

HHS COMMITTEE #1  
November 15 and 17, 2021

**MEMORANDUM**

November 12, 2021

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Meeting with Boards and Commissions**

The Health and Human Services (HHS) Committee will discuss policy priorities with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on November 15 and November 17. Raymond Crowell, Director, Department of Health and Human Services, has been invited to both meetings.

In a letter dated September 21, 2021, Committee Chair Albornoz invited the chairs to attend these meetings and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to limit comments to three minutes.

A chart listing each group, its chair(s) or designated representative, the date scheduled for the group's presentation, and the reference number for each policy priority statement is provided on the following page. The individual commission and board statements begin at ©2.

## DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Presentation Date</u>	<u>Circle #</u>
Jacqueline Williams	African American Health Program	11/15	2-3
Laura Mitchell	Alcohol & Other Drug Abuse Advisory Council	11/15	4
Dr. Nguyen Nguyen	Asian American Health Initiative (AAHI)	11/15	5-6
Marquette Rogers	Board of Social Services	11/17	7-8
Marci Roth	Citizen Review Panel Advisory Group	11/17	9
Barbara Selter	Commission on Aging	11/17	10-12
Tracey Clay William Hegwood	Commission on Child Care	11/17	13
Rena McPherson	Commission on Children and Youth	11/17	14
Jessica Kronstadt	Commission on Health	11/15	15
Chris Jennison	Commission on Juvenile Justice	11/17	16
Seth Morgan	Commission on People with Disabilities	11/17	17-19
Wayne Miller Robert Koffman	Commission on Veterans Affairs	11/17	20
Lisette Engel	Community Action Board	11/17	21-24
Taniesha Woods- Myles	Early Childhood Coordinating Council	11/17	25-26
Jeff Goldman Ebony Johnson	Interagency Commission on Homelessness	11/15	27-28
Michelle LaRue Olivia Carter-Pokras	Latino Health Initiative	11/15	29-30
Garrett Mannchen	Mental Health Advisory Committee	11/15	31-33
Wayne Swann	Montgomery Cares Advisory Board	11/15	34
Kathryn Pontzer Juanita Rogers	Victim Services Advisory Board	11/15	35-36



**MONTGOMERY COUNTY COUNCIL**  
ROCKVILLE MARYLAND

**GABE ALBORNOZ**  
COUNCIL VICE PRESIDENT

**CHAIRMAN**  
HEALTH & HUMAN SERVICE

September 21, 2021

Marci Roth, Chair  
Citizen's Review Panel for Children

Dear Ms. Roth,

On **Monday, November 15, and Wednesday, November 17**, the Health and Human Services (HHS) Committee will meet virtually from 8:30 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. The attached schedule shows which day each group will be presenting. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Dr. Raymond Crowell, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee are interested in hearing the policy issues of concern for your group in FY22. To accommodate all groups and allow time for discussion at the meeting, one spokesperson from each board or commission will be asked to speak for no more than three minutes. Likewise, the Committee is interested in communicating to you our policy priorities. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities **by November 8**, to Vivian Yao, Legislative Analyst, at [vivian.yao@montgomerycountymd.gov](mailto:vivian.yao@montgomerycountymd.gov). Please limit your remarks to one page. Priority statements will be compiled and published on the Council's website ([www.montgomerycountymd.gov](http://www.montgomerycountymd.gov) -- follow links to the County Council) by the evening of November 11. A link to the meeting will be disseminated to speakers prior to the start of the meeting.

The HHS worksession is a public meeting, and commission members and Executive staff will be able to view the meeting online. If you have any questions, please call Ms. Yao at 240-593-1866.

Sincerely,

Gabe Albornoz  
Chair  
Health and Human Services Committee

C: Evan Glass, HHS Committee Member  
Craig Rice, HHS Committee Member  
Raymond Crowell, Director, DHHS  
DHHS Commission Staff

Montgomery County Council  
Health and Human Services Committee

Work session: November 15, 2021

Priorities Submitted by the African American Health Program (AAHP)  
Executive Committee

Dr. Martin Luther King, Jr. stated, *“Of all the forms of inequality, injustice in health is the most shocking and inhuman”*

The AAHP priorities for 2022 will center on the elimination of health disparities in health care for the Black population of Montgomery County Maryland. Although, Montgomery County residents overall surpass the state in good quality health, there are significant pockets of poor health outcomes among its Black population.

Specifically, the AAHP is dedicated to increasing the number of COVID-19 vaccinations, reducing the high infant mortality rates and reduce poor chronic disease outcomes among the Black population of Montgomery County.

COVID-19:

- COVID vaccine hesitancy is having a profound effect on the death rate for the Black population of Montgomery County. The evidence for this differential impact includes long term existing chronic health (pre-existing conditions) and social disparities. Understanding the vestiges of historic racial bias that have not disappeared and how poor health care access and treatment, distrust of the health care system, and pervasive disparaging behaviors showing lack of respect and belittling portrayals of the Black population, have sowed the seed for their lack of receptiveness for the COVID vaccine.
- AAHP is not surprised that the top COVID zip codes mirror AAHP’s geographic hot spots. Priority for COVID vaccinations should be in the geographic hot spots (i.e., East County, Gaithersburg, Lower Silver Spring) where the largest concentration of Black population reside and where there is a disproportionate rate of coronavirus infection and deaths of Black population.
- It is important to educate Black population about the increased risk for the coronavirus and to immediately dispel any misinformation within the communities that Black population have protection from this disease. Stem complacency and COVID fatigue by enumerating ways to stay safe and avoid the disease. Encourage individuals to take steps if they might be sick such as have an increased temperature, trouble breathing, etc.

Infant Mortality:

- According to Healthy Montgomery data as of 2018, there is a steep rise in infant mortality cases among Black women compared to all other race/ ethnicities in the

County. The AAHP Start More Infants Living Equally healthy (SMILE) program (a case management model) was developed to address Infant Mortality utilizing evidence based strategies. For 2020, AAHP has seen an increase in homeless pregnant women and domestic violence which involves more complex interventions. Much has to be done to close the gap as it relates to Black maternal mortality. Utilization of standardized protocols to treat and identify complications experienced by pregnant Black women should be implemented. Identification and removal of racial bias in the treatment of Black women will aid in closing the disparity.

#### Chronic Health Conditions:

- The differential impact of health disparities includes long term existing chronic health and social disparities:
  - 1) Higher rates of underlying health conditions in African Americans/blacks (e.g. hypertension, chronic lung conditions, asthma, diabetes, kidney disease, and others);
  - 2) Socioeconomic factors (decreased access to health care, poverty issues, and other multiple negative social determinants of health.
- It is noted that the Black population in Montgomery County seek treatment for and have as significantly higher rate of emergency room visits for diabetes than any other race/ethnicity in the County. The AAHP chronic disease program has shown great progress in reversing pre-diabetic clients using our wrap around services and plan to expand services to continue to combat this problem.

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Telephone (410) 422-2694

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It is my privilege to chair the Alcohol and Other Drug Abuse Advisory Council and to present our [priorities for the year](#). Members of each subcommittee identified focus areas aligned with our charge per the Montgomery County Charter, primarily: prevention, advising, and outreach. Within those areas, members identified goals and strategies to utilize our collective experience and expertise to reduce substance use related illnesses and deaths. *Our primary focus this year is to quantify the need for substance use disorder treatment and recovery options for Montgomery County youth and families, and to support efforts to ensure resources are available that meet the need effectively.*

Prevention Committee (includes harm reduction):

- Advocate for mandatory naloxone training for bus/transit drivers/operators with naloxone in all vehicles.
- Reduce substance use disorder stigma throughout county guided by NIDA's Words Matter to include the charter, agency/department/BCC names, and communications.
- Support the Prevention Alliance's Youth Ambassador program in partnership with MCPS.
- Promote screening for substance use in pre-adolescents and teens by pediatricians & primary doctors.
- Implement [Handle With Care](#) in partnership with MCPS.

Treatment and Recovery Committee:

- Work with the Chamber of Commerce to promote naloxone training attendance by business owners and staff, and encourage them to stock naloxone to be replaced by EMS units who respond at the scene of an overdose.
- Expand harm reduction efforts including fentanyl test strip distribution and syringe exchange with WRAP services.
- Elevate the use of Peer Recovery Specialists and Family Support Specialists.
- Improve access to and acceptance around medication assisted treatment (MAT) programs.

Legislative Committee:

- Support enforcement of the [Mental Health Parity and Addiction Equity Act](#), including Non-Quantitative Treatment Limitations (NQTLs), in the county, state, and nationally.
- Advocate to expand the Screening and Treatment for Opioid Use Disorder in Correctional Settings (House Bill 116, 2019 Maryland General Assembly session) to include state prisons.
- Improve the effectiveness of the annual legislative retreat through collaboration with agencies and BCCs, to identify and track legislation more efficiently and in a timely manner.

Sincerely,



Laura Mitchell, M.B.A. (She/Her)  
AODAAC Chair



### Fiscal Year 2022 Policy Priorities

Montgomery County Council Health and Human Services Committee Work Session  
November 8, 2021

Dear Health and Human Services (HHS) Committee:

My name is Nguyen Nguyen and I serve as the Chairperson of the Asian American Health Initiative Steering Committee (AAHISC). For Fiscal Year 2022, AAHI's priorities include: COVID-19 relief efforts; mental health and senior wellness; and improved data collection of Asian American needs.

