transition Work Group 4-15-09**

The budget before you proposes that funding for the Montgomery County Conservation Corps (MCCC) be reduced by eliminating the position of coordinator (as well as funding for three Corps members). This proposal is more drastic than it sounds. Essentially, it guts the purpose and effectiveness of the Corps

Our Corps is one of 121 such programs throughout the nation. It serves young men and woman, ages 18 to 24, who have left school without the skills and experience necessary for getting ahead in life, most without a diploma or GED. Last year, 65% had been court-involved, many incarcerated, and many have learning or other disabilities. Almost all completed the six-month program and only eight percent had another brush with the law – a rate than is less that half of the recidivism rate for similar youth. Over its 25 years, our Corps has worked with some 2,600 youth who learn essential skills while working on outdoor conservation projects. With the current staff, plus a part-time GED tutor, the Corps can serve only about 50 youths a year. The Corps has new partnerships with Americorps and the Woodlands Job Corps Center, both beginning to pay dividends for Corpsmembers.

The coordinator is, essentially, the counselor who works with each of these youths to develop and implement a personalized plan to meet that individual's challenges: development of work skills, attainment of the GED, ability to work with a team, personal goals, and a vision of what they can achieve.

Removal of the coordinator would essentially remove the justification for the Corps. It would sink the Corps below the nationally accepted standards for such a Corps.

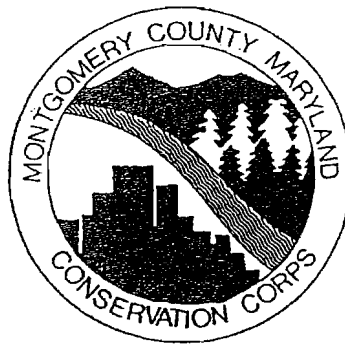
At the very least, we most strongly urge that the position of the coordinator be retained as essential to effective operation of the Montgomery County Conservation Corps.

Instead of the proposed cut, we suggest:

- That the Corps be reconstituted as a 501(c)3 entity.
- That DHHS be given the funds and authorization to enable the Montgomery County Collaboration Council for Children, Youth and Families to contract with the Corps for services that meet nationally recognized standards.

In effect, this would enable the Corps to:

- Employ staff and purchase equipment as needed.
- Gain access to grants and contributions
- Have contract supervision from the Collaboration Council staff which is experienced in supervision of contracts with agencies that serve youth



9

April 15, 2009

Testimony from President of the
Friends of the Montgomery County Conservation Corps to the
Montgomery County Council

My name is Jerry Rupert, and I am president of the Friends Board of the Montgomery County Conservation Corps. I have sent a letter along with a DVD for your review and I will highlight some specifics now.

The Friends Board is a non-profit group of 15 volunteers that support the Conservation Corps' program to transform challenged youth into responsible citizens of this County. We assist the Corps in obtaining fee for service projects as well as raising funds for various activities for which County funds are not available. The Friends Board and the Corps have been partners for 17 years and have helped over 2,600 young adults from ages 18 to 24 find their way to a better tomorrow.

No other program in Montgomery County provides the comprehensive "intervention" program of education, skills development and community services to this population of struggling young adults whose numbers are estimated to be as high as 16,000. In 2008, 100 percent of our eligible youth completed their GED or a high school diploma. Additionally, crew members received 180 hours of pre-apprenticeship training earning their State certification as a Craft Laborer.

Currently, we have 21 Corps members which is all our budget allows, and we have a waiting list to join our program.

The Corps is a cost effective program whose benefits far outweigh the alternatives. The cost to educate one of our members is just under \$13,000 and the cost of incarceration is \$30,000 per year.

Friends of the Montgomery County Conservation Corps

c/o Montgomery County Conservation Corps Office:
14900 Southlawn Lane, Rockville, Maryland 20850, 301/929-5554, FAX 301/929-5560

PRINTED ON RECYCLED PAPER

131

Some of the Corps' accomplishments last year were:

- Reforested 12 acres at Brighton Dam and Seneca Park for the WSSC and the Maryland Department of General Services.
- Completed the streetscape at the French School in Bethesda.
- Removed acres of invasive species for the M-NCPPC.
- Renovated the Kingsley School in Little Bennett Park for the M-NCPPC.
- Constructed a 17' x 34' screened porch at the Community center on Grand Avenue at the request of County Executive Leggett.
- Cleaned 11 tons of debris from stormwater ponds to protect the Potomac River and Chesapeake Bay.
- Taught rain barrel public education workshops to the public and are currently renovating rain barrels for sale to the public.
- Constructed a rain garden in Silver Spring.
- Cleaned the Montgomery County Animal Shelter.

With respect to the budget, the Board has one request:

Restore \$138,000 of funds to support our existing program. The current proposed cuts include:

a. Elimination of the counselor position	\$90,000
b. Reduction in operating budget	\$12,000
c. Elimination of 3 corps members	\$36,000

Elimination of the counselor position means no direct counseling and "intervention" services to its members. The counselor – human services specialist – provides all life skills and employment preparation training to Corps members. This training will cease on July 1st.

I cannot stress enough how important it is to have on-site full time counseling for this program. Without this critical training, it is unlikely that these young people will have the knowledge to modify their behavior.

We are hopeful that President Obama's Youth Program Initiative will yield funds for the Corps during this fiscal year. We believe that the Council's restoration of \$138,000 to the budget will be partially or completely offset by these additional funds. We do not believe, however, that the counselor position should be deferred until these funds are available since this vital position would be lost in the meantime.

Thanks you. And may I answer any questions?

At this time, I wish to introduce Edwin Ferrafino who will share with what the Corps has meant to him.

Thank you.

Jerry Rupert
Friends of MCCC



Montgomery County Federation of Families for Children's Mental Health, Inc.

1299 Lambertson Drive, Suite 1B
Silver Spring, MD 20902

301-681-8929 (phone) 301-681-8928 (fax) 301-412-3604 (cell)
cserkin@mcfof.org (email)



Testimony

Submitted at the County Council Public Hearings on the FY10 Operating Budget
April 16, 2009

Presented by Fred Marton
President, Board of Directors
Montgomery County Federation of Families for Children's Mental Health

Good evening. I am Fred Marton, Board President of the Montgomery County Federation of Families for Children's Mental Health (Federation), a non-profit, family organization addressing the needs of families who have children and youth with emotional, behavioral and mental health challenges. I also am the father of two transition-age youth with mental health challenges.

I urge you to restore full funding to:

- ***the Montgomery County Federation of Families for Children's Mental Health for family and caregiver support services***
- ***the Collaboration Council for wraparound***

The restoration of \$30,960 to the Federation makes good business decision. This restoration will assist in bringing more dollars into the county to help families of children with intensive needs. The Federation will become a Medicaid provider under the RTC Waiver. The RTC Waiver is a 1915(c) Medicaid Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver. The State of Maryland applied and was granted approval through the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services to implement this Waiver. Through the Waiver, children will receive services in the community instead of going to a residential treatment center.

The reinvestment of the funding will assist the Federation by ensuring that it has the adequate staffing to deliver these mandated services. By restoring the funds, the Federation will be positioned to draw down more federal dollars to support Montgomery County families. The

Federation will provide three of the mandated Waiver services, i.e., caregiver peer-to-peer support, youth peer-to-peer support, and family and youth training. These services are Medicaid reimbursable. Two of these services can be provided only by a family organization.

The Federation provides high quality individual and group peer-to-peer support, advocacy, educational programs, information and referral, and leadership opportunities to family members who have children with emotional, behavioral, and mental health challenges. The family organization also offers youth with these challenges opportunities to engage in positive social events and leadership activities. Family members benefit from having a family organization composed of parents who have had similar experiences raising children with serious mental health challenges. Given these dire economic times, peer-to-peer support becomes even more critical. It can prevent family members from reaching the breaking point, while linking them to important resources and supports.

In FY08, more than one hundred and fifty (150) family members and over seventy-five (75) children engage in the Federation's educational programs, group support events, and leadership opportunities. Forty (40) youth with mental health challenges participated in Mo County ALL STARS, the youth group associated with the Federation. The Federation offered thirty-seven (37) different educational programs, group support events, and leadership activities to family members and youth. It also gave eighteen (18) presentations. Evaluations of the Federation programs were very positive and indicated that families did benefit from their participation.

In FY08, in addition to its educational programs and group support events, the Federation offered individual peer-to-peer support to eighty (80) families being served through its Family Support Partner Department. As a result of diversified funding through other contracts, it was able to provide individualized peer-to-peer support to seventy-eight (78) additional family members. These family members received guidance, encouragement, and much needed emotional support as they dealt with many different child-serving agencies. Through peer-to-peer support, they gained hope for a better life for their children and themselves. In addition, they were able to obtain better results for their children.

We ask that you restore funding to the Collaboration Council for wraparound. We urge you to restore \$73,000 for wraparound (child and adolescent mental service health care coordination funds) and \$50,000 for Collaboration Council wraparound funding for Juvenile Justice Services (Gang Wrap). County funding has allowed family members ineligible for other types of services to access wraparound. As the Local Management Board and a neutral

body, the Collaboration Council plays a vital role in ensuring that families and children are able to access a broad range of community-based services, including wraparound. The Collaboration Council provides the oversight and required monitoring so that children can experience good outcomes through the wraparound process. Family members have been able to keep children in their home and community because they could receive wraparound. They could access wraparound without having to go through a child-serving agency. Moreover, all public children-serving agencies and community-based providers have been able to refer for wraparound.

In FY08, through county funding, Maryland Choices, the provider of wraparound, served one hundred and one (101) youth and their families from July 1, 2007 – June 30, 2008.

Maryland Choices has provided high fidelity wraparound to youth and their families in Montgomery County. Outcomes for county-wrap funded youth in FY08 were impressive:

- 93% of the children moved to or remained in a lesser restrictive residential setting
- 86% of all of the children served participated in school/work or other daily activity at least 80% of the time
- 100% of those youth eligible for high school graduation earned their diplomas and graduated on time

Families whose children are involved in gang activities also are able to access wraparound because of county funding. Children are removed from “the gang,” kept in the least restrictive level of care/placement, and encouraged to engage in school. Outcomes for children involved in Gang Wrap in FY08 are positive:

- 81.8% of children served remained at a placement with a low level of restrictiveness or reduced level of restrictiveness during the fiscal year
- 70% of the children attended school at least 80% of the time during their enrollment

Thank you for your ongoing commitment to children with emotional, behavioral, and mental health challenges and their families.

incurred by HOC.

This program has been completed and loans funded by this program have reached maturity, therefore no funds are being requested for FY10. Other closing cost assistance programs operated by HOC are funded by the Montgomery Housing Partnership.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	33,790	0.0
Decrease Cost: Program Complete	-33,790	0.0
FY10 CE Recommended	0	0.0

Community Grants

This NDA provides one-time grants directly to organizations in the Community. A complete list of grantees is located within the FY10 Recommended Changes Table at the end of this section. Included in this NDA are:

- Community Grants: one-time grants to organizations that leverage Federal, State, and/or private funding or improve the quality of life for County residents. FY10 Community Grants are \$2,486,850;
- Community Service Grants: one-time grants for capital purchases that support health and human service activities. FY10 Community Service Grants are \$89,670.

Approved for Community Grants, but included as part of the Capital Budget within the Cost Sharing: MCG Project (CIP#720601) for a total of \$400,000 are listed as follows : Aunt Hattie's Place \$100,000; CASA de Maryland, Inc. \$100,000; Jewish Council for the Aging of Greater Washington, Inc. \$50,000; and Warren Historical Site Committee, Inc. \$150,000.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,783,460	0.0
Add: Community Grant: A Wider Circle (cover partial lease costs, and partial operating costs for the new center for community service in Silver Spring)	32,500	0.0
Add: Community Grant: African American Festival of Academic Excellence (for the Festival site)	20,000	0.0
Add: Community Grant: African Immigrant and Refugee Foundation, Inc. (diversity training in Montgomery County)	15,000	0.0
Add: Community Grant: Animal Welfare League of Montgomery County (miscellaneous operating expenses and rental assistance)	12,100	0.0
Add: Community Grant: Asian Pacific American Legal Resource Center, Inc. (legal service, outreach, and education programs for low-income Asian Americans of Montgomery County)	50,000	0.0
Add: Community Grant: Bethesda Green (operating expenses, green incubator, education, and event program development to transform area into an eco-friendly community)	20,000	0.0
Add: Community Grant: Big Brothers Big Sisters of the National Capital Area (Mentor Development Center and programs)	40,000	0.0
Add: Community Grant: Caribbean Help Center, Inc. (operating expenses)	10,000	0.0
Add: Community Grant: CASA de Maryland, Inc. (economic and workforce development in Long Branch)	57,500	0.0
Add: Community Grant: CASA de Maryland, Inc. (social services, information, and referral for low-income immigrants at Silver Spring center)	100,000	0.0
Add: Community Grant: Catholic Charities of the Archdiocese of Washington, Inc. (immigration legal services outreach workshops, and pro bono trainings)	50,000	0.0
Add: Community Grant: Child Center & Adult Services, Inc. (Healthy Mothers, Healthy Babies program)	20,000	0.0
Add: Community Grant: Circle of Rights, Inc. (Hispanic Outreach)	10,850	0.0
Add: Community Grant: Class Acts Arts, Inc. (Project Youth ArtReach)	45,000	0.0
Add: Community Grant: College Tracks, Inc. (operating expenses for program to improve college access for students at Wheaton High School)	35,000	0.0
Add: Community Grant: Community Foundation for the National Capital Region (contribution to the Nonprofit Advancement fund)	132,000	0.0
Add: Community Grant: Crossway Community, Inc. (operating costs)	1,250	0.0
Add: Community Grant: Crossway Community, Inc. (reimbursement for emergency provisions to help families in crisis)	2,500	0.0
Add: Community Grant: Crossway Community, Inc. (salary for an Intervention Services Coordinator)	42,780	0.0
Add: Community Grant: Family Learning Solutions, Inc. (services to at-risk African-American and immigrant youth via Family Learning Connections program at the Gilcrest Center for Cultural Diversity)	50,000	0.0
Add: Community Grant: Family Services, Inc. (match the funds from the City of Gaithersburg for Brothers program)	35,000	0.0
Add: Community Grant: First African Methodist Episcopal Church (food program for low-income families)	6,410	0.0
Add: Community Grant: First Tee of Montgomery County, Inc. (Girls' Golf Initiative)	25,000	0.0
Add: Community Grant: Gandhi Brigade Youth Media (at-risk youth community engagement by outfitting a community media center in Silver Spring with technology)	15,000	0.0

