Committee: HHS
Committee Review: Completed
Staff: Linda McMillan, Senior Legislative Analyst
Vivian Yao, Legislative Analyst
Purpose: To make preliminary decisions – straw vote expected
Keywords: DHHS

AGENDA ITEM #29
May 12, 2021
Worksession

Montgomery
County Council

SUBJECT

FY22 Operating Budget: Department of Health and Human Services (HHS Committee); Early Care and Education Services and Children's Opportunity Fund NDA (Joint HHS and E&C Committee)

EXPECTED ATTENDEES

Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Victoria Buckland, Chief Operating Officer, DHHS
Dr. Odile Brunetto, Chief, Aging and Disability Services, DHHS
Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services
JoAnn Barnes, Chief, Children, Youth, and Family Services
Dr. Travis Gayles, Chief, Public Health Services and County Health Officer
Amanda Harris, Chief, Services to End and Prevent Homelessness
Mark Hodge, Special Assistance to the Chief Operating Officer
Jason Rundell, Management and Budget, DHHS
Lindsey Lucas, Office of Management and Budget
Deborah Lambert, Office of Management and Budget

FY22 COUNTY EXECUTIVE RECOMMENDATION

Health and Human Services	FY21 Approved	FY22 CE Recommended	Change from FY21 Approved
General Fund	**$251,454,732**	**$270,248,743**	**7.5%**
Personnel Costs	$135,280,688 1,263.48 FTEs	$142,012,663 1,305.65 FTEs	5.0% 42.17 FTEs
Operating Costs	$116,174,044	$128,236,080	10.4%
Grant Fund	**$87,397,321**	**$88,553,508**	**1.3%**
Personnel Costs	$49,547,462 451.01 FTEs	$48,414,451 459.09 FTEs	(2.3%) 8.08 FTEs
Operating Costs	$37,849,859	$40,139,057	6.1%
Total Expenditures (All Funds)	**$338,852,053 1714.49 FTEs**	**$358,802,251 1,764.74 FTEs**	**5.9% 2.9%**

COMMITTEE RECOMMENDATIONS (HHS COMMITTEE)

- Inflationary Increase to Eligible Non-Profit Service Provider Contracts (memo pages 3-5):

    - Add $740,417 to the Category #3 list to provide and additional 1.5% adjustment to eligible non-profit contracts for a total adjustment of 3%. The Executive included a 1.5% adjustment in his budget.

    - Add a Category #3 item to provide a 3% increase to the contract for the African American Health Program. At the time of the Committee session the estimate was $40,000. Council staff has confirmed that amount needed is $43,169.

    - Add a $72,000 Category #3 item to provide a 3% adjustment to non-profit contracts in the Departments of Recreation and Housing and Community Affairs and domestic violence contracts in the Sheriff's Office that would meet the criteria for an adjustment if they were administered by DHHS. Council staff is working to refine this estimate as the $72,000 suggested by NonProfit Montgomery was not based on a specific list of contracts.

    - The Committee thanks all the County's non-profit partners for their critical work during the pandemic as the response could not be provided by government alone.

- Inflationary Increase to Developmental Disabilities Supplement and CE Recommended Budget Adjustment (memo pages 5-8):

    - Approve the Executive's recommended amendment of $323,368 that was inadvertently left out of the March budget.

    - Add four Category #3 items to provide options for fully funding the request from InterACC/DD: (1) add $268,314 to provide an additional 1.5% adjustment (total 3%) consistent with the recommendation for non-profit contracts; (2) add $200,000 to increase the total amount available for allocation in recognition that new providers are eligible; (3) add $250,895 as the first tranche of remaining funds needed to reach InterACC/DD full request of $19.1 million; (4) add $250,894 as the second tranche of funding needed to reach full InterACC/DD request.

    - The Committee acknowledged the very difficult work performed by these organizations during the pandemic to care for vulnerable residents at a time when some residents contracted COVID and some staff and their family members were also being impacted by the disease.

- Inflationary Adjustment to Adult Medical Day Care Provider Supplement (memo pages 8-9):

    - Add $9,765 to provide an additional 1.5% increase (total 3%) adjustment.

    - Add funding to Category #1 to use ARPA funds to create a one-time grant program to support the reopening and recovery of the organizations and the centers (amount to be determined).

    - The Committee discussed the importance of these programs to support families who want to continue to have their family member/loved one live with them and that the pandemic has highlighted the need for options for people who do not want to use a nursing home or congregate facility. These organizations are also language and culturally diverse in their support for residents.

- Funding to Support Services at Eight Service Consolidation Hubs (memo pages 9-13):

    - Approve the Executive's funding of $3.6 million for operating cost associated with the Hubs. Approved the Executive's recommended use of ARPA funding for this purpose.

    - Agree with the allocation of the $3.6 million as described on page 12 of the memo. This provides a base allocation to each Hub (for staff and operating – it does not have to be used for food purchases). It provides additional funding to Black Rock for the service to Montgomery Village/Damascus, funds for case management across the Hubs, a new position in DHHS to focus on coordinating the work of the Hubs, and some unallocated funding for issues that change during the year. It was also discussed that Black Rock Hub needs to relocate so the Theatre can reopen but those costs will be addressed separately.

    - The Committee, joined by Councilmember Navarro, discussed the extraordinary work of the Hubs and their ability to responds to the needs of each community that is being served. Discussed the long-term planning for the post-pandemic work of the Hubs.

- MARBIDCO Maryland Market Money Program (memo page 13): Add a $50,200 to increase the contract for the MMM program to $125,200. The Committee heard from OMB that the Executive supports this program and included $75,000 in the budget but did not get the request for additional funds in time. Committee recommends that with is increased funds, effort be made to markets in more communities throughout the County.

- Create Three Mobile Crisis Outreach Teams (MCOTs) and Annualize Cost of Six Therapist II Positions Approved in FY21 (memo pages 13-14): Recommend approval of six new positions that will create another three MCOTs ($521,140) that along with the six positions approved by the Council in FY21 will create six new MCOTs (annual cost of FY21 positions $658,996). Received update that three of the FY21 positions are on board, two others have been selected, and there are candidates for the remaining position. Will continue to have updates with the Public Safety Committee on this issue and the implementation of the Crisis Now model. Clarified that DHHS is first enhancing response in Silver Spring but also expects to base a team in the Germantown/Gaithersburg area and continue to base teams from Rockville.

- DHHS Call Center to Handle Tier 2 Calls from MC311 and Address Call Volume as a Result of COVID Pandemic (memo pages 15-18): Approve the Executive's recommended funding of $635,708 to establish a call center to better respond to Tier II calls received from MC311 and other calls received by the department. Noted that there are currently several call centers including the Food Access Call Center and Public Health helpline. Contractors will be used so the model can be adjusted. Discussed the importance of coordination with MC311 and agreed that future meetings will be scheduled for the Joint HHS and GO Committee.

- Mobile Health Clinic (memo pages 18-21):

    - Recommend approval of the $620,859 in the DHHS budget for staff and operating this mobile clinic and agreed with the use of ARPA funds. Discussed the importance of using this resource to address health disparities and reach communities throughout the county. Discussed the range of services that may be provided.

- Recommend $500,000 be added to Category #1 to retain ARPA funding for the continued cost of the mobile health clinic in FY23. This will help with the eventual need to transition to the use of general funds.

- Healthcare for the Homeless: (1) Care for Kids, (2) Montgomery Cares, (3) County Dental Program, (4) Healthcare for the Homeless (memo pages 21-28):

  - For Care for Kids add $65, 574 to the Category #3 list to fund a Client Service Specialist and $65,574 to the Category #3 list to fund a Medical Assistant Case Manager for the Care for Kids Program. Add a $100,000 Category #3 item to increase the funding for medical providers. These increases will assist with current workload and in preparing for new migrant and asylum-seeking children.

  - For the Montgomery Cares program, add $65,000 to Category #3 for ensuring the availability of interpretation services that are compatible with telehealth technologies; $63,100 to Category #3 to increase the funds needed to maintain the current number of psychiatric consultation hours; and a $100,000 Category #3 item to increase funding for Specialty Care. Add a $122,000 item to Category #2 to increase the funding for Specialty Care should additional funds become available during FY22.

  - For County Dental Services add $125,000 to Category #3 in two tranches of $75,000 and $50,000 to provide funds for DHHS to adjust pay rates to attract and maintain contractual staff. Add $250,000 to Category #3 to implement a targeted school based dental program. Councilmember Rice requested the Committee recommend this level of enhanced funding because of the importance of dental health as a part of total health and that many children may not have gotten regular dental care during this last year because of the pandemic.

  - For Healthcare for the Homeless ad $75,000 to Category #3 for a psychiatric discharge planner. DHHS works to make sure that homeless individuals have an appropriate plan of care when they are being discharged from a hospital or other health facility. These cases are very complex. Additional resource will assist with the discharge of people hospitalized for a psychiatric condition.

  - Add $500,000 to Category #1 to allocated ARPA funds to address issues of deferred care and recovery efforts.

- Homeless Court Docket Program (memo pages 28-29): Recommend approval of $100,000 to start a community-based resolution for certain misdemeanors where the defendant is homeless or formerly homeless. This is an effort avoid a criminal record which can be a barrier to housing and jobs. Partnership with the State's Attorney and Public Defender's Offices. Requested a written update by October 1 and will convene a session to review it and the full report on Decriminalizing Homelessness.

- Volunteer Income Tax Assistance Program (memo pages 30-31): Recommend adding $180,000 to Category #1 to use ARPA funds to expand VITA and other tax preparation and outreach services. Councilmember Glass requested the Committee recommend enhanced because tax filings will be more complicated and the importance of filing accurately to qualify for the EITC and WFIS. Currently all appointments are filled until June.

- Social Isolation of Seniors (memo pages 31-32): Recommend adding $125,000 to Category #2 to fund efforts to address the social isolation of seniors, including the use of inter-generational programs. Councilmember Albornoz requested the Committee recommend this funding given the impacts of isolation experienced during the pandemic. The Committee agreed to schedule a future session on this issue.

- Restore Items Previously Rejected by Council in FY21 Savings Plans: (1) Reduction to Residential Rehabilitation Supplement, (2) African American Health Program, (3) Asian American Health Program (memo page 32): Add $320,174 to Category #3 to restore the Executive's reduction to the Residential Rehabilitation Supplement; $32,511 to restore the Executive's recommended reduction to the Asian American Health Initiative; and, $54,915 to restore the Executive's reduction to the African American Health Program. These reductions were previously rejected by the Council during the FY21 Savings Plans.

- "Consent" Items including Community Grants to Base (memo pages 32-34): The Committee recommends approval of these items which include things such as compensation and centrally adjusted costs, annualizations of programs funded in FY21, and the shifting of contracts from Community Grants to the DHHS base budget.

- Kresge Grant (memo pages 34-38): Recommend approval of the reduction in grant funds ($750,000) due to the ending of this grant during FY22. Reviewed the work of the Governance Committee and East County Regional Center to connect residents with services and the importance of this work in the evolution of the Service Consolidation Hubs in Germantown and the East County

- Adult Protective Services, Escorted Transportation, and Comments from Commission on Aging (memo pages 38-39): Recommend approval of the $82,057 recommended for an additional position in Adult Protective Services. Discussed the State's ending of the MOU between the State and the County regarding the inspection of nursing homes. The DHHS budget retains the current positions so there is no need for a budget action. The Committee will return after budget to discuss options that County may have to continue its important role in maintain the quality of these facilities.

- Innovations in Telehealth: Add $250,000 to the Category #1 list to fund innovations in telehealth that can increase access to healthcare and reduce disparities. The Committee held a worksession with Mary's Center to learn about their experience with telehealth including behavioral health, prenatal care, and potentially certain dental care. Discussed potential for collaboration with health care for the homeless and formerly homeless.

COMMITTEE RECOMMENDATIONS (JOINT HHS AND E&C COMMITTEE)

- Seneca Valley High School Wellness Center (memo pages 29-30): Recommend approval for the Executive's budget amendment of $1,142,397 and 4.88 FTEs to open this Wellness Center. Committee discussed the critical nature of these services.

- Early Care and Education Services NDA (memo pages 40-45): The Joint Committee recommends approval of the Executive's recommendations for the Early Care and Education NDA including a $5 million increase. The Joint Committee recommended the proposed budget for the Child Case Subsidies program including the anticipated contribution to the program from the ECE NDA. The

Joint Committee also concurred with the Executive on recommended adjustment to the Early Childhood Services program including an increase of $442,000 for translation services for Infants and Toddlers families and $50,000 to maintain in-home services for vulnerable young children. The Joint Committee emphasized the need to expand these critical services and request follow-up to discuss future expansion and technology enhancements for outreach and planning.

- Children's Opportunity Fund NDA (memo pages 45-46): The Joint Committee recommends the Executive's recommendation of $375,000 for the NDA and $255,000 in the DHHS Children, Youth, and Family budget. The Committee reviewed recent fundraising and grant making activity.

SUMMARY OF KEY ISSUES

- DHHS has been at the center of COVID response and the Executive's recommendation for FY22 includes several increases that continue changes that have taken place, such as the consolidated service hubs, and the change to year-round emergency shelter with the ability to distance. However, during FY21 these and many other efforts had to be undertaken through emergency procurements and increased spending above the FY21 approved level. There are costs that are FEMA reimbursable or that may be funded with federal or state aid. They are accounted for as expenditures and revenues in the General Fund. There is no action that needs to be taken by the Council at this time, this is provided for the Committee's information.

This report contains:

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M E M O R A N D U M

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst
             Vivian Yao, Legislative Analyst

SUBJECT: FY22 Recommended Operating Budget: Department of Health and Human
            Services and Early Care and Education NDA and Children's Opportunity Fund

PURPOSE: Worksession; vote expected

Expected for this session:
Dr. Raymond Crowel, Director, Department of Health and Human Services (DHHS)
Victoria Buckland, Chief Operating Officer, DHHS
Dr. Odile Brunetto, Chief, Aging and Disability Services, DHHS
Dr. Rolando Santiago, Chief, Behavioral Health and Crisis Services
JoAnn Barnes, Chief, Children, Youth, and Family Services
Dr. Travis Gayles, Chief, Public Health Services and County Health Officer
Amanda Harris, Chief, Services to End and Prevent Homelessness
Mark Hodge, Special Assistance to the Chief Operating Officer
Jason Rundell, Management and Budget, DHHS
Lindsey Lucas, Office of Management and Budget
Deborah Lambert, Office of Management and Budget

Summary of FY22 Recommended Budget

Health and Human Services	FY21 Approved	FY22 CE Recommended	Change from FY21 Approved
General Fund	**$251,454,732**	**$270,248,743**	**7.5%**
Personnel Costs	$135,280,688 1,263.48 FTEs	$142,012,663 1,305.65 FTEs	5.0% 42.17 FTEs
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Total Expenditures (All Funds)	**$338,852,053 1714.49 FTEs**	**$358,802,251 1,764.74 FTEs**	**5.9% 2.9%**

FY21 Estimate

DHHS has been at the center of COVID response and the Executive's recommendation for FY22 includes several increases that continue changes that have taken place, such as the consolidated service hubs, and the change to year-round emergency shelter with the ability to distance. However, during FY21 these and many other efforts had to be undertaken through emergency procurements and increased spending above the FY21 approved level. There are costs that are FEMA reimbursable or that may be funded with federal or state aid. They are accounted for as expenditures and revenues in the General Fund. There is no action that needs to be taken by the Council at this time, this is provided for the Committee's information.