**First, the Asian American community has been significantly impacted by COVID-19 and ongoing relief efforts need to be increased.**

The impact of COVID-19 has been drastic on communities of color. Known and existing disparities and barriers were exacerbated under to the strain of COVID-19. In the Asian American community, some of the challenges that COVID-19 brought to the forefront were language access and the need for specialized outreach. Nearly 30% of Asian Americans in Montgomery County are limited in English proficiency (LEP) and nearly 70% of County Asian Americans are foreign-born. Both LEP and immigrant status are known to impact an individual's ability to navigate the healthcare system and impacts the quality of healthcare received. Existing language access issues made it more difficult for Asian American communities to understand the threat of COVID-19, identify and be knowledgeable of testing and vaccine resources, and communicate with providers around COVID-19 symptoms.

The language access needs, coupled with the diversity of Asian Americans in Montgomery County, also highlight the need for specialized outreach to Asian Americans around COVID-19. There are nearly 15 different Asian subgroups in Montgomery County, and even more Asian languages spoken by these different groups. With the immense amount of misinformation abundantly available about COVID-19, more tailored efforts need to be made to reach all segments of the County's Asian American community.

Existing efforts around COVID-19 relief to Asian Americans need to be bolstered and further increased. In Fiscal Year 2021 and 2022, the Montgomery County Council approved three resolutions – 19-861, 19-966 and 19-967 – that provided \$1.4M to develop a linguistically and culturally diverse response to COVID-19 for Asian Americans. Using \$1M of this funding, the Asian American Health Initiative (AAHI) released a competitive grant opportunity for organizations to apply for funding to provide COVID-19 related services to Asian Americans. The response was astounding with 33 eligible applications submitted that had a total funding request of nearly \$4M. Through the competitive process, these applications were narrowed to 15 organizations asking for a little over \$1.94M. The current available funding covers only half of the proposed activities. The discrepancy between the high need and the available funding translates to gaps in needed services for Asian American communities. Thus, the AAHISC has made it a priority to continue advocating for more funding and services for Asian American COVID-19 relief efforts.

**Second, mental health and senior wellness have been priorities for the AAHISC for many years and continue to be areas of high need.**

Like other disparities, the needs related to mental health and senior wellness among Asian Americans grew significantly due to COVID-19. Most notably, Asian American mental health needs were greatly impacted by the rise of anti-Asian American bias and hate that metastasized during the pandemic. Nationally and locally, news stories captured the physical violence, and sometimes deadly attacks, that Asian Americans were subjected to. The growth of anti-Asian sentiment has impacted the physical and mental health of Asian Americans, on top of the stressors that COVID-19 brought.

As the largest minority senior subgroup in Montgomery County, Asian American older adults comprise of nearly 15% of the 65-years and older population. Asian American seniors also lead all other racial/ethnic groups in other areas too, including poverty rates. According to the American Community Survey, compared to other racial/ethnic groups in Montgomery County, Asian Americans 65 years and older have the highest poverty rate at 12.7%. During these last two years, this has translated to increased need and dependence on public programs and local food assistance efforts. We know from our conversations with our community partners that many Asian American seniors have suffered from inadequate food access. Food access challenges impact seniors financially and physically, as many would assume, but also mentally. Anecdotally, we have learned how the inability to access foods that are culturally familiar to Asian American seniors has led to higher levels of social isolation and loneliness. Physical distancing due to COVID-19, anti-Asian American hate, and preexisting challenges of social isolation have left Asian American seniors suffering significantly.

**Third, to better serve the needs of Asian Americans, there needs to be more investment in data collection and monitoring for Asian Americans.**

The lack of available, robust, disaggregated data has long been a challenge for public health practitioners serving Asian Americans. Asian Americans are often lumped together under this racial umbrella, suggesting that this group acts as a monolith, when in reality it is comprised of several distinct subgroups. As previously noted, in Montgomery County, the Asian American umbrella can mean one of any 15 different ethnic groups. When combining all Asian Americans under one category, the needs of the most vulnerable and high-risk subgroups are often masked, ignored, or inaccurately portrayed. To better serve Asian Americans, it is imperative that stronger, tailored efforts are made to collect data around their needs. It is nearly impossible to respond to a public health issue that is inaccurately measured because there is no quantifiable baseline understanding of the needs. The needs that we see in our communities, that we hear from our partners, and that we witness ourselves are seemingly nonexistent when looking at available local data. There is a clear disjoint between what is being observed through experience and what is being documented through data. Without data collection and surveillance efforts that are sensitive enough to accurately capture Asian American needs, severe inequities will continue to persist among Asian Americans.

As always, the Asian American community and AAHISC appreciates the Montgomery County Council's support of the Asian American Health Initiative and the prioritization of the needs of this diverse community.



Montgomery County Board of Social Services  
Priorities Statement for Meeting with Montgomery County Council

October 2021

Marquette Rogers, Chair

My name is Marquette Rogers, and I am the chair of the Montgomery County Board of Social Services (BSS), which provides advisory oversight to social service programs within Montgomery County, that are funded by the Maryland Department of Human Services (DHS). These programs include state funded income support programs, emergency stabilization programs, state mandated child protective services, foster care, state mandated adult protective services and home care services. I am excited to be in front of you to discuss the priorities that the Board of Social Services has set for the 2021-2022 calendar year.

As the Board of Social Services, it is our responsibility to ensure that the individuals in our community who have the greatest challenges and least resources, receive the support they need. The COVID-19 pandemic has exposed and exacerbated the economic and social inequalities found across our country and right here in Montgomery County.

During the first half of 2021, the Board of Social Services was busy acclimating our six new board members and focusing on our committee work, which included the establishment of two additional committees: The Services Committee and the Family Investment Committee.

The Services Committee (which focuses on Adult Services and Child Welfare) and Family Investment Committee (which focuses on Income Support and Energy Assistance programs) will both work with program area experts in order to get an overview of the latest data and to identify where the board can best support the community and HHS.

Our main priorities for new year include:

- **Board Member Recruitment**
  - We lost 5 board members during the summer break, and while 7 members remain we hope to fill the 5 vacancies quickly to ensure that we continue to adequately serve the constituents
- **Increasing Opportunities for Transitioning Foster Youth**
  - Transitioning youth aging out of foster care face a disproportionate level of barriers as they begin to live independently in the community. Among these is the difficulty with finding employment that will allow them to achieve self-sufficiency. This barrier has only been compounded by the COVID-19 pandemic. It is vital to create opportunities for employment that not only meet the immediate needs of these youth but that create possibilities for advancement so they can be successful and thrive in their community. Creating these opportunities will also allow them to have the financial stability needed to pursue their dreams.
- **Continue to prioritize and support greater trauma informed education**

- Last year with the support of the Council, we made this a priority with the knowledge that trauma-informed practice is central to social services. Trauma-informed practice continues to be central to social services, a need which has only been magnified by the impacts of the COVID-19 pandemic. In the past, the board has worked on this priority and will continue to enhance and expand trauma-informed education to community partners.

In addition to these priorities, our Outreach and Communication Committee has continued to work over the summer, on improving communication. One initiative the committee is currently working on is coordinating a social media live stream series called “The More You Know” to be aired on Facebook Live. This series would review topics identified by HHS experts as they discuss their departments and provided services with constituents while fielding general questions for individuals trying to understand certain services that HHS offers.

The board will continue to monitor federal, state and county legislative changes that may impact the services being delivered in the county. We will also work with the community to identify barriers that constituents face in accessing services. As legislative changes and barriers are identified, we will partner with HHS experts to determine how best to advocate for the individuals and families being served. I have also asked our members to get more involved with volunteer opportunities within HHS.

On behalf of the Board of Social Services, I would like to express how grateful we are for the ongoing work and support of the council, which has made significant positive impacts on the lives of our most vulnerable residents. It is with your help, that the human service programs available in the county have gone beyond meeting the basic needs of residents and extend into supporting self-sufficiency in order to create a better future for all. Thank you for your commitment to continue to serve all residents of the county while making those individuals in our community who have the greatest challenges a priority to receive the support, they need to be successful. The board greatly appreciates the partnership that we have with all members of this esteemed committee.

**Citizen's  
Advisory Panel for Children**

Priority Statement September 2021  
Chair of the Health and Human Services Committee  
Montgomery County Council

**MISSION STATEMENT From FY21 Annual Report:**

Citizen's Review Panel for Children ("Panel") is charged with examining the policies, procedures, and practices of Maryland and Montgomery County agencies to evaluate the extent to which Montgomery County agencies are effectively fulfilling their responsibility to implement the child protection standards as the panel works collaboratively with the County's Department of Child Welfare Services.

**The CRP FY 21 Continued Focus Is as Follows:**

- In FY 2021, the Panel asked input from the Department of Health and Human Services, Child Welfare Services to identify two Social Services Administration (SSA) policy areas in which the agency would benefit from an independent Panel review. The two policies selected for FY 2021 were the recruitment and retention of resource families and services for Lesbian, Gay, Bi-Sexual, Transgender and Questioning (LGBTQ) foster youth. In addition, the panel met monthly to review the impact of the pandemic on children and families involved in protective services and to learn the ways that the agency was adjusting in order to continue serving these populations.

**Recruitment and Retention of Resource (Foster) Parents:**

- The Panel continues to work on this SSA Resource policy issue and has made several preliminary recommendations to the agency.
- The panel met with the Montgomery County Foster Parents Association and is developing an information tool to learn more about the experience of being a resource family in Montgomery County.
- In addition, the Panel discussed with the agency how to analyze data showing where existing resource families live mapped against where the need for resource families is greatest in the county.