	Expenditures	WYs
Add: Community Grant: GapBuster Learning Center, Inc. (services for teen and young adult activities)	105,000	0.0
Add: Community Grant: Identity, Inc. (case management services to low-income Latino youth and families)	60,000	0.0
Add: Community Grant: IMPACT Silver Spring, Inc. (Neighbors Supporting Neighbors campaign)	252,000	0.0
Add: Community Grant: Institute for Family Development, Inc. (training, business development, and home visiting for Ready for School program and Career Ladder for Latino Family childcare providers)	80,000	0.0
Add: Community Grant: InterFaith Community Against Domestic Violence (training program, and Clergy as Domestic Violence First Responders)	1,500	0.0
Add: Community Grant: Jewish Federation of Greater Washington (an emergency generator)	75,000	0.0
Add: Community Grant: Jewish Federation of Greater Washington (emergency services funding)	125,000	0.0
Add: Community Grant: Jobs Unlimited, Inc. (hire a part-time Outreach Coordinator)	15,000	0.0
Add: Community Grant: Jubilee Association of Maryland, Inc. (the autism initiative for individuals with high functioning autism spectrum disorders)	20,000	0.0
Add: Community Grant: Korean Community Service Center of Greater Washington, Inc. (Keystones Domestic Violence Prevention Program)	25,000	0.0
Add: Community Grant: Korean Community Service Center of Greater Washington, Inc. (operation of the KAMMSA Health Clinic)	30,000	0.0
Add: Community Grant: Latino Economic Development Corporation (small business development and foreclosure counseling services to small businesses and families facing foreclosures)	187,000	0.0
Add: Community Grant: Liberty's Promise (at-risk youth immigrant population, internship, and civic education programs for low-income youth immigrants)	20,000	0.0
Add: Community Grant: Long Branch Athletic Association (academic enrichment, recreation, and sports program for the youth of east Silver Spring)	25,000	0.0
Add: Community Grant: Lt. Joseph P. Kennedy Institute, Inc. (specialized after-school program for children with developmental disabilities [Community Companions])	109,000	0.0
Add: Community Grant: Manna Food Center, Inc. (moving costs and improvements to build refrigeration and shelving units)	100,000	0.0
Add: Community Grant: Mental Health Association, Inc. (Military Mental Health Initiative)	40,000	0.0
Add: Community Grant: Metropolitan Community Development Corporation (after school enrichment program for low-income and immigrant children ages 3-13)	25,000	0.0
Add: Community Grant: Montgomery County Collaboration Council (Advancing Youth Development training for Out-of-School time program staff)	16,830	0.0
Add: Community Grant: Montgomery County Muslim Foundation, Inc. (hire an Administrative Assistant)	40,000	0.0
Add: Community Grant: Nonprofit Roundtable of Greater Washington, Inc. (nonprofit sector to adapt to serve through nonprofit partnerships and collaborations; cost savings in contract and processes)	25,000	0.0
Add: Community Grant: Nonprofit Village, Inc. (first year of operating expenses)	75,000	0.0
Add: Community Grant: Partnership for Jewish Life and Learning (capital security enhancements)	25,000	0.0
Add: Community Grant: Passion for Learning, Inc. (academic after school programs for at-risk students in Montgomery County Public Schools)	25,000	0.0
Add: Community Grant: Rebuilding Together* Montgomery County, Inc. (operating expenses)	35,000	0.0
Add: Community Grant: Special Olympics Maryland - Montgomery County (contribution to the facility expenses)	10,000	0.0
Add: Community Grant: St. Ann's Infant and Maternity Home (Teen Mother-Baby program)	23,630	0.0
Add: Community Grant: St. Camillus Church (assist low-income individuals, families, and children with basic living needs)	10,000	0.0
Add: Community Grant: Supported Employment Enterprises Corporation (dental expenses for adults with developmental disabilities)	14,000	0.0
Add: Community Grant: Supported Employment Enterprises Corporation (emergency housing costs for adults with developmental disabilities)	5,000	0.0
Add: Community Grant: The Cambodian Buddhist Society, Inc. (establish an employment center at the Cambodian Buddhist Temple)	20,000	0.0
Add: Community Grant: Washington Chiefs, Inc. (Scotland Community Youth Mentorship Program)	10,000	0.0
Add: Community Grant: Women Who Care Ministries, Inc. (hire a Food Services Coordination Manager, and rent a food pantry includes office space)	30,000	0.0
Add: Community Service Grant: ARC of Montgomery County (a custom modular playground structure)	11,800	0.0
Add: Community Service Grant: CASA de Maryland, Inc. (training equipment for the following skilled crafts: carpentry, paint, drywall, electrical, plumbing, flooring, and tile installation)	9,000	0.0
Add: Community Service Grant: Easter Seals Greater Washington-Baltimore Region, Inc. (a therapeutic robot)	6,000	0.0
Add: Community Service Grant: Habitat for Humanity of Montgomery County, MD, Inc. (pick up truck)	15,000	0.0
Add: Community Service Grant: Jewish Council for the Aging of Greater Washington, Inc. (10 Global Positioning Systems and traffic adapters)	5,000	0.0
Add: Community Service Grant: Mary's Center for Maternal and Childcare (scientific refrigerator/freezer and an electric exam table)	12,600	0.0
Add: Community Service Grant: Montgomery County Coalition for the Homeless, Inc. (van)	20,000	0.0
Add: Community Service Grant: Spanish Catholic Center, Inc. (Statim 2000 and M-9 Ultraclave)	7,970	0.0
Add: Community Service Grant: The Support Center, Inc. (a healthometer chair and six wheelchairs)	2,300	0.0
Decrease Cost: Elimination of One-Time Items Approved in FY09	-5,783,460	0.0
FY10 CE Recommended	2,576,520	0.0

Children, Youth and Family Services

FY09 Contracts

Program Area	Vendor Name	Contract #	County Competitive	County Grantee	Non County	Service	Amount
ECS - MCITP	Advanced Communication Translation, Inc.	5641010004-AC			X	Interpreter, Infants and Toddlers	15,000
CAS	African Immigrant & Refugee Foundation, Inc.	4644026009-AA		X		Tutoring and mentoring	21,436
CAS	African Immigrant & Refugee Foundation, Inc.	8648010117-AA		X		Mental health and empowerment	40,000
ECS	Allard, Lindsay	7644320008-IM	X			Training and mentoring	12,154
IS	Arbor Education and Training, LLC	6644360007-AA			X	Employment and Support Services	1,818,501
ECS-MCITP	ARC of Montgomery County	4645001021-AA			X	Respite Services Infants & Toddlers	5,000
CAS	Asian American Lead	7644260122-AA		X		Tutoring and mentoring	125,000
CWS	Banks, Cheryl	7644120173-AA	X		X	Community Education	34,996
CAS	Big Brothers Big Sisters	7644260139-AA		X		Mentor Development Center	40,000
CAS	Big Brothers Big Sisters	7644260139-AA		X		Mentoring	40,000
CAS	Boys & Girls Clubs of Greater Washington	8644260162-AA		X		Mini-bus	63,120
CAS	Boys & Girls Clubs of Greater Washington	8644260163-AA		X		Project Learn - Academic	30,000
CAS	Catalyst Health Concepts	8644260131-AA	X			Kennedy Cluster Project	0
CWS	Center for Adoption Support & Education (CASE)	8644120173-AA	X			Post Adoption	204,000
CWS	Center for Adoption Support & Education (CASE)	9644026065-08			X	Outpatient Behavioral Health & Pre-Ad	33,550
ECS	CentroNia	8644330012-AA	X			Community-Based Pre-K	340,000
ECS	Childhood Development Services, LLC	7644320008-DM	X			Mental health services	12,651
LTL	City of Rockville	3644017015-AE	X			Linkages to Learning	181,575
LTL	City of Rockville	8644260148-AD	X			Regional Youth Services	65,378
ECS	Clark, Louise	7644320008-KM	X			Training and mentoring	7,304
CAS	College Tracks, Inc.	96441100109-AA		X		Mediation services	35,000
CAS	Community Bridges	1644022022-AA		X		Academic support and mentoring for g	51,897
CAS	Community Bridges	1644022022-AA		X		HS workforce development and leader	200,000
CAS	Community Preservation and Development Corp	96441100110-AA		X		Youth literacy program	45,000
CAS	Conflict Resolution Center of Montgomery County	96441100107-AA		X		Case manager	49,780
ECS - MCITP	Corporate Translation Services, Inc.	5641010004-BC			X	Interpreter, Infants and Toddlers	10,000
CAS	Court Appointed Special Advocate	8644022033-AA		X		Court advocacy for foster care childre	108,345
CAS	Crittendon Services of Greater Washington	96441100103-AA		X		Youth development program	50,000
ECS - MCITP	CSAAC, Scope I	7644320004-DJ			X	Early intervention	155,000
ECS	CSAAC	7644320004-HJ			X	Early intervention service	50,000
CAS	Family Learning Solutions	3644022001-AA		X		Mentoring	130,000
CAS	Family Learning Solutions	3644022001-AA		X		Academic support and mentoring	54,126
CWS	Family Services, Inc.	4644012090-AA	X			Framework for Families	175,723
CWS	Family Services, Inc.	6641001004-AA			X	Parent Locator	37,641
ECS	Family Services, Inc.	7644340002-AA	X			Healthy Families/Baby Steps	517,154
ECS	Family Services, Inc.	7644320008-BM	X			Mental Health, Training, MH	324,593
CAS	GapBuster Learning Center, Inc.	8644260150-AA		X		Leaders in Training Suspension Progr	105,000
CAS	George B. Thomas Learning Academy	7644260121-AA		X		Saturday School	985,134
CAS	George B. Thomas Learning Academy	7644260121-AA		X		Ruth Rales ReadingTutorial	40,178
LTL	GUIDE, Inc.	3644017015-CE	X			Linkages to Learning	1,139,533
CAS	GUIDE, Inc.	6644260132-AA	X			SHARP Street	410,150
LTL	GUIDE, Inc.	8644260148-CD	X			Regional Youth Services	310,464
ECS	Hanek, Diane	7644320008-GM	X			Mental health services	28,000
CAS	Hearts and Homes for Youth	6644260134-AA		X		Group Home for Girls	0
CAS	Hearts and Homes for Youth	9644022004-AA		X		Runaway Prevention Program	37,503
CWS	Holley & Associates, Inc.	3644012082-06			X	Weekend/Holiday	31,000
CAS	Identity, Inc.	6644005002-AA	X			After school	318,362
JJS	Identity, Inc.	6644260132-AB	X		X	Youth Opportunity Center	548,992
JJS	Identity, Inc.	8644300111-AA		X		HS Wellness Center	569,026
CWS	Institute for Family Centered Services	9644026065-33			X	Outpatient Behavioral Health	25,000
ECS	Institute for Family Development (Centro Familia)	6644330019-AA	X			Escuelita, Community-based Pre-K	260,100
ECS	Institute for Family Development (Centro Familia)	7644320013-AA	X			Minority outreach	108,480
ECS	Institute for Family Development (Centro Familia)	8644320016-AA		X		Training and business development	80,000
CAS	Interages, Inc.	6644000032-AA	X			Ruth Rales ReadingTutorial	40,193
CAS	Jewish Social Services Agency	3644026007-AA		X		Mental Health Consultation	52,484
ECS	Jewish Social Services Agency	7644320004-BJ	X			Early intervention service	11,000

138

ECS - MCITP	Jewish Social Services Agency	7644320004-BJ			X	Early intervention	10,000
ECS	Jewish Social Services Agency	7644320008-AM	X			Mental health services	83,571
CAS	Junior Achievement of the National Capital Area	9644100102-AA		X		Work readiness and financial literacy	45,000
JJS	KHI - Karma House for Boys	7644300111-AA		X		Group Home	0
JJS	KHI Services, Inc.	5644300103-AA	X			Substance Abuse Treatment Services	131,672
CAS	Latin American Youth Center	8644260133-AA		X		Gang Prevention Program	140,000
CAS	Latin American Youth Center	8644260141-AA		X		Safety improvements	60,000
CWS	Lee, James	6644120180-04			X	Foster & Adoptive Parent Home Studies	10,000
ECS	List, Lynne	7644320008-FM	X			Mental health services	36,840
CAS	Lt. Joseph P. Kennedy Institute	4644026001-AA		X		After school care for children w/multiple disabilities	69,659
	Lt. Joseph P. Kennedy Institute	4644026001-AA		X		Community Companions Program	109,000
JJS	Maryland Treatment Centers, Inc.	4644030002-AA	X		X	Day Treatment Program	501,550
CAS	Maryland Vietnamese Mutual Association	6644350013-AA		X		Educational Programs	70,000
CWS	McLinden, Lisa	6.64412E+11			X	Foster & Adoptive Parent Home Studies	12,750
LTL	Mental Health Association	3644017015-EE	X		X	Linkages to Learning	1,826,264
ECS	Mental Health Association	5641503002-AA	X			Families Foremost	100,912
CAS	Mental Health Association	66440006-AA		X		Bridges to PALS	64,749
ECS	Reginald Lourie Center - Scope I	7644320004-CJ		X		Infants and Toddlers	702,044
LTL	Mental Health Association	8644170111-AA	X			Violence Prevention Program	75,027
CAS	Mental Health Association	8644260148-DD	X			Regional Youth Services	108,430
ECS	Montgomery Child Care Association	7644320008-MM	X			Training and mentoring	7,500
Corps	Montgomery College	5644290103-AA	X			GED Instruction	25,115
ECS	Montgomery College	6644320012-AA		X		Scholarships	56,000
JJS	Montgomery County Collaboration Council	6648170008-AA	X			Wrap-Around	205,000
CWS	Montgomery County Collaboration Council	8644370001-AA	X		X	Interagency Family Preservation	456,160
CAS	Montgomery County Public Schools	4644010004-AA		X		Alternative education	185,000
CAS	Montgomery County Community Partnership	8644260164-AA		X		G-SHARP	47,835
ECS	Pediatric Therapy Associates, LLC	7644320004-EJ			X	Infants and Toddlers	225,000
ECS - MCITP	Ornberg, Beverly Scope II	7644320004-JJ			X	Psychological services	50,000
CAS	Passion for Learning, Inc.	5644260107-AA		X		Ruth Rales Reading Tutorial	24,537
CAS	Passion for Learning, Inc.	9644100101-AA		X		Student learning	37,000
ECS	Pediatric Therapy Associates, LLC	7644320004-EJ			X	Infants and Toddlers	100,000
ECS	Peyser, Sandra	7644320008-JM	X			Training and mentoring	44,550
JJS	Pride Youth Services, Inc.	6644260132-BB	X			Youth Opportunity Center	69,671
CWS	Primary Care Coalition	764601011-AA		X	X	Child Assessment Center	529,830
CWS	Pritchett, Dexter	9644026065-38			X	Weekend/Holiday CWS	12,000
ECS - MCITP	Reginald Lourie Center - Scope I	7644320004-CJ			X	Early intervention	702,044
ECS - MCITP	Reginald Lourie Center - Scope II	7644320004-GJ			X	Early intervention	15,000
ECS	Reginald Lourie Center	7644320008-CM	X			Mental Health Consultation	81,760
ECS	Reginald Lourie Center	7644320008-CM	X			Mental Health Consultation	53,000
CAS	Reginald Lourie Center	9644100105-AA		X		After school supplies & sensory equipment	23,470
CWS	Reid, LaVoyce	7644120180-02			X	PS Weekend/Holiday	27,000
CWS	Ruth, Richard	9644026065-38			X	Outpatient Behavioral Health	32,000
CWS	Sachs, Jane	9644026065-35			X	Outpatient Behavioral Health	21,000
CWS	Schwartz, Marie	6644120180-01			X	Foster & Adoptive Parent Home Studies	14,500
CAS	Thor Teams, Inc.	8644260151-AA		X		Tutoring	54,100
Corps	Unifirst	8644290109-AA	X			Uniforms	8,755
CAS	University of MD - CHOICES Program	9644003001-AA	X		X	Bureau of Rehab	218,870
CAS	Washington Youth Foundation	7642060022-AA		X		Tutoring	46,818
CAS	Washington Youth Foundation	8644260135-AA		X		Mentoring	25,000
CAS	Washington Youth Foundation	8644260135-AA		X		Mentoring	45,000
LTL	YMCA of Metropolitan Washington	3644017015-DE	X			Linkages to Learning	1,211,259
CAS	YMCA of Metropolitan Washington	3644022015-AA		X		Project HOME	56,854
LTL	YMCA of Metropolitan Washington	8644260148-BD	X			Regional Youth Services	338,163
CAS	YMCA of Metropolitan Washington	9644260137-AA		X		Nob Hill Community Center	42,000

129

Yao, Vivian

From: Bendit, Veronica
Sent: Friday, April 24, 2009 3:51 PM
To: Yao, Vivian
Cc: Ahluwalia, Uma; Stevens, Corinne; Garvey, Kate; Clore, Carol; Cook, Maureen; Lam, Betty; Mayo, Kim
Subject: Additional questions for CYF

Hi Vivian

Attached and below are the responses to your additional questions on CYF.

SHARP follow-up:

Follow up from HHS/ED (would be nice to get by the 24th if possible): Description of concerns of the churches related to the reductions to SHARP and how will the Department implement the changes recommended?

The churches are expressing some concern about the level of support that will be available for their program site, given they won't have a site director next year. Several churches have been paid for their space by the county through the contract with the vendor and they are concerned about the continuation of this revenue. One church has expressed concerns about the loss of their site director, and may look for alternative funding in order to retain her. All seem to be understanding of the fiscal reality facing the county, and understand the reasons for this funding reduction. Additional concerns may be expressed at the meeting that will be held with the churches in May.

The department will need to hire a program manager for SHARP and will have to provide sufficient supports for this person. The program manager will work with each church, their volunteers, and the schools to maintain and support this program. The department will work with the school system and community providers to develop partnerships that will link SHARP program sites with community services to better meet the needs of the student population.

The churches will need to assume more responsibility for recruiting volunteers for the program, and the program manager will be responsible for training and support. Each church will designate a lead volunteer for their site, who will have additional responsibilities for site operations (scheduling, contacts with school personnel, maintaining site data, etc.). The lead volunteers will receive a stipend for their work.

4/28/2009

140

CYF Responses to Council Staff questions re: SHARP
May 2009

A short chronology/summary of the evolution and public funding of the program. My understanding is that the program started and locally driven, minimally funded operation, and that the growth of public funding has generated the interest in standardization and coordination. I'd like to provide some of this background, as I think it is relevant to the effort to place more responsibilities back on the local congregations.