DISCUSSION ISSUES

This memo contains the HHS Committee discussion and recommendations for the following issues:

1. Background Only - Information on Minimum Wage
2. Inflationary Increase to Eligible Non-Profit Service Provider Contracts
3. Inflationary Increase to Developmental Disabilities Supplement
4. Inflationary Adjustment to Adult Medical Day Care Provider Supplement
5. Funding to Support Services at Eight Service Consolidation Hubs
6. MARBIDCO Market Money
7. Create Three Mobile Crisis Outreach Teams and Annualize Cost of Six Therapist II Positions Approved in FY21
8. DHHS Call Center to Handle Tier 2 Calls from MC311 and Address Call Volume as a Result of COVID Pandemic
9. Mobile Health Clinic
10. Healthcare for the Homeless: (A) Care for Kids, (B) Montgomery Cares, (C) Maternity Partnership, (D) County Dental Program, (E) Healthcare for the Homeless, (F) Request for APRA funds to meet recovery needs
11. Homeless Court Docket Program
12. Seneca Valley High School Wellness Center
13. Volunteer Income Tax Assistance Program
14. Social Isolation in Seniors
15. Restore Items Previously Rejected by Council in FY21 Savings Plans: (A) Reduction to Residential Rehabilitation Supplement, (B) African American Health Program, (C) Asian American Health Program
16. "Consent" Items including Community Grants to Base
17. Kresge Grant – outcomes and end to grant during FY22
18. Adult Protective Services, Escorted Transportation, and Comments from Commission on Aging
19. Innovations in Telehealth
20. Early Care and Education Services including Early Care and Education NDA, Child Care Subsidies, and Early Childhood Services
21. Children's Opportunity Fund NDA

1. Background – Changes in Minimum Wage

The Council has received testimony for the first three discussion items that urge the Council to provide additional funding beyond that recommended by the County Executive. Most often, this testimony cites the increase in the County's minimum wage. As background, the following table provides a reference to the minimum wage. In Montgomery County, a 501(c)(3), certain "home health services" and "home or community-based services" that receive 75% or more of revenue from Medicaid are classified as "mid-size" even if they have 51 or more employees.

Effective	MoCo Large	MoCo Mid-size	MoCo Small	Maryland	Maryland	Federal
	51+ employees	incl. non-profits	10 or less emp	15+ emp	14 or less emp	
July 1, 2019	$ 13.00	$ 12.50	$ 12.50	$ 10.10	$ 10.10	$ 7.25
July 1, 2020	$ 14.00	$ 13.25	$ 13.00	$ 11.00	$ 11.00	$ 7.25
July 1, 2021	$ 15.00	$ 14.00	$ 13.50	$ 11.75	$ 11.60	$ 7.25

Percent change for Mid-Size/Non-Profits

2019 to 2020	6.0%
2020 to 2021	5.7%
2019 to 2021	12.0%

Council staff comments on minimum wage increase:

There are a wide range of contracts administered by DHHS and the percentage of any contract that is personnel cost can vary significantly, so no assumption can be made about the impact on all contracts.

Contractors are allowed to revise their budgets and make adjustments to work within the dollars that are allocated. The impact of these choices can vary.

Non-profit organizations leverage fundraising and other sources for their overall operations and costs – this is not to say that the County should not adjust funding as costs change, only that there is often more than one source of funding coming into an organization for a program.

2. Inflationary Increase to Eligible Non-Profit Contracts: $740,417 (1.5%)

Each year, the HHS Committee and Council consider an adjustment to eligible non-profit and other contracts that are in the base budget of DHHS and certain contracts in the base budget of the Department of Housing and Community Affairs for homeless services. The contracts would otherwise remain level funded unless a specific increase was recommended. (See FY20 budget provision on next page for criteria.)

In FY19, eligible contracts received a 2% adjustment and in FY20 they received a 3% adjustment. For FY21, the County Executive recommended a 1.5% adjustment. The Council's FY21 continuity of services budget, which was enacted to address the fiscal concerns of the pandemic, did not allow for any increase.

The Executive's FY21 recommendation is the same dollar amount as was proposed in FY20. This means that it is working on a base value of $49,361,133. The Executive is recommending an additional $740,417 as a 1.5% increase.

NonProfit Montgomery has requested the Council: (1) increase the adjustment to a total of 3%; (2) provide a 3% increase to other similar contract in the Department of Recreation and Department of Housing and Community Affairs that are not currently eligible. NonProfit Montgomery's testimony is attached at ©1-2.

The HHS Committee members all discussed the critical role that the County's non-profit partners have played during the response to the pandemic and their support for increasing the adjustment to contracts.

The HHS Committee recommends that the Council increase eligible contracts by a total of 3% and recommends an additional $740,417 as a Category #3 item for this purpose.

The HHS Committee recommends $40,000 for a 3% increase to the contract for the African American Health Program. This contract is not with a non-profit provider, but the Council has previously included it for an inflationary adjustment along with the non-profit providers.

The HHS Committee recommends that contracts administered by the Recreation Department and Department of Housing and Community Affairs that meet the eligibility criteria for contracts in DHHS also receive a 3% inflationary adjustment and recommends a $72,000 Category #3 item for this purpose. Non-profit service providers have voiced concern that a contract administered by DHHS will be eligible for an increase but a contract for a human services/positive youth program that is administered by another department will not. Council staff is working to confirm the $72,000 is the appropriate amount for the eligible contracts.

> ### *Background - FY20 Operating Budget Resolution Provision (no provision in FY21):*
>
> This resolution appropriates $1,354,230 for inflation adjustments for tax-supported contractors with the Department of Health and Human Services (DHHS) and to eligible contractors with the Department of Housing and Community Affairs that are providing Special Needs Housing programs. Any inflation adjustment awarded under this paragraph must not exceed 3 % of the total contract price. Any contract funded by a non-County grant is not eligible for an inflation adjustment under this paragraph. Each contractor must meet the following eligibility:
> (a) Non-profit service provider, public entity, or
> (b) Contract that provides meals on wheels, court appointed special advocates, direct mental health services to seniors, and homeless outreach.
> (c) The increase is to the General Fund value of the contract (Grant Fund value not included).

(d) The contract must not be in its first performance period, unless a new contract has been executed as part of a DHHS administrative review or have an automatic inflation adjustment built into the contract.

(e) This increase does not apply to contracts for Montgomery Cares (except administration) or Care for Kids (except for administration and the services associated with the Latino Health Initiative) as their budgets have been adjusted for expected FY 2020 levels of service.

(f) This increase does not apply to contracts that are a specific match to a grant.

(g) This increase does not apply to any payment to eligible organizations that serve persons with developmental disabilities as provided in Provision 7 or eligible providers of Adult Medical Day Care as provided in Provision 8.

This resolution appropriates $39,000 to provide up to a 3% inflation adjustment to the contract providing African American Health Program services.

3. Inflationary Increase to Developmental Disabilities "DD" Supplement: $268,314 (1.5%)
CE Budget Amendment: $323,368 (correct error to base amount)

The County has a long-standing policy of providing a locally funded support payment to organizations providing direct service to developmentally disabled County residents. The criteria for determining the amount of the supplement have varied.

Prior to FY13, there was no criteria in the Budget Resolution regarding how the funds were to be used by the organizations, other than the Council's authorization of non-competitive contracts. DHHS made sure the organization was in good standing and serving Montgomery County residents. During the FY13 budget worksession on this issue, the HHS Committee members agreed that they had thought that these funds were to support salaries for direct service workers since a major advocacy point each year was that providers needed to pay above minimum wage and above what State reimbursement rates would allow in order to retain quality staff to serve very vulnerable adults. A transition to this method was made for FY18. However, after moving to this method for funding allocation and audit, it was determined that this did not provide the flexibility organizations needed to manage their funds. Allocation of the DD Supplement returned to previous method which is based on the percentage of total DDA revenue received by these same organizations.

FY	Total $	% change from previous	Criteria
FY13	$ 7,872,486	na	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.

FY14	$ 8,469,101	7.6%	An organization must show that its hourly wage exceeds the State minimum pay for the program. Beginning in FY14 (current year) organizations must report on the amount of the funds used to improve hourly pay. Beginning in FY15, the Council expects that 75% of funds will be used to improve hourly pay.
FY15	$ 9,426,421	11.3%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers.
FY16	$10,542,529	11.8%	Organizations must demonstrate to DHHS that at least 75% of funds is being used to increase the pay of direct service workers. $10,395,841 is expected to be the equivalent of 8.0% of projected revenues and $146,688 will assist with maintaining a 25% differential from the minimum wage.
FY17	$13,800,211	30.9%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are **expected to allow** organizations to pay, on average, **125%** of County minimum wage.
FY18	$14,729,712	6.7%	Organizations must demonstrate to DHHS that 100% of the funds is being used to increase the pay of direct service workers. Funds are expected to allow organizations to pay, on average, 124% of County minimum wage.
FY19	$17,562,175	19.2%	Organizations must demonstrate to DHHS that it pays direct services workers, on average, a wage equal to 125% of the County minimum wage. (This requirement was included in the contracts between DHHS and the organizations.)
FY20	$17,562,175	0%	CE's March 15 recommendation was $15.7 million (10% decrease) based on paying at the average rate above minimum wage organizations were found to have been paying in FY19 per resolution requirement. Council restored to the FY19 amount and there was agreement by the providers that the mandate regarding wages was not best for management of their funds.
FY21 (original)	$17,562,175	(0%)	Council's May budget action based on the approval of a continuity of services budget framework.
FY21 (amended)	$17,933,936	(2.1%)* Effective 0%	Council added $371,761 to adjust the total funding to account for 6 new organizations eligible for the supplement.*While there is an increase to total funding, the amount prevents a reduction to organizations.

FY22 Recommend	$17,830,314	Intended to be +1.5%	The CE Budget added $268,314 for the 1.5% increase but forgot to add the $371,761 to the base amount. Council staff anticipates CE budget adjustment.

On April 21, 2021 the County Executive forwarded a FY22 Budget Amendment of $323,368, noting it was inadvertently left out of his Recommended Budget. **The HHS Committee recommends approval of this adjustment.**

The FY22 request from InterACC/DD is attached at ©3-5. InterACC/DD is requesting total funding of $19,123,785 which would be 10% of the total estimated and anticipated revenue from the Developmental Disabilities Administration (DDA). The request also goes through the history showing the different percentage increases in the total funding and also the variations in the total funding as a percent of total DDA revenue.

The HHS Committee discussed the vulnerability of the clients who are served by the organizations and the difficulties that were faced by clients and staff during the pandemic, especially early when PPE was scarce and before vaccine were available. Staff continued to care for clients with COVID and staff themselves were impacted by COVID.

The Committee recommends the Council fully fund the InterACC/DD request through Category #3 but has broken the total amount into four pieces to assist with the budget process they are:

Provide a 3% increase consistent with the HHS Committee recommended adjustment for non-profit contracts: $268,314

Increase the total amount of funding for the DD Supplement in recognition that new providers will increase the total revenue to the county[1]: $200,000

First "tranche" of funding needed to reach full Inter ACC/DD request: $250,895

Second "tranche" of funding needed to reach full Inter ACC/DD request: $250,894

Council staff comment:

Council staff shared that if the Council is able to fully fund the InterACC/DD request for FY22, this should not mean that the County is accepting that 10% of total revenue as a new standard for the DD Supplement, especially as DDA revenues increase when the State increases rates. The County should continue to pursue an agreement with the State for a rate for Montgomery County that uses both County and Medicaid dollars to fund the difference between the state rate and the

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[1] The $200,000 if approved would be added to the total funding available for the DD Supplement to be allocated to all eligible organizations. It is not reserved or dedicated to any specific organization.

County rate. This would leverage Medicaid dollars which would then reduce the amount of County funds that are needed to achieve the desired rates and reimbursement.

>   *Background - FY21 Budget Resolution Provision*
>
>   This resolution appropriates $17,562,175 to the Department of Health and Human Services to provide a payment to organizations providing direct services to clients of residential, community supported living arrangements, day habilitation, or supportive employment provided through the Developmental Disabilities Administration. In order to receive this payment, an organization must provide any documentation requested by the Department of Health and Human Services and the organization must be in compliance with the Montgomery County Minimum Wage law. The Council intends to review the need for additional support for these organizations during FY 2021. Section G of this resolution includes entities eligible to receive this non-competitive payment.

4. Inflationary Increase to Adult Medical Day Care Supplement: $9,765

Starting in FY19, the County has provided support to eligible Adult Medical Day Care Providers. These organizations serve medically compromised adults ages 16 and up who are funded through Medicaid. They do not need 24-hour a day inpatient care but cannot live independently. The State's Medicaid reimbursement rates make it difficult to meet the higher costs of business in Montgomery County, including the minimum wage.

In FY19 and FY20, the Council appropriated $651,012 for these support payments. For FY22, the Executive is recommending a 1.5% increase of $9,765, consistent with the percentage increases recommended for non-profit contracts and the DD Supplement.

Adult Medical Day Care is reimbursed on a per day basis. The FY21 reimbursement rate was $88.95 per day. However, Adult Medical Day Care Centers were required to close because of COVID. The State lowered the reimbursement rate to $69.90 and Centers worked to stay in touch and support clients with regular phone and online checks. The Governor lifted the closure of AMDC Centers as of March 12, 2021 and when Centers re-open they can return to the higher rate.

For FY22, the Maryland Association of Adult Daycare Services (MAADS) estimates that there is a revenue gap of $2.76 million for Montgomery County centers because of the gap between the State's minimum wage and the County minimum wage. This is based on expected number of Qualified Participant Days. The AMDC supplement is allocated to eligible agencies based on the percent of the total Qualified Participant Days they provided. The MAADS information is attached at ©6-7.

The HHS Committee members discussed how important Adult Medical Day Care is for families who want their family member to stay at home, rather that having to live in a nursing home or congregate setting. This provides the caregivers with respite or care while they go to work. The staff at Adult Medical Day Care provides high quality services and the organizations are very culturally diverse and responsive to clients' language, food and other

needs. Committee members also discussed the work that staff did remotely to stay connected and support their clients and reduce their isolation.

The HHS Committee recommends a Category #3 item to increase the inflationary adjustment to 3% consistent with the recommended increase for non-profit contracts: $9,765.

The HHS Committee recommends a Category #1 item that would create a one-time grant program for Adult Medical Day Care organization to help with costs associated with reopening and recovery.

> *Background - FY21 Operating Budget Resolution Provision*
>
> This resolution appropriates $651,012 to the Department of Health and Human Services to provide a payment to organizations providing adult medical daycare services that accept Medicaid funding. In order to receive this payment, an organization must demonstrate to the Department it is licensed and in good standing with the Maryland Department of Health, Office of Healthcare Quality. The organization must provide any documentation requested by the Department to determine the use of the program by Medicaid funded County residents and the provider must be in compliance with the Montgomery County Minimum Wage law. The Council intends to review the need for additional support for these organizations during FY 2021. Section G of this resolution includes entities eligible to receive this non-competitive payment.

5. Funding to Support Service Consolidation Hubs

The COVID-19 pandemic has caused deep and sustained financial hardship for many residents. Partner non-profit and faith-based organizations, volunteers, and County Government have worked to distribute much needed food, diapers, hygiene, and household goods and provide case management and connection to other support services. A system of eight Service Consolidation Hubs has grown over the course of the years. These Hubs have been critical to distributing the substantial amount of food and goods needed by residents. For FY22, Hub funding was first approved through resources allocated to Por Nuestra Salud y Bienestar and then through appropriation in DHHS. For the second half of FY22, base amounts of $150,000 have been provided to each Hub for operations (not including food) and additional amounts have been provided in response to the different needs of the Hubs.

Presentation slides for the April 29 HHS Committee worksession that provide an overview of the Service Consolidations Hubs are attached at ©8-20. **At the HHS Committee session, Committee members (joined by Councilmember Navarro) discussed extraordinary work of the Hubs, how important it is to see and note the thing they do in common but the unique things that each Hub does in response to the community it serves, and the work that must now be done to determine the long-term framework for the Hubs post-pandemic.**

Information on activities of the Hubs can be found in the Food Security Task Force reports. The April 20 report is attached at 21-34. As can be seen in the table below, for the week of March 28 to April 3, the Hubs served a differing number of individuals/households, have different service areas, and distribute both at the site and through home deliveries. Case management is provided to some extent (second table) which will also include referrals to other services.