**LGBTQ Foster Youth:**

- The Panel began an assessment of this SSA policy issue by reviewing two prior CWS Resource Home surveys and establishing its own survey, asking Child Welfare staff to complete. The Panel is in the process of reviewing the staff's responses.

**Increase Panel Focus/Understanding Role:**

- The Panel also laid the initial work to clarify its roles and responsibilities to ensure that its current and planned activities remain within its mission and scope
- In the up-coming year the State CRBC confirmed that it will provide background/resource materials to new Panel members, invite new Panel members to CRBC's pre-service training sessions, and invite all Panel members to all CRBC's in-service training sessions.
- The panel participated in training sessions to further clarify its responsibilities.

The Panel greatly appreciates the support that has been provided by the County Council.



## COMMISSION ON AGING

**October 1, 2021**

### **FY23 Budget Priorities (in order of priority):**

#### **1. Fund the expansion of in-home care to more older adults in the County, including residents without Medicaid.**

The older adult population of Montgomery County is rising at an unprecedented rate. Many studies have confirmed that older adults overwhelmingly prefer to remain in their own homes and therefore actively seek home and community-based services (HCBS) to avoid or postpone nursing home placement.

The State of Maryland offers programs that assist low-income, disabled, and elderly individuals to live in the community, including Medicaid waivers and assistance from other State and Federal funding. Eligibility guidelines (financial and medical) are strict and waiting lists are long. The Commission on Aging (COA) advocates for increased funding to expand the number of residents eligible for services and to decrease the time residents must wait to receive assessments and services. To help achieve these goals, the Commission recommends that the County increase staffing to improve the timeliness and quality of assessments that determine the eligibility of older adults to receive Medicaid waiver and other home and community-based services.

Many older adults lack financial resources to cover the costs of HCBS but have income or resources exceeding the eligibility requirements for Medicaid. (Generally, income cannot exceed about \$2400/month.) They struggle to afford the support they need to allow them to remain safe and to thrive in their homes, such as meal preparation, light housekeeping, transportation, medication management and caregiving support, services that also help prevent social isolation and loneliness. The COA urges the County to increase the funding available to support those currently ineligible for Medicaid but who need these kinds of services to enable them to be live well in their homes.

A significant issue for many in this population is that they are unable to afford the four-hour care segments required by local home care providers. While many older adults only need short-term custodial assistance, the business model of many home care providers relies on offering services in large blocks of time, making the services unaffordable. To address this issue further, the COA recommends that the County study the feasibility of using home care staff to serve multiple individuals in geographic proximity, enabling residents to afford services and home care providers to offer shorter segments of care.

Finally, the COA urges the County to examine innovative models in other communities that meet the medical and social needs of HCBC recipients, allowing them to age in place without compromising quality of life.

**Department of Health and Human Services**

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401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

## **2. Increase funding to help market/advertise services available for older adults.**

The County offers a myriad of services for older adult residents with a wide range of needs and abilities. However, many older adults remain unaware of these valuable programs.

The CoA requests dedicated funding to market and advertise these services. These funds need to be administered with transparency and accountability. Examples of marketing materials may include signage on buses, postcard mailings, and printed brochures.

In addition, the COA requests assigned staffing to assist in the efforts to communicate the many available services. A Senior Fellow for Communications would be an ideal candidate for the assigned staffing.

## **3. Fund the Access HEARS program (supplying hearing devices and support) to lower income residents.**

Statistics show that nearly two-thirds of people age 70 and older are affected by hearing loss, which is often associated with many health problems including dementia, social isolation, and hospital readmission. The current hearing care model of clinic-based, fee-for-service hearing care does not accommodate the needs of the majority of low-income, minority, and vulnerable older adults. Affording hearing aids, which can be the 3rd most expensive purchase for older adults behind house and car, is out of the question for many Montgomery County residents. For these reasons and others, the County needs a community-delivered approach to hearing care that is affordable and accessible.

Access HEARS has a proven model of care that increases access to hearing loss intervention and at a dramatically reduced cost compared to the traditional models. Access HEARS has been operating as a Baltimore-based 501(c)(3) with the mission of systematically addressing each of the barriers to providing hearing help to those who have not traditionally accessed care. In 2019, Access HEARS received grants from the Maryland Department of Aging for programs in Allegany and Garrett Counties. The Maryland pilot programs were very successful and the cost savings for intervention is about 90% compared to the traditional hearing aid care model.

With the anticipated expansion of over-the-counter hearing technology pending FDA regulations, the need to help older adults navigate the market, select a device, and learn how to use it successfully will also grow. By utilizing the Access HEARS model, the County can develop a sustainable model of hearing care that connects older adults with the technology that represents the future of hearing care. We ask the County to fund a program that will provide immediate benefit to the hearing health and overall well-being of the County older adult population.

## **4. (Tie) Restore cuts to the Escorted Transportation Program administered by Jewish Council for the Aging (JCA) and expand financial eligibility.**

Due to the impact of Covid-19, the County reduced the budget for JCA Escorted Transportation in FY21 and FY22. As older residents have been vaccinated and have become more comfortable travelling, there has been a growing demand for escorted transportation trips. JCA has been providing more than the minimum number of monthly rides required in the FY2022 contract. At this pace, the allocated funds will be depleted by the end of January 2022 or earlier.

Since the beginning of the pandemic, rides have been limited to medical appointments with rare trips for errands or a pharmacy. The program was originally designed to provide transportation for many purposes

including socializing, shopping, and other life activities. Only with additional funds will the program be able to return to full pre-pandemic operating procedures. In addition, since the inception of the escorted transportation program in 2013, the financial eligibility has not increased (household income cannot exceed \$40,000/year). The Commission on Aging advocates increased funding to enable more older adults who require an escort to travel to re-engage in community life.

**4.(Tie) Expand funding for the Housing Initiative Fund (HIF) to produce and preserve affordable rental housing, including older adult housing projects.**

Older adults are the fastest growing group in the county. As their numbers grow, so will the number of older adult renters. In fact, by 2040, one in 5 residents will be 65 or older and one out of 3 will be 55 and older. Further, over 65% of senior renters are rent burdened, spending more than 30% of their income on rent. Seniors 75 and older face the greatest challenges because incomes tend to decline over time and housing cost burdens increase, with some paying more than half their income on housing.

Despite recent HIF funding increases, the County still will not have enough affordable housing to meet expected population increases. Compounding the problem, almost all areas along transit corridors are losing existing affordable housing, resulting in an increase in cost burdened renters. Rising rents will put more pressure on senior renters to choose between rent, food, and health care. The COA urges the County to continue its investment in producing and preserving affordable housing for older adults.



## COMMISSION ON CHILD CARE

### Top Policy Priorities Presented to the Health and Human Service Committee of the County Council November 17, 2021

**Presenter: Ms. Tracey Clay and Mr. William Hegwood**

#### **Overview:**

The mission of the Commission on Child Care is to advise the County Executive and County Council on the development, implementation, and effectiveness of government policies, programs, and services that enhance community support for quality, affordable and accessible child care.

#### **2021-2022 Commission on Child Care Top Priorities**

The Commission will advance its mission in FY 22 through a focus on the following priorities:

##### **Priority 1:**

Provide feedback to the County Council and County Executive on the [Early Care & Education Initiative \(ECEI\) Action Plan](#) in an effort to support the County's child care system response and recovery with a specific focus on equity and operational recovery.

##### **Priority 2:**

Focus on the sustainability of the early care and education workforce by providing recommendations on ways to increase compensation for early childhood educators in an effort to attract and maintain professionals to commit to early childhood education as a long-term career option.



## COMMISSION ON CHILDREN AND YOUTH

### Top Policy Priorities Presented to the Health and Human Service Committee of the County Council November 17, 2021

**Presenter: Ms. Renae McPherson, Chair**

#### **Overview:**

The Commission on Children and Youth (CCY) 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. We do this by supporting policy and budget decisions that promote the safety and well-being of children and youth, and by working so that they have access to successful futures.

#### **2021-2022 Commission on Children and Youth Priorities**

The Commission will advance its mission in FY 22 through a focus on two priorities:

#### **Priority 1: Accessible Youth Spaces**

The Commission on Children and Youth seeks to explore various safe and accessible spaces that can serve county youth outside of the school day. These spaces ideally would be locations where young people can connect with their peers, and have access to social-emotional, recreational and academic support. Considerations will include, but not limited to: geographical locations of spaces in underserved areas, services/programs for all ages of youth, access for young people with disabilities.

#### **Priority 2: Youth Employment Opportunities**

One of the aims of the CCY is to promote the well-being of our county's children and youth, so that they have access to successful futures. A way to support this, is by examining the ways in which current Montgomery County programs provide equitable access to ALL of our youth, so that they may explore various career pathways in a supportive setting. The CCY will consider the ways in which young people are able to currently seek employment, while developing workplace skills that they can take with them into adulthood. Additionally, the CCY will explore in which ways county programs can partner with the private sector to gain practical skills and networking.

Additionally, the Commission is planning to host its annual "**Youth Having a Voice**" roundtable event (event format TBD). This year will mark the 15<sup>th</sup> year the Commission has hosted this gathering of teens from across the County to discuss issues that are important in their lives. Not only do youth have the opportunity to speak out, but adults – members of the County Council, Board of Education, HHS senior leadership and others – have the chance to hear, learn, and act on the concerns of the youth. Stay tuned for details!