The SHARP Program (SHARP) is a collaborative partnership to support students who have been suspended from a Montgomery County Public School (MCPS). The mission of the program is to provide a safe environment in which the students can receive help in an effort to keep up with their school work while they are out of school, receive emotional support, build transforming relationships, and learn alternative behavioral responses that will help prevent future difficulties in school.

SHARP was introduced in 1998 by Rev. George E. Hackey, Jr., at Sharp Street United Methodist Church, as a faith-based community outreach initiative. Collaboratively with Sherwood High School, the program was organized and operated by volunteers who were members of the church. Because of the positive results of the first SHARP program, over the years churches in other communities collaborated with local public schools in MCPS to form six additional sites: Burtonsville, Bethesda, Gaithersburg, Germantown, Montgomery Village, and Silver Spring areas. In 2000 Montgomery County government began providing funds for the program. The funding was placed into the budget of the Department of Health and Human Services (DHHS). As the program grew and the funding increased, a nonprofit human services agency, Mental Health Association, was selected through a formal solicitation process to oversee the program in all of its sites. A new agency, GUIDE, was selected through a competitive process in July 2006. In the fall of 2007, DHHS entered into a contract with Community Partnerships to oversee the Gaithersburg program. GUIDE continues to support the other six sites. GUIDE has implemented policies related to reporting and programming in an effort to assure consistency and effectiveness of the program.

A break down of the program budget for the program. How much is spend on the coordinators, how much for space, etc.

A total of \$319,901 is spent on personnel at the sites. The total costs for site operations are \$41,639, with five sites having costs for rent. The cost for the management and oversight of the program is \$136,159.

How will the Department plan for and roll out this change? What are the some of the specific steps that will be taken now, in preparation for the change in funding for July.

The Department will need to work with each of the sites to develop a transition plan for the changes in the program. This will include the identification of a Lead Volunteer who will assist in the coordination of the program, as well as working with each of the schools to address concerns and clarify roles. Other key activities that would need to take place will be providing additional training for the Lead Volunteer and the identification of the new Coordinator for the program.

Meetings will also need to take place with the local advisory groups and the overarching advisory group to fully map out the changes in the program. It will be important to put in place a clear pathway to identify and address issues as we attempt to implement this new structure.

I have information that provides by the following information for 5 SHARP sites for the period September 08- February 08 -- total suspensions referred; total suspension served; and the # of MCPS suspensions, # of referred suspensions and # of suspensions served by high school for those programs. The numbers don't match the numbers that I included in my packet. Can you provide this information for all sites?

SHARP - Monthly Attendance*							
Sites	September	October	November	December	January	February	TOTAL
Gaithersburg	6	10	7	9	10	10	52
Bethesda	2	8	3	9	0	2	24
Burtonsville	10	10	7	19	11	10	67
Montgomery Village	7	5	13	3	1	5	34
Sandy Spring	3	4	7	4	2	5	25
Up-County	5	2	8	8	2	9	34
Silver Spring	Program had not opened yet	Program had not opened yet	Program had not opened yet	0	0	0	0
TOTAL	33	39	45	52	26	41	236

*Source: GUIDE Monthly Reports

Suspension and Referral Information

Site	# of MCPS Suspensions	# of students referred	# of students attending
Gaithersburg	114	65	52
Bethesda	153	28	24
Burtonsville	208	148	67
Montgomery Village	95	40	34
Sandy Spring	235	50	25
Up County	383	62	34
Silver Spring	372	5	0
Total	1,560	393	236

PUBLIC HEALTH SERVICES

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
1	Dental Services	Childrens Dental Services - (Appropriation for 1.87 WYs shown in Community Partnership 646010)	201,092	6.02	248,033	6.82	302,560	6.32	Primary preventive and restorative care to Care for Kids enrollees 0 through 17 years: Clinic capacity targets 750-900 (50%) annually.
2	Dental Services	Maternity Dental Services	1,060,303	3.85	1,481,935	3.85	1,203,738	3.65	Primary preventive care / limited restorative care: Resources and clinic capacity targets 500 clients (30%) annually in 1st and 2nd trimester as optimum intervention to promote prenatal health and positive birth outcomes.
3	Dental Services	Senior Dental Services	566,714	4.40	524,877	4.40	474,091	4.10	Primary preventive and limited restorative care to seniors age 60 years and Over: Resources include limited services in HHS clinic and community dentists in private offices and targets a clinic capacity of approximately 350 clients
4	Health Promotion & Prevention	Substance Abuse Prev.	649,710	1.90	579,740	2.30	500,586	1.80	This program involves community outreach, education, training, information dissemination and collaboration with other organizations to change community norms. As part of substance abuse prevention, the Alcohol and Drug Abuse Administration grant provides youth outreach, mini-grants to community groups, community education, prevention network, media advocacy and evaluation.
5	Health Promotion & Prevention	Health Planning & Promotion	408,229	4.60	520,718	4.30	481,055	3.30	Health Promotion involves consultation to community groups, coalition building and information and advocacy addressing unhealthy lifestyle behaviors and other determinants of health. 5 A Day Nutrition Program provides nutrition education in selected elementary schools in high-risk communities and at the Spanish Catholic Center.
6	Health Promotion & Prevention	Injury Prevention	268,000	1.10	268,000	1.10	285,420	1.10	Prevention provides education and training to reduce children's exposure to preventable injury risks, with emphasis on child passenger safety; coordinates local activities with the National Safe Kids Coalition. This program also provides coordination for local advisory committee and program activities to reduce traffic related injuries.
7	Communicable Disease, Epidemiology & Lab Services	Disease Control/Outbreak Investigation	426,710	2.46	410,275	2.15	373,474	2.15	Outbreak investigation staff investigates individual case reports of residents with communicable disease. Epidemiological investigation links cases of illness to prevent or control outbreak situations. We monitor endemic and other epidemic health situations.
8	Communicable Disease, Epidemiology & Lab Services	Iz. Education/Perinatal Hep B Program	719,141	7.80	1,042,254	9.00	754,327	7.00	This program coordinates clinical services and community education activities to promote accessibility to immunizations for children.
9	Communicable Disease, Epidemiology & Lab Services	Care for Rabies	192,467	1.35	190,990	1.35	203,404	1.35	This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines and treatment are given.
10	Communicable Disease, Epidemiology & Lab Services	Vital Records	153,675	1.70	106,106	1.70	113,002	1.70	This program provides registration and issuance of death certificates for 30 days after the date of filing in Montgomery County and also provides information to the public on how to obtain birth certificates and other vital record documents.

(15)

PUBLIC HEALTH

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
11	Tuberculosis Program	Tuberculosis Program	1,604,987	17.95	1,719,487	14.90	1,624,506	14.90	Tuberculosis control protects the public health by treating tuberculosis disease and by decreasing the reservoir of possible infection by treating latent TB infection in people at highest risk of the disease. Montgomery County has the highest rate of TB infection in the State.
12	Tuberculosis Program	Refugee Health	430,630	1.75	464,188	5.00	511,920	5.00	The goal of the program is to assist refugee in attaining maximum level of health, assist in the acculturation process and to promote self sufficiency. This is accomplished by coordination of care and social needs within the department with other volunteer agencies serving this population.
13	Tuberculosis Program	Lead Poisoning Prevention Grant	15,000	-	15,000	-	15,000	-	This program provides the medical case management for children under the age of 6 with reported elevated lead levels. Case management includes patient history and assessment, a joint environmental inspection with Maryland Department of the Environment and Montgomery County's Dept of Housing and Community Affairs.
14	STD/HIV Prevention & Treatment Program	HIV Case Management	1,488,608	24.64	1,699,813	24.64	1,664,539	25.14	This program provides case management and support services to eligible HIV+ person that residence in Montgomery County.
15	STD/HIV Prevention & Treatment Program	STD/HIV Clinical Services (Appropriation includes PC for 1.87WYs shown and functioning in Dental Services 646005)	3,693,954	14.62	4,218,054	15.32	4,130,523	15.32	The mission of the STD/HIV clinical services is to protect the public from the risks and threats associated with HIV and other sexually transmitted diseases and to assure treatment and other necessary services to individuals affected by these diseases. Approximately one-fourth of all the clients are teenagers.
16	STD/HIV Prevention & Treatment Program	STD/HIV Prevention & Treatment Prgm - Administration	330,801	1.71	377,736	1.71	369,898	1.71	
17	Emergency Preparedness & Response Program	Emergency Preparedness & Response Program	1,982,862	11.59	1,977,232	11.21	2,052,231	11.21	The Montgomery County Department of Health and Human Services (DHHS), service area of Public Health Services (PHS) is advancing bio-defense through a variety of efforts. Highlighting our efforts has been the development of partnerships, both internal and external to the Montgomery County Government.
18	Health Care & Group Residential Services	Group Homes Inspections	170,276	1.34	256,496	1.70	265,023	1.70	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
19	Health Care & Group Residential Services	Nursing Home Inspections	720,404	6.79	758,350	6.37	758,631	6.37	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
20	Health Care & Group Residential Services	Large Assisted Living Facilities Inspections	275,062	2.54	135,693	1.13	137,502	1.13	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.



Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
21	Health Care & Group Residential Services	Small Assisted Living Facilities Inspections	144,080	1.33	181,105	1.50	193,777	1.50	The nursing home and domiciliary care homes are inspected by Licensure & Regulatory nurses to ensure residents receive the quality of care required by the various laws and regulations. These vulnerable adults are frail or disabled and require complex health care.
22	Environmental Health Regulatory Services	Food Establishment Inspections/ Foodborne Disease & Illness Investigations	2,436,839	23.64	2,671,547	25.28	2,736,399	25.28	This program involves the issuing of licenses for, and inspection of, a variety of activities to protect the public's health. Environmental Health Inspectors conduct routine and complaint investigations to ensure that sanitation standards are met and maintained, and there is minimal risk of injuries and the spread of diseases.
23	Environmental Health Regulatory Services	L & R - Business Facilities Inspections (Massage, Video, Camps)	687,313	6.44	469,160	5.50	378,302	4.50	This program involves the issuing of licenses for and inspections of swimming pools, group homes, private educational facilities, hotels, motels, health-care facilities, massage establishments, and a variety of other facilities used by the public are inspected and licensed. Inspections are conducted for compliance with health and safety standards established by the County and the State of Maryland laws and regulations.
24	Cigarette Restitution Funds	CRF-Cancer Prevention & Treatment	1,424,243	4.50	1,665,243	6.00	1,469,829	4.10	The Cancer Prevention, Education, Screening and Treatment Program is funded through the State Cigarette Restitution Funds. The funding allows for administering grants to community groups for the early detection and elimination of cancer disparities.
25	Cigarette Restitution Funds	CRF-Tobacco Use Prevention	335,614	1.50	575,575	1.00	552,690	2.90	The Tobacco Use Prevention and Cessation Program is funded through the State Cigarette Restitution Fund. This program works collaboratively with public health partners; community based organizations, hospitals, and other existing resources in establishing a comprehensive tobacco control programs.
26	Womens Health Services	Maternity Program Partnership	3,471,552	6.80	3,135,270	7.60	2,131,897	7.60	The County contracts with Holy Cross Hospital to provide comprehensive prenatal care to low income, uninsured women who are not eligible for Medical Assistance. A minimum of 1200 pregnant women are served by this program. Project Deliver Program is a program where the County has a special arrangement which enables it to reimburse private sector OB/GYN physicians to deliver the Maternity Partnership Program's clients.
27	Womens Health Services	Reproductive/GYN Health Services	803,757	1.90	759,118	1.90	1,036,550	1.90	The County contracts with Planned Parenthood to provide well-women reproductive health care including a comprehensive exam, Pap test, family planning services, laboratory fees, medications and GYN consultation services to low income, uninsured women who are not eligible for Medical Assistance.
28	Womens Health Services	Womens Cancer Control	1,359,646	9.20	1,212,236	8.08	1,073,165	6.78	The Women's Cancer Control Program provides breast and/or cervical cancer screening to county residents aged forty and over.
29	Community Health Services	Community Health Nursing Case Mgmt.	6,046,708	60.24	6,437,125	60.02	5,993,475	56.20	The purpose of this program is to reduce infant mortality and morbidity by identifying women and infants at risk for poor outcomes and providing necessary support services during the pregnancy and during the first 2 years of life.

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC Approved	WY	CC Approved	WY	Recommend	WY		
30	Community Health Services	Service Eligibility Unit	3,297,691	34.04	3,214,706	32.77	6,209,122	70.24	The Service Eligibility Units (SEU's) determine eligibility for County Health Care Services, Pregnant Women and Children, Medicaid, and other community health programs available to low-income families in Montgomery County. For FY10 the Medical Assistance program formerly located in Aging & Disability and 4.0WY from Behavioral Health - Systems Planning Mental health Clinics are functioning as part of this program in PH.
31	Community/Nursing Home Medical Assistance - MOVED for FY10 to Public Health Services - Community Health Services	Medical Assistance	2,456,714	32.70	2,657,739	32.90	-	-	The Medical Assistance Long Term Care and Outreach units determine eligibility for the Maryland Medical Assistance Program. 10 positions fully funded by facilities and FFP. For FY10 this program was moved in the budget from Aging & Disability to Public Health - Community Health Services and combined with the Service Eligibility Unit.
32	Community Health Services	Admin Care Coord Grant	705,000	8.40	705,000	7.65	705,000	6.90	Provides follow-ups on HealthChoice recipients who either fail to keep appointments with their primary care providers or do not follow-up with the recommended treatment plan. This office also is a local extension of the Department of Health and Mental Compliant Resolution Unit.
33	Community Health Services	Children w/Special Care Needs Grant	80,930	0.20	80,930	-	74,920		This program provides comprehensive nursing case management to approximately 125 low income county children who are uninsured and in need of Specialty Medical services (Cardiology, Neurology, Orthopedics, etc). The children are not technically eligible for MCHP/Medicaid and are enrolled in the Care For Kids Program for their primary medical needs.
34	Community Health Services	Audiology	110,952	1.00	-	-	-	-	This program was eliminated for FY09. The Audiology clinic provides comprehensive Hearing evaluations for children from the Infant and Toddlers Program (ages 18 months through 2 years) the DESC Program (ages 2-5 years) and MCPS children who are referred d
35	School Health Services	School Health Services	17,607,678	224.55	19,168,696	225.44	19,768,114	228.90	Provides first aid, emergency, health interventions, immunization compliance, vision-hearing-scoliosis screenings, medication & treatment administrations for children w/chronic medical conditions & disabilities, health education/promotion, case management & referral services in MCPS school health rooms, school based health centers and International Student Office
36	School Health Services	School Health -Substitute Pool	301,516	2.84	487,791	4.14	575,192	4.14	Sub coverage is provided for merit school nurses (CHNs) and certified nursing assistants (school health room aids) in schools with exclusive and/or large special needs populations, students with behavioral risks and/or special needs placement issues, certain children having health needs which require a registered nurse, and where there is absence of a SCHN merit employee for more than 2 weeks. Nurse sub coverage is also provided at the School Health Services Center which provides immunizations to children required for school entry during peak months (July-Sept., Jan.).
37	School Health Services	School Health Summer School	155,598	0.81	125,359	0.64	22,724	0.64	Provides health room coverage during the Extended Learning Opportunities (ELO) summer school (Jul-Aug)



Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC Approved	WY	CC Approved	WY	Recommend	WY	
38 School Health Services	Head Start (Health)	2,140,496	9.22	1,038,847	7.22	950,713	7.22	Provides health, mental health, family supports, including assisting families meet their basic needs, and early intervention/prevention to our lowest-income, at-risk four year old children and their families. (FY08 Head Start Appropriation in Public Health includes both Health and Community Action portions of the grant. For FY09 and beyond it has been broken out and shows the allocations for Health in Public Health and Community Action in the Office of Community Affairs.)
39 Office of Health Partnerships and Health Planning	Care for Kids	1,246,835	-	973,125	-	841,925	-	Provided through a County contract with the non-profit organization called the Primary Care Coalition, the Care for Kids Program (CFK) provides primary health care services to low income, uninsured children, from birth to 19 years of age, who are not eligible for the Maryland Children's Health Program.
40 Office of Health Partnerships and Health Planning	Fetal & Infant Mortality Review Board	139,440	1.06	139,440	1.06	139,540	1.06	Funded by a grant, the FIMR staff and Board review and analyze fetal and infant mortality events in order to identify gaps in the system of care.
41 Office of Health Partnerships and Health Planning	Montgomery Cares - Rewarding Work-Uninsured Medical Care	11,442,810	6.10	11,070,317	10.00	10,244,222	9.00	Rewarding Work provides funds for primary medical care for low-income (below 250% FPL) uninsured adults at one of six nonprofit safety net clinics in the county. DHHS contracts with the Primary Care Coalition of Montgomery County, Inc., which manages the contracts with each of the providers.
42 Office of Health Partnerships and Health Planning	Partnerships & Health Planning	834,267	8.10	493,093	5.52	481,842	5.52	This program coordinates health planning and epidemiology, medical quality assurance, grant and contract development; promotes public-private partnerships to provide comprehensive health care services for uninsured medically indigent children and adults.

bhl



**Montgomery Cares Advisory Board
Presentation to County Council
April 13, 2009**



Overview:

- The Montgomery Cares Advisory Board (MCAB) recognizes that the choices being made this budget season are perhaps the most difficult our community has ever faced. There is no question that the direct impact of those choices will affect the lives of some of our County's most vulnerable populations.
- The Montgomery Cares Program (MC) provides primary health care to a vulnerable population group, i.e. uninsured, low-income, adult residents of our County. The network of safety-net clinics that serve MC patients have been growing in ability and capacity in the past years. That, coupled with the increase in demand, has the clinics on track to serve at least 23,000 people by the end of FY 2009, with the potential to serve at least 28,000 in FY10.