Hubs Service data from 3/28 to 4/3/2021											
site	Households	children	Seniors	Individuals	Lbs. distr.	Distrib	Home deliv	COVID Hshlds	Diapers	Volunteer Hours	Case Mgmt Hshlds
CLIFTON PARK /Long Branch	1288	1764	935	5167	29,857	8	58	10	6,200	223.25	3
Black Rock UpCounty	815	1140	198	2569	67,014	3	242	7	79	49	1
Kingdom Fellowship EC	770	1108	412	2710	22,372	6	6	0	0	102	
SENECA CREEK/Gburg	635	1243	202	3440	14,029	7	96	8	4,400	141	15
Interfaith / Twinbrook	526	1064	225	2541	14,562	1	21	4	0	101	8
OAK CHAPEL/20906	510	1023	321	2053	16,535	2	32	3	150	93	9
HARVEST /Olney, S.S.	486	621	161	1675	17,830	2	85	0	300	116	6
HUGHES/Wheaton Glenmont	82	76	93	245	1,265	1	48	0	0	36	20
TOTALS	5,112	8,039	2,547	20,400	183,464	30	588	32	11,129	861	62

Catholic Charities Case Management 4/05 to 4/092021				
HUB Name	Weekly # of Clients Served	YTD Clients Served	Weekly # of Client Encounters	YTD Client Encounters
Clifton Park	3	38	4	60
Hughes UMC	20	105	41	213
Olney/Harvest	6	57	15	120
Oak Chapel	9	45	15	76
Seneca Creek	15	62	29	117
Toll Free Call Log	3	173	4	372
TOTALS	56	480	108	958
TOTAL SNAP Applications this week			SNAP Applications Submitted YTD	
4			28	
Rental Assistance: 10	Employment: 4	Food 3, Baby needs: 2	Utilities: 6	Medical: 4
Vaccines: 3				

<u>The Executive's Recommended Budget does not include a new appropriation for food because there are still resources in place.</u> When additional funds are needed during FY22, the Executive will forward a supplemental appropriation.

There may be a need to purchase more produce, meat, and milk depending on what food is provided through the federal government. It is unclear what boxes will continue to be distributed.

Data Snapshot – Food Distributions by Type –February 2021 – April 2021

Week of	USDA Produce Boxes Distributed	Prepared Meals*	Bulk Produce Distributed
13-Apr	2,150	-	92,540
30-Mar	1,975	-	90,135
23-Mar	1,200	-	92,240
9-Mar	1,200	-	88,240
2-Mar	3,220	18	63,830
23-Feb	4,070	-	59,230
16-Feb	4,225	10	75,290
9-Feb	3,140	64	76,815

Food Security Task Force – Funding History

Date of Appropriation	Amount of Appropriation	Notes
Jun-20	$10,300,000	Includes $300,000 for Greater Washington Community Foundation
Dec-20	$12,803,250	Includes $1.2M for Consolidation Hubs
Total*:	**$23,103,250**	

*Does not include grants made directly by Community Foundation, appropriations within HHS base budget for food (e.g., Senior Nutrition Program), or food-related appropriations not directly managed by Food Security Task Force (e.g, funding from Salud y Bienestar and other non-governmental partners)

Greater Washington Community Foundation – Funding Update
As of April 23, 2021, approximately $2.0M has been raised by the Foundation since June 2020.

FY22 Funding and Proposed Allocation of the $3.6 million

The Executive's budget includes $3.6 million for the continued funding of the Hubs. The Hubs are expected to be heavily used during FY22 as it will take time for the economy to recover and for people to become more economically stable. The Hubs have been enormously successful in bringing services closer to community and they will continue after FY22, but their structure may be modified as needs change.

A basic allocation is needed for this $3.6 million. Executive staff and Council staff collaborated and presented the following proposal to the HHS Committee. It differentiates between the four Hubs that are serving the highest number of households (Clifton Park, Black Rock, Kingdom Fellowship, Seneca Creek) and the four serving fewer (Twinbrook, Oak Chapel, Harvest (Bethel), Hughes). Staff recognizes that the caseload of any of the Hubs may change during the year as some Hubs have not been operating as long or service areas may be modified.

Proposed allocation:

$400,000 each to Clifton Park, Black Rock, Kingdom Fellowship, and Seneca Creek.

$300,000 each to Twinbrook, Oak Chapel, Harvest, and Hughes

These base allocations are for staff and operations – they do not have to be used to purchase food. As noted earlier, food will continue to be funded through separate appropriation.

$150,000 to Black Rock Hub for the expanded service area to Montgomery Village and Damascus.

$250,000 for case management through Catholic Charities, CHEER, Interfaith Works

$104,500 for one position in DHHS to assist with management of the Hubs and food security.

$295,500 unallocated to be able to respond to changing needs during the year.

It was discussed that the Black Rock Hub is in a unique situation as it needs to move to allow the Black Rock Theatre to reopen.   Funds will be needed to help with this move and to perform maintenance at Black Rock. These may be needed in FY21 or FY22 and the amount is currently unknown. This would be handled separately and would not be taken from the $3.6 million on ongoing operation of the Hubs.

The HHS Committee recommends approval of this allocation. It is good to have some unallocated funding to make adjustments. The Committee discussed the current effort to make decisions on the next home for the Black Rock Hub. While the Black Rock Hub is the only Hub in immediate need of relocation, the Committee also discussed the need to consider facility space for the Hubs and the organizations that are hosting the Hubs reopen their activities and programs. Executive staff shared that they are working with each of the Hubs on these issues and that at this time the current organizations expect to continue to house them but that there may be a need to shift some storage space or make other adjustments.

Use of ARPA Funds for FY22 and Reserving ARPA Funds for FY23

The County Executive has recommended that this $3.6 million be funded through American Rescue Plan Act (ARPA) resources. **The HHS Committee recommends approval of the Executive recommendation to allocated ARPA funds for the FY22 cost of the Hubs.**

The HHS Committee also recommends a Category #1 item of $3 million that would reserve funds for the FY23 cost of the Hubs. The Hubs are a critical service and this will help ensure funding is available for them in FY23, although it is not expected to be the full cost of the Hubs.

6. MARBIDCO Maryland Market Money Program Increase: $50,200

The Council and Executive received a letter dated April 6 from MARBIDCO requested that the County provide $125,200 in FY22 for the Maryland Market Money program. This program matches federal nutrition plan benefits to increase people's purchasing power at farms stands and markets. This increases people's ability to get fresh fruits and vegetables and supports local agriculture. The Executive included $75,000 in his FY22 Recommended Budget for this contract. The letter is attached at ©35-40.

This issue was discussed by the PHED Committee which asked that the HHS Committee consider recommending an increase so the full $125,200 can be provided.

The HHS Committee heard from OMB that the Executive supports this program but received the request for the additional funding after the Recommended Budget was released.

The HHS Committee recommends a Category #3 item of $50,200 to provide the full request for this program. The Committee also recommends that MARBIDCO be asked to expand the number of farm stands and markets that benefit from this program to bring the program closer to communities that are outside of some of the larger markets.

7. Creation of 3 Mobile Crisis Outreach Teams and Annualization of Therapist II positions (New 6 FTEs $521,140 and $27,032 in motorpool; annualization of 6 FY21 FTEs $658,996)

The County Executive has included two items in the DHHS budget to continue to build the capacity of mobile crisis response and alternatives to a police response to a person having a behavioral health crisis. The first, 6 new positions to increase capacity to 6 new Mobile Crisis Outreach Teams (MCOTs) is consistent with the discussions that occurred last summer when the Council approved funding for 6 clinical positions. At that time, it was noted that the 6 clinical positions could create 3 new MCOTs, but could also be partnered with other positions, such as peer support specialists, that would result in a total of 6 teams. The second budget item annualizes the cost of the 6 clinical positions approved through the special appropriation.

DHHS has provided the following responses to questions from Council staff:

What types of positions will be hired with the new FTEs? How will they partner with the 6 clinical positions to create a total of 6 teams)?
In the proposed FY22 budget, six new positions are identified, four of them are peer support specialists (Behavioral Health Technicians) and two are behavioral health therapists. Peer support specialists are professionals who former consumers of services with lived experience and bring a unique ability to connect with persons experiencing a behavioral health crisis. The behavioral health therapists are the ones expected to take the lead during a crisis response due to their specialized clinical training. When a peer support specialist is assigned to a Mobile Crisis and Outreach Team (MCOT), they serve as the second person to compliment the behavioral health therapist. The six positions will allow for expansion of MCOTs from three teams for 16 hours a day, to 6 teams 16 hours a day. The 24/7 team will always be in place so that night shifts are also covered county-wide.

What is the expectation for when the new positions can be hired?
Approximately six months after the positions are funded.

Please provide an update on the hiring and deployment of the 6 clinical positions.
Three clinicians have been hired and have started to serve on MCOTs. Two other candidates have been selected and have accepted. They will start soon once starting dates have been identified. Interviews are being scheduled with one or two additional candidates for the final sixth position. All six positions are expected to be filled before the end of the fiscal year.

Have any of the new positions been deployed to Silver Spring (previously stated as the first priority area).
No new positions have been deployed to the Silver Spring District, which is a priority satellite location. In the meantime, the Crisis Center has started to deploy a second MCOT on certain days, and in certain shifts, based on need and staffing availability.

The HHS Committee recommends approval of these items as recommended by the County Executive. The HHS Committee discussed that they are encouraged that progress is being made and that hopefully the remaining positions will be on board soon. DHHS clarified that while they have not been able to deploy a team from a location in Silver Spring, Silver Spring has benefitted from the ability to have another 24/7 team available. It was also clarified that DHHS is looking to deploy a team from the Germantown/Gaithersburg area once additional teams are available. While Silver Spring is the area with the most calls, there are also many calls for assistance in the Upcounty. Teams will continue to be based in the Crisis Center in Rockville.

The HHS Committee will continue to have progress reports with the Public Safety Committee on the Mobile Crisis Outreach Teams and the implementation of the Crisis Now model.

8. DHHS Call Center for Tier 2 Calls from MC311: $635,708 and 0 FTEs; use of Broker/contract staff)

The County Executive is recommending the establishment of a separate call center for DHHS that would improve the response to residents calling for a range of human service needs. During this last year, resident calls for DHHS related issues have been substantial and have especially increased because of people's need for rental and financial assistance as well as questions regarding COVID-19. While 311 is the main entry point for most calls, there have been separate lines stood up including the Public Health Helpline, the Food Access Call Center, and the line to assist residents with pre-registration for COVID-19 vaccinations. In addition, the Crisis Center continues to be the 24-hour response line for those with a critical human service issue. The Food Access Call Center is now also assisting Services to End and Prevent Homelessness in responding to calls from people with questions about the COVID Rent Relief program, including filling out the application. These calls can be complex and cannot be handled in a system that depends on a relatively quick turnaround time. Many people working in the Food Access Call Center will need to return to their pre-pandemic jobs and departments as government continues to re-open.

The April 27, 2021 COVID-19 Response Situation Report noted that:
- In the month of April, MC311 has been answering about 1,900 calls per day.
- 13% of calls are related to COVID with the top inquiry being about rent relief.
- The most frequent call to MC311 is for trash/recycling (31%), followed by social services (21%), permitting (12%), transportation (9%), tax issues (8%) and housing (5%).
- Combining COVID calls and social service calls, about 34% of calls are DHHS related.

Last November, the Joint Government Operations & Fiscal Policy and Health & Human Services Committee met to address the long wait times and adequacy of MC311 response in this environment of high volume of calls. At that time Executive staff acknowledged three key findings:

- The overall resident experience needs to improve NOW.
- The resident experience can be overly time-consuming and satisfaction measurements need to be improved.
- Our population is diverse, and we must meet all our resident needs.

For HHS, Executive staff included the following short term action steps:

- Realign Service Level Agreement (SLA) process and response time focused on urgent resident requests (food, financial, and housing assistance)
- Outline calls that necessitate a successful immediate transfer
- Identify questions that can be placed on telephone system for self-service (such as "how to apply for assistance")

The DHHS excerpt from the November memorandum is attached at ©41-43.

Since that time, the number of MC311 Customer Service Representatives (CSR) has increased and a Chatbot feature has been added that can address basic questions and refer people to appropriate webpages. The April 27 report noted that in April the average number CSRs has been 40, wait time is about 1.5 minutes, and there is an abandon rate of about 7%.

Executive staff has provided the following detail on spending and responses to Council questions:

Staffing - Contractual Staff (Brokers)	
Administrator 1 FT position	$ 113,848
Human Service Specialist 3 FT positions	$ 230,377
Human Service Specialist 2 PT positions	$ 76,792
Total Staffing 6 brokers (4 FT; 2 PT)	**$ 421,017**
Equipment and Operating Cost	
One-time-only IT, infrastructure, and other startup costs	$ 114,691
Ongoing costs (IT, infrastructure, training, language line interpretation, document translation, advertising, outreach, etc.)	$ 100,000
Total Equipment and Operating Cost First Year	**$ 214,691**
TOTAL Staffing, Equipment and Operating Costs First Year	**$ 635,708**
TOTAL Staffing, Equipment and Operating Costs Ongoing	**$ 521,017**

- **Hours the call center will operate (will it be the same as 311 hours)**
  MC311 currently provides support from 7am-7pm, Monday through Friday. This level of support is possible given the number of personnel assigned to the office. HHS seeks to provide coverage during traditionally high-volume hours/days as well as non-traditional hours/days to ensure equitable access to residents requiring evening and/or weekend support. Additional research and consideration are needed at this time to determine the most community-supporting combination of days/hours given the number of personnel anticipated within the HHS call center.

- **Will the HHS specialists assigned to 311 still work at 311 or will all calls be transferred to this call center?**
  CSRs who support HHS Tier II inquiries will remain with MC311. CSRs will continue to address any incoming calls that can be responded to (and closed) during an initial interaction with a constituent. Inquiries requiring additional supports or access to internal databases/systems will be referred to HHS.

- **What language capacity is expected?**
  The call center will have access to *Language Line*; thus, enabling the immediate inclusion of interpretation assistance across the spectrum of languages available via this resource. However, recruitment of bilingual personnel is a priority. HHS will recruit bilingual individuals proficient in the County's most spoken languages (Spanish, Amharic, Chinese, French, Korean, and Vietnamese). Proficiency in other languages will be considered as well.

- **When do you expect the call center to start operating?**
  Activities supporting the development and administration of the call center have begun. These include the development of position descriptions, creation of a training/onboarding curriculum and the identification of required equipment/technology needs. The knowledge gained via the Department's role in supporting the County's Food Access Call Center will influence the development and structure of the new call center. Operations will commence within the first quarter of the new fiscal year.

Senior Legislative Analyst McMillan shared the following comments with the Committee in support the recommendation to approve the funding.

Right now, and most likely for the next year, residents will have significant human service needs and the need for a timely and complete response when calling County Government. A substantial number of MC311 calls are for COVID and social service needs. However, the question is what is needed two years from now and does the establishment of a DHHS call center influence future decision on how calls for other departments are handled?

Council staff agrees that for FY22 there must be additional resources for DHHS call response, especially as Food Access Call Center staff return to their regular jobs. If the criteria for a departmental call center is related to complexity of calls and concern that if a County representative cannot be responsive without the requirement for a call-back that the resident may not get the assistance they need, then departmental call centers do not need to grow.

Key to this proposal is that the resident should get a quick and full response whether they call MC311 with a transfer to the CSRs that support HHS Tier II or they call the DHHS call center. For some residents seeking help, relying on a call-back may result in not connecting.