The Commission is committed to its mission and appreciates your support in our efforts. We look forward to working with you this year. Please feel free to inform us about how we may best support your efforts and partner to benefit the County's children and youth.





## Montgomery County Commission on Health (COH) Fiscal Year 2022 Priorities

The Commission on Health (COH) respectfully submits its Fiscal Year 2022 (FY22) Priorities. In the coming year, we plan to continue our focus on **school health** and **communicable disease**, in a manner consistent with our overarching commitment to promoting **equity** and being guided by accurate and timely **data**.

**School Health.** Studies have long documented the relationship between health and education.<sup>1</sup> Students who are healthier learn better and individuals with higher educational attainment tend to be healthier. Recent research has also focused on the negative impact of poor mental health on children's and adolescents' academic performance.<sup>2</sup> In FY22, the COH will focus on efforts to support the smooth transition of students back to the classroom. Ensuring students are best prepared to learn requires access to resources to support their physical health (including appropriate vaccinations) and mental health.

**Communicable Diseases.** The COVID-19 pandemic has demonstrated the devastating impact of communicable disease. A review of county data also exposes troubling trends in the rates of other infectious diseases, including tuberculosis and sexually transmitted infections.<sup>3</sup> Alarming disparities exist by race/ethnicity, gender, age, geographic location within the county. While Montgomery County has been a national leader in COVID-19 vaccination rates, in FY22, the COH will maintain its commitment to addressing any remaining cultural, language, misinformation and other barriers to recommended vaccinations—not only for COVID-19 but for influenza and other illnesses, as well. We will continue to review the data and advise public health planning to better target science-based efforts to meet the evolving needs of a changing population in the County.

The COH is committed to two overarching principles that will guide our work in these two policy areas, as well as in all that we do to support the efforts of the Department of Health and Human Services.

**Equity.** The COH is dedicated to identifying, addressing, and correcting racial disparities in Montgomery County. We stand beside every Montgomery County resident, employee and visitor in the quest to make Montgomery County a safe and supportive environment for everyone regardless of their race or ethnicity. We will incorporate this lens in our work related to school health and communicable diseases and will also advise the County Executive and the County Council on racial equity, social justice, and inclusion throughout the County's public health issues, programs, services and to monitor and assess racial and equity needs of residents in this county.

**Data.** Basing decisions on timely and reliable data is the cornerstone for sound public health practice. We will continue to seek out data to shape our policy recommendations. We will also continue our advocacy to bolster the epidemiological capacity of DHHS. We believe that the county should invest in developing state-of-the-art data collection and analysis capability to identify disparities and promote the health of all who live in the County.

We look forward to coordinating these efforts with our fellow Boards, Committees, and Commissions and to working with our government leaders, community organizations, and community as we work together to enrich health and well-being in Montgomery County.

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<sup>1</sup> CDC. Adolescents and School Health. [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/index.htm](https://www.cdc.gov/healthyyouth/health_and_academics/index.htm).

<sup>2</sup> Agnafors, S., Barmark, M. & Sydsjö, G. Mental health and academic performance: a study on selection and causation effects from childhood to early adulthood. *Soc Psychiatry Psychiatr Epidemiol* **56**, 857–866 (2021).

<sup>3</sup> Healthy Montgomery Core Measures <https://www.montgomerycountymd.gov/healthymontgomery/chart.html>.



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich  
*County Executive*

Raymond L. Crowel, Psy.D.  
*Director*

### THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP POLICY PRIORITIES FOR FY22

During FY22, the Commission on Juvenile Justice (CJJ) will focus on its work-plan, developed by the Commissioners for the coming year. The Commission on Juvenile Justice recognizes the importance of supporting and advocating on behalf of opportunity youth, generally defined as people between the ages of 16 and 24 who are neither in school nor working, some of whom may have been involved in the juvenile justice system and detained. These young people represent a social and economic opportunity: many of them are eager to further their education, gain work experience and help their communities. The Commission also recognizes the need for continued revision of state juvenile justice legislation, as recognized by the Juvenile Justice Reform Council (JJRC).<sup>1</sup> The Commission on Juvenile Justice's priorities for FY22 reflect continued interest in improving the process of how juveniles interact with the justice system:

**Youth in Adult Facilities:** CJJ plans to focus on ways of eradicating Youth involved in the justice system within Montgomery County who are detained in Adult Facilities. The Commissioners will work actively with legislators to assist in writing a bill that will address this issue.

**Juvenile Interrogation Protection Act:** CJJ again is working to engage advocates for the Juvenile **Interrogation** Protection Act (JIPA). This legislation affords legal consultation and parental consent to juveniles before a custodial interrogation. This legislation passed the House of Delegates in the 2021 session (HB315, 90-41) but did not get a vote out of Senate Judicial Proceedings. We invited Delegate Sandy Bartlett and Senator Jill Carter to our November Commission meeting to discuss this legislation further.

**Youth Charged as Adults:** The Commission is studying the process of automatically charging youth as adults in certain offenses. Only Alabama automatically sends more of its kids (on a per-capita basis) into adult courts than does Maryland.

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<sup>1</sup> <https://djs.maryland.gov/Pages/Juvenile-Justice-Reform-Council.aspx>

**Commission on People with Disabilities**  
**Montgomery County Council**  
**FY23 Operating Budget Priorities – October 2021**  
**Seth Morgan, MD, Chair**

**1) Accessible and Safe Transportation**

- The County needs to ensure that the Transportation Service Improvement Fund is used only for its intended purpose. We ask that the County ensure equity in taxi pick up times for all residents regardless of whether they need use an accessible vehicle or not. As of April 2021, MCDOT reports that since the twenty-five-cent surcharge on Transportation Network Companies (Uber, Lyft, etc.,) rides was imposed in FY16, the fund has received \$9M of which only \$1.5M has been spent to improve accessible taxi services. People who need an accessible vehicle too often are told there are no accessible taxis available or are given wait times of over three hours. This is a civil rights inequity that must be aggressively addressed by the County.
- We recommend that the County prioritize pedestrian safety over all other MCDOT projects (such as installation of bicycle lanes and floating bus stops). Sidewalk installation should be a priority in all neighborhoods and especially on the roads leading to schools where there is no bus service. This may require County legislation to make sidewalks mandatory preventing homeowners from blocking sidewalk installation. Being forced to walk in the street amongst car traffic should not be the only option. The County needs to provide for a safe way for all people to walk including for people with disabilities, children and seniors.
- The County has set as a priority opening up County roads to bicycles. After over fifty years of construction focusing exclusively on car-based traffic, our roads are too congested to accomplish this safely. We ask that rather than forcing designs that endanger pedestrians, that dedicated bike lanes not be built in these areas. In the State, there are four different designs of floating bus stops making them both unpredictable and inconsistent. The installation of bike lanes and floating bus stops present a serious safety concern for people who are blind, have low vision, are hard of hearing or who have a mobility disability. We recommend a simplified and more detailed safety review encompassing all transportation initiatives to assure uniformity of goals and inclusiveness of concerns of people with disabilities before plans are implemented. We continue to call for an immediate moratorium on construction of floating bus stop and sidewalk design changes. We believe that MCDOT has adopted an ableism bias and we recommend that all transportation projects include input from our Commission before design and implementation.
- MCDOT is promoting scooters and bicycles as transit options but unfortunately, they too often block sidewalks, impact outdoor seating and endanger people with disabilities as a tripping hazard or barrier to passage. We suggest investigating dockable solutions with the ability for specific locations to lock scooters and bikes. More effective development, monitoring and enforcement of rules with appropriate fines for violators is needed.

**2) Housing Locator for People with Disabilities**

We recommend establishing a "Housing Locator" staff position to assist people who have a disability find appropriate housing when they are new to the Voucher program or people need to relocate because of a change in their disability status. In the Housing First model, people can easily relocate because of landlord or community complaints. It's not that easy in the Voucher program. HOC had a "temp" Housing Locator when they were awarded some of the "NED" vouchers but the position only lasted 6 months. However, the position remains needed. People are always having to relocate and many people with disabilities have a hard time finding places on their own, especially accessible apartments. A full-time position, including benefits, is needed and would cost an estimated \$100,000 per year.

**3) Early Intervention Screening Program for Children ages 0-3**

We support early intervention screening initiative for this year's budget of \$99,200 (\$592,000 over five years). This would give access to forty new pediatricians per year for five years to the software program called CHADIS for training, certification and support to allow screening and data management of infants. We appreciate previous expressions of support for this initiative, but funding is now needed. While our efforts have already resulted in well over twenty percent of the area's pediatric practices to use an electronic tool to screen and refer infant for developmental disabilities, County funding is now essential to further the project. See Attachment.

**4) Funding to Supplement Programs Serving People with Developmental Disabilities**

The Commission recommends the funding of the Developmental Disability Supplement. Last year it was \$19.1M. The supplement also helps providers pay minimum wage to direct care staff.

**5) Increasing Employment Opportunities for People with Disabilities**

People with disabilities face disproportionate barriers because of COVID-19. It is critical to ensure appropriate protections and supports to promote opportunities for safe and ongoing work. There appears to be a need to coordinate/oversee the outcomes for all County funded employment programs under a County staff person with overall goals and results. We recommend that each County funded organization have the goal to have 3-5 performance measures related to outcomes for each contract, along with annual budget amount, so that better more coordinated decisions can be made in the budgeting and contracting process for the employment of people with disabilities. Currently, there is a County special assistant that oversees Worksource Montgomery but not all employment agencies serving people with disabilities. The County spends millions of dollars with no overall oversight of funding used for the purpose of employment of people with disabilities.