Goals/Priorities:

- The MCAB has established the goal of providing access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB utilizes two priorities to guide its work:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well; and
2. Foster partnerships that result in adequate access to appropriate specialty care services

Budget Recommendations:

- Maintain funding for **essential primary care services**. The County Executive's budget will not adequately provide for the number of patients the program expects to serve in FY2010. The CE has budgeted for 22,500 patients, yet the MCAB projects the program will serve 28,000 patients. Primary Care funding includes payment to the clinics for **primary care encounters and medications**. We estimate that Montgomery Cares direct primary care services for 28,000 patients will require \$6.6 million dollars, while the County Executive's budget only allots \$5.7 million for these services. Montgomery Cares clinics cannot turn away the uninsured because there is not enough money for direct care.
- Maintain adequate ancillary and support services, i.e. **dental care, behavioral health care and care coordination**, to allow the MC Clinics to provide the uninsured access to services consistent with the patient-centered health home concept. The County Executive's budget significantly decreases the allotment of funds in these two categories from \$950,000 in FY09 to only \$880,000 in FY10. Our concern in this area is that the funds available for these essential services have remained constant even though the number of patients served has doubled over the past three years (FY2006 – FY2009)
- Maintain funding for **specialty care**. At least 10%, or \$660,000 of the amount supporting primary care must be allocated for specialty care. This investment made by the County will continue to be

used to leverage private sector resources that result in specialty care services to the Montgomery Cares population that will have an estimated total value of between \$2,000,000 and \$3,000,000.

- Continue to allocate dollars that support the **infrastructure** that enables the safety-net clinics to grow in both ability and capacity, including support for facility expansion. Even though this support is critical, we acknowledge that support of direct services is the first priority.

Montgomery Cares Program:

- The MCAB calculates the cost to the County of a year of primary care services for each patient seen in a MC Clinic to be \$257. The Federally Funded Health Centers estimate that a year of primary care services for each patient seen is approximately \$450, or \$193 more than the County invests for Montgomery Cares. With that in mind, for every public dollar spent on primary care to the uninsured in Montgomery County, the MC Clinics leverage an additional seventy-two cents through the support of hospitals, volunteer services, state and federal grants, and community donations, further supporting the strong success of the MC program.

While we appreciate the difficult financial position the County is dealing with, we hope that final actions do not directly or indirectly compromise the ability of the MC to continue to bring essential and high quality health services to some of our County's most disadvantaged residents.

FY09 Montgomery Cares Utilization Data – February 2009

March 25, 2009

*Montgomery Cares Advisory Board Meeting
Sharon Zalewski, Director, Center for Health Care Access
Lisa Wald, Montgomery Cares Program Coordinator*

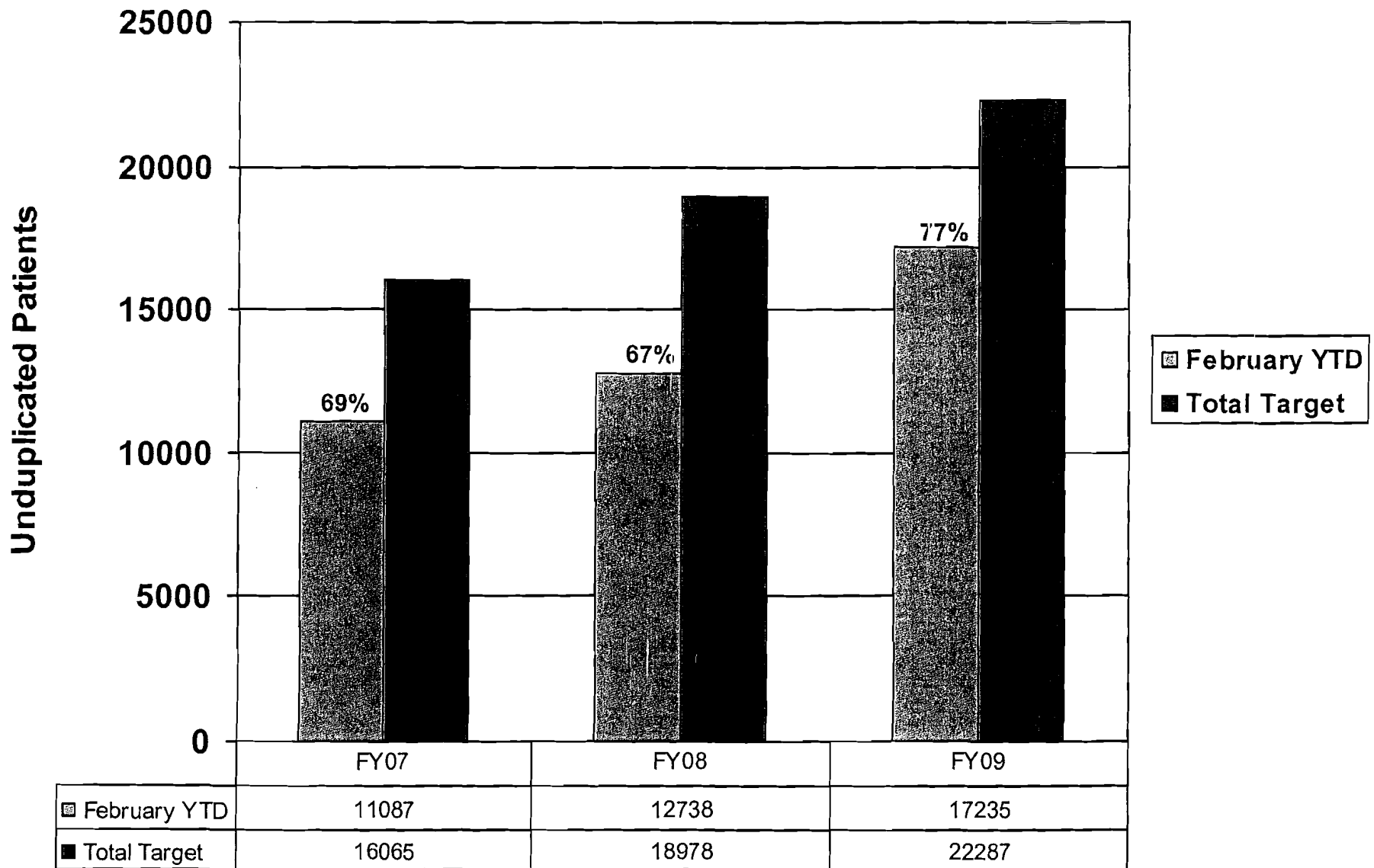


PRIMARY CARE
COALITION OF
MONTGOMERY COUNTY

Cumulative FY09 Data – July 2008-February 2009

Clinic	FY09 Target Patients	Unduplicated Patients	% Target Met	Encounters	Ratio
Community Clinic, Inc.	3,250	2,696	83%	3,063	1.14
Holy Cross Hospital Health Center - Silver Spring	1,740	1,887	108%	4,062	2.15
Holy Cross Hospital Health Center - Gaithersburg	500	21	4%	21	1.00
Mary's Center	1,365	447	33%	699	1.56
Mercy Health Clinic	1,736	1,573	91%	3,777	2.40
Mobile Med	4,600	3,751	82%	7,262	1.94
Mobile Med Homeless	1,000	566	57%	1,545	2.73
Muslim Community Center Clinic	1,100	1,199	109%	2,919	2.43
Proyecto Salud	4,794	3,232	67%	6,736	2.08
Spanish Catholic Center	800	613	77%	1,272	2.08
The People's Community Wellness Center	902	653	68%	1,295	1.98
Under One Roof	500	597	131%	1,222	2.05
Medical Clinic Totals	22,287	17,235	77%	33,873	1.97

Percent of Target Met: February FY07, FY08, FY09



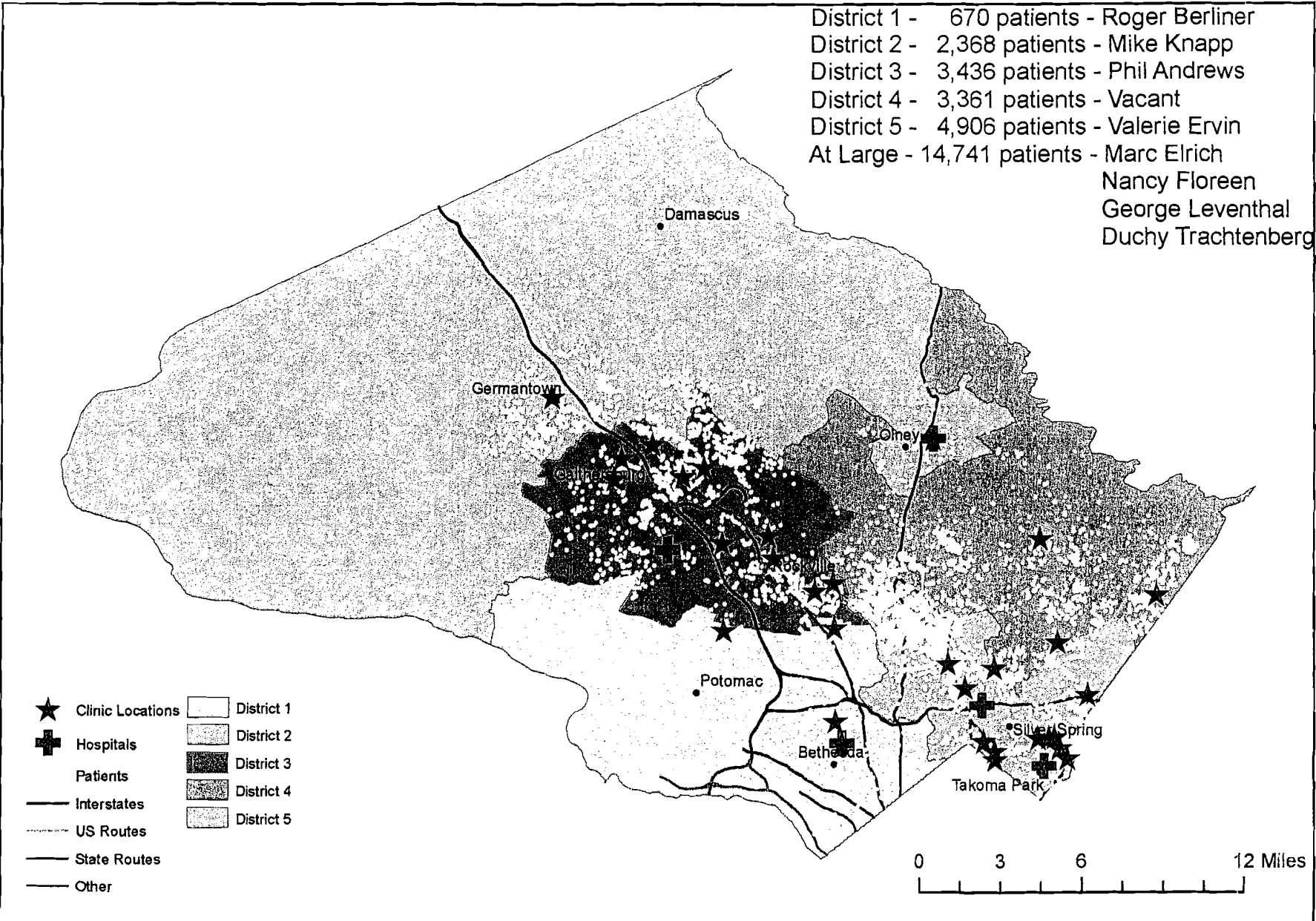
Montgomery Cares Specialty Care – FY09

Appointment Source	FY09 Q1	FY09 Q2	Jan	Feb	Cumulative Total
AHCN	293	287	136	229	945
Project Access	285	297	164	152	898
MM Heart Clinic	89	94	28	40	251
Podiatry Clinic	13	39	18	14	84
MC Clinics On-Site	1,119	1,113	344	311	2,887
Other					
TOTAL	1,799	1,830	690	746	5,065



Montgomery Cares FY08 Patient Population by County Council District

District 1 - 670 patients - Roger Berliner
 District 2 - 2,368 patients - Mike Knapp
 District 3 - 3,436 patients - Phil Andrews
 District 4 - 3,361 patients - Vacant
 District 5 - 4,906 patients - Valerie Ervin
 At Large - 14,741 patients - Marc Elrich
 Nancy Floreen
 George Leventhal
 Duchy Trachtenberg

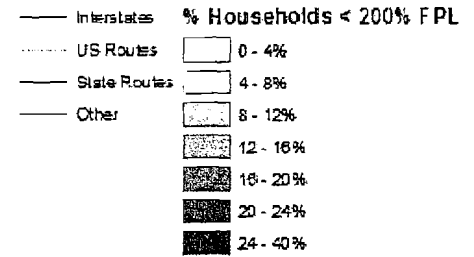
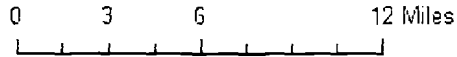


156

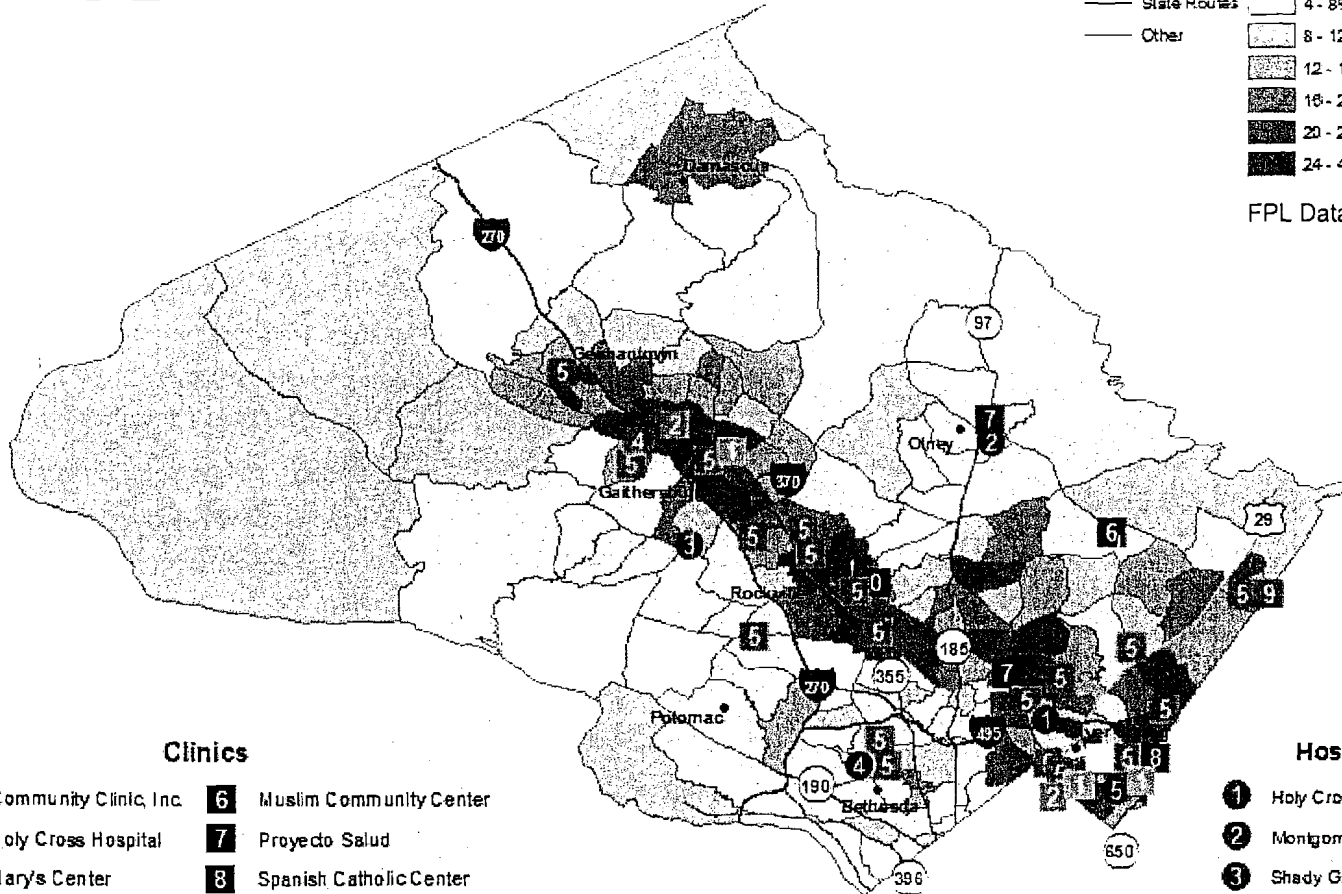
Map includes data from all 10 Montgomery Cares-participating clinics. 2,032 patients are not included on this map because mappable addresses