The proposal uses broker/contractual staff for the DHHS call center and this is why there are no FTEs associated with the proposal. This has the advantage of a quicker start up and also means that the staff could be modified if it is determined that a different staffing configuration is needed. If there is a desire to take FY22 to see how the number and complexity of calls changes as the pandemic subsides, this provides the opportunity to re-evaluate.

Conversely, broker positions are not intended to be used once it is known that a need is long-term, and contractors may have higher turnover. One outcome of a DHHS call center should be to have staff that is experienced and knowledgeable about the breath of DHHS programs and services and this will not be served in the long run if there is substantial turnover in the call center.

The Committee also heard from Senior Legislative Analyst Dr. Toregas about the importance of any department-based proposal taking advantage of the major investments in MC311. The goal of all efforts should be to provide residents with a quick and full response.

The Committee heard from DHHS about the importance of response and navigation for people calling for health and human services and this is one of the Department's priorities as it evaluates how services are delivered post-pandemic. There are also issues, such as how people who call 211 are connected to the county and the directing of crisis calls that are part of this discussion.

The HHS Committee recommends approval of this funding. The Committee agreed that the use of contractual staff allows a lot of flexibility in evaluating how this should move forward.

The HHS Committee said that future discussions of this proposal will be Joint with the Government Operations and Fiscal Policy Committee to continue the joint discussion and decision making on call response that was begun last November.

The Committee agreed that the system must be able to report easily and regularly on:
- the total number of calls made directly to the call center.
- the number of calls transferred from MC311.
- categories of services requests, such as food, medical assistance, behavioral health referral, housing.
- primary language of the caller
- number of calls where the language line was used, and the language accessed.
- length of call.
- abandoned calls.

9. Mobile Health Clinic Services: ($620,859 in DHHS and $258,359 in motorpool NDA = total $879,218; 5FTEs)

This is a significant new initiative that is proposed as a way for DHHS to impact health disparities and improve health outcomes. DHHS provided the following responses to questions from Council staff.

Provide an overview of the purpose for this mobile clinic: What is the expected outcome from implementing this new program?

The purpose of the Mobile Health Clinic (MHC) is to provide increased access to health and human services; help alleviate health disparities and improve health outcomes in hard-to-reach vulnerable populations and communities throughout Montgomery County.

The expected outcomes of implementing the MHC program will be to:
- ➢ Increase access to care and health equity by taking services to community residents where they live and work, to overcome barriers related to transportation, awareness, physical mobility etc.
- ➢ Decrease the spread of disease in the community and improve the health of community residents by providing:
  - o Immunizations: COVID-19, Flu, TB, School Health, etc.
  - o Testing: COVID-19, TB, HIV/STD, etc.
  - o Preventive Screenings & Referrals: Oral Health, physical health and mental health.
  - o Exams and Treatment: Maternal Health, Dental (sealants for children), HIV/STD, etc.
  - o Assistance in accessing Human Services available through DHHS (shelter, rental assistance, State and Federal Benefits)
  - o Health Education and Health Fairs on a range of health topics.
- ➢ Advance the County Executive's Priority of Thriving Youth and Families.
- ➢ Advance the DHHS mission of building a healthy, safe and self-reliant community.
- ➢ Advance the HHS Strategy of goal of improved Access to DHHS Services.
- ➢ Foster strategic and trusted relationships with community partners (e.g., Service Consolidation Hubs) to improve health and wellness, and address health disparities of vulnerable and underserved residents throughout Montgomery County.

The budget says that it will provide healthcare services that will help address health disparities. Have any particular health conditions been identified through previous surveillance studies that can be effectively implemented through this mobile strategy?

The MHC will use community and public health surveillance data to prioritize zip codes and minority communities experiencing barriers to accessing COVID-19 testing and vaccines. The MHC will target these zip codes and communities to host strategic COVID-19 testing and vaccination pop-up events and home-based services.

According to a County press release, a 2019 PHS surveillance study titled *Report on Health Equity for Montgomery County* identified the following conditions in which there are health disparities that the MHC program will help to address, as noted above, by providing access to care and health education to the affected populations where they are in the community.

Current inequity status (non-Hispanic White as a reference group)
Non-Hispanic/Black: tuberculosis (TB) incidence, HIV incidence, firearm hospitalization, gonorrhea incidence, chlamydia incidence, syphilis incidence, diabetes emergency room (ER) visit, motor vehicle ER visit, late/no prenatal care, chronic lower respiratory disease ER visit, heart disease ER visit, infant mortality, diabetes mortality, behavioral health ER visit, substance abuse ER visit, preterm births, high blood pressure prevalence, heart disease mortality.

Demonstrated differences in inequality over time (non-Hispanic/White as a reference group)

Hispanic: TB incidence, gonorrhea incidence, firearm hospitalization, HIV incidence, chlamydia incidence, motor vehicle ER visit, late/no prenatal care, diabetes ER visit, infant mortality, chronic lower respiratory disease ER visit, syphilis incidence, preterm births, diabetes mortality, heart disease ER visit.

Asian/Pacific Islander: TB incidence, syphilis incidence, late/no prenatal care, firearm hospitalization.

Also, PHS' 2018 *Zip Code Ranking Project* identified specific County zip codes experiencing the greatest health disparities which the MHC can address by targeting services to those areas.

The most recent Community Health Needs Assessment for Montgomery County called for increased focus on social determinants of health (SDOH) that have a major impact on people's health, well-being, and quality of life. SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Addressing SDOH in Montgomery County's most vulnerable communities by using the MHC to take social resources to their neighborhoods will improve health and address health disparities.

What medical issues will it be equipped to address?

It is anticipated that the MHC vehicle will be equipped with (at a minimum) an exam room suitable for general health, maternal health and oral health, hand washing station, workstation(s), computers, WiFi, health education materials and the necessary medical supplies and equipment to provide the intended services to address the following medical issues which include but are not limited to:
COVID-19
Influenza
HIV/STD
Maternal Health
Oral Health
TB
Diabetes
Human Service Consults.
Hypertension
Behavioral Health

What type of positions are included in the 5 FTEs and what is the cost of the new personnel? When will they be hired? What is the annualized cost?

Community Services Aide III	1	$ 79,783
Community Services Aide III	1	$ 79,783
Social Worker III	1	$101,147
Nurse Practitioner	1	$109,774
Administrative Aide (Driver)	1	$ 64,854
Total	**5**	**$435,341**

It is assumed the positions will be hired during the second quarter of FY22.

What is the expectation about language diversity for these new positions?

Hiring preference will be given to a Nurse Practitioner, Social Worker, and at least one Community Services Aide bi-lingual in English and Spanish or one of the other most common non-English languages spoken in Montgomery County.

What is the expectation for linking those seen through this mobile program with other healthcare services or social services/supports?

The MHC has an expected outcome to address upstream factors – usually unrelated to health care delivery – impacting health through the provision of socioeconomic resources to improve health and reduce health disparities. This will be accomplished by having the Community Services Aides' (CSAs) screen every client encountered for unmet health and social needs. Clients with unmet health or social needs will receive warm referrals to culturally appropriate community and county resources to meet identified needs. Residents requiring more follow-up with ongoing/complex health and social needs will be offered and provided navigation support.

The HHS Committee recommends approval of this recommendation, including the recommended use of ARPA funds in FY22.   The Committee was encouraged about having this new capacity for delivering service to communities.

The HHS Committee also recommends a Category #1 item of $500,000 to reserve funding for FY23. This will still require a portion of the FY23 costs to be paid for with general funds would help make sure funding can continue.

10. Health Care for the Uninsured

The County Executive's recommended FY22 budget does not identify any substantial changes to the two programs that are in this program area: Care for Kids and Montgomery Cares. In addition to these two programs, the Maternity Partnership Program and Healthcare for the

Homeless programs also serve the uninsured and are not recommended for any substantial changes. The County Dental Program serves both the uninsured but also low-income residents who may have some health insurance but do not have dental coverage. The dental program also provides extensive pediatric dental services including to Care for Kids clients.

Enrollment and encounters/visits, operations, and budgets for each of these programs has been impacted in many ways by the pandemic.

A. Care for Kids

Care for Kids provides medical and dental services to children who are not eligible for other healthcare programs. The following tables show enrollment and budget for the past several years and information on new enrollees and the total number of children service is also at ©50-53. New enrollments are down significantly this fiscal year but have started to increase in February and March. School is one significant way families learn about this program and so enrollments likely will increase as children return to in-person school.

The first table also shows that children receive services through three provider networks, Kaiser Permanente (which serves children at no cost to the County), the School Based Health Centers, and through a private physician network. School based health and wellness centers are just reopening, and this will allow in-person visits to resume.

Care for Kids					
Fiscal Year	Children Enrolled	Visits	Kaiser Enrolled	SBHC Enrolled	Physician Network
2012	2,812	4,664			2,812
2013	2,770	4,410			2,770
2014	3,024	4,735			3,024
2015	3,919	2,508	739	868	2,312
2016	4,824	6,496	539	1,000	3,285
2017	5,670	4,992	890	1,134	3,646
2018	5,531	4,612	900	1,123	3,508
2019	5,580	5,580	628	1,373	3,580
2020	6,230	6,685	428	1,442	4,360
2021(Jul - Mar '21)	6,095	3,582	471	1,270	4,354

Care for Kids	FY17	FY18	FY19	FY20	FY21	FY22 Rec
Personnel Contractual	348,642	362,834	370,091	370,091	388,817	388,817
Medical Providers	428,129	521,129	584,563	690,080	675,333	677,333
Behavioral Health		72,929	72,929	72,929	69,472	69,472
Other Operating	60,380	53,970	55,047	55,047	52,377	52,377
Indirect Cost	69,412	83,902	92,372	98,158	100,454	105,494
Total Care for Kids Contract	906,563	1,094,764	1,175,002	1,286,305	1,286,453	1,293,493
DHHS Operating	1,310	1,310	1,310	1,310	1,162	1,258
TOTAL	907,873	1,096,074	1,176,312	1,287,615	1,287,615	1,294,751
Does not include cost for children services in school based health centers or through Kaiser						

The Montgomery Care Advisory Board (MCAB) in the Joint Advocacy Statement[2], discusses the increase in the number of children in Care for Kids in the last five years and the expectation that as we come out of the pandemic enrollments will increase. In addition, this program will serve the new arriving migrant and asylum-seeking children that are expected to come to Montgomery County. The Joint Advocacy Statement is attached at ©61-74.

MCAB recommends two positions to assist with managing enrollment and care referral:

Client Service Specialist $64,574
Medical Assistant Case Manager $64,574

The HHS Committee recommends two Category #3 items to fund these new positions in recognition of current workload and because of the expectation of newly arriving children.

The HHS Committee also $100,000 Category #3 item to increase the funding for Medical Providers. This will provide some additional resources for the children that the County is expecting to welcome.

This program will need to be monitored and is included in the programs that the DHHS steering committee for migrant and asylum-seeking children is including in its workplan. Montgomery County has had a long-standing policy of not turning any child away from this program due to budget constraints and the Council has previously indicated that it should be notified if supplemental funding is needed.

Montgomery Cares

The Montgomery Care programs provides medical care, referrals to specialty care, behavioral health, and assistance with certain pharmacy cost for uninsured adults. The table on the

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[2] Joint Advocacy Statement of the Health Centers Leadership Council and Primary Care Coalition Supported by the Montgomery Cares Advisory Board. Council staff will refer to these as recommendations of MCAB.

following page shows that approximately $12.2 million is allocated for this program. Services are provided through a system of community-based partner clinics.

The graph attached at (©47) shows that both patients and encounters have increased substantially starting in February. As the Committee has previously discussed, the pandemic required a pivot to telehealth and, just like private physician, visits were below historical levels. In March, 60% of visits were in-person and 40% were through telehealth. **While it is unlikely that Montgomery Cares will reach 72,000 visits this fiscal year, Council staff agrees that it is reasonable to maintain funding at this level for FY22.**

Montgomery Cares	FY18 Budget	FY19 Budget	FY20 Budget	FY21 Budget	FY22 Rec
Projected Montgomery Cares Patient	25,770	25,770	25,770	25,770	25,770
Budgeted Number of Encounters	68,000	70,000	72,000	72,000	72,000
Support for Encounters/Visits	4,897,028	5,168,428	5,508,000	5,508,000	5,508,000
Pharmacy/MedBank/immunization	1,666,571	1,666,571	1,766,571	1,766,571	1,766,571
Cultural Competency	22,500	22,500	22,500	22,500	22,500
Behavioral Health	1,010,331	971,831	971,831	971,831	971,931
Oral Heath	589,120	589,120	589,120	589,120	589,120
Specialty Care	1,138,565	1,064,020	1,206,917	1,206,917	1,206,917
Program Development	413,579	343,184	343,184	343,184	343,184
Information and Technology	295,360	295,360	295,360	295,360	295,360
PCC Administration	915,125	907,193	907,524	907,524	932,642
DHHS Administration	725,774	739,992	510,169	523,402	583,382
Facility Support	67,040	67,040	67,040	67,040	67,040
COVID Recovery Resources					
Teleheath Parity/Interpretation					
TOTAL Montgomery Cares	**11,740,993**	**11,835,239**	**12,188,216**	**12,201,449**	**12,286,647**

In response to the fiscal impact of the pandemic on the clinics, DHHS shifted from a per encounter reimbursement payment to a "block payment." In response to a question from Council staff, DHHS has provided the following overview of the block payment. The MCAB has asked that this payment method continue for three months in FY22 to provide a transition to returning to encounter reimbursements and implement a reimbursement policy for telehealth. The DHHS response indicates that the block payment will continue through the health emergency.

> The alternate/block payment structure was implemented March 2020 as a result of the COVID-19 State of Emergency. In order to provide the Montgomery Cares clinics with predictable cash flow and ensure critical safety-net resources are available during the pandemic, DHHS authorized a monthly alternative/block payment. The payment is equal to the individual Montgomery Cares clinic average of the five highest of six-monthly payments during the period before COVID-19 (July - December 2019). This is an upside only payment, clinics won't have to pay funds back to the county if they see fewer encounters.

DHHS has embarked on long-term strategies in collaboration with the Montgomery Cares clinics and other partners to support the department's vision to improve the health of Montgomery Cares' patients through an innovative, person-centered, and well-coordinated system of care that addresses both medical and non-medical determinants of health. Research has demonstrated that alternative payment models have been associated with improved health outcomes, reduced administrative burden, and allows clinicians to spend more time with patients on preventive care. To that end, DHHS will continue the block payment during the COVID-19 State of Emergency. The intent is to permanently establish an alternative/block payment for the immediate future (by FY23). Currently, our cost reimbursement contract allows for payment for actual expenses in arrears, submission of the numbers of encounter for payment at a rate of $76.50. DHHS received a contract waiver to pay block payment during the COVID emergency only. We hope to change the type of contract for Montgomery Cares and transition the program and alternative payment/reimbursement to support the department's vision.

MCAB has recommended three items for additional funding:

1. Add $65,000 for interpretation services that is compatible with telehealth technologies. MCAB notes that the Language Line, the current service available, does not synchronize with telehealth appointments. **The HHS Committee recommends adding this item to the Category #3 list**.

2. Increase funding for the psychiatric services by $63,100 to compensate in the rate increase from Georgetown University (current provider) in order to maintain the availability of the current number of hours of consultation services (1,029 hours). **The HHS Committee recommends adding this item to the Category #3 list.**

3. Increase funding for Specialty Care by $222,110 to compensate for loss of grant funding through Nexus Montgomery and to address having a loss of pro-bono services with some providers now requesting reimbursement (based on Medicaid rates). **In recognition that there are fiscal constraints on general funds, The HHS Committee recommends splitting this request and adding $100,000 on the Category #3 list for critical funding and $122,000 be placed on the Category #2 list to be considered should additional funds become available.**

C. Maternity Partnership Program

There are no budget requests regarding Maternity Partnership. The information on ©54-55 shows that enrollment did increase in March. It is important to encourage uninsured women to participate in this program so that they can receive prenatal care. The update notes that a new solicitation for MPP providers will allow non-hospital providers to participate and will change the reimbursement rates and outcome requirements.