Improving Outcomes for Infants and Toddlers with Developmental Disabilities in Montgomery County  
Project Budget

<b>Expenses</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>	<b>Assumptions</b>
Project Manager Salary (includes benefits)	\$ 54,900	\$ 56,500	\$ 58,200	\$ 59,900	\$ 61,700	\$ 291,200	This budget assumes a 3% annual increase and a 22% fringe rate.
Software Subscriptions (CHADIS)	\$ 30,000	\$ 30,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 240,000	One year's worth of a subscription to CHADIS or comparable software for screening/data management. 40 new pediatricians per year for 5 years @ \$1,500 per individual subscription (includes management and screening tools for pediatricians; data analysis and tracking; off-site scoring for screening tool; quality improvement reports; pediatrician training, certifications, and support; and modified version of software for use at County clinics and MCITP. County pays for only one year per private practice pediatrician) .
Local Mileage	\$ 2,700	\$ 2,700	\$ 2,700	\$ 2,700	\$ 2,700	\$ 13,500	local travel visiting doctors' offices
Telephone	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 3,000	
Tablets	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 10,000	Tablets for parents and clinicians to access CHADIS or comparable software/screening tool at pediatric practices. 1 tablet per practice. 5 practices per year @ \$400. For parents to fill out screening tools in waiting room.
Meetings/Convenings	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 5,500	
Printed Materials	\$ 5,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 17,000	Printed materials not included in the subscription fee for software (includes materials/educational kiosks for waiting rooms at pediatric offices and clinics providing pediatric care, recruitment materials for pediatricians, and printed information about this project).
Miscellaneous	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 2,500	\$ 12,500	
	\$ -						
<b>Total Expenses</b>	<b>\$ 99,200</b>	<b>\$ 98,300</b>	<b>\$ 130,000</b>	<b>\$ 131,700</b>	<b>\$ 133,500</b>	<b>\$ 592,700</b>	



**Commission on Veterans Affairs**  
**Statement on FY 23 Operating Budget Priorities**  
**Before the HHS Committee of the County Council**  
**October, 2021**  
**Wayne Miller, Chair · Robert Koffman, Vice-Chair**

The Commission on Veterans Affairs thanks the County Executive and the County Council for the support you have provided over the past 13 years for funding programs that benefit the quality of life for Veterans and their families. We recognize that the COVID-19 public health emergency is placing difficult and unprecedented pressures on programs and services of the County as well as the rest of the country.

Some Veterans may experience mental health issues or thoughts of suicide which could be the result of exposure to trauma. Among COVID sufferers, about a third of individuals with protracted disease will go on to develop either a neurological impairment, or psychiatric conditions such as depression and anxiety disorders. Veterans already experience suicide rates one and half times the general population. The VA has made suicide prevention its top priority, as has the County. We recommend that the County increase community outreach efforts to make resources and services better known to Veterans and their families. (1-800-273-8255 – PRESS 1) We recommend continuing to fund programs that promote mental health and wellness. The Commission is actively involved in suicide prevention efforts. Commissioners Dr. Robert Koffman and Dr. Cynthia Macri serve on national, state and local suicide prevention efforts. Wayne Miller, Chair, is the Director of the Silver Spring Vet Center that provides readjustment counseling and family supports at no cost to Veterans and their families, Dr. Vandebroek directs the Cohen Clinic at Easterseals. Mike Subin has hosted the Montgomery County Cable program Homefront that has addressed suicide prevention efforts. The Commission has posted on its website information on mental health and wellness: [www.montgomerycountymd.gov/veterans](http://www.montgomerycountymd.gov/veterans). We have heard from the providers they are receiving many calls for mental health and wellness services.

We continue to be pleased with the County's efforts to end homelessness amongst Veterans and to assist in obtaining permanent housing. The program was highly successful during the Zero:16 campaign. Montgomery County has been the direct recipient of 98 HUD VASH vouchers and an additional 25 ported HUD VASH vouchers from DC and other states. We are in strong support of Bethesda Cares expansion of their outreach to Veterans. We commend the County making a priority of the addition of permanent affordable housing for homeless populations and working to achieve racial and social equity through sound housing policy.

Serving Together was created to coordinate the system of care for Veterans, service members and their families so the entire community can better identify those Veterans and direct them to supports that are in place for them. This organization is a recipient of funding from the County, and we recommend this funding continue. The Montgomery County Department of Health and Human Services (DHHS) provides funding for Serving Together programming through a Behavioral Health & Crisis Services (BHCS) General Funds/based budget contract. Contractual services were originally funded, in FY11, by Community Grant award, and last year, FY21, Contract Funding switch from Community Grant to DHHS/BHCS Based Budget. \$150,000.00 was originally encumbered for FY22, and Behavioral Health is in the process of adding a 3% Inflationary Adjustment of \$4,500.00 per County Resolution. This increase in funding will change the Contract's funding total from \$150,000.00 to a \$154,500.00 in FY22.

Warrior Canine Connection enlists wounded, ill, and injured Warriors in a therapeutic mission of learning to train service dogs for their fellow Veterans. To train a service dog, an otherwise isolated Warrior must necessarily re-enter society, experiencing positive interactions with members of the community. The demand for trained service dogs has created wait lists years long. Many Veterans report that after working at training service dogs they are recovered to the point that they no longer need a service dog of their own. This novel approach and one-of-kind therapy merits WCC for approval of a \$50,000 Community grant and is included as part of the Capital Budget within the cost sharing. We recommend that this funding continue.

Montgomery Parks, part of the Maryland National Capital park and Planning Commission has completed construction of a new floating launch for non-motorized boats, improving accessibility and safety for kayakers, canoeists and paddle boarders at Seneca Landing Special Park. A second phase of the project, which will include accessibility upgrades to improve safety, capacity and enhance accessibility of the existing boat ramp for motorized boats is still to be completed. We recommend if any additional funds be required that they be funded. Team River Runner facilitates two important treatment modalities: exercise and nature.



## Montgomery County Community Action Board's Priorities

County Council HHS Committee Worksession for Boards, Committees, and Commissions  
November 17, 2021  
Lisette Engel, Vice Chair

The Community Action Board thanks the HHS Committee for the opportunity to share its priorities for FY23. We also wish to take the opportunity to thank the Council for its ongoing commitment to lower-income County residents, particularly during the COVID-19 pandemic when so many in our community were and continue to struggle. Your support for rental assistance, child care provider grants, and food assistance helped many of our neighbors avoid serious hardship. As the governing body for the Community Action Agency, we thank the Council for its commitment of ARPA funds to support the agency's free tax assistance program, the VITA program. These funds will be used to provide additional staff support to the program and help to ensure that more community members will receive all of the tax credits for which they are eligible. Furthermore, we recognize that strong support for outreach, direct services at government and nonprofit programs, and coordination among all VITA sites is critical. With the Community Action Agency continuing to serve as the lead for the Montgomery County VITA Partnership, we request ongoing support for the agency to ensure coordination of services throughout the County.

Our board's priorities address some of the challenges that lower-income residents face. Our recommendations will provide additional access and support for those who are struggling to achieve self-sufficiency. We have viewed these priorities through an equity lens with the goal of reducing disparities that exist along socio-economic and racial/ethnic lines. We ask that you consider our recommendations as you craft next year's budget. The Community Action Board stands ready to support your efforts and work side-by-side with you to address the most pressing needs in our community.

### **VITA**

The Community Action Agency's Volunteer Income Tax Assistance (VITA) program has continued to provide free tax preparation services to low-to-middle income County households throughout the pandemic, first as an all-virtual model and currently through a hybrid model. Clients, 82% of whom are non-white, are linked with earned income and child tax credits as

well. For many, these tax credits are the difference between a household falling above or below the poverty line.

Both VITA and tax credits have been longstanding priorities for our board because we know the tremendous positive impact they have on households with lower incomes. There is extensive research linking the EITC and other tax credits to countless positive impacts on families and children. We were thrilled this past year to see the Maryland EITC expanded to more households, including ITIN holders, and to see the increases to the Child Tax Credit. We applaud the County Council for ensuring full funding of the Working Families Income Supplement and expanding the credit to include all filers who qualify for the federal or state EITC.

To ensure that our neighbors receive the newly expanded credits for which they are eligible, it is critical that VITA programs, including the Community Action Agency's year-round program, have the necessary staffing support. The program is currently staffed by just two full-time employees and one contractor. We understand that the County Council previously recommended allocating \$180,000 in ARPA funding to expand VITA services. We strongly recommend that these, or other supplemental funds, be allocated so that the VITA program can continue VITA services for community members who need them.

### **Access to Services and Navigation**

Our board recognizes and appreciates the wide range of services offered in the County, both through the County Government itself and through our numerous nonprofit organizations. These services were a lifeline to so many during the pandemic and continue to provide critical resources to those who are struggling to meet their basic needs. With so many supports available though, we are very concerned about equitable access. We have heard from numerous participants in our board's advocacy training program for lower-income residents, the Community Advocacy Institute, that information about services does not reach everyone in our community and that people are often overwhelmed and confused when applying for services. Even for those who are aware of services, they often do not have the time to travel from office to office applying for different programs. Those with language barriers and those who lack technology are at a particular disadvantage.