Montgomery Cares Clinics & Montgomery County Hospitals



FPL Data from 2000 Census

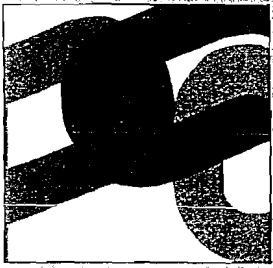


Clinics

- | | |
|------------------------|----------------------------|
| Community Clinic, Inc. | Muslim Community Center |
| Holy Cross Hospital | Proyecto Salud |
| Mary's Center | Spanish Catholic Center |
| Mercy Health Clinic | People's Comm Wellness Ctr |
| Mobile Medical Care | Under One Roof |

Hospitals

- | | |
|---|--------------------------------|
| 1 | Holy Cross Hospital |
| 2 | Montgomery General Hospital |
| 3 | Shady Grove Adventist Hospital |
| 4 | Suburban Hospital |
| 5 | Washington Adventist Hospital |



PRIMARY CARE
COALITION OF
MONTGOMERY COUNTY

*"Building a
Healthy Community"*

TO: The Honorable Phil Andrews, President
Members of the Montgomery County Council

FROM: Roberta J. Milman, Board Chair, Primary Care Coalition

DATE: April 13, 2009

RE: Montgomery County FY 2009 DHHS Public Health Operating Budget

The Primary Care Coalition of Montgomery County (PCC) is pleased to comment on the Department of Health and Human Services, Public Health FY 2010 budget as proposed by County Executive Leggett. The PCC fully appreciates the difficult task of reducing the budget to match anticipated revenues, and believes that adjustments to the Public Health budget were carefully and thoughtfully crafted. We are grateful that this County Council and County Executive have supported and continue to support access-to-care programs like Montgomery Cares and Care for Kids.

As you know, the Primary Care Coalition administers the Montgomery Cares and Care for Kids programs on behalf of the County. Our staff works closely with DHHS and clinic staff to ensure that County resources are being utilized efficiently and effectively. Montgomery Cares funding is applied uniformly and transparently among the ten nonprofit clinic providers who participate in the program. In order to provide an objective analysis of the Montgomery Cares system of care, the PCC engaged the services of the Rand Corporation to conduct an in-depth evaluation of the program, which is available to the Council members and other interested parties. The PCC also secures complementary funding in the form of public and private grants, currently in the amount of \$3.0 million, to supplement the resources provided by the County for the Montgomery Cares and Care for Kids programs.

A snapshot look at the Rand Corporation's evaluation of Montgomery Cares indicates steady growth in numbers served, expansion of capital and human resource capacity, and increased patient satisfaction since the advent of Montgomery Cares. Specifically, there are now 14 fixed primary care clinics and 20 mobile sites for Montgomery Cares patients to access. The system includes two federally qualified health centers, two hospital-supported health centers, and an expansion of capacity in the up-county region where demand for services is increasing. The report reveals the addition of some 200 full-day equivalents in staff hours worked each week between 2006 and 2008, and an increase in weekly operating hours across Montgomery Cares participating clinics from 321 in 2006 to 602 in 2008. Montgomery Cares will service approximately 20,000 people in FY 2009, and the proposed 2010 funding will provide primary and specialty care visits and medication for 22,500, an increase of 16 percent.

Care for Kids providers will serve approximately 3,200 children and provide 4,000 primary care visits for children whose families are below 250 percent of the federal

The Centers for:

Health Care Access

Medicine Access

Community-Based
Health Informatics

Health Improvement

Children's Health

CFC #14000

poverty guidelines and who do not qualify for any other health care coverage; these families are among the most vulnerable living in our community.

Comments regarding the proposed FY 2010 budget, Montgomery Cares: The Primary Care Coalition is pleased that funding for primary and specialty care visits and medication for 22,500 patients is included in the proposed Montgomery Cares operating budget. Based on anticipated increased need for services, particularly from recently unemployed worker, we strongly recommend that County government monitors need and program financial capacity.

The PCC is concerned that funding for behavioral health services is underfunded, particularly in light of the fact that 30 percent of all Montgomery Cares patients suffer from depression, anxiety, and/or PTSD. We recommend that the Behavioral Health Pilot be made a permanent component of the Montgomery Cares program, and that it be expanded to 1-2 additional clinics in FY 2010.

We are also concerned that efforts to improve clinic quality and efficiency are not supported. We recommend that an additional \$120,000 be added to the Montgomery Cares budget to support quality improvement activities, participation of four clinics in the Primary Care Redesign Collaborative; customer services and cultural competency training for clinic associates; reprinting of the Montgomery Cares brochure to include new clinics; and a study of clinic financial sustainability including full cost recovery.

The Primary Care Coalition would like to take this opportunity to acknowledge not only the elected officials who have distinguished themselves in support of the County's most vulnerable residents, but the other partners whose work is essential in making health care services available to these individuals. They are the County's Department of Health and Human Services; the 12 non-profit clinics, the five County hospitals; the health care providers working at the clinics and in their and the many foundations and individuals who support the work of the clinics, DHHS, and the PCC.

MOBILE MEDICAL CARE
ROBERT SPECTOR, EXECUTIVE DIRECTOR
MONTGOMERY COUNTY COUNCIL:
FY 2010 BUDGET TESTIMONY
APRIL 13, 2007

I'm Bob Spector, Executive Director of Mobile Medical Care. As you know, MobileMed has, for more than 40 years, delivered award winning primary health care to the uninsured, working poor, and homeless in Montgomery County. This has been made possible not only with the support of the County, but equally by our many partners including the Asian, Hispanic, Farsi, French West African, Ethiopian, and African-American communities. We also partner with many in the Faith Community, the military, the NIH, the hospitals, and the public schools. It is on their behalf as well as the more than 7,000 patients than we serve each year that I speak tonight.

First, I thank you for your long-term support of MobileMed and of those we seek to serve - together. Indeed, with your help, MobileMed has been able to increase the number of patients served, the inventory of services provided, and the quality of those services for each of the last seven years - even as the percentage of county funding to MobileMed has decreased. We applaud your commitment to ensure that critical services such as food, shelter, and health care are preserved - and even expanded. MobileMed is unique in that we understand the dynamic relationship between shelter, food, and health care and are involved in addressing all three of these needs as the County's prime provider of health care to the homeless, our expanding role in working with Manna food center, and, of course, as the largest provider of service within Montgomery Cares.

For all this, thank you.

However, these are trying times for everyone. As I speak, MobileMed is facing budget cuts from the County Executive and HHS of \$318,485.

1. \$130,000 cut will eliminate our Volunteer Coordinator and Specialty Care Coordinator - Under their watch, MobileMed has opened it's internationally renowned Heart Clinic, dramatically increased the number of volunteer doctors, and provided badly needed specialty care to not only our own patients but those of other clinics as well. During that time, the value of in-kind services provided to our patients has grown to approximately \$4 million dollars (more than half of our budget). That's the best way to leverage County dollars! What a tragedy to have it disappear.
2. \$100,000 cut will eliminate a NP from seeing 1,000 patients in our Germantown clinic. These dollars pay only for salary and benefits. MobileMed covers all other costs associated with serving those patients.

3. \$88,485 cut in general operating costs simply avoids a cut in HHS administrative dollars in favor of a cut in front line service to patients thus eliminating another 1,000 patients served.

Regrettably, all I can do tonight is thank you for past support and remind you of what's at stake.

If these funds are not restored:

1. MobileMed will be forced to close clinics and will serve 2,500 patients less in 2010!
2. 4 valuable staff will lose their jobs!
3. Specialty Care, perhaps our community's greatest challenge, will be greatly reduced!
4. Montgomery Cares, as a whole, will serve 10% fewer patients not more as is planned.

We know dollars are tight, but we ask you to consider carefully the impact of allowing these cuts to stand.

Thank you.

Martha L. Piedrasanta
MONTGOMERY COUNTY COUNCIL
FY 2010 OPERATING BUDGET TESTIMONY
APRIL 13, 2007

Good evening. My name is Martha Piedrasanta and I am the Development and Volunteer Coordinator of Mobile Medical Care. Although I have only lived in Montgomery County for two years, I am keenly aware of the fact that this County is an area where service to community is a priority. This is apparent through the existence of the expansive Montgomery County Volunteer Center as well as countless other opportunities to “make a difference through giving to others”. MobileMed, as you know, is one such organization that provides the opportunity to give to the medically indigent among us – the uninsured, working poor and homeless. Founded by two volunteer doctors more than 40 years ago, MobileMed maintains a rich tradition of volunteerism. A cadre of more than 300 volunteers, who come from many countries and are conversant in multiple languages, enables MobileMed to reach out and provide quality primary and specialty health care to the unique multicultural population of Montgomery County. With the support of the County, over the past year MobileMed has been able to serve approximately 7,000 of our community’s most vulnerable and isolated residents, and ultimately it is on their behalf that I speak to you tonight.

Again, I thank you for your support of volunteerism throughout the County and for your support of the volunteers at MobileMed. The County Council’s support, since last year, has been key in the unbelievable success of the professionally run volunteer program at MobileMed. While volunteers donate their time, it is not free to run a volunteer program. In the case of MobileMed, the more than 100 volunteers who provide direct clinical services comprise the largest percentage of the County’s malpractice coverage program. As such, they must be properly recruited, credentialed, trained, managed and supported. During FY’08 the number of volunteers grew at a rate of close to 30%, with approximately 40 – 50% of all patient care being provided by volunteer doctors and nurse practitioners. The recruitment, incorporation and management of greater numbers of volunteers are critical to leveraging County funds in providing much-needed services to those who do not have access to health care. MobileMed has opened its internationally renowned Heart Clinic, dramatically increased the number of volunteer general and specialty care providers, and expanded the provision of much-needed specialty care to not only our own patients, but to those of other safety net clinics as well.

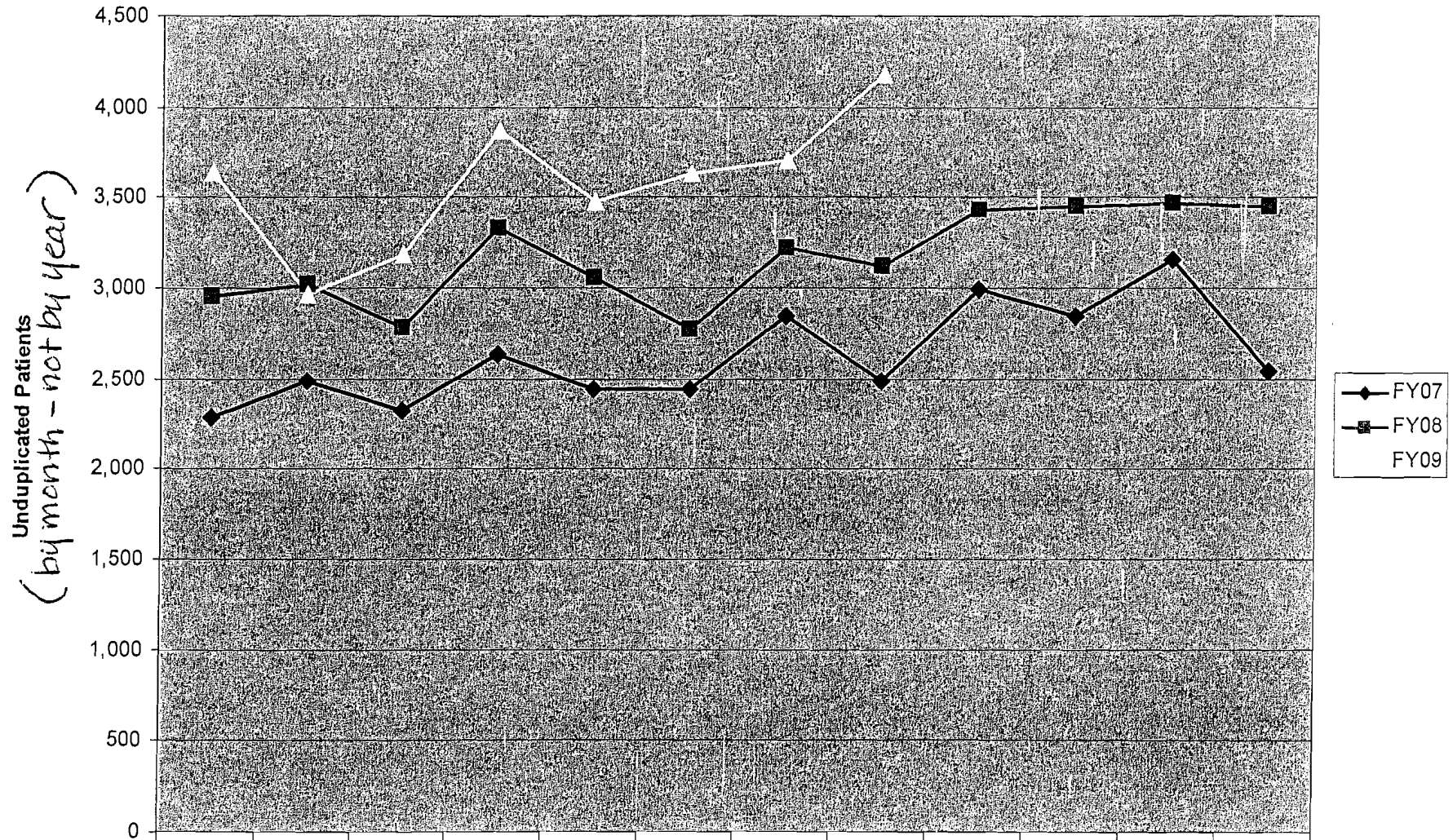
As a result of the ongoing economic downturn, the number of medically indigent in Montgomery County is growing dramatically, their medical needs are becoming more acute and the demands for both primary and specialty care are increasing. While health care is a basic need that must be met, many of the people who are heavily affected by the current economy are faced with the dilemma of prioritizing their basic needs and find that they no longer have the means to cover their own health care. While many clinics have limited capacity and extremely long waiting lists, MobileMed, via its expanded volunteer base, has been able to increase its capacity by at least 20% in primary and specialty care as well as walk-in services.

If funding to support the MobileMed volunteer program is not continued, volunteers will not be recruited, credentialed, trained or managed, resulting in potentially thousands of patients going without much-needed primary and specialty health care.

It is understandable that funds are tight, but it is counterintuitive to discontinue financial support of volunteer programs such as the one at MobileMed and to not expand such support to volunteer programs at other safety net clinics. The community's need is so great and the economic backdrop is such that if we have any hope of responding to the exploding need, it will only be possible through the inclusion of greater numbers of volunteers.