D. County Dental Services

The HHS Committee has previously discussed the efforts and strategies that DHHS had developed to enhance the County Dental Program and increase the numbers of residents that can be served. The HHS Committee has also had updates on the need for the County Dental Clinics to close at the beginning of the pandemic and the facility and staff efforts to reopen the clinics. The Graph attached at ©56 shows that since last July there has been an upward trend in encounters and the March level of 855 encounters is far beyond any other month in FY22. The table on ©57 shows that most of the patients seen are children (1,253 of the 2,219 total seen to date).

In response to a question from Council staff about the expected increase in migrant children, DHHS provided the following response regarding capacity.

> In FY21 we added a pediatric dentist 1 day/week to our clinic staff who has been performing specialty pediatric dental procedures with nitrous oxide in our dental clinics. We also added a general dentist who works 2 days/week. He is bilingual (Spanish), of Latino descent and is very comfortable working with children. He works alongside our pediatric dentist focusing on the pediatric dental population. In early FY22 we will be adding a second pediatric dentist 1 day/week therefore doubling our specialty dentistry services for children. The new pediatric dentist is bilingual (Spanish) and of Latino descent. In FY21 we added a second oral surgeon, increasing our specialty oral services from 0.5 days/month to 1 day/month.

MCAB has identified three items for additional funding:

1. $125,000 for additional resources for merit and/or contractual staff to meet unmet dental needs in the County.

Council staff asked DHHS for a response to this recommendation should additional funds be available. DHHS replied:

> DHHS' priority is to improve its contractual clinical staff complement. We would like to increase the number of dentists, dental hygienists, and dental assistants at the county dental clinics, but we need to increase the contractual pay rate to be competitive with the regional industry standard. We need to attract and retain staff skilled and comfortable working in a public health setting.

The HHS Committee recommends this $125,000 increase be put on the Category #3 list as two items, one for $75,000 and one for $50,000. It can be used by DHHS to adjust pay rates to attract and retain contractual staff.

2. $175,000 to institute a school-based sealant program at MCPS elementary schools with high FARMS rates and without school-based health centers.

Council staff asked DHHS for a response to this recommendation as well. DHHS replied:

> In the fall of FY22, DHHS would like to launch a pilot school-based preventative services program in lower income MCPS schools for students with high dental caries risk. Any additional funding from MCAB would be allocated to this program. The pilot program also has an oral health education component targeting children and parents from the Latino community.

The DHHS response is slightly different, but not inconsistent with the MCAB recommendation for preventive dental care for children in targeted elementary schools.

In response to a request from Councilmember Rice on how to accelerate providing school-based dental care; MCAB has proposed that $250,000 (in place of the original $175,000) would provide a pilot program at 16 schools that would be delivered at a school-based health center or by a mobile van and would include (1) dental screenings; (2) fluoride treatments; (3) sealants; (4) oral health education for parents and students; and (5) guidance to a dental home.

The HHS Committee recommends that $250,000 be placed on the Category #3 list to increase school-based dental services. These funds may be used for DHHS to develop this school-based effort. The Committee agreed that with children being out of school building for the past year, many children may not have had regular dental care and will be in need of these services. Dental care is a critical part of overall healthcare.

3. $40,000 for a study on designing a coordinated dental safety net system that fosters collaboration among private and public providers.

The Committee agreed that given the ongoing Community Health Needs Assessment that it does not support funding for this study at this time. The Committee agreed with the overall goal of coordinating efforts and leveraging partnerships with Muslim Community Center and Catholic Charities, Mary's Center and CCI (Community Clinics Inc) Health and Wellness which all offer dental services and that if a study is needed, DHHS can provide a scope and cost.

E. Healthcare for the Homeless

Healthcare for the Homeless provides primary care for homeless residents that are not eligible for Medicaid or Medicare but also addresses ongoing medical case management needs and work to create hospital or facility discharge plans for people who are homeless.

MCAB is recommending $75,000 and 1 FTE for an additional nurse to work as a psychiatric discharge planner. The Committee has previously discussed the very complex and serious mental health issues for some of our homeless residents and making an appropriate plan

for when they return to the community from a hospital or other medical facility is complex as well.

The HHS Committee recommends placing $75,000 on the Category #3 list for this position.

F. MCAB Request for APRA Funds

MCAB has requested $500,000 in ARPA funding to address deferred care and post-pandemic recovery efforts.

The HHS Committee recommends adding $500,000 on the Category #1 list for this purpose.

11. Community Based Homeless Court Program: $100,000

In early 2020, the Interagency Commission on Homelessness (ICH) issued the report from the Committee on Decriminalization of Homelessness ©75-88. The report highlights that a criminal record is a significant barrier to homelessness and that arrests and criminal citations can impose fines and fees that homeless people are often not able to pay. The Council most recently discussed this issue in its enactment of Bill 49-20, the Housing Justice Act, that prohibits certain inquiries into criminal histories as a part of the rental housing application and consideration of certain arrests and convictions in rental housing decisions.

One recommendation of the ICH report is the creation of a "docket" to resolve certain misdemeanor criminal, traffic, and transit matters which could include open warrants for persons who are homeless or who have been homeless. (See ©79-81 and 88). The report includes a list of potential offenses that include non-DUI alcohol offenses, distribution of drugs, solicitation/prostitution, non-DUI traffic offenses, public urination, theft, trespass, and Metro citations.

In some jurisdictions, this is an actual court docket. However, the Montgomery County proposal is to have a community-based program to resolve these issues. A monthly afternoon docket would be held (initial location is proposed to be Progress Place) that would have representatives from the State's Attorney's Office and Office of the Public Defender. The State's Attorney would agree to put matters on the STET docket and then if the agreed-to engagement with services is meet for a time not to exceed 90 days, the charges would be nolle prosequi. DHHS has confirmed that the program is still a non-court program that will be in a non-courthouse location.

Interestingly, the pandemic has given the County more experience in finding alternatives to jail for minor offenses in order to prevent the spread of the coronavirus.

The ICH report estimated the cost of the program to be $50,000. The Executive is recommending FY22 funding of $100,000. The additional funding will support the start-up costs

and will also increase the hours of the Program Coordinator who will oversee the program. There is no FTE associated with this initiative.

The HHS Committee is very excited about this proposal and approves funding as recommended. The Committee is requesting a written update by October 1 and will review the other recommendations in the report at that time. The Committee asked to include information on the Prince George's County Re-Entry Court and on policy barriers to mental health placements.

12. Seneca Valley High School Wellness Center: $1,142,397 and 4.88 FTEs

The Executive's FY22 Operating Budget includes the following recommended budgets for High School Wellness Centers by site. In addition to these expenses, there is also $10,404 in contractual miscellaneous operating expenses for the High School Wellness program. Funding for the program is included in School Health Services – Public Health Services and Positive Youth Development – Children Youth and Families.

	Gaithersburg	Northwood	Watkins	Wheaton
CHN II	$134,303	$122,839	$136,270	$139,959
Nurse Admin				$174,326
Contractual	$675,907	$678,575	$675,907	$635,178
Total	$810,210	$801,414	$812,177	$949,463

Executive staff reports that the Wellness Centers at Gaithersburg, Watkins Mill and Wheaton High Schools operated by Identity, Inc. have continued to provide all programs and services remotely due to COVID-19. The centers significantly increased their capacity to deliver critical case management services and direct client assistance. They also offered multiple small groups to accommodate youth and families' schedules, telehealth counseling services and extensive case management work. Additional information on Wellness Center services is attached at ©141.

Seneca Valley High School Wellness Center

The newly constructed Seneca Valley High School Wellness Center will be ready to open at the beginning of the next school year. The Executive recommends $1,142,397 in his FY22 Operating Budget amendments transmitted on April 12 (© 169-70) to open the Wellness Center. **The Joint HHS and E&C Committee recommend approval of this funding as a critical expenditure to be included in the Department's FY22 base budget.**

The Joint Committee recognized the overwhelming need for these support services, which has been exacerbated by the COVID-19 pandemic and indicated an intent to further address these needs in the context of changes to the School Resource Officer program. The pandemic has disproportionately affected lower-income and diverse communities and widened existing disparities in access to health care access and basic needs. Seneca Valley High School was prioritized for the placement of a wellness center by the School Based Health and Wellness

Center Advisory and has a high need, diverse school population. Hispanic and African American students make up 34.4% and 37.3% of the student population, respectively, and 68% of the student population have ever received free or reduced-priced meals.

13. Volunteer Income Tax Assistance (VITA) Program

Councilmember Glass in the May 4 memorandum to HHS Committee members (©89) requested that the Committee consider expanding funding to the VITA program and other nonprofit-supported tax-support programs to better serve- low-income residents and those with limited or no access to a computer. He explained that this "tax filing year will be more complicated than in year's past given recent federal and state changes including child care tax credits, COVID-19-related tax supports (such as unemployment insurance relief), as well as the expansion of the Earned Income Tax Credit (EITC) and Working families Income Supplement (WFIS). He also noted that all appointments for the program are filled until late June and the program has carried a wait list since March.

The Council has also received correspondence from Rosie Allen Herring, President and Chief Executive Officer of the United Way of the National Capital Area (© 90-91) She states that the United Way NCA supports increased funding for VITA services and its partners who offer free tax preparation and EITC outreach given the significant investment in the Earned Income Tax Credit (EITC) and WFIS, including the recommended addition of $20 million in support of the WFIS and the addition of equitable service to Individual Taxpayer Identification Number (ITIN) filers. She notes that for tax season 2020, United Way supported the Coalition for the Advancement of Financial Education Montgomery Maryland's (CAFÉ Montgomery) test the RECENT campaign to increase VITA and EITC awareness among the Asset Limited, Income Constrained, Employed (ALICE) population in Montgomery County. This campaign increased the need for free tax preparation, but the need has exceeded the capacity of services providers. Ms. Allen Herring concludes that "this support is especially important to ensure that the one in three low-income households in the Montgomery County, which are typically new filers, receive the economic assistance needed to thrive, regardless of race, age gender, income, or ability." Testimony from the Community Action Board is attached at (©92-99).

Level of service being provided in FY21, magnitude of the current waitlist, challenges experienced in delivering services during the COVID pandemic, and the resources needed to expand capacity to help more people with their taxes and to perform outreach to ensure residents understand opportunities available to them.

Council staff requested the following information from Executive staff; however, that information was not available for the Committee's consideration at the session.
What new or expanded tax-relief programs are individuals able to access for tax years 2020 or 2021? How many people has VITA been able to serve for tax year 2019 and 2020, how does this level compare to pre-COVID years? How many people are currently on the waitlist for services? Please describe challenges that CAA and other tax preparation programs like RSVP have experienced during the COVID pandemic. What are the staffing and operating budgets for

the program in FY21 and FY22 rec. How many staff and FTEs are supporting the VITA program?

How much would it cost in staffing and operating expenses to eliminate the wait list for services and ensure that vulnerable population have the information and support they need to file their taxes and access relief programs that they qualify for? To what extent to the CAA partner with other community-based nonprofit to provide tax preparation assistance? Are there technology-based solutions that can help people understand what tax-relief supports they are entitled to or assist them with their filings? If so, how much would implementing these solutions cost?

The HHS Committee recommends adding a $180,000 Category #1 item to expand VITA and other tax preparation and outreach services needed to provide economic support to vulnerable individuals in the County. This expansion can be appropriately included as a one-time, non-recurring expenditure related to COVID-19 response and funded with ARPA funding.

The Committee agreed to seek additional information from Executive staff about the level of additional staffing and operating expenses needed to meet the demand for services in the County but program a placeholder amount of $180,000 to support two additional full-time broker positions at $80,000 each and $20,000 for additional operating expenses to support enhanced outreach.

14. Addressing Social Isolation of Seniors

HHS Committee Chair Albornoz is requesting the HHS Committee recommend $125,000 on the Category #2 list so that the Committee and Council can return to the issue of support for efforts to combat the problem of isolation and loneliness among seniors. In his request he notes that COVID-19 has put a spotlight on the issue of loneliness and feelings of isolation, particularly for seniors. This was a serious issue before the pandemic but has become more critical over the last year. The Centers for Disease Control's webpage highlights these health risks for older adults.

Health Risks of Loneliness (excerpt from CDC webpage on Alzheimer's Disease and Healthy Aging)
Although it's hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that:
- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Councilmember Albornoz has shared a proposal from Catholic Charities asking for support of the "Crossing Paths" initiative that seeks to create a large community-based inter-generational effort to address isolation in our senior community and other age groups, including children. The Category #2 item would be broader and at $125,000 allow the Committee to consider the $60,000 requested by Catholic Charities but also other efforts and hear from other community partners about this most critical concern.

The HHS Committee recommends adding a Category #2 item of $125,000 to address issue regarding the social isolation of seniors.

15. Items Previously Rejected by Council as Part of FY21 Savings Plans: Residential Rehabilitation (-$320,174); Asian American Health Initiative (-$32,511); and African American Health Program (-$54,915)

During both FY21 Savings Plans, the Executive recommended and the Council rejected similar reductions. The Council expressed its view that if there were funds that were not being used in AAHI and AAHP for their original purpose, they should remain with the Initiative and Program and be used to enhance other efforts.

The Residential Rehabilitation Supplement provides a total of just over $1 million that is allocated to three providers (Cornerstone Montgomery, Family Services, and The Rock Creek Foundation for Mental Health. This would reduce the total by about one third. The support payment goes back at least a decade. The Council rejected a similar reduction in both Savings Plans.

The HHS Committee recommends adding items to the Category #3 list to restore each of the reductions.

16. "CONSENT" ITEMS within the DHHS BUDGET

The Council has agreed that for the FY22 Committee budget review process, certain budget and budget items can be recommended to Council through a Committee Consent review process.

The HHS Committee recommends approval of these "consent" items. The Committee agreed it was pleased that additional contracts are being moved from the Community Grants to the base budget.

This first group of items are compensation changes and changes to centrally adjusted costs. The Council will make decisions on compensation separately.

COMPENSATION and CENTRAL ADJUSTMENTS		
FY21 Compensation Adjustment	$3,784,146	0.0
FY22 Compensation Adjustment	$2,096,388	0.0
Conversion of broker positions to merit positions in accordance with legal advice	$324,202	32.0
Increase Motor Pool Adjustment	$128,569	0.0
Increase Print and Mail Adjustment	$19,683	0.0
Shift Workforce Adjustment	$0	-1.0
Technical Adj: Workforce Adjustment	$0	-5.3
Elimination of one-items approved in FY21	($12,190)	0.0
Reduce Motor Pool Fuel Costs	($45,692)	0.0
Retirement Adjustment	($498,807)	0.0
Annualization of FY21 Personnel Costs	($1,987,123)	0.0

Grant Fund adjustments recognize the change in actual and projected amount of grant funds received from the original approved to the recommended budget. The technical adjustment is the compilation of adjustments made to many grants throughout the budget and not reflective of one particular grant.

GRANT FUND:		
Technical Grant adjustment	$1,531,136	2.0
Technical Adjustment: House Bill Grant	$351,704	6.1
Realignment of budget due to increase of CDC End the HIV Epidemic Grant	$340,913	0.0
Decrase Child Care Development Grant (Head Start)	($15,000)	0.0
Reflect reduction in award for End the HIV Epidemic Grant	($75,860)	-1.0
Technical Adjustment: Local Behavioral Authority State Opioid Grant	($97,768)	0.0
Realignment due to decrease in Ryan White Consortia Grant	($128,938)	1.0

These individual items are recommended by Council staff for consent as they are generally the continuation or annualization of funding that was approved during FY21, increasing in costs for central IT services, or reductions that may have been agreed to by the Council in one of the savings plans or impact temporary services.