To address these barriers, better communications and streamlined access to services are critical. We applaud the DHHS efforts to strengthen access and equity through new 311 HHS brokers, adopting new technology to streamline access, and establishing a navigation working group. We are also very excited about the five new Navigator positions, which are modeled after the successful practices at the TESS Community Action Center. These Navigators will work with the County's Hubs and will link people with critical services in the communities most impacted by COVID. Each Navigator will be equipped with the knowledge, tools, and cultural



competency necessary to connect community members with a wide range of programs. Since these positions are funded by the CARES Act though, they are temporary. We strongly encourage the members of this Committee to explore navigation as an important component of service delivery. We also note that the TESS Community Action Center has utilized two brokers for the past five years in order to meet the needs of Long Branch community members. Five years as brokers is not equitable and we therefore recommend converting these positions to full-time merit staff.

### **Early Childhood Education**

As the governing body for Head Start, along with the Head Start Parents Policy Council, early childhood education is an ongoing priority for the Community Action Board. The pandemic hit both parents and child care providers very hard. Parents, especially those who either lost their jobs or had low-wage jobs that required in-person work, struggled the most. Child care providers struggled to stay in business while continuing to adhere to the strict safety guidelines. Our board thanks the Council for its support of child care providers through the grants program. We recommend continued support for providers and additional support for families who are struggling to pay for high-quality child care. Attention must be given to those areas, particularly lower-income communities, where families do not have access to place-based care. Additionally, comprehensive birth to five services to enable children to enter school ready to learn and reduce opportunity gaps are a necessity.

### **Housing and Utility Expenses**

Affordable housing remains a challenge for too many households. In 2019, even before the COVID-19 pandemic, about half of all renters in the County were “housing cost burdened”, spending more than 30% of their income of housing alone.<sup>1</sup> Families who were protected by the evictions moratorium must now face this reality and determine how they will pay the rent accrued over the last eighteen months.

The Community Action Board applauds the Council’s efforts to protect renters with the COVID-19 Renter Relief Act and other legislation. We encourage the Council to continue to explore rent forgiveness options, rent and utility relief programs, the creation of more affordable housing options, and other policies that will support our neighbors who are struggling to obtain safe and affordable housing.

The Community Action Board thanks the HHS Committee for this opportunity to share our priorities and recommendations. We look forward to working closely with the members of the

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<sup>1</sup> <https://hit.handhousing.org/jurisdictions/montgomery>

Committee in your continued efforts to address the needs of our most vulnerable community members.



## **EARLY CHILDHOOD COORDINATING COUNCIL**

### **Top Policy Priorities Presented to the Health and Human Service Committee of the County Council November 17, 2021**

**Presenter: Dr. Taniesha Woods Myles  
Vice Chair of the ECCC**

The Early Childhood Coordinating Council (ECCC) was established by Bill 13-15 and is Montgomery County's local Early Childhood Advisory Council for the State of Maryland. The ECCC monitors, advocates, and makes policy recommendations for the development of a comprehensive system of early care and education (ECE) in Montgomery County that supports children entering school ready to learn.

The ECCC is comprised of a variety of stakeholders and professionals with expertise in the early childhood field including: County parents, business and foundation representatives, child care providers, local ECE associations' representatives, a pediatric representative, Montgomery County Public Schools (MCPS) staff, Maryland State Department of Education (MSDE) staff, Montgomery County Libraries and County Government representatives. Our collective knowledge and expertise about ECE, the importance of school readiness, and the needs of children and families in Montgomery County allows the ECCC to examine, discuss, problem solve, and provide a comprehensive perspective about early care and education to County officials.

### **2021-2022 ECCC Top Priorities**

The Early Childhood Coordinating Council will advance its mission in FY 22 through a focus on the following priorities:

#### **Priority 1: Mental Health and Social/Emotional Well-being of children, families, and the early childhood workforce**

- Increase public awareness of available resources regarding mental health and social-emotional well-being for children and families.
- Advocate for increased opportunities for training and technical assistance to child care professionals on social-emotional development to address the ongoing impact of the pandemic.
- Support the implementation of a public awareness campaign specifically focused on parents and caregivers.

**Priority 2: Child Care Sustainability and Systems: Integrating a broad approach to the sustainability of child care as an industry, as a workforce, and as a provider of enriching and educational experiences for young children.**

- Develop actionable recommendations that focus on the direct support of child care programs to aid in the industry’s recovery from the economic and enrollment effects of the COVID-19 Pandemic.
- Support the development of a local “LOCATE” service to increase community members’ knowledge about child care options, improve access, and connect families with available child care providers.
- Continue to promote current and alternative pathways for early childhood credentials at Montgomery College and other higher education institutions.
- Provide recommendations and advocate for increased compensation for early childhood educators to create a more sustainable workforce.

**Priority 3: Advocacy: Focusing on communication with MSDE, as well as allowing the ECCC to shift its areas of focus to address a broad range of topics and needs as they come up throughout the year. This will also allow the ECCC to support different groups, projects, and initiatives in the service of building a more comprehensive ECE system. Montgomery Moving Forward (MMF) will be a primary partner of the ECCC on advocacy.**

- Partner with Maryland Family Network and other organizations across the state on the Pritzker funded [Building Better Beginnings \(B3\)](#) prenatal through age three project.
- Advocate for a competency credential and career ladder to allow for more providers to participate in PreK for All as proposed by Kirwan.
- Address licensing regulations revisions, temporary and permanent.
- Advocate for training for regulations revisions.
- Advocate for an equity focus within the early care and education workforce and the children and families served including an intentional focus on engaging families from across the socioeconomic spectrum as well as members from underrepresented communities including Black, Indigenous, and People of Color.



**Interagency Commission on Homelessness (ICH)  
TOP POLICY PRIORITIES FOR FY 22**

**Jeff Goldman, Chair and Ebony Johnson, Co-chair**

The Homeless Continuum of Care (CoC) continues to be severely impacted by the COVID-19. The pandemic has only exacerbated the long-standing struggles of people experiencing homelessness and furthered the racial disparities in housing, eviction rates, and health outcomes. The Continuum of Care and the Interagency Commission (ICH) have successfully responded to health and safety needs of people in congregate shelter facilities and those sleeping outside, maintaining a less than 2% positivity rate throughout the pandemic and a vaccination rate in shelter population of over 40%. In addition to addressing the more immediate needs, the CoC and the ICH remained focused on the goal of making homelessness a rare, brief and one-time only experience by keeping people in their homes and rapidly connecting those without a home to permanent housing. Since March 2020, the CoC has housed more than 800 people exiting homelessness and prevented nearly 8000 evictions. Yet, more resources are needed to ensure continued stability for those in housing and respond to growing number of people entering homelessness for the first time. The ICH recommends the following:

**Long-Term Housing Subsidies**

The Continuum of Care has strategically used federal COVID- related funding to offer short-term rental assistances to household exiting homelessness and those facing eviction. Many of these households are either on a fixed income or low wage jobs. Due to the high housing costs in the area and the bleak economic outlook over the next several years, many households will require a permanent housing subsidy when temporary programs like Rapid Rehousing or COVID Rent Relief support ends. The ICH recommends the following:

- Advocate for a homeless preference from the Housing Opportunities Commission to ensure that households experiencing homelessness are prioritized for federal Housing Choice Vouchers
- Advocate that the Housing Opportunities Commission fill vacancies from the Rent Supplement Program from the homeless Coordinated Entry System.

- Advocate for an increase in the Housing Initiative Fund to meet the growing need for housing for households exiting or with a history of homelessness. Dedicate at least 10% of all newly produced or preserved affordable housing units to households exiting (or with a history) of homelessness.
- Commit \$3 Million in funding for the County Rental Assistance Program. This funding would allow the program to serve 1700 households at the increased rate of \$400 per month.

### **Barriers to Access**

The ICH recognizes that households experiencing homelessness face many barriers to accessing housing. People experiencing homelessness are disproportionately people of color, particularly Black or African American. They are denied housing based on poor credit, criminal backgrounds, and poor rental history which are all exacerbated by structural racism. Unfortunately, the route to investigate these denials is too cumbersome for many individuals. This group recommends the following to address these barriers:

- Support “Just Cause” eviction legislation at the state level
- Advocate the Housing Opportunities Commission follow the guidelines established in the Housing Justice bill around criminal records to determine eligibility for their housing subsidy programs.
- Develop an independent pathway to investigate housing discrimination and illegal practices at housing complexes that is not client driven

### **Development of Deeply Affordable Permanent Housing**

The ICH calls on the County to execute on the opportunity to purchase a hotel portfolio to re-imagine as extremely affordable units or personal living quarters. The biggest barrier to ending homelessness is housing. Many individuals experiencing homelessness have regular income but are unable to find housing that is affordable to them. By providing units at an extremely affordable rate these individuals will be able to self-resolve and end their experience with homelessness. The ICH recommends the following:

- Utilize the \$7 million allocated to the County through the HOME program in addition to Housing Initiative Fund dollars to purchase and renovate a facility for this purpose.