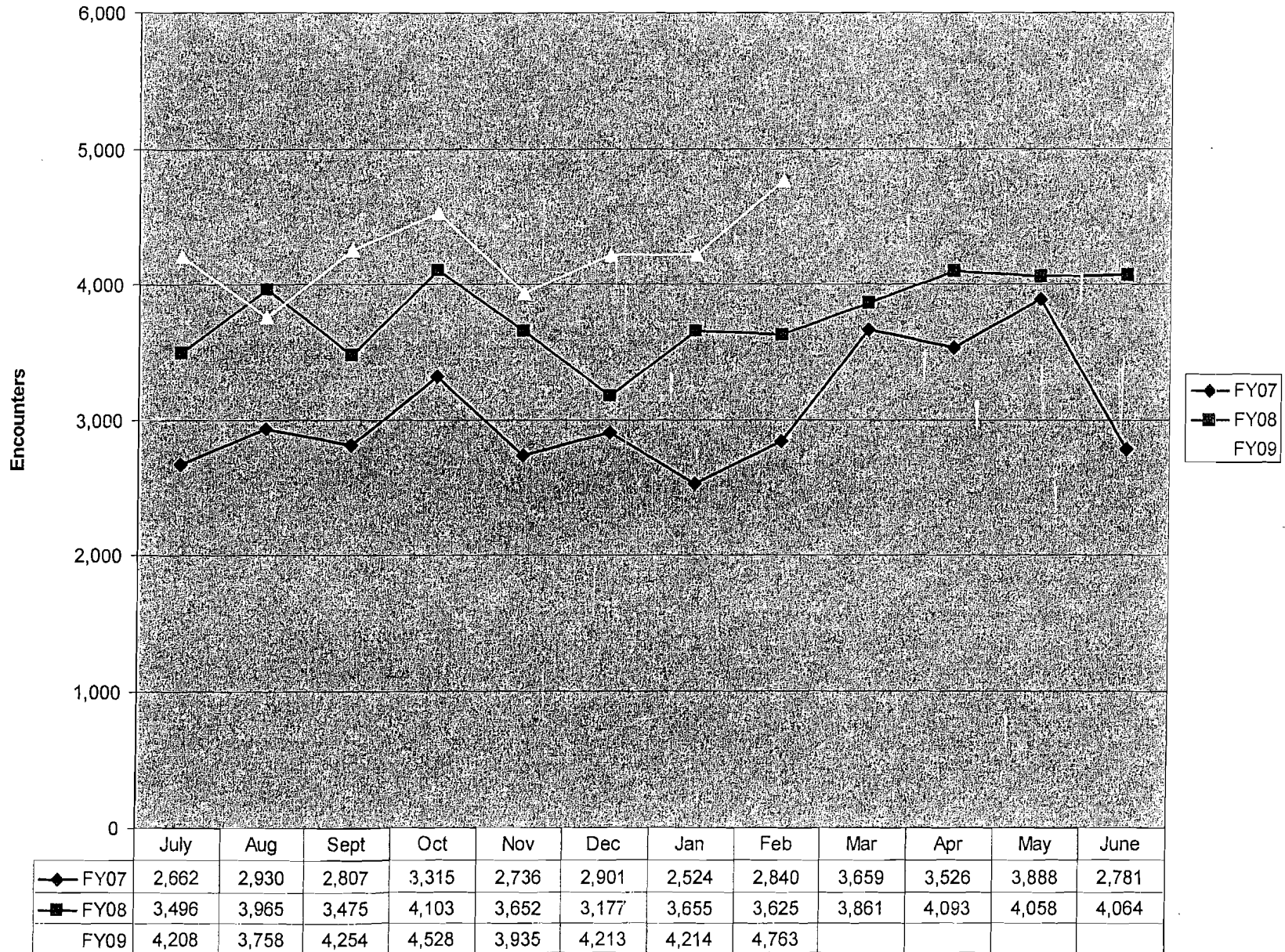
Thank you.

Montgomery Cares Patients by Month: FY07-FY09



164

Montgomery Cares Encounters by Month: FY07-FY09



Montgomery Cares Utilization by Month: FY07-FY09

	FY07		FY08		FY09	
	Patients	Encounters	Patients	Encounters	Patients	Encounters
July	2,289	2,662	2,958	3,496	3,643	4,208
Aug	2,484	2,930	3,018	3,965	2,964	3,758
Sept	2,320	2,807	2,785	3,475	3,187	4,254
Oct	2,633	3,315	3,333	4,103	3,867	4,528
Nov	2,446	2,736	3,056	3,652	3,474	3,935
Dec	2,442	2,901	2,767	3,177	3,629	4,213
Jan	2,843	2,524	3,215	3,655	3,700	4,214
Feb	2,491	2,840	3,119	3,625	4,180	4,763
Mar	2,991	3,659	3,428	3,861		
Apr	2,845	3,526	3,448	4,093		
May	3,152	3,888	3,467	4,058		
June	2,540	2,781	3,449	4,064		

Total
Avg

36,567
3,047

45,224
3,769
(23.7% increase)

33,873 (8 mo)
4,234
(12.3% increase)

FY09 Montgomery Cares Utilization Data – February 2009

March 25, 2009

Montgomery Cares Advisory Board Meeting
Sharon Zalewski, Director, Center for Health Care Access
Lisa Wald, Montgomery Cares Program Coordinator



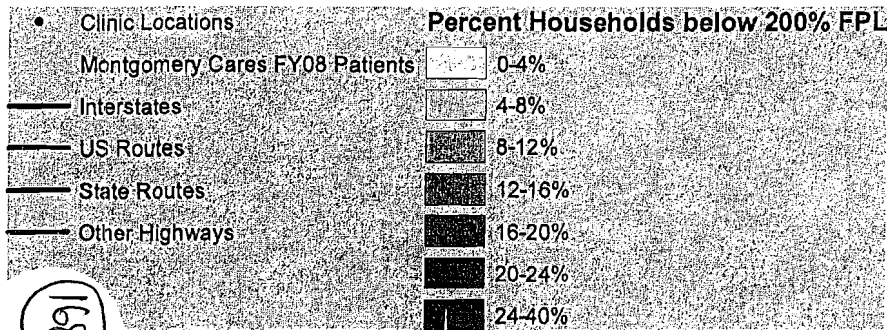
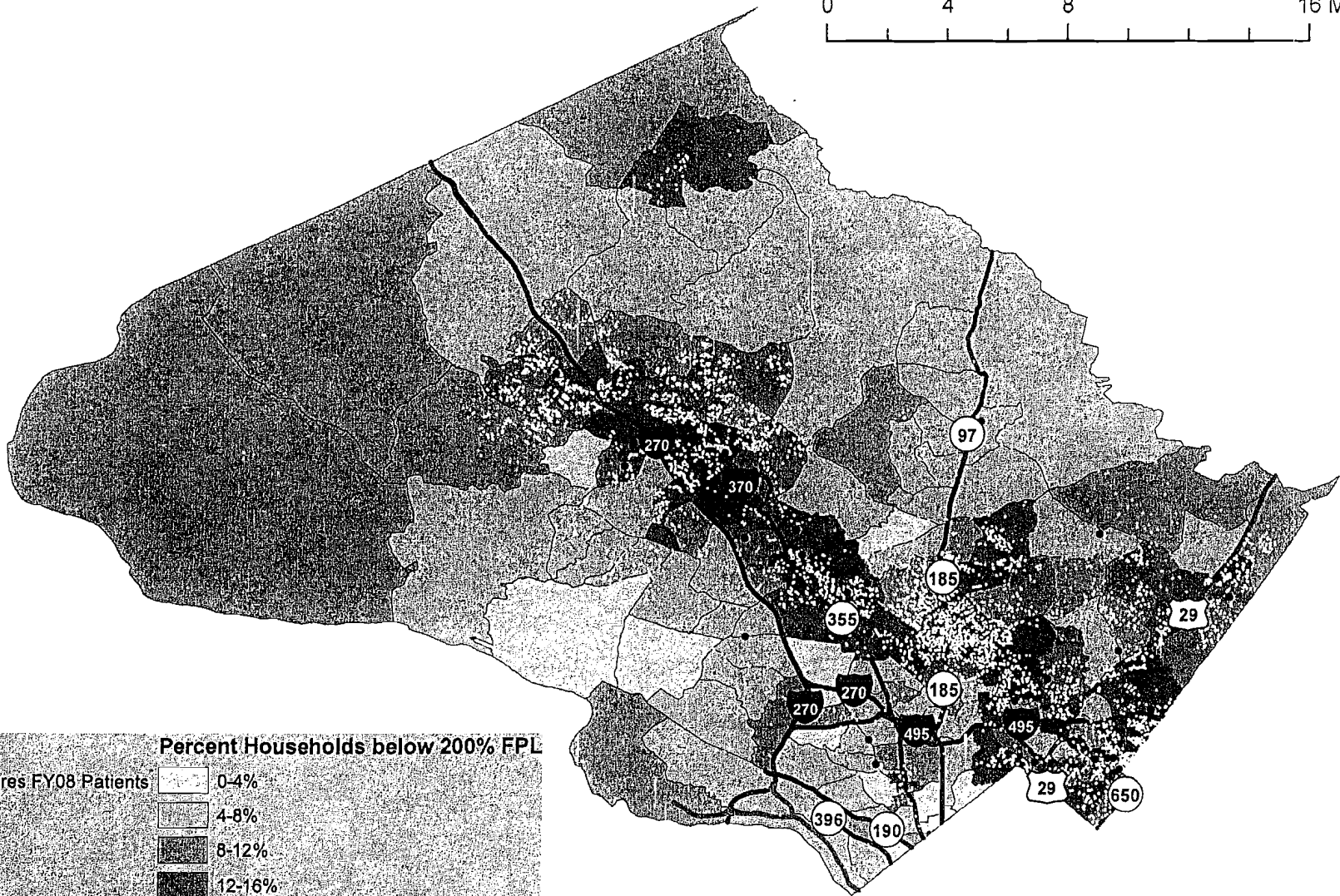
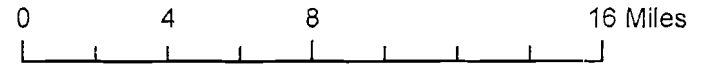
PRIMARY CARE
COALITION OF
MONTGOMERY COUNTY

Cumulative FY09 Data – July 2008-February 2009

Clinic	FY09 Target Patients	Unduplicated Patients	% Target Met	Encounters	Ratio
Community Clinic, Inc.	3,250	2,696	83%	3,063	1.14
Holy Cross Hospital Health Center - Silver Spring	1,740	1,887	108%	4,062	2.15
Holy Cross Hospital Health Center - Gaithersburg	500	21	4%	21	1.00
Mary's Center	1,365	447	33%	699	1.56
Mercy Health Clinic	1,738	1,573	91%	3,777	2.40
Mobile Med	4,600	3,751	82%	7,262	1.94
Mobile Med Homeless	1,000	566	57%	1,545	2.73
Muslim Community Center Clinic	1,100	1,199	109%	2,919	2.43
Proyecto Salud	4,794	3,232	67%	6,736	2.08
Spanish Catholic Center	800	613	77%	1,272	2.08
The People's Community Wellness Center	902	653	68%	1,295	1.98
Under One Roof	500	597	131%	1,222	2.05
Medical Clinic Totals	22,287	17,235	77%	33,873	1.97



Montgomery Cares Patients FY08 & Census Tracts by Household Federal Poverty Level

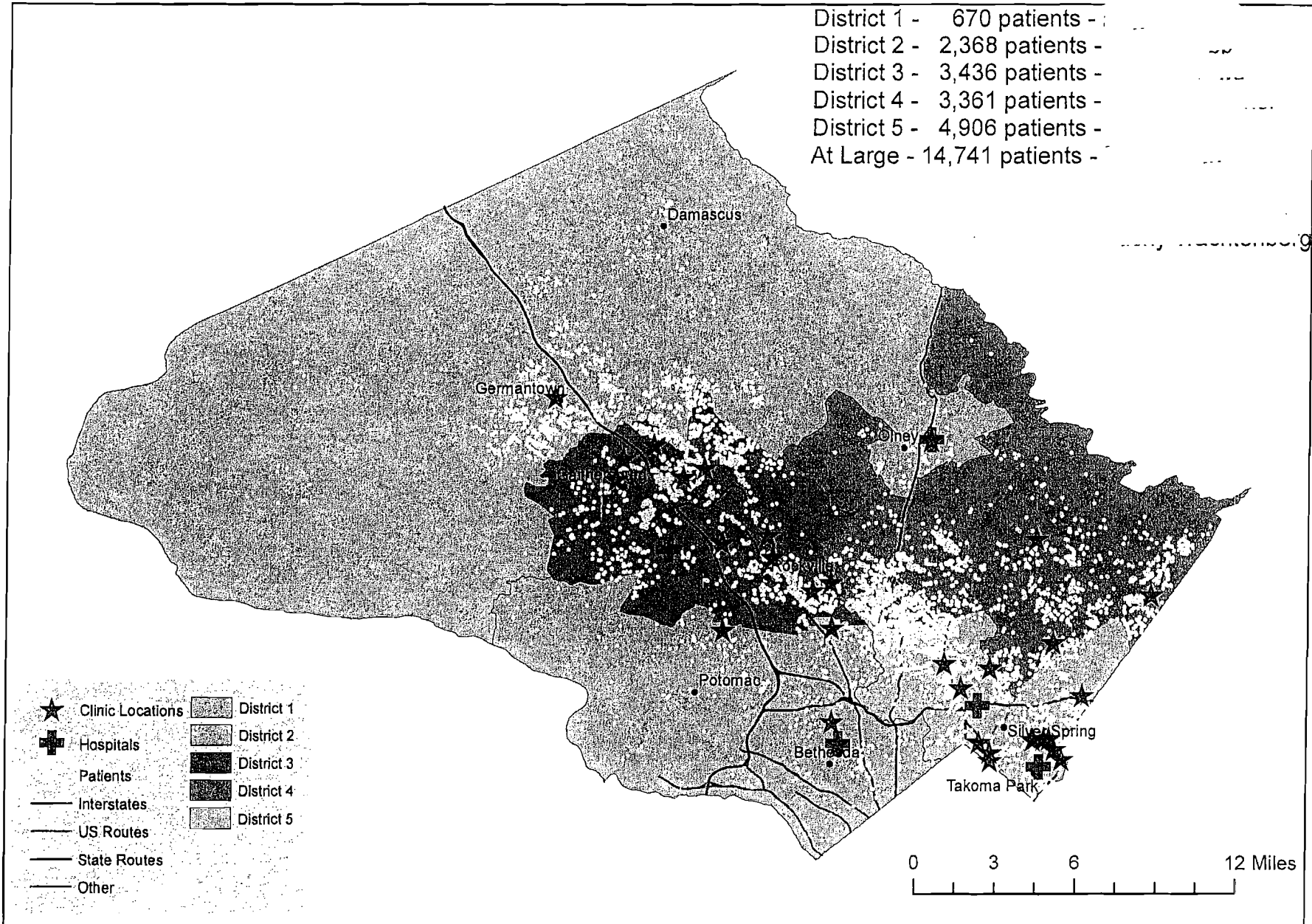


Map includes data from all 10 Montgomery Cares-participating clinics. 2,025 patients are not included on this map because mappable addresses were not provided. Federal poverty level data is from the 2000 U.S. Census.