CONSENT - INDIVIDUAL ITEMS		
Add Therapeutic Recreation Services for school-age youth	$750,000	0.0
Family Invervention Pilot and Family Strenthening Contract services	$565,706	1.0
Expand Mental Health Services at Linkages to Learning sites in schools with high concentrations of poverty	$556,673	0.0
Increase Client Portal Project Maintenance Expenses	$390,000	0.0
Annualization of 3 Community Health Nurse II positions	$303,159	3.0
Enhance Mental Health Services for MCPS students and families	$250,000	0.0
Operating Budget Impact of move to Wheaton Building	$197,770	0.0
HighGear Software Licensing Fees to continue to alloS back-office personnel to work remotely	$178,200	0.0
Increase Domestic Violence Offender Treatment Program due to increased contract cost	$138,911	0.0
Information Technology Contractor rate increases	$86,385	0.0
Reduce Early Childhood Services Community Events due to COVID	($10,343)	0.0
Reduce MC Resource & Referral Center conferences from two to one	($20,000)	0.0
Reduce Temporary Clerical Services Budget	($22,000)	0.0
Decrease Grant Writer Contracts	($25,000)	0.0

CONSENT - INDIVIDUAL ITEMS continued		
Reduce Broker Contract for ACCESS Program	($32,000)	0.0
Suspend Don Bosco Rey Contract due to COVID	($55,000)	0.0
Eliminate Child Linkages Part-time Contract position due to obsolete family resource phone line	($62,000)	0.0
Transfer to Office of Human Resources for the Disability Employment Initiative	($188,851)	-6.5
Reduce budget for Broker and Temporary Clerical Services	($202,924)	0.0
Decrease Shared Psychiatrist Contract Budget due ot lack of respondents	($220,000)	0.0

The departments continue to review contracts previously funded in the Community Grants NDA. For FY22, most contracts that are moved to base are for emergency assistance.

Shift Community Grants from NDA to Department's Base Budget	
Ayuda Inc. - legal interpretation and document translation to ensure equal access justice for limited English proficient and Deaf community members.	$50,000
Bender JCC of Greater Washington - Parkinson's Wellness Initiative for individuals with Parkinson's disease, their families and caregivers.	$12,500
Bethesda Cares - emergency assistance for rent and utilities	$45,000
Bethesda Help, Inc. - emergency food assistance	$6,000
Bethesda Help, Inc. - emergency rent, utility, and prescription assistance to residents of sourthern Montgomery County	$8,000
Family Services, Inc. - neighborhood Safety Net Services case management to residents in Gaithersburg and East County	$100,000
House of Divine Guidance - Winter Haven emergency shelter for women and children	$10,000
Lutheran Social Services of the National Capital Area - emergency rent, utility, and healthcare assistance for new arrived refugees	$42,000
Mid-County United Ministries - emergency utility assistance for neediest neighbors	$25,000
Ministries United Silver Spring Takoma Park, Inc. - housing, utility, prescription, food and other assistance	$30,000
National Capital B'nai B'rith Assisted Housing Corporation - funding for extremely low income residnets who cannot afford medication administration and overnight security fees	$33,000
Olney Help, Inc. - emergency assistance for rent, utilities, and prescriptions	$10,000
Olney Help, Inc. - emergency food assistance delivered to households	$15,000
Potomac Community Resources, Inc. - Provide support for vital living programs for residents with intellectual and developmental disabiities	$30,000
Red Wiggler Foundation, Inc. - Provides opportunities for people with and without disabilities to work, learn, and grow healthy food	$70,000
Rockville Help, Inc. - emergency food, rent, security deposit, utility, and prescription assistance for families in need in Rockville	$10,000
Upper Montgomery Assistance Network, Inc. - emergency assistance to families facing homelessness or utility loss	$50,000
WUMCO Help, Inc. - emergency assistance for rent/mortgage and utilities	$10,000
TOTAL	$556,500

17. Expiration of and Results from Kresge Grant

The Executive is recommending a reduction of $750,000 to the Admin-Children, Youth & Families program in FY22 due to the expiration of the Kresge Opportunity Ecosystem grant. The funding has been used to support a two-generation approach to poverty alleviation in the

Upcounty and East County regions. The effort has focused on systems-work to promote collaboration across public and private sectors, integrate service delivery, community engagement and economic development, and advance social and economic mobility for children, youth and families. This is the last year the grant, which expires in March 2022.

Work Completed

Executive staff has provided the following highlights of work completed through the grant:

- Building community awareness through extensive community outreach and supplementary resources, resulting in increased referrals from partners and schools.

- Embedding a new phase system which tracks clients through their progression (measures plight of client at intake and how they grow as their case progresses; involves initial skills assessment and a self-sufficiency evaluation, which measures factors such as health needs and literacy). On-going case management is then provided for at least one year to coordinate services and track progression for child and parent.

- Training Opportunity Coaches in 2Gen, community resources and motivational interviewing to support each client's goals.

- Providing funds to support client needs such as emergency financial assistance, childcare or educational enrollment.

- Improving Governance structure by adding more subject matter experts and senior managers. Both sites also expanded partner and community member participation within programmatic governing sub-committees.

- Standardizing goals across both Opportunity Ecosystem sites (challenge given individual measures are determined by funding). Several measures are being re-evaluated because of the pandemic, presenting new opportunities to harmonize across sites.

- Both sites working together on groups to support parents in Thriving Germantown and East County with activities for the entire family to adhere to post-pandemic guidelines. Surveys were distributed to both programs and feedback was used to develop series.

- Creation of parent and youth liaisons for East County committees to increase resident involvement. Each liaison serves as an expert in their community and works with engaging residents to participate in community meetings and events.

- Since March 2020 events have taken place virtually and community participation has lessened due to lack of internet access and limited space for virtual events. Regardless, activities conducted include: Family Scavenger Hunt, Paint Night, Remix Rage (anger/ stress management), and Trivia Night.

- The Health and Wellness committee will be launching a program aimed at increasing access to seniors who are currently not connected with online programs and resources. In addition, committee members are creating an outreach strategy to increase awareness for COVID and post-pandemic relief efforts for East County residents.

The following tables reports service numbers for East County and Germantown communities:

East County Opportunity Zone	*Thriving Germantown (Aug. 2020 report)*
251 households have received ongoing Care Coordinator[3] or Opportunity Coach[4] services (66 households in FY21).	75 individuals received case management services
350 (one-time) pandemic referrals – 467 individuals served, including food, rental, and utility assistance and child care connection.	1,192 total encounters through April 2020
Race (self report): 64% African American,7% White, 4% Asian, 4% Multiple race, 1% Other Ethnicity (self-report): 73% Non-Hispanic, 26% Hispanic, 1% Other	Initiated 680 pathways in FY20. Of those, 89% or 608 were completed and 97% or 659 were closed with partial success

Addressing Barriers to Access

The Department reports that "the pandemic shifted the work of the governance committee toward pandemic relief efforts; however, in the past year the committee also focused on collaborating with other agencies and further within the department to improve customer experience; developing universal goals aimed at improving equity across county efforts; enhancing processes to gain feedback from customers; and narrowing the scope of current Opportunity Ecosystem measures and objectives."

In addition, the Department described challenges that arose from the COVID-19 pandemic. Existing processes for service-delivery across the Opportunity Ecosystem could no longer support emergent needs and had to be rapidly revised and re-established. To adapt to the changing circumstances, staff had to implement new ways to continue providing services to current clients and support increased needs from the larger community. The shift to remote work disrupted home visits and walk-in services. The shift to electronic applications for social services programs increased the convenience for residents with internet access but prevented access to services for residents who lack internet access or computer literacy. Moreover, the disparate impact of COVID-19 on the Thriving Germantown and East County community caused a great apprehension and fear amongst residents. The Department anticipates this fear will continue as the pandemic persists, resulting in fewer in-person and walk-in appointments when office reopen.

The Department highlighted the following strategies to address these obstacles:

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[3] Average of 3 referrals to additional eligible services per client by Care Coordinator
[4] Average of 4 referrals to additional eligible services per client by Opportunity Coaches

- **Partnership with Service Consolidation Hubs:** The East County Coordination/ Opportunity Coach team partnered with the East County Hub at Kingdom Fellowship Church and Rainbow Community Center to serve as a referral site for residents to get connected with resources. Project staff participate in the food distribution events and connect with residents in need one-on-one. The Upcounty Consolidation at Blackrock Hub required further calibration including rearranging food storage configurations for better efficiency and less damage, limiting volunteer access, offering resources in various languages, including foods that were culturally appropriate, and identifying partners in the business community to provide services such as transportation.

- **Setting Universal Equity Goals:** The Department is continuing its efforts to train staff in understanding and operationalizing Equity principles at work (Office of Community Affairs staff hosted brown bag lunch series conversations around Race at HHS buildings, and developed and piloted an Implicit Bias curriculum, which was made available to HHS staff). The governance committee began the task of re-examining theory of impact to identity root causes by analyzing current barriers and enablers. The process of identifying root causes requires on-going dialogue and is a continued focus for the governance committee.

- **Mapping Social Economic Mobility (SEM) resources**: The Opportunity Ecosystem grant provided a unique opportunity to identify programs that are shared across DHHS and community partners. With the support of the American Public Human Services Association (APHSA) and Jeannie Chaffin, LLC., the governance committee is leveraging this opportunity to create a map which will function as a visual aid to help guide future decision-making and project development. The map is expected to delineate customer journey, resources, and measure alignment across various 2Gen programs in Montgomery County. It will be used to help identify potential barriers to customer access and opportunities to improve service delivery and customer satisfaction by using a unified Theory of Impact, goals and measures for social and economic mobility and race equity.

- **Journey mapping**: To use customer experience to evaluate current programs, the governance committee is engaged in on-going customer mapping discussions. The current customer map links the Opportunity Ecosystem sites to other community-based programs such as TESS and Linkages to Learning. The Department plans to enhance the customer mapping chart, which will require additional intentional planning and design. The governance committee is currently creating a design team which will undertake this work in Quarter 4 through early next year.

Sustainability

The Department was given a no-cost extension of the Kresge grant to continue the work of the Opportunity Ecosystem until March 2022. CYF reports that it is working on strategies to sustain the work until the end of FY21, and the governance committee on sustaining resources that have been devoted to the ecosystem longer-term. The focus is to sustain the positive changes

made in these two communities by sharing information across Germantown and East County networks. The governance committee, with the support of the partner networks, wants to ensure that our approach in these communities promotes racial and service equity and ways to continue networks between government, nonprofits, and families in the community; in order to improve access to services and improved outcomes that can last long term.

The HHS Committee concurs with the Executive's recommended reduction. The Committee discussed DHHS's plan to continue the work of the Governance Committee and Regional Service Center efforts in East County to connect residents with services. The Committee recognized that the Kresge work contributed to the evolution of the regional Service Consolidation Hubs in East Count and Germantown. DHHS indicated that it will continue to support the Hub model and facilitate the ongoing public private partnership and connecting families with resources. Council Vice President Albornoz requested that DHHS provide a formal update to District Councilmembers representing the targeted communities that explains the evolution of these community-based efforts.

18. Adult Protective Services ($82,057), Escorted Transportation ($43,286), and Comments from the Commission on Aging (attached at ©100-102)

Adult Protective Services

The County Executive is recommending the addition of one position to support Adult Protective Services (APS) at a cost of $82,057. **The HHS Committee recommends approval of this position.**

The Commission on Aging has raised concern about the caseloads for APS investigations and public guardianship for the last few years. Last year, the Executive included a new position for APS and a position for the Public Guardianship Program, but the Council was not able to approve them under the Continuity of Service framework. The Commission on Aging is asking that, in addition to the APS position, a second position be added as well.

Due to fiscal constraints the HHS Committee did not recommend this additional position.

Escorted Transportation

The Executive's Recommended Budget includes a $43,286 reduction to the contract for escorted transportation. This is about a 30% reduction. The Council accepted this same reduction in the first FY21 Savings Plan. The pandemic substantially reduced the requests for this service as people stayed home. This is why in the FY22 Recommended Budget it shows as a reduction with no service impact. The Council received testimony at the public hearing that the Jewish Council for the Aging is now starting to see an upturn in requests as people are vaccinated and starting to go out and keep appointments again.

The Commission on Aging has included in its priorities maintaining and expanding programs for older adults and discusses the need for flexible transportation. **The HHS Committee accepted the reduction and said it would continue to consider this issue and the county reopens and noted all the new flexible transportation options that have developed over the past year.**

Concerns Raised by the Commission on Aging regarding Legal Services and Nursing Home Inspections

Legal Services: The Commission on Aging is asking for the creation of a legal assistance program for older renters in eviction. The Joint PHED and HHS Committee recently discussed that the County is support funding to Legal Aid and the Homeless Persons Representation Project to provide legal assistance to low-income residents in eviction proceedings. While legal aid is currently available to low-income residents who have received an eviction notice, there may be an opportunity to work with DHCA and non-profit tenant support organizations to develop webinars, or maybe in person seminars, that are tailored to seniors so that can know their rights and understand the process should they fall behind in rent. Current federal rent relief requires a loss of income due to COVID and this may not apply to low-income seniors who fall behind because they are on a fixed income that has left them rent burdened.

State's termination of memorandum of understanding regarding nursing homes. The Commission on Aging has written to both the Council and members of the Delegation about the State's termination of the long-standing MOU regarding nursing home surveillance. This is an important and significant issue but is also a very recent decision. The DHHS positions are still in the budget and consideration is being given to what authority the County may be able to have to continue to support quality care in nursing facilities. **The HHS Committee agreed to schedule an update with DHHS later this summer to understand how the County may want to proceed on this issue.**

19. Innovations in Telehealth: $250,000

On March 18, the HHS Committee received an overview presentation from Mary's Center on their experience with telehealth and the potential they see for expanded use that can increase access to healthcare, reduce missed appointments, and make some appointments less burdensome to the patient when travel can be avoided. In addition to caring for people's physical health, Mary's Center representatives talked about the potential for mental health, behavioral health, and pre-natal health services. Certain tele-dental services are also possible. Models included facilitate telehealth but also the idea of a "pop-up" site where people could also access their visit and certain health equipment.

The slides from the March 18 session are attached at ©105-130.

Following the March HHS Committee session, Mary's Center, Ms. Harris and Ms. Kelly (DHHS Healthcare for the Homeless), Ms. Carranza (Chief of Staff to Councilmember Glass) and Council staff met to discuss the potential for telehealth and the homeless population. Some areas

of interest are facilitated telehealth for people who are now in permanent supportive housing and collaboration between homeless outreach and mental health telehealth services. Also discussed was Mary's Center collaboration with Shepherds Table to provide services to Shepherds Table's clients who may not be linked with a medical home or are in need of dental and other supports offered through Mary's Center.

Mary's Center also recently presented to the Montgomery Cares Advisory Board. The Montgomery Cares clinics that were not experienced with telehealth made a big pivot during the pandemic. As noted, in March 40% of encounters/visits were by tele-visit and DHHS and the Montgomery Cares Advisory Board/Health Centers Leadership Council/Primary Care Coalition continue to work to determine how telehealth will continue and be reimbursed.

The HHS Committee is extremely excited that telehealth may be a "silver-lining" from the pandemic and increase access to healthcare. The Committee is interested in supporting the innovative use of telehealth and recommends adding $250,000 on the Category #1 list for the purpose of advancing telehealth.

20. Early Care and Education Services including Early Care and Education NDA, Child Care Subsidies, Early Childhood Services

Expansion of quality early care and education has been the focus of multiple groups in the County and in the State in recent years. The need for public support for private early care has intensified with the pandemic as a result of efforts to contain the spread of COVID-19 and stringent reopening requirements that have increased the financial strain on already struggling child care businesses, jeopardizing their continued viability.