October 28, 2021

The Honorable Gabriel Albornoz  
Chair, Health and Human Services Committee  
Montgomery County Council  
100 Maryland Avenue  
Rockville, MD 20850

Dear Councilmember, Albornoz:

On behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, we want to thank you for the opportunity to present our policy priorities for fiscal year 2022. As an independent group of volunteer professionals and community leaders who advocate for activities and policies that promote and enhance the well-being of Montgomery County Latinos, the LHSC presents these policy priorities for FY22, reflecting the priorities of the *Blueprint for Latino Health in Montgomery County, Maryland 2017-2026* and our shared commitment to improving the health and wellbeing of Latinos across the County:

**1. Maintain supports to curtail the impact of the COVID-19 pandemic in the Latino community**

The COVID-19 pandemic has had, and will continue to have, a devastating impact on the health, wellness, and economic well-being of County Latinos. We applaud Montgomery County Government's response to address these issues through the allocation of resources to support programs that help feed our families, offer financial supports, and enhance access to existing services. We are especially grateful for the funds allocated to the Por Nuestra Salud y Bienestar (PNSYB) Initiative that has so successfully delivered COVID-19 prevention, education, testing, vaccination, and support services to County Latinos.

We urge Montgomery County to continue to allocate necessary funding to maintain the efforts of PNSYB, while also supporting vital rental assistance and food distribution programs, amongst others. Applying key lessons learned from the COVID-19 pandemic not only will prevent and properly manage future outbreaks and epidemics but will also help address health disparities among Latinos in the County.

**2. Expand the scope and impact of the Latino Health Initiative**

The resounding success of the Por Nuestra Salud y Bienestar Initiative demonstrates the organizing power and capacity of the Latino Health Initiative (LHI) and relationships they've developed and facilitated over the years with the LHSC, its member agencies, and various community partners. LHI's leadership in developing partnerships to address service gaps during the pandemic saved lives.

Nevertheless, disparities in health, access, income, and educational attainment will endure past the current pandemic and will undermine our shared vision for equity and racial and social justice in the County. We need to build upon the lessons learned from this highly impactful cross-agency, public-private partnership to strengthen the impact of the LHI. It is critical that LHI's scope is expanded in order to leverage institutional knowledge and develop service intervention strategies to effectively respond to complex community needs.

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**Latino Health Steering Committee of Montgomery County**

8630 Fenton Street, 10<sup>th</sup> Floor • Silver Spring, Maryland 20910 • 240-777-1779; Fax: 240-777-3501

**3. Increase the number of Latinos serving in decision-making positions in the Department of Health and Human Services and other County Agencies**

Proportional representation of Latinos at all levels of the County’s workforce continues to be a significant shortcoming that hinders the County’s ability to develop and deliver culturally competent programs and services that are responsive to diverse community needs.

Without diverse constituents’ backgrounds reflected in decision-making bodies, the decision-making process is handicapped, limiting outcomes for all. Having highly qualified Latinos who understand our community, within the highest levels of the County government is essential for the development and execution of sound policies and strategies aimed at achieving social justice, inclusion, and equity.

The support of the HHS Committee to provide necessary resources and policy perspectives will be important to continuing our joint work to achieve equity and social justice for the most vulnerable populations in our County.

Sincerely,



Michelle LaRue, M.D.  
Co-Chair, LHSC  
Latino Health Steering Committee



Olivia Carter-Pokras, Ph.D.  
Co-Chair, LHSC  
Latino Health Steering Committee

- C: Latino Health Steering Committee Members
- Rich Madaleno, Chief Administrative Officer, Montgomery County
- Dr. Raymond Crowel, Director, Montgomery County DHHS
- Paola Fernan-Zegarra, Acting Senior Manager Latino Health Initiative Montgomery County DHHS





## Mental Health Advisory Committee's Top Priorities FY-22

The Montgomery County Mental Health Advisory Committee (MHAC) is committed to working collaboratively with our community partners to monitor, advise, and advocate for a comprehensive mental health system of care for Montgomery County residents. We appreciate the support of County Executive Marc Elrich and the County Council, especially the HHS committee which includes Councilmen Alborno, Glass, and Rice, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-22 for which two subcommittees will be organized:

1. *Improve the County's Crisis Services*: The MHAC will continue its focus to improve the crisis response system in Montgomery County.

The MHAC thanks the County Executive and County Council for increased funding it has provided for the county's mobile crisis services in the past two years. In that time, the county has provided funding to increase the number of mobile crisis teams that operate throughout the county from one team to six teams operating 24/7. Most recently, the county's FY 2022 budget has added more than \$600 thousand in new funding to expand the number of mobile crisis teams in the county. The county is also working to improve the efficiency of the county's mobile crisis teams, through operational changes and by restructuring the teams. Operationally, the county has been working to develop new policies governing how the county's mobile crisis teams are deployed, including by eliminating the requirement that the teams wait until police officers are present before responding to a crisis when it is safe to do so and by evaluating the types of data that we collect when the teams respond to calls. And we fully support the county's plans to restructure the mobile crisis teams, which currently consist of two licensed therapists, to include one licensed therapist and one peer support specialist.

In the coming year, the Crisis Services Subcommittee plans to continue to monitor the hiring for these new positions and implementation of these new policies. In particular, we urge the county to prioritize hiring providers and peer support specialists with diverse cultural backgrounds that reflect the communities in which they will be serving, and in particular we urge the county to prioritize bilingual and multilingual candidates.

The Crisis Services Subcommittee also urges the County Executive and County Council to direct funding to build a state-of-the-art **Restoration Center**, a facility that provides 24/7 urgent mental health care, crisis stabilization, referral, and treatment services, among other things. This facility has been established in other jurisdictions as a best practice in responding to mental health and other crises and providing an alternative to the Emergency Department for individuals without emergent medical needs. We believe that such a center would ultimately be a cost-saving measure for the county by reducing the need for more costly interventions, including reducing the burden on police, fire and rescue, emergency departments, jails, and prisons.

In addition, we recommend the County Executive and County Council promote and support Mobile Response and Stabilization Services (MRSS), a national best practice to address crises, maintain children in a family-setting in the community, and reduce utilization of emergency departments, inpatient hospitals, and residential treatment. MRSS is critically needed to prevent future crises; reduce involvement with law enforcement, particularly for children and youth who are Black, Indigenous, and People of Color; provide care in the least restrictive environment appropriate to clinical needs; and maintain children safely at home and in the

community. In 2013, the Centers for Medicare and Medicaid Service (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA) endorsed Mobile Response and Stabilization Services as an essential service for consideration within a children's behavioral health continuum.

<https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/CIB-05-07-2013.pdf> In September 2018, the National Association of State Mental Health Program Directors acknowledged Mobile Response and Stabilization Services as a core element within a children's crisis continuum of care. [https://nasmhpd.org/sites/default/files/TACPaper8\\_ChildrensCrisisContinuumofCare\\_508C.pdf](https://nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf).

We also recommend the County Executive and County Council fund the other recommended improvements highlighted in the Crisis Now Grant Proposal, including **technological improvements and expansion of the Crisis Center's hotline** and the **Montgomery County Hotline operated by EveryMind, studying how 911 calls can be directed to mobile crisis, and working with the state to plan for the roll out of 988**. It is our belief that the funding and integration of a single call line for behavioral health calls, such as 988, is critical to getting individuals in crisis the response needed in a timely fashion by reducing the need for multiple transfers before someone speaks to a behavioral health professional. Any expansion of crisis response services will have only a limited effect if it is not accompanied by robust **follow-up care** and **case management** to ensure people are linked with ongoing mental health services and other supports that will address the needs that led to them experiencing a crisis in the first place.

## 2. *Environmental Impacts on Mental Health and Resilience*

As the ongoing coronavirus pandemic has made clear, continued access to quality mental health services during a state of emergency is critically important. Yet, ensuring access to these services during a state of emergency requires substantial planning and resources. The growing threat of climate change is likely to present its own unique challenges to ensure county residents have access to mental health services. Accordingly, we recommend the county take steps to include a mental-health component to its plans to address climate change.

On December 5, 2017, Montgomery County was the first county in the country to adopt a **climate emergency** resolution. This affirmed the county's understanding and commitment to the threat of global warming. Since then, County Executive Marc Elrich set carbon reduction goals of 80% by 2027 and 100% by 2035. The County also established five work groups to examine how best to meet these goals and invested in a consultant to develop the Climate Action Plan (CAP). The resulting plan has adopted a **health frame** that highlights health co-benefits of a green economy and other mitigation and adaptation efforts. This frame gives our community the motivation to act now and feel the benefits now and well into the future. The health frame should also highlight the related mental health co-benefits of the proposed policy changes.

Similarly, while many agencies have been involved in this planning process, it has not included a representative for Behavioral Health and Crisis Services. Yet, ensuring adequate funding for and access to quality mental health services, which will promote residents' health, wellbeing, and resilience, should be included as a critical element of any climate change response plan.

### Priority Focus Areas

- Recommend the inclusion of a mental-health representative to the CAP and Department of Environmental Protection work group and other related meetings, to report back to MHAC, ensuring mental health services are adequately represented in county climate change plans.
- Recommend that the county expand the health frame to include mental health and request the development of research-based recommendations related to crisis situations and ways to build community resilience before, during, and after crisis events as part of our preparedness efforts.
- MHAC will actively partner with environmental groups and other committees working to address climate change to raise awareness of the growing body of research linking climate change to mental health concerns.

- Partner with Montgomery County Public Schools to ensure mental health is included in climate change, environment, and preparedness activities.
- Recommend inclusion of the MHAC in county-sponsored climate change and emergency preparedness events to educate the public more broadly.