Montgomery Cares FY08 Patient Population by County Council District

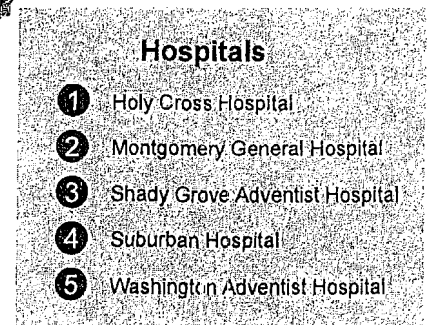
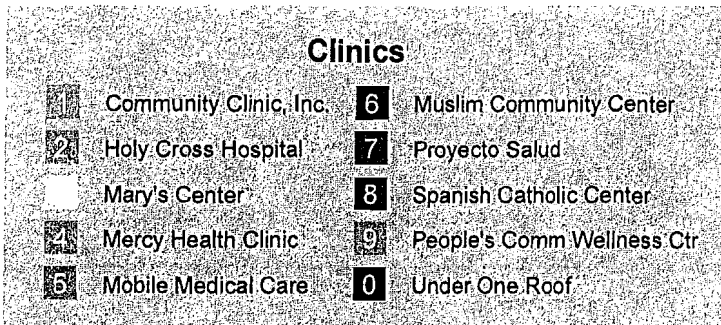
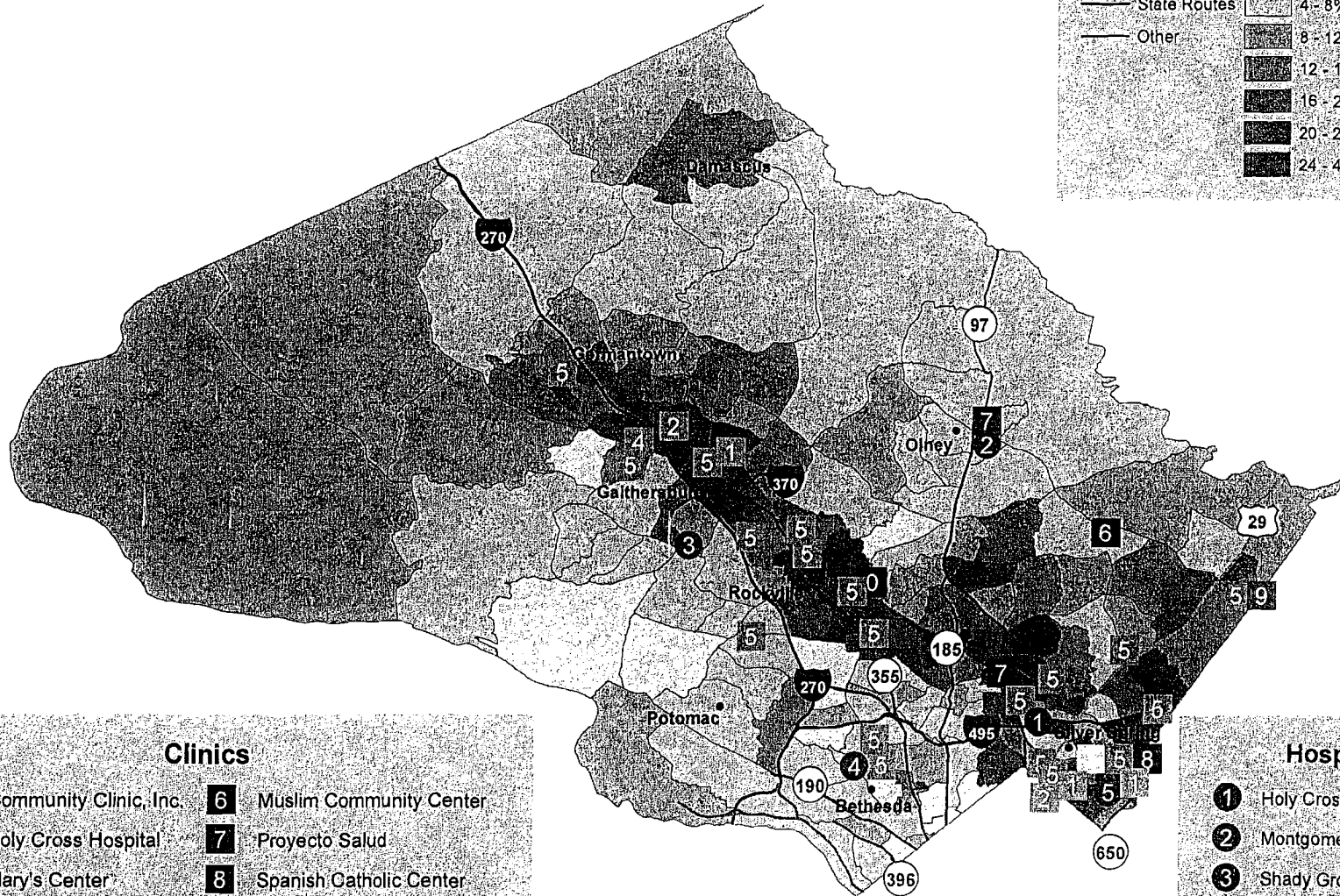
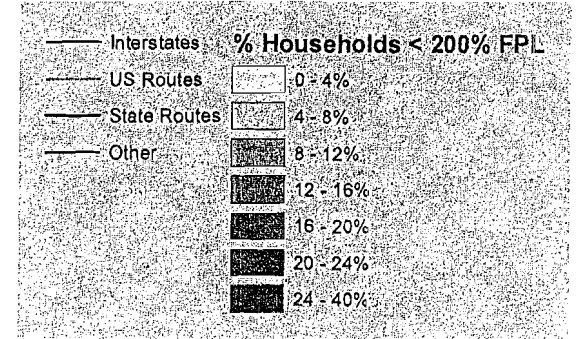
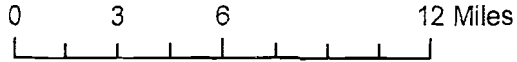


181

Map includes data from all 10 Montgomery Cares-participating clinics. 2,032 patients are not included on this map because mappable addresses were not provided.



Montgomery Cares Clinics & Montgomery County Hospitals



170

Federal poverty level data is from the 2000 U.S. Census.



MONTGOMERY CARES ADVISORY BOARD

April 1, 2008

The Honorable George Leventhal
Montgomery County Council
100 Maryland Avenue
Rockville, MD 20850

Dear Mr. Leventhal,

Thank you very much for providing the Montgomery Cares Advisory Board with the opportunity to review the safety-net related County Council Grant Applications. The Board discussed each of the applications at length at our March 25, 2009 Board meeting and came to consensus on our recommendations. While the Board attempted to develop a structured process for reviewing the applications (see attachment A), they still brought up many policy and programmatic questions that will be reflected in the following recommendations and will be the focus of future Board discussions.

- 1. Organization:** Community Ministries of Rockville (CMR) – Part-time staff for wrap-around and health promotion services
Amount Requested: \$46,928
MCAB Recommendations: Do Not Fund
The proposal did not meet the Montgomery Cares Advisory Board's primary priority of adding primary care capacity. It is of good purpose and will admirably support CMR's clientele, but in this time of limited resources, the Board believes priority should be given to grants that will increase primary care for the uninsured.
- 2. Organization:** Mary's Center for Maternal and Child Care, Inc. - mental health counselor
Amount Requested: \$50,000
MCAB Recommendations: Do Not Fund
The MCAB agreed that although this proposal would meet the primary priority of adding capacity, County Government should not fund clinical positions. The Montgomery Cares Program provides all clinics with \$62 payment per patient encounter. Funding personnel would essentially be double payment. Additionally, all Montgomery Cares clinics are in need of a Mental Health Counselor and to fund in only one clinic is not equitable.

Department of Health and Human Services, Public Health Services
Montgomery Cares Program
11 North Washington • Rockville, MD 20850
240-777-1278 Office • 240-773-0369 Fax

171

In addition, the proposal states that the position will be funded via Medicaid when the grant term is over and the Board did not understand why Medicaid funding could not begin prior to the second year. Finally, Mary's Center is a Federally Funded Health Center that should be able to use Federal Grant resources to support mental health services.

3. **Organization:** Mercy Health Center- clinic expansion of 1,800 sq. ft.

Amount Requested: \$50,000

MCAB Recommendations: Fund

This proposal is to pay for clinic expansion. It clearly meets the MCAB's priorities of increasing Montgomery Cares capacity. Additionally, Mercy Health Center will use the County funds to leverage funding from other sources.

4. **Organization:** Mobile Medical Care- a fully equipped van-clinic

Amount Requested: \$50,000

MCAB Recommendations: Fund Conditionally

The Advisory Board agrees that this is a good proposal and is consistent with the MCAB priorities and will serve an underserved population and potentially increase capacity. That said, the Board's "New Facility Policy" states that the program will only support larger clinics. Although a mobile clinic has merit, the Board believes the mobile van should operate in a manner that ensures the patients who initially use the mobile van are linked with a fixed medical home. The Board recommends funding *conditionally* on the assurance that the MobileMed van would connect patients to their Germantown Center. Additionally, the proposal discussed a \$150,000 match, but did not indicate the source of those funds. The MCAB recommends that County Council not fund the proposal without assurance of the match.

5. **Organization:** Mobile Medical Care- Volunteer Coordinator and a Specialty Care Coordinator

Amount Requested: \$130,000

MCAB Recommendations: Do Not Fund

The Montgomery Cares Advisory Board believes this is proposal out of compliance with the County Council's stated guidelines that this funding is for one-time only requests. This is the third consecutive year that MobileMed has requested this grant for the Volunteer Coordinator and the second for the Specialty Care Coordinator. Although the Board feels both are worthwhile positions, it cannot support the funding. Additionally, the Board believes all Montgomery Cares clinics could benefit from both positions and would prefer to see funding that would offer this support to the program in its entirety, not a single clinic. The Board feels regret that elimination of the grant may result in the elimination of two positions. If County Council chooses to fund the proposal for this reason, the Board respectfully requests that they are not asked to review the proposal again next year.

6. **Organization:** Mobile Medical Care- Nurse Practitioner

Amount Requested: \$100,000

MCAB Recommendations: Do Not Fund

The Montgomery Cares Advisory Board believes this proposal is out of compliance with the County Council's stated guidelines that this funding is for one-time only requests.

This is the second consecutive year that MobileMed has requested funding for this position. Although the Board feels it is a benefit to the program and the loss of the nurse practitioner may decrease the clinic's capacity to serve patients, it cannot in good faith support the funding. Additionally, the MCAB has stated that County Government should not fund clinical positions, as the clinics are supported for clinic work via the per encounter payment method. As with the previous proposal, the Board is concerned that elimination of the grant may mean the elimination of a position. If County Council chooses to fund the proposal for this reason, the Board respectfully requests that they are not asked to review the proposal again next year.

7. **Organization:** Mobile Medical Care- Outreach/ MobileMed Pan Asian Clinic

Amount Requested: \$50,000


MCAB Recommendations: Do Not Fund

The reviewers felt this was a weak proposal. It does not meet MCAB priorities. Additionally, the proposal does not provide adequate data to make a compelling argument of the need.

Consistent with the Board's comments from the past two years of reviews of these applications, there continues to be strong consensus that funding used to support these grants should not come out of the existing request by the County Executive for Montgomery Cares funding for FY2010.

We hope our recommendations are helpful, and thank you again for the opportunity to provide input. I can be reached at 301-347-0400 to discuss further, or contact our staff member, Becky Smith at 240-777-1278 for more information.

Sincerely,



Richard Bohrer, Chair
Montgomery Cares Advisory Board

RB:rs

cc: ✓Peggy Fitzgerald-Bare, Montgomery County Council
Linda McMillan, Montgomery County Council
Uma Ahluwalia, DHHS
Dr. Ulder Tillman, DHHS
Becky Smith, DHHS

Impact Statement
Montgomery County's CRF Tobacco Use Prevention Program,

For FY10, the state has reduced the Tobacco Prevention & Education Grant by 74%, from \$1.05M to \$271K. The Tobacco Use Prevention program provides education, outreach, and prevention services for youth, minorities and adults to reduce tobacco use disparities. In 2008, Montgomery County educated 13,031 people on the harmful effects of smoking, trained 255 community leaders; educated 100,783 K-12 students; and the Enforcement Officer educated and checked 2, 018 merchants on Youth Access Law and Product Placement.

Personnel Cost Impact (-\$221,380)

- Abolish a vacant Manager III (1.0WY) position – Program over site will be assumed by the remaining Program Manager I position
- Abolish a vacant Enforcement Officer (1.0WY) position in the Department of Liquor Control – enforcement activities will be provided at a reduced level by the Program Specialist I position
- Abolish a vacant OSC position (1 WY)

Operating Expense Impact (-\$449,340)

- Contractual Outreach and Education programs for youth, adults and minorities will be eliminated
- Contractual prevention position in Montgomery County Public Schools- School Based Program will be eliminated.
- Funding for special projects including need assessments and surveys, and other operating expenses such as language appropriate materials, and meeting translations will be eliminated.
- Funding for contractual outreach and smoking cessation positions for the Minority Health Initiatives will be reduced by 80%.
- Contractual smoking cessation counseling through Washington Adventist Hospital will be reduced by 30%; a part time contractual cessation counseling position will be eliminated.

Other Personnel Impacts (-\$108,210)

- A total of 1.0WY will be shifted from the Tobacco Prevention & Education Grant to the Cigarette Restitution Fund Grant (CRF - Cancer) - .50WY of the Program Manager I, and .50WY of the Program Specialist II position (this position had been split funded between the two grants). This increase to the personnel costs on the CRF-Cancer grant will result in the elimination of a contractual Nurse Case Management position in that grant.

Proposed Program FY10 Tobacco Use Prevention Grant (\$271, 970)

(Pending approval of the State)

Personnel Costs (\$121,530)

- Program Manager I (.50WY) will be responsible for administrative oversight, monitoring and management of the tobacco program contracts. This includes fiscal monitoring and working with the HHS contract, fiscal and budget teams to ensure program budgets and expenditures are on track. This person will also be responsible for any RFPs, scopes of service negotiation and subcontractor budgets.
- Program Specialist I (1.0WY) will be responsible for enforcement activities- education and monitoring merchants on youth access placements.

Operating Costs (\$150,440)

- Part Time Contractual Tobacco Coordinator - will be responsible for day-to-day coordination and programmatic oversight of the Tobacco Program. This position is responsible for coordinating the cessation programs including providing individual cessation support and facilitating group cessation services to the

uninsured and medically underserved in the community. This position will also be responsible for coordination of the Tobacco Free Coalition and the submission of all quarterly and annual reports.

- Culturally Appropriate Tobacco Cessation - Latino Health Initiative (LHI), Asian American Health Initiative (AAHI), and African American Component (GOSPEL) will provide group and individual counseling.
- Washington Adventist Hospital Cessation will provide smoking cessation counseling to patients in a hospital setting.
- Nicotine Replacement Therapy - According to recommendations by the CDC, counseling combined with nicotine replacement therapy (NRT) increases the chances for a successful quit attempt. Therefore, NRT will be provided through all cessation programs.

Summary of the Reproductive Health Programs April 20, 2009

Below please find a listing of reproductive health programs in our department. Although we do provide various services in reproductive health, the demand for these services, exceeds our available resources.

Reproductive Health and Family Planning Program

The DHHS Reproductive Health Program provides clinical reproductive health services, including family planning, through three contractual clinic providers, for 4,954 teenage females and uninsured women who have family incomes equal or less than 100% of the federal poverty level (FPL). The three reproductive health contractors also provide services, without County reimbursement, to additional low income uninsured women, up to 250% FPL, on a reduced sliding fee schedule. Clinic services include a physical examination, pelvic exam, Pap smear, breast exam, STD screening, family planning counseling and provision of birth control products.

A request for proposals (RFP) process was recently completed, resulting in the awarding of three contracts. The FY 10 funds available for these services come from a combination of general funds (\$175,000) and grant funds (\$370,000) which total \$545,000 and will be added to each contract as follows:

- | | |
|--------------------------------------------------------------|-----------|
| • Teen and Young Adult Connection, Inc. (TAYA): | \$327,000 |
| • Planned Parenthood of Metropolitan Washington, D.C., Inc.: | \$185,000 |
| • Mary's Center for Maternal and Child Care, Inc.: | \$ 33,000 |

The funding for contractual services comes from a combination of County General Funds for Women's Health and the DHMH Reproductive Health/Family Planning Grant. The Reproductive Health Family Planning Grant, expected to be level funded in FY 10, totals \$545,163. In addition to contractual services, the grant also covers personnel, operating and indirect costs for one full time merit Office Services Coordinator and a contractual Program Assistant.

Montgomery Cares Clinics

Seven Montgomery Cares clinics provide pelvic exams, Pap tests and breast exams, and five of the Montgomery Cares clinics provide family planning services including birth control methods for those who choose them. The Montgomery Cares program funds the clinics \$62 per patient visit. The Montgomery Cares program spent approximately \$20,000 from July 2008 through March 2009 on contraceptives. Sixty-eight percent of all patients served by the Montgomery Cares program are women. In FY08 the program served 10,725 uninsured, low income adult women. (This is all women served and cannot be broken down into women who received reproductive or women's health services.)

Teen Pregnancy Prevention and Parenting Programs

School Health Services (SHS) Teen Pregnancy Prevention efforts are funded by \$30,000 general fund plus \$15,000 MEAD grant funds to cover the costs for the Interagency Coalition on Adolescent Pregnancy (ICAP) coordinator; training and outreach materials for school nurse prevention and case management of pregnant and parenting teens. (ICAP) is a coalition of over 60 public and private agencies in Montgomery County committed to collaborating to prevent teenage pregnancy and support pregnant and parenting teens to have healthy babies and achieve academic success. School Health Nurses spend a portion of their time on Teen Case Management and Teen Parent Support Teams for pregnancy and parenting teens; health promotion for at risk teens; Parent and Children Talking training for parents.

Northwood High School Wellness Center provides an array of primary health care, social and mental health services in a youth development model which seeks to promote healthy lifestyles and avoid risky behaviors including those resulting in teen pregnancy. Nurses provide counseling to students regarding reproductive health services and refer to community providers. Well woman exam services are provided on site if requested or needed by a student.