This section summarizes initiatives that have public funding implications for the County in FY22. The Council has received testimony (©163-168) supporting funding to expand quality early care and education programming including universal pre-kindergarten and subsidized child care for young children. The Community Action Board (©92-99) also recommends approval of the recommended budget for the Early Care and Education Non Departmental Account, expansion of financial assistance and support for child care providers to ensure their continued viability, and the continuation of the Basics program, initially funded through the Head Start program.

Early Care and Education Non Departmental Account (ECE NDA)

In March 2019, then Council President Navarro and the County Executive, in partnership with Montgomery County Public Schools and Montgomery College, jointly announced the Montgomery County Early Care and Education Initiative (ECEI), a four-year action plan to significantly expand quality early child care and education options for infants, toddlers and preschoolers, provide greater access to more families, and support schools and community-based providers. Excerpts of the ECE Action Plan are attached on ©157-162.

FY22 is Year Three of a four-year action plan, and the Executive's recommended budget for the ECE NDA is $10,992,589, an increase of $5,000.000 or 83.4% over the FY21 level. The

Initiative is focused on expanding the number of quality ECE seats in a mixed delivery system, ensuring the sustainability of family and center-based programs, increasing resources to providers and families, identifying existing unused or underutilized classrooms in high need areas, increasing utilization of local child care subsidies, and supporting recovery work during the COVID pandemic. An update highlighting the work in Year 1 and Year 2 of the Initiative is provided on ©147-149.

The table on ©152 shows the approved/recommended funding and expenditures Initiative from FY20 through FY22. Council staff notes funding from the NDA supports other DHHS and MCPS programs and unencumbered funds remaining in the NDA at the end of each fiscal year are re-appropriated into the next fiscal year instead of falling to the General Fund.

The Joint Committee recommends approval of the proposed budget for the ECE NDA. Joint Committee members requested the expedient filling of NDA supporting positions, information on the supply and demand study with an opportunity for feedback, the alignment of technology efforts with the Department of Technology Services, the use of best practices to engage hard-to-reach populations. Councilmember Navarro requested follow-up sessions to review data on gaps and slots added since the beginning of the initiative and options for future funding. She also requested a follow up discussion with the GO Committee on the development of the child care app and service mapping in coordination with the ITPCC.

Child Care Subsidies

For FY22, the budget for Child Care Subsidies total $3,3446,273 and 7.5 FTEs, a decrease of $12,357 or 0.4% below the FY21 level. There is no change to the number of FTEs recommended. The decrease is reflected as multi-program adjustments, which include negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

The Child Care Subsidy program administers the County's Working Parents Assistance (WPA) program which provides child care subsidy for County residents who are over the income eligibility for the Maryland Child Care Scholarship Program (CCSP) and supplemental payments for those in CCSP.

The following table shows the budget and expenditures for WPA, State Subsidy Supplement, and subsidy contributions from the ECE NDA for FY20, FY21, and FY22.

	FY20 Budget	FY20 Expenditures	FY21 Budget	FY21 Expenditures	FY22 Recommended
WPA	$1,656,348	$832,679	$1,656,348	$364,129	$1,656,348
Supplement	$1,020,240	$1,407,701	$1,020,240	$649,291	$1,020,240
ECE NDA	$1,875,972	$2,045,404	$4,021,204	$681,177	$4,500,000
TOTAL	$4,552,560	$4,285,784	$6,697,792	$1,694,597	$6,426,588

Council staff notes that State CCSP rates increased to the level of rates charged by 60% of providers in the region. Consequently, more County children no longer qualified to receive payment through the County's State Supplement program, as their State benefit is higher or equal to the WPA benefit. The ECEI Steering Committee is considering WPA eligibility expansion for up to 400% of the Federal Poverty Level consistent with the Montgomery County self-sufficiency standard.

DHHS reported that it is considering increasing amounts or alternative program delivery models for the lowest income/most vulnerable families to increase access and use of early care and education programs.

The Joint Committee recommended approval of the proposed budget for child care subsidies.

Early Childhood Services

For Early Childhood Services (ECS), the Executive's FY22 budget includes $11,242,155 and 42.83 FTEs, which is an increase of $938,720 or 9.1% and 4.5 FTEs from the FY21 budget. ECS services children from birth through age five and their families, early care and education programs, and the community. The program administers the Infants and Toddlers Program in collaboration with MCPS, the County's Resource and Referral Centers, the State Infant & Early Childhood Mental Health Project, and the Child Care in Public Space program.

The following table shows the adjustments proposed by the Executive and their review status:

Description	Amount	FTE	Review Status
Infant and Toddlers Program Translation Services for Individual Family Service	$442,000	0	Joint Committee review
Enhance Healthy Families Montgomery Contract for intensive in-home visits and services	$50,000	0	Joint Committee review
Reduce Early Childhood Services Community Events due to COVID	($10,343)	0	Consent-FY21Savings Plan
Reduce MC Resource & Referral Center conferences from two to one	($20,000)	0	Consent-FY21 Savings Plan
Eliminate Child Linkages Part-time Contract position due to obsolete family resource phone line	($62,000)	0	Consent-FY21 Savings Plan
Multiprogram Adjustments	$539,063	4.5	Consent

- *Infants and Toddlers Program translation services for Individual Family Service* *$442,*000

The Executive is recommending an increase of $442,000 to provide ongoing translation of Individual Family Services Plans (IFSP) for the Montgomery County Infants and Toddlers Program (MCITP) families. Executive staff reports that Maryland law mandates the translation of IFSPs for any languages that are 1% of the MCPS population. In FY21, the Maryland State Department of Education (MSDE) provided a one-time only $50,000 toward translations and the MCITP program was in receipt of $400,000 in special appropriation from the Governor.

Translation services are an ongoing and growing expense that is mandated by law and not accounted for in the state funding of the Maryland Infants and Toddlers Program. Without a special appropriation from the Governor, the MCITP grant does not cover these translations and the grant has decreased each year. The funding is recommended in the base budget to provide these mandated, critical services for MCITP families.

- ***Enhance Healthy Families Montgomery contract for intensive in-home visits and services***   ***$50,000***

The Executive is recommending an increase of $50,000 to sustain the Healthy Families Montgomery program. Over the past few years, the funding has increased minimally, only with slight inflationary increases:

FY18: $558,957.00
FY19: $581,613.00
FY20: $598,984.14
FY21: $598,984.14
FY22: $648,984.14 (=$598,984.14+$50,000.00 proposed increase)

Executive staff explain that the funding is needing to maintain the appropriate level of services to support a healthier future for vulnerable young children in Montgomery County.

The Joint Committee recommended approval of these ECS budget adjustments.

Head Start and Prekindergarten Services Update

The following table summarizes recommended publicly funded seats for Head Start and Prekindergarten (Pre-K) services in Montgomery County in FY22.

Program	Hrs	Eligibility	Agency	FY22 seats	Funding Source	FY22 Rec.
Head Start	6	100% FPL & Title I	MCPS	557	Federal (DHHS-CAA) State/County (MCPS OB) County (DHHS-SHS,CAA)	9.4 million
Head Start	3	100% FPL	MCPS	91	Federal (MCPS)	$600,000
Full Day Pre-K	7	186%-200% FPL	MCPS	780	State/County (MCPS OB)	$9.44 million
Pre-K	3	185% FPL*	MCPS	1,685	State/County (MCPS OB)	$9.46 million
Community Based Pre-K	10	185% FPL	Centro Nia	100	County (DHHS)	$1,107,341
Pre-K Expansion Grant	7	200%-300% FPL	9 comm. based providers	275	Federal/State	$3.978 million
Pre-K Special Education	2.5-5.5	n/a	MCPS	1,560	Federa/County	$48.7 million

*The State's Bridge to Excellence mandate requires that all four-year old children in families whose incomes are at or below 185% of the federal poverty guidelines must be provided a Prekindergarten experience if requested.

Council staff notes that funding included in the Early Care and Education NDA may be used to expand early care and education seats.

Education Blueprint for Maryland's Future Update

During the 2021 session, the General Assembly overrode the Governor's veto of the Blueprint for Maryland's Future Implementation legislation and reaffirmed the State's commitment to the Blueprint. The delayed enactment of the Blueprint required the General Assembly to pass a companion bill to "fix" timelines and other Blueprint requirements that were no longer appropriate in light of the delay and to address concerns about the intervening impacts of the COVID-19 pandemic. The Blueprint for Maryland's Future - Revisions (HB 1372/Ch. 55) generally defers implementation of the 10-year plan by one year and makes related technical changes.

The legislation defers by one year the following requirements:

- Prekindergarten slots provided by eligible private providers account for at least 30% of the total prekindergarten slots provided by eligible prekindergarten providers in each county (now 2022-2023);
- The proportion of eligible private provider prekindergarten slots account for at least 50% of eligible provider prekindergarten slots (now 2026-2027);
- All eligible prekindergarten providers include structural elements that are evidence-based and nationally recognized as important for ensuring program quality (now 2025-2026).

Councilmember Rice requested information on how Montgomery Collage and the Child Care Resource and Referral Center is helping to prepare providers to deliver Pre-K including how many providers have matriculated, achieve degrees or credentials, increased EXCELS levels, made progress in professional development.

21. Children's Opportunity Fund

The Children's Opportunity Fund (COF) is a joint MCPS/Montgomery County Government effort to address the social determinants that impact the educational achievement gap and provide services for children at risk of not succeeding in school and their families.

The Executive has recommended the level funding for the Children's Opportunity Fund in FY22 as follows:

Funding Source	FY21 Budget	FY22 Rec.
Children's Opportunity Fund NDA	$375,000	$375,000
DHHS Children Youth & Family Services	$255,000	$255,000

The **Joint Committee recommended approval of the proposed funding for COF.**

Fundraising

COF has received $500,000 from Howard Hughes Medical Institute (HHMI) to mitigate achievement disparities among students in Montgomery County Schools and continued to fundraise from individuals and other community philanthropic partners. In FY20, COF raised approximately $250,000 that was private philanthropic funds to support COF projects, and in FY21, COF has raised $854,275 (in addition to the $500k from HHMI) to support Equity Hubs and the mission of COF.

Grant Making

COF reports that FY22 grants have not been determined, but it is moving forward as follows:

> *We are inviting the following organizations to return for additional funding for FY22: Thriving Germantown, Montgomery Housing Partnership, YMCA, Latino Student Fund, Dolly Parton's Imagination Library, Arts of the Block, Urban Alliance, Black and Brown Coalition and Blackrock. We are also interested in funding organizations that are finding creative solutions to addressing the challenge of unfinished learning, how to address the Covid learning loss in creative ways in the community and how to address the social emotional needs of young people in our community.*

COF also reports the following awards that have been made since May 2020.

5/29/2020	Imagination Library of Montgomery County	$5,000.00	county
5/29/2020	Family Services Agency, Inc. (Thriving Germantown)	$61,000.00	county
5/29/2020	Urban Alliance Foundation, Inc.	$125,000.00	county
6/18/2020	Latino Student Fund	$11,000.00	county
6/18/2020	BellXcel	$15,500.00	county
6/18/2020	Montgomery Housing Partnership, Inc.	$61,000.00	county
6/18/2020	YMCA of Metropolitan Washington	$65,000.00	county
8/13/2020	BlackRock Center for the Arts	$12,000.00	county
8/21/2020	Black and Brown Coalition	$20,000.00	county
10/16/2020	Jewish Council for the Aging of Greater Washington, Inc. (Interages)	$20,000.00	county
10/16/2020	Arts on the Block	$25,000.00	county
10/16/2020	Latino Student Fund	$25,000.00	county
10/16/2020	CentroNia (Waterford Upstart)	$30,000.00	Private
10/16/2020	Family Services Agency, Inc. (Waterford Upstart)	$34,425.00	Private
11/17/2020	Montgomery Child Care Assoc (Equity Hubs)	$21,000.00	Private
12/11/2020	Rockville Day Care Association (Equity Hubs)	$28,000.00	Private
12/11/2020	Wonders Early Learning and Extended Day, Inc. (Equity Hubs)	$28,000.00	Private
12/22/2020	Academy Child Development Ctr (Equity Hubs)	$19,403.50	Private
12/23/2020	KID Museum, Inc. (Equity Hubs)	$15,000.00	Private
1/6/2021	GapBuster, Inc. (PGM)	$25,000.00	Private
1/6/2021	Advancing Black Lives in Education (PGM)	$25,000.00	Private
1/6/2021	Story Tapestries, Inc. (PGM)	$25,000.00	Private
1/14/2021	Loud Voices Together Educational Advocacy Group (PGM)	$25,000.00	Private
3/3/2021	Imagination Library of Montgomery County	$5,000.00	county
3/9/2021	Montgomery Child Care Association (Equity Hubs)	$46,399.52	Private

Council staff also notes that COF has used private philanthropy to support other efforts including the following:

- **Participatory Grantmaking**: COF recruited members from the community to make funding decisions for literacy-focused organizations serving black and brown students and families including: Advancing Black Lives in Education (tutoring, family support, learning tools, educational supplies, etc.); Story Tapestries (high-impact literacy programs); Gapbuster (cross-tutorial mentoring); and Loud Voices Together (literacy and math support).

- **Waterford Upstart:** Pilot grants to CentroNia and Family Services, Inc. for summer learning project.

FY 22 Montgomery County Operating Budget Testimony

April 8, 2021

Dear Councilmembers,

Thank you for the opportunity to testify on behalf of Nonprofit Montgomery and our alliance of 190 nonprofits that serve the residents of Montgomery County. Nonprofit Montgomery strengthens the nonprofit sector through leadership and capacity building programs, advocates for nonprofits and the people they serve, and addresses community challenges through Montgomery Moving Forward.

Now more than ever, Montgomery County's nonprofit organizations have proven to be essential partners to County Government. In this year of pandemic, our nonprofits have risen to every challenge, from dramatically increasing food access to providing intensive case management with families. Our youth development organizations made sure students were engaged with school, and helped families access equipment and navigate online learning. Our mental health organizations have met increasing demands. Nonprofits innovated service delivery and equity learning hubs, which were then expanded with the support of County government. I am quite certain that County residents are better off today because of the intensive work of our nonprofit organizations.

The last year has shown us that Montgomery County's strategic investment in a robust nonprofit sector has been essential for weathering the pandemic. Nonprofits are also essential to the recovery.

To remain strong, nonprofits need cost of living increases in County contracts. There were no increases in FY21, making it difficult to retain staff and meet the increase in minimum wage and other expenses.

Therefore, our request for the FY 22 Operating Budget is as follows:

1) Maintain the continuity for Community Grants and the 1.5% increase on nonprofit contracts in DHHS as recommended in the County Executive's FY 22 Operating Budget.

3) Add a 1.5% increase to nonprofit contracts in DHHS for a total increase of 3%.

4) Provide a 3% increase for nonprofit base budget contracts in all other County Departments (including Recreation, DHCA, etc.). Contracts in other departments have not typically received increases to recognize increased costs of doing business. The approximate budget impact on $2,400,00 in contracts and other departments is $72,000.

The total budget impact of #3 and #4 is approximately $812,000.

The Council's support is necessary to preserve nonprofit staff and organizational infrastructure so that nonprofits can partner with County government to meet the challenges of the recovery.

Thank you for your support and partnership.

Lesley J MacDonald, MSW
Executive Director
Nonprofit Montgomery
lesley@nonprofitmoco.org
301-943-6583

Montgomery County InterACC/DD

REQUEST FOR INCREASE IN MONTGOMERY COUNTY'S GENERAL ASSISTANCE TO SERVICES FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES FOR FY22

Thank you for this opportunity to present you tonight and all of the support that this Commission has provided to the people we support, their families, our essential DSPs and the DD providers.

The Inter-Agency Coordinating Committee on Developmental Disabilities (InterACC/DD) is a coalition of 37 service providers operating community-based support services in Montgomery County funded primarily by the Maryland Developmental Disabilities Administration (DDA). Provider agencies receive approximately 190 million dollars annually from DDA to support about 4,000 county residents with intellectual and developmental disabilities (IDD). The coalition members together employ more than 5,000 staff.