Other Priority Areas: Investigation, Participation, and Support

- *Suicide Prevention:* The MHAC continue to participate in the countywide Suicide Prevention coalition's weekly suicide prevention discussions and activities. That coalition includes representatives from several of the county's Boards, Commissions, and Committees, county agencies, nonprofit organizations, providers, and people with lived experience with mental illness. MHAC members attend these calls and participate on all three subcommittees: youth, adults, and aging adults. MHAC members participating in this work will continue to report back to the MHAC on the coalition's activities and will facilitate any combined efforts between the MHAC and coalition.
- *Residential Services:* The MHAC will research and investigate Montgomery County residential services to determine accessibility, availability, and other factors that may impact those in need of residential care.



**HHS Committee Breakfast with the DHHS BCC's  
Montgomery Cares Advisory Board  
Position Statement  
November 15, 2021**



**Overview**

The Montgomery Cares Advisory Board (MCAB) provides guidance to the County Executive and County Council, which financially and operationally support the health care safety net for uninsured, low-income residents of Montgomery County. The MCAB is focused on ensuring that with the support of our essential partners, including the Primary Care Coalition, the area hospitals, the County DHHS, and the exceptional capabilities of the clinics themselves, the provider network is strong, costs are minimized, and efforts are taken to acquire new resources to ensure that needy County residents receive high quality primary care services.

In Fiscal Year 2021, the MCAB focused on programmatic gaps, budgetary concerns and monitoring the current COVID-19 pandemic effect on residents accessing care. The MCAB continues to focus on its scope and mission covering programs of the Health Care for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health Care for the Homeless, as well as the Montgomery Cares program. We are in a time of health-care transformation where activities focus on improvements in coordinated and continuity of care.

**Policy Priorities**

The Montgomery Cares Advisory Board has identified specific priorities for each program however the following are the overarching goals that will guide the Board in FY22:

- 1. Support the acquisition of necessary resources for value-based care.** A successful transition to value-based care as a best practice and service delivery will require additional investments in resources to cover costs and support increased clinical and behavioral care services, robust case management, data analytics, and care outcome quality measurement/improvement across the safety net. Transitioning to value-based care for primary care, dental and Care for Kids services can be successfully achieved only with the requisite additional resources and administrative support.
- 2. Support collaboration between County dental services, private dental care agencies, general and specialty dental providers, and dental labs.** Develop a collaborative sharing approach to expand the scope of care and increase access and scope of care for the uninsured, underinsured and low-income population in Montgomery County. This will promote appropriate communication pathways, integrated coordination and workflows to leverage the capabilities of dental safety net providers in the county.

MCAB's ability to effectively advise the County Executive and Council on these critical policy issues is directly impacted by the challenges we have faced in timely posting and recruiting MCAB members and maintaining a full and active board membership.

MCAB plans to implement these priorities with a mindset of prevention. By effective interventions and strategies delivered within an array of settings, we can introduce messages and programs aimed at preventing or delaying access to care.



## VICTIM SERVICES ADVISORY BOARD

*Montgomery County Council  
Health and Human Services Committee  
Work Session on Policy Issues*

Date: 11/15/2021

B/C/C Victim Services Advisory Board (VSAB)

B/C/C Representatives: Kathryn Pontzer and Juanita Rogers

The Victim Services Advisory Board (VSAB) identifies the needs of crime victims and, on an annual basis, recommends funding priorities to meet these needs. Thank you for allowing us to serve.

Like everything else over the past year or more, this year's initiatives and priorities continue to be informed by the COVID-19 pandemic. Largely driven by the pandemic crisis, the demand for help from HHS Trauma Services has escalated. During the beginning of the pandemic, the program saw a 91% increase in service requests. For FY 21 and the beginning of FY22, the program has received 2,387 such requests. The severity of cases has become more critical, with an increase in homicides, domestic violence, sexual violence, and more reports of strangulations. In 2021, the County has experienced a record number of 27 homicides to date. Trauma services has provided help to 31 individual surviving family members.

### **Policy Issue #1: Ensure HHS Trauma Services is Fully Staffed to Meet the Community's Needs**

VSAB continues to study and assess the needs of HHS Trauma Services. Our research has shown that the program needs staffing assistance to keep up with the rise in crime and the community's demands. Enhancing the staffing levels and resources at Trauma Services has been a priority for VSAB for the past few years. VSAB is asking for additional staff and staffing adjustments to provide needed therapy, victim advocacy, and to build an intake unit. The overall goal of Trauma Services should be to meet the needs of our community. For too long, individuals have been required to fit into preexisting programs that may not meet their needs. We must design programs to ensure the County is partnering better across programs. Now, more than ever before, the increase in crime demands a more crisis-focused and timely delivery system.

Trauma Services is staffed with therapists and victim assistants. Specifically, when working with crime victims, the therapists' scope of work includes clinical intake, therapy, and case management. Therapists carry additional responsibilities too, including training and monitoring volunteers who assist sexual assault and IPV (intimate partner violence/domestic violence) victims at hospitals. Three additional therapist positions are needed to respond adequately to the substantial demand for counseling stemming from the increase in community crime. The therapists currently maintain caseloads of 30-40 people, necessitating their seeing 6-8 victims daily. This schedule leaves them very little time to maintain their clinical paperwork, document their work, perform intakes, and keep up with the other responsibilities that accompany the job.

Trauma Services also needs to convert two existing grant-funded part-time positions to full-time merit positions for victim assistants (VAs) to staff the local Circuit and District Courts in Rockville and Silver Spring, where victims seek immediate assistance. VAs play a vital role in helping crime victims. Trauma Services VAs are different from other VAs in the County, because they are independent of the criminal justice system. Trauma Services VAs assist crime victims in filing peace and protective orders, hold "court school" to educate victims about what to expect when they come into court, accompany victims during criminal trials, help with victim impact statements and requests for family emergency maintenance, attend show cause hearings for DV (domestic violence) offenders, and connect victims to needed community resources and programs.

Department of Health and Human Services

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Trauma Services VAs are unique because they process County crime victim compensation cases and serve as the liaison for the State's Criminal Injuries Compensation Board (CICB). To restore a crime victim to a pre-crime level of functioning, it is important to provide them compensation to reimburse their financial losses to the best of the County's and the State's ability. These claims help pay for medical bills, lost wages, funeral expenses, and property losses for income-eligible crime victims.

Past budget cuts have impacted VAs in adverse ways, placing additional burdens on them, which has in turn caused a delay in processing compensation claims, to the detriment of crime victims. This unfortunate trend is arising when need is growing. In FY21, the program received 1887 intake requests. For the first three months of FY22, the program has already received 500 intakes. The number of intakes has continued to increase. The establishment of an intake unit would relieve the current therapists and VAs of their intake duties, allowing them to focus on therapy and victim advocacy responsibilities, helping the entire system work more efficiently and effectively.

### **Policy Issue #2: Increase Access to Housing for Victims of Domestic Violence**

Funding one-year bridge housing and creating a system for prioritizing Intimate Partner Violence (IPV) victims' access to long-term housing has been a top priority for VSAB since FY 2014. VSAB was instrumental in obtaining bridge housing with case management services at two Fleet Street properties until lead was discovered there, requiring the houses to be shut down. The properties now have been repurposed and are not earmarked for IPV victims.

The County needs to establish a plan to ensure safe, one-year bridge housing to end homelessness for IPV victims so that they can become self-sufficient survivors. Many survivors of domestic violence who are discharged from the Betty Ann Krahnke (BAK) shelter after the maximum 60-day stay there often need additional time to resolve their housing issues. They require assistance, through supportive case management services, to prepare to live independently. This one-year transition program can help break the cycle of violence and dependency, afford victims time to build needed life skills (e.g. GED/education, vocational training, parenting classes), provide increased trauma recovery and empowerment, and give survivors time to identify and secure appropriate long-term housing.

IPV victims leaving BAK often do not qualify for or receive priority for transitional and permanent low-cost housing. They face an average wait time for housing vouchers of two to five years. Moreover, when using the Vulnerability Index (VI-SPDAT), a widely recognized tool for determining the need for housing assistance in Montgomery County, IPV victims receive just a one-point priority. Moreover, some victims have not qualified for the Rapid Rehousing Services due to lack of stable employment, poor credit, or a criminal record. Changing the County's existing policy concerning IPV victims and the VI-SPDAT point system would help to close the service gap between those discharged from BAK and those that qualify for County housing assistance. The BAK Center has determined that only 2% of FY21 discharge clients receive Rapid Rehousing services. VSAB is encouraged by the County's FY21 Operating Budget, which expanded the number of slots available in the Rapid Rehousing Program, including slots specifically designated for people fleeing domestic violence. However, funding for crucial case management services that specialize in domestic violence is still needed.

Finally, VSAB has requested that the Interagency Commission on Homelessness (ICH) provide guidance for applicants who wish to obtain DV bonus funding from the U.S. Department of Housing and Urban Development (HUD) as part of the Continuum of Care (CoC) grants. We are encouraged to see that Montgomery County is eligible to receive \$671,010 for a DV Bonus Project as part of the CoC 2021 Competition. We will monitor the success of this project for potential expansion with County funding.

### **Respond to Other Areas of Service Needs**

VSAB continues to assess a wide range of service needs of crime victims in the County. Among these are the needs to: increase the availability of and reimbursement for medical forensic exams for IPV victims; change the law applying to the victim compensation fund, expanding the amount given to victims from the \$2,500.00 established in 1988 to \$5,000.00; restore the Community Educator position in HHS Trauma Services; provide a better transportation option for individuals traveling to and from the Crisis Center; and better understand and respond to the service needs of victims of human trafficking, increased gun violence, and gang activity in the County.