Number served:

- School Nurse Case Management of Pregnant and Parenting Teens FY09 through April 15: Pregnant teens – 76 Parenting teens – 118 Total – 194
- ICAP -60 agencies; 110+ offer case management services, counseling, Reproductive health services, positive youth development activities, health information and education, mentoring to thousands of Montgomery County teens each year
- 125+ teens/students and 140 adult professionals attended 14th annual 125+ Teen Parent Conference.

DHHS STD Program

The DHHS STD/HIV Clinic program, located at 2000 Dennis Avenue in Silver Spring, sees approximately 1982 females annually. Services include diagnostic testing, exams and treatment of STD's and epidemiological follow up. Males are also screened and treated. Free, anonymous and confidential HIV testing is also offered. All persons tested for HIV receive pre-test and post-test counseling. Services are provided by County staff and costs of operating the STD/HIV program and clinic are covered by both general fund and Ryan White grant funds.

Breast and Cervical Cancer Screening

The Women's Cancer Control Program (WCCP) provides mammograms; breast exams, pelvic exams and pap smears through contracts with medical providers. Women with abnormal results are case managed for further diagnosis and linked with the state's program for treatment if necessary. Approximately 2100 County women were served by this program in FY 08. The WCCP's grant-funded budget for FY 10 for personnel and contractual services is expected to be \$835,000.

Maternity Partnership Program

The County's Maternity Partnership Program provides comprehensive prenatal care through three hospital sponsored prenatal clinics for an estimated enrollment of 2286 women and an annual cost

of \$1,794,510 to the County, in FY 10, to reimburse the hospitals \$785 for each woman for the prenatal care. The pregnant woman is asked to pay the hospital a co-pay of \$450 for her prenatal care. The hospitals also subsidize a portion of this care. Services provided at the prenatal clinics include routine obstetrical clinical services following accepted medical standards and multiple visits for prenatal care through a post partum exam. Routine lab work is included. Care and appropriate referrals for high risk pregnancies are also included. Some diagnostic tests, including sonograms, may be billed to the patient at a reduced fee.

The County Project Deliver Program covers the cost of the delivery of the babies in the Maternity Partnership Program. The County reimburses the participating obstetrician, if they submit the required documents and are registered with the Project Deliver Program. The County is able to bill Emergency Medical Assistance to recover the costs. Therefore, this program is budget neutral. The FY10 budget for Project Deliver is 851,780.

County Dental services are provided for approximately 500 Maternity Partnership participants in their first or second trimester to treat pre-existing conditions and educate clients on oral conditions that might affect their pregnancy outcome. The FY10 Budget for Maternity Dental is \$387,596.

Community Health Nurse Case Management

Community Health Nurse case management services were provided to 3591 pregnant women in the Maternity Partnership Program in FY 08. Maternity Partnership participants currently receive a series of orientation sessions which include first/second and third trimester prenatal classes. Community Service Aides conduct these orientation groups in both English and Spanish. Case management also is provided for infants at risk referred by the hospitals. Case management services will be reduced in FY 10 due to loss and reassignment of a number of nurse and CSA positions to other duties.

Case management is integrated for approximately 150 pregnant teens in a typical year, between School Health Nurses and Community Health Nurses to reduce incidence of repeat pregnancies, to facilitate the student's completion of high school, and to provide case management coverage over the summer months.

DHHS's three area health centers provided 2435 pregnancy tests in FY 08 and made referrals to prenatal programs or Reproductive Health contractors.

African American Health Program's SMILE Project

The African American Health Program's SMILE (Start More Infants Living Equally healthy) is a home visiting case management program targeted to African American/Black residents to address the significant disparity in infant mortality, pre-term birth and low birth weight between the target population and the other population groups in the County. Funding for the SMILE project is \$267,680. SMILE is expected to serve 135 pregnant/parenting women and up to 90 infants per year. In addition, approximately 500 residents are served through outreach educational activities per year.

Outreach, Education and Care Coordination

The Improved Pregnancy Outcome Grant Program funded by a \$139,540 DHMH grant, coordinates the Fetal and Infant Mortality Review Board and its Community Action Team to research and identify systemic issues and solutions to improve birth outcomes. The two committees, made up of community experts and interested volunteers, review medical cases and provide health outreach and education activities for teens, women and medical providers, working collaboratively with other stakeholders including the African American Health Program, ICAP etc.

Public Health staff at three Service Eligibility Units provides eligibility determination for pregnant teens and women with Medical Assistance, and/or refers them to appropriate services such as the Maternity Partnership Program and the Reproductive Health Program, for those not eligible for Medical Assistance. Public Health nurses and Community Service Aids provide care coordination services to assist teens and pregnant women in successfully navigating the Medical Assistance system to assure they receive the referrals, information and care they need.

Environmental Health Regulatory Services				
Revenue Source	Sub Object	Revenue Type	Current FEE	Dept Proposed - NOT ENACTED
Hlth Insp - Restaurant	L750	Food - Type A - Carryout or <25 seats or 3000 sq ft	365.00	410.00
Hlth Insp - Restaurant	L751	Food - Type B - 26 to 75 seats or >3000 but <10,000 sq ft	405.00	455.00
Hlth Insp - Restaurant	L752	Food - Type C - currently >76 or >10,000 sq ft with new category >76 to 124 seats or >10,000 but <50,000 sq ft	440.00	490.00
Hlth Insp - Restaurant	NEW	Food - Type C2 - >125 seats or 50K sq feet	440.00	650.00
Hlth Insp - Restaurant	L753	Food - Type G	130.00	130.00
Hlth Insp - Restaurant	L754	Food - Non-Profit	100.00	100.00
Hlth Insp - Restaurant	L755	Food - Non-Profit<14 Days	30.00	30.00
Hlth Insp - Restaurant	L756	Food - Other than Non Profit (hosp, nursing homes)	115.00	130.00
Hlth Insp - Restaurant	L757	Food - For Profit 14	175.00	175.00
Hlth Insp - Restaurant	L758	Food - For Profit 14	65.00	70.00
Hlth Insp - Restaurant	L759	Food - For Profit <14 days	40.00	40.00
Hlth Insp - Restaurant	L760	Food - Resident Farmer	25.00	25.00
Hlth Insp - Restaurant	L761	Food - Resident Farmer	25.00	25.00
Hlth Insp - Restaurant	L762	Food - Resident Farmer	45.00	45.00
Hlth Insp - Restaurant	L763	Food - Resident Farmer	75.00	75.00
Hlth Insp - Restaurant	L764	Food - Plan Review T	140.00	240.00
Hlth Insp - Restaurant	L765	Food - Plan Review T	165.00	330.00
Hlth Insp - Restaurant	L766	Food - Plan Review T	300.00	600.00
Hlth Insp - Restaurant	L767	Food - Plan Review M	55.00	55.00
Hlth Insp - Restaurant	L768	Food - Plan Review E	70.00	160.00
Hlth Insp - Restaurant	L769	Food - Manager	45.00	50.00
Hlth Insp - Restaurant	L770	Food - Misc Reinspection	100.00	140.00
Hlth Insp - Swimming Pool	L780	Pool - Operating Permit-currently all pools - with new categories <100,000 gallons	650.00	650.00
Hlth Insp - Swimming Pool	NEW	Pool - Operating Permit->100,000 gallons	650.00	760.00
Hlth Insp - Swimming Pool	NEW	Pool - wading pools - New FEE	-	75.00
Hlth Insp - Swimming Pool	L781	Pool - Plan Review	115.00	480.00
Hlth Insp - Swimming Pool	L782	Pool - Equipment	115.00	260.00
Hlth Insp - Swimming Pool	L783	Pool - Operator One Yr	30.00	40.00
Hlth Insp - Swimming Pool	L784	Pool - Operator Two Yr.	60.00	70.00
Hlth Insp - Swimming Pool	L785	Pool - Operator Three Yr.	90.00	90.00
Hlth Insp - Swimming Pool	L786	Pool - Operator Exam	30.00	40.00
Hlth Insp - Swimming Pool	L787	Pool - Management Co.	50.00	55.00
Hlth Insp - Swimming Pool	L788	Pool - Misc	100.00	100.00

SPECIAL NEEDS HOUSING SERVICES

Program Area	Program Title	FY08		FY09 CC		FY10 CE Rec	WY	Description of Services
		CC Approved	WY	Approved	WY			
# Shelter Services	Motels	1,037,000	-	687,000	-	687,000		Overflow shelter for homeless families.
# Shelter Services	Adult Shelters	3,007,524	1.80	3,547,687	1.80	3,475,970	1.80	Homeless adult shelter and case management contracts.
# Shelter Services	Family Shelters	1,524,256	1.00	1,695,293	1.00	1,834,930	1.00	Homeless family shelter and case management contracts.
				5,929,980		5,997,900		
# Supportive Housing Services	HUD Grant Matches	51,720	0.50	51,720	0.50	-	-	Cash match required to leverage HUD funding for permanent and transitional housing for various populations.
# Supportive Housing Services	Supportive Housing Services	1,584,992	9.90	1,718,813	9.70	1,710,062	9.70	Case management for families and individuals that is required to leverage permanent or transitional housing, and Operating expenses for Seneca Heights Apts.
# Supportive Housing Services	Family Self Sufficiency	76,006	0.00	40,760	-	41,182		Case management for families housed by HOC in public housing or Section 8 units.
# Rental & Energy Assistance Program	Handicapped Rental Assistance	480,460	0.00	480,460	-	420,460	-	Provides small rental subsidy (\$150/month) to low income residents of group homes. It was originally used by seniors, younger persons with disabilities and persons with mental illness. Other funding sources became available for seniors and younger disabled persons so that it is now used exclusively by persons with mental illness.
# Rental & Energy Assistance Program	Rental Assistance -Subsidy Program	4,381,519	4.33	3,748,351	4.53	4,178,846	4.53	Provides subsidies to low income families and the elderly and the disabled on fixed incomes, who spend disproportionate amounts of their income on rent, to maintain rental units appropriate to their needs. Helps keep families out of substandard housing and helps prevent eviction and homelessness.
# Rental & Energy Assistance Program	Office of Home Energy Programs (OHEP)	898,505	5.00	1,082,987	5.40	1,049,744	6.00	Reduces the high cost of electricity and heating for low income households (both renters and home owners), thereby preventing utility disconnections.
# Rental & Energy Assistance Program	Supportive Housing Rental Assistance	2,443,080	2.50	2,628,938	2.60	2,671,581	2.00	This program provides rental subsidies and service coordination to promote housing stability for households with incomes at or below 30% of Area Median Income and special service need.
# Rental & Energy Assistance Program	HUD Grant Matches	51,680	-	53,652	-			Cash match required for HOC to leverage HUD funding for permanent supportive and transitional housing for special populations.
# Housing Stabilization Services	Housing Stabilization Services	4,842,931	32.20	4,893,312	30.20	4,722,660	29.60	Assessment and case planning for families and individuals who are homeless or at risk of loss of housing.

183

**HOME ENERGY ASSISTANCE PROGRAMS (OHEP)
UPDATE
April 15, 2009**

Population Served: Renters and home owners with incomes at or below 175% of poverty.

FY09 maximum income range: \$18,200 for a one person household to
 \$49,700 for a 6 person household.

FY09 Application Intake

- Households submit one application for both MEAP (Maryland Energy Assistance Program) and EUSP (Electric Universal Service Program).
- MEAP helps with heating bills.
- EUSP helps with electric bills.
- Households can receive a grant from either program or both, depending on their housing situation and utility expense responsibility.

	FY09 7/1/08- 4/15/09	FY09 Estimated Total	FY08 7/1/07 – 5/31/08	Estimated Change
Applications Received	9,880	10,500	9,043	+ 16%
<u>Number of Grants Issued</u>				
MEAP	4,958	8,500	5,195*	+64%
EUSP	4,921	8,000	6,419	+25%
Electric Arrearage	630	680	504	+35%

<u>Grant Funds Issued</u>				
MEAP* (Federal Low Income Home Energy Assistance (LIHEAP) funds)	\$1,983,507 Average grant \$400 (Includes \$50 County Tax Rebate)	\$3,400,000	\$1,727,800* \$207,800 (County Rebate)	+ 97%
EUSP (Commercial and residential rate payer fees)	\$2,884,992 Average grant \$586	\$4,688,000	\$3,271,872	+43%
Electric Arrearage	\$841,575 Average grant \$1,336	\$911,122	\$464,833	+96%

*In FY08 1,600 additional households were eligible for MEAP, but did not receive a grant due to LIHEAP funding shortfall.

**HOME ENERGY ASSISTANCE PROGRAMS (OHEP)
UPDATE
April 15, 2009**

	Original FY09 Request	FY09 Original Approved	Additional FY09 Funds Requested for Staff and OE	Total F09 Administrative Funds
Administrative Funding	\$499,337	\$411,520	\$220,999	\$632,519

State Funds 6 FY merit staff, temp staff and operating expense to determine application eligibility and operating costs

	FY09 Budgeted	Estimated FY09 Need	Estimated Funding Shortfall	FY08 Rebate Costs	Estimated Change
County Tax Rebate	\$350,000 @\$50 per household serves 7,000 households	\$425,000 for 8,500 households	\$75,000	\$207,800 @\$40 served 5,195 households	+105%

Grantee Name	Program	Families Served	Individuals Served	Project Type	Annual HUD Amount	Annual County Match	Notes
Housing Opportunities Commission of Montgomery County	Permanent Supportive Housing, McKinney 8 Merged	25	35	permanent supportive housing	\$ 1,085,259	\$ 79,125	
Housing Opportunities Commission of Montgomery County	Permanent Supportive Housing, McKinney 10 Merged	37	33	permanent supportive housing	\$ 1,151,722	\$ 199,565	
Housing Opportunities Commission of Montgomery County	Permanent Supportive Housing, McKinney 3	10		permanent supportive housing	\$ 79,533	\$ 26,005	
Housing Opportunities HOC	McKinney 12		14	permanent supportive housing	\$ 235,903	\$ 53,210	
Montgomery County Coalition for the Homeless	Home First 3		10	permanent supportive housing	\$ 136,238	\$ 33,860	new project in FY 10
Montgomery County Coalition for the Homeless	Personal Living Quarters - Senaca Heights Apartments		40	permanent supportive housing	\$ 359,232	\$ 537,717	
Montgomery County Coalition for the Homeless	Hope Housing	2	40	permanent supportive housing	\$ 500,974	\$ 88,874	
Montgomery County Coalition for the Homeless	Home First		12	permanent supportive housing	\$ 138,183	\$ 34,463	
Montgomery County Coalition for the Homeless	Home First 2		10	permanent supportive housing	\$ 131,260	\$ 32,500	
Montgomery Avenue Women's Center	Montgomery Avenue Women's Center, Inc.			supprtive services only	\$ 138,183	\$ -	County provides facility, services only - no housing
Catholic Charities of the Archdiocese of Washington	Carroll House		32	transitional	\$ 235,903	\$ 191,857	
City of Gaithersburg - Well/Robertson House Program	Wells/Robertson House		14	transitional	\$ 128,247	\$ 9,519	
Montgomery County Coalition for the Homeless	Safe Haven		40	transitional	\$ 824,127	\$ 223,053	

186

HUD Super Nofa

National Center for Children and Families (NCCF)	Rapid Re-Housing Demonstration Project	9		transitional	\$ 180,579	\$ 23,827	new project in FY 10 - grant is a 3 year demonstration project
National Center for Children and Families (NCCF)	Supportive Housing Program (SHP)	24		transitional	\$ 640,965	\$ 54,790	new funding support in FY 10
TOTAL SUPPORTIVE HOUSING PROGRAMS					\$ 5,325,343	\$ 1,588,365	
SHELTER PLUS CARE PROJECTS					Annual HUD Amount	Annual County Match	
Housing Opportunities Commission of Montgomery County	Housing Opportunities Commission - Shelter Plus Care	3	39	permanent supportive housing	\$ 575,184	\$ 46,240	
Housing Opportunities Commission of Montgomery County	New Neighbors	3	15	permanent supportive housing	\$ 142,524	\$ 18,438	
Housing Opportunities Commission of Montgomery County	New Neighbors 2		4	permanent supportive housing	\$ 54,293	\$ 17,118	
TOTAL SHELTER PLUS CARE					\$ 772,001	\$ 81,796	
GRAND TOTAL					\$ 6,097,344	\$ 1,670,161	
All grants are renewable except for NCCF Rapid Re-Housing which is a 3 year demonstration project							

187

HUD Super Nofa