Background: For over 40 years, Montgomery County Government has provided much needed supplemental funding to ensure Montgomery County residents can access the services needed so children and adults with IDD can thrive as members of their community. The supplement has been and will continue to be an essential resource for providers in their quest to ensure the health, safety and achievement of personal goals for some of the county's most vulnerable residents. The partnership between DDA, Montgomery County Government and county providers of services has proven to be critical asset in the county's economic development. Because of the supplement providers have had the ability to:

- Expand services to county residents with IDD requesting quality residential, employment, and other individualized support services.
- Work collaboratively with MCPS to transition Maryland's largest group of transitioning youth into adult services.
- Pay direct support professionals a higher wage than state funding alone would support.
- Successfully operate in an environment where the cost of doing business is higher than other Maryland counties.

COVID-19-This has been a very tough year for all of us, DD Providers have seen

- closing daytime services
- staffing residential homes 24/7
- continuing to provide employment support to people with IDD in essential jobs
- providing virtual/remote supports
- obtaining large quantities of PPE and other efforts to keep staff and people with DD safe
- maintaining an adequate direct support workforce
- learning about COVID
- training staff on new protocols to keep everyone safe
- accessing testing for staff and people with DD
- navigating a complicated and ever-changing set of federal, state, and local guidance and requirements
- operating vaccine clinics for people with DD.
- Systematic Testing
- Launching of EVV
- New waiver and Amendments, LTSS not in place yet

Montgomery County InterACC/DD

The "DD supplement," as it has been referred to, has ranged from 7% to 11% of state funding for the past eight years. The county's commitment to this critical partnership with service providers has benefited individuals newly entering the system each year by expanding the funding to include them. Over one hundred transitioning youth and people with emergency support needs enter the system each year for an average rate of growth of over 6% over the past seven years.

Chart 1: Eight Year Growth in Service System for people with IDD in Montgomery County

Fiscal Year	DDA Revenue total	Percent Increase	Total Supplement from County	Percent Increase	County Supplement Percent of DDA Revenue
FY14	$113,790,175		$8,469,101		7.44%
FY15	$121,537,394	6.81%	$9,425,923	11.30%	7.76%
FY16	$129,974,130	6.94%	$10,542,031	11.84%	8.11%
FY17	$137,372,061	5.69%	$13,800,221	30.91%	10.05%
FY18	$147,152,157	7.12%	$14,729,712	6.74%	10.01%
FY19	$153,327,769	4.20%	$17,562,175	19.23%	11.45%
FY20	$160,122,829	4.43%	$17,562,175	0%	10.97%
*FY21	*$180,651,662	12.82%	**$17,993,936	2.46%	9.96%
Averages		6.86%		11.78%	9.47%

*FY21 revenue total based on census in April 2020, which was used for FY21 budget distribution
*FY21, we are speculating that FY21 increase is due to new provider revenue added to DDA revenue total and the use of actual census revenue.
**This amount includes the award approved through the County's supplemental budget process.

FY22 Proposal: InterACC/DD requests an increase in the general assistance provided by Montgomery County for FY22 of 5.86% for a total annual amount of $19,123,785. This would result in maintaining the County's recent contribution levels of approximately 10% of anticipated DDA revenue for FY22.

Chart 2: FY22 Proposal

Estimated DDA Revenue total *	Estimated DDA Percent Increase	InterACC/DD Requested Supplement	Percent Increase to Supplement	Estimated Percent of DDA Revenue
*$191,237,849	5.86%	$19,123,785	6.28%	10.00%

*Predicted DDA Revenue based on an average of 5.86% increase from FY14 to FY20. The InterACC/DD decided to exclude the FY21 DDA total revenue increase of 12.82% from our calculation. If we included this calculation, the aggregate increase in DDA total revenue is a full 1% higher, 6.86%.

The County's continued support of services for people with IDD is especially important this coming year. People with IDD and the direct support professionals who support them have been disproportionately impacted by the COVID-19. People receiving services from DDA have been more than 3 times as likely to die from COVID-19 as the general population in Maryland. Direct support professionals are also at

higher risk doing work that is necessarily close contact. County funding enables service providers to provide the needed PPE, enhanced training, hazard pay, alternative staffing structures, and technology needed to provide services as safely as possible during the pandemic.

Submitted to Dr. Crowle, Odile and Kim
Had a meeting with the County Executive and presented to him

Honorable Council members,

On behalf of the Maryland Association of Adult Medical Day Services (MAADS), whose members provide Medical Day Care Services throughout the State and in particular to nearly 2000 elderly and disabled adults in Montgomery County, we request that the Council increase the Medical Day Care Minimum Wage Supplement in the County Executive FY2022 budget to meet the actual shortage amount of $2.7M.

As you are aware, higher **minimum wage rates** pose significant challenges to Medicaid providers such as Adult Medical Day Cares (AMDC) in the County:

1. Medicaid rules strictly prohibit Adult Medical Day Care (AMDC) Providers from passing the associated increase in labor costs to their consumers. This is a sharp contrast from other businesses that can pass the additional costs onto consumers.
2. State licensing regulations prohibit AMDC Providers from reducing staff or limiting services due to staffing ratio and other requirements. Again, this is in sharp contrast to other businesses that have the ability to adjust their staffing and product lines.
3. Medicaid pays all AMDCs across the State a single flat fee for a day of service provided to a qualified participant (regardless of which county they serve). **This places the Montgomery County providers in significant disadvantage** because the cost of providing services and operating a business in our county is much higher than other counties.
4. In the covid and post-covid era, it is much harder to find staff willing to work in health care settings than other jobs that do not require direct contact with people. In addition to this challenge, AMDCs now have to compete with larger organizations paying a higher minimum wage in the County. This has resulted in an unprecedented competition and challenge for MADCs having to pay individuals even above the minimum wage rates in order to provide services to their participants. This rapid increase in labor costs is not sustainable for AMDCs.
5. Since AMDCs only get paid for services rendered, the Covid-related restrictions in transportation and social distancing are resulting in significant reduction in revenues for AMDCs, making them especially susceptible to any and all operating costs, especially the minimum wage difference between the State and Montgomery County, which now has grown to more than 13% of AMDC's operating budget.
6. Montgomery County's rapid and continuous increase in minimum wage over the past few years on top of the increased cost of operations during and post covid era, has created an **existential emergency** that requires the County to provide **immediate** supplement to enable the AMDCs to continue functioning and serving the community.
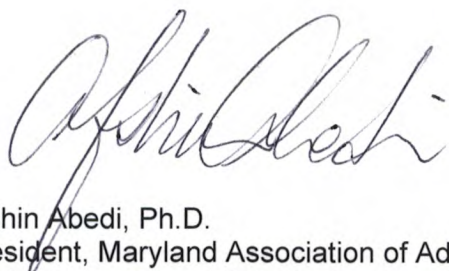
Recognizing that not supporting AMDCs will leave a significant deficiency in the County's ability to care for the growing population of fragile elderly and disabled adults, we strongly urge the County Council to increase the funds allocated to AMDCs for FY22.

The following table provides the required minimum wage supplement per fiscal year.

Fiscal Year	County Min Wage	State Min Wage	County AMDC Subsidy (Prior to State Min Wage Law)	State Min Wage Subsidy?	County AMDC Subsidy (After State Min Wage Law)	Savings to County
2020	$ 12.75	$ 10.10	$ 1,627,531.15	No	$ 1,627,531.15	$ -
2021	$ 13.50	$ 11.00	$ 2,604,049.84	Yes	$ 2,604,049.84	$ -
2022	$ 14.25	$ 11.75	$ 3,580,568.53	Yes	$ 2,766,802.96	$ 813,765.58
2023	$ 14.50	$ 12.50	$ 3,906,074.76	Yes	$ 2,115,790.50	$ 1,790,284.27
2024	$ 15.00	$ 13.25	$ 4,557,087.23	Yes	$ 1,790,284.27	$ 2,766,802.96
2025	$ 15.45	$ 14.00	$ 5,142,998.44	Yes	$ 1,236,923.68	$ 3,906,074.76
2026	$ 15.91	$ 15.00	$ 6,368,080.20	Yes	$ 1,189,399.77	$ 5,178,680.43
		TOTAL	$ 27,786,390.16		$ 13,330,782.16	$ 14,455,608.00

Similar to organizations catering to individuals with **Developmental Disabilities, AMDCs provide much needed care to the county's frail and vulnerable populations. Furthermore, AMDCs are subject to similar Medicaid funding shortage and challenges.** These programs are basically branches of the same tree, or arms to the same body. COMAR defines AMDCs as providing services to **Adults with Medical Disability** and DDAs as providing services to **individuals with Developmental Disability**. Furthermore, because developmental disability is a form of medical disability, many people living with developmental disabilities also use and depend on AMDC services for their daily life.

Therefore, we respectfully request that the Council increase the funding to the FY2022 budget so that our labor costs are kept steady as the minimum wage continues to increase. It does not cost much to cover the AMDCs budgetary shortage. This supplement helps ensure the viability of the AMDC programs **for the disabled and the elderly whose population is expected to increase significantly over the next two decades.**

Afshin Abedi, Ph.D.
President, Maryland Association of Adult Day Services (MAADS)
CFO, Loving Care Adult Medical Day Care
17051 Oakmont Ave, Suite A
Gaithersburg, MD 20877

Montgomery County, MD

Service Consolidation Hubs

Presentation to County Council
4/29/2021

DHHS Vision of the Service Consolidation Hubs

- A place that provides food and resources to those experiencing barriers to access in underserved areas

- Services are culturally appropriate and respond the needs of the community

- Bilingual staff, ability to establish trust, connect with vulnerable, isolated residents

- Collaboration with community partners and leverage existing resources

- Ability to adapt and respond to the need

Montgomery County
Service Consolidation Hubs
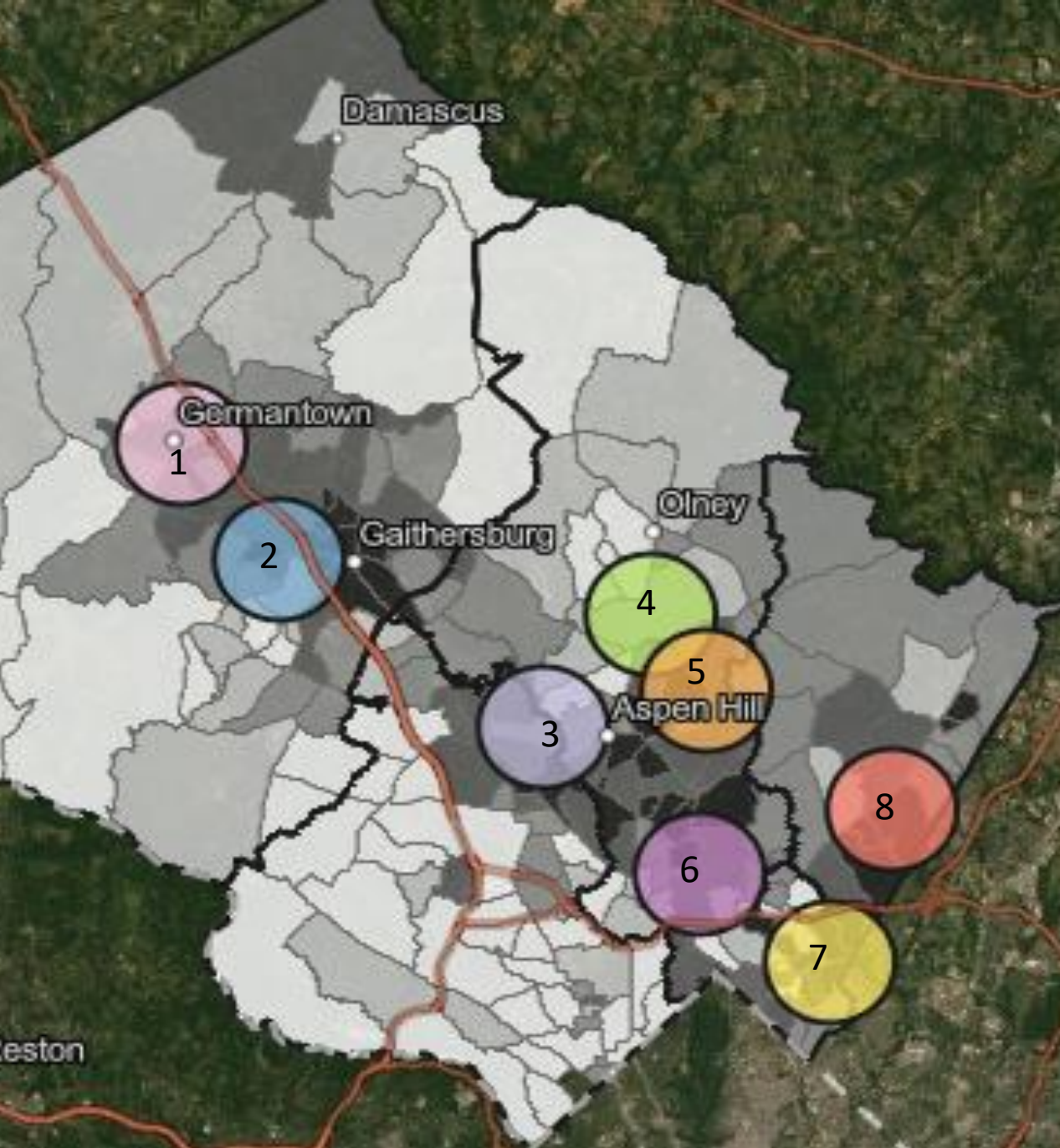
1. Up County at Black Rock CA,
   12901 Town Commons Dr., Germantown, 20874

2. Gaithersburg CARES at Seneca Creek CC
   13 Firstfield Rd, Gaithersburg, 20878

3. Twinbrook at Interfaith Works
   751 Twinbrook Pkwy # 8, Rockville, 20851

4. Mid County at Harvest Intercontinental Church
   16227 Batchellors Forest Rd, Olney, 20832

5. 20906 at Oak Chapel UMC
   14500 Layhill Rd, Silver Spring, 20906

6. Wheaton /Glenmont at Hughes UMC
   10700 Georgia Ave, Wheaton, 20902

7. Silver Spring at Clifton Park Baptist Church
   8818 Piney Branch Rd, Silver Spring, 20903

8. East County at Kingdom Fellowship A.M.E
   12101 Tech Rd, Silver Spring, 20904

(10)

Overall Impact – Weekly

- Almost 6,000 households
- Over 10,000 children
- More than 2,500 seniors
- About 27,000 individuals
- Over 150,000 Lbs. of food at 35 distribution locations
- Distribute close to 20,000 diapers
- Leverage 1,000 hours of volunteer work
- Serve over 500 households with home deliveries
- Assist 90 or more COVID households
- And refer 57 households for case management services

Up County Consolidation Hub at Black Rock Center for the Arts

BLACK ROCK CENTER FOR THE ARTS

WEEKLY AVERAGES	
Households	878
Children	1,611
Seniors	311
Individuals	3,773
Pounds	16,678
Distribution	4
Home Deliveries	233
COVID Hhlds	4
Diapers	315
Vol. Hours	93
Case Mgmt	1

Distribution Locations
Church of Nazarene 20882 - Tuesday
Watkins Mill ES - 20886 - Wednesday
The Hamptons 20874 - Thursday
Germantown ES - Tuesday
South Lake ES 20877 - Wednesday
The Middlebrook Mobile- Thursday
Stedwick Community Ctr 20886 – Friday
BlackRock Center for the Arts

Additional Services: COVID Testing, COVID Vaccines, TeleHealth, Prepared Meals, Easter Baskets, Holiday Giving, Birthday boxes.

(12)

Gaithersburg CARES Hub at Seneca Creek Community Church

SC WEEKLY AVERAGES	
Households	1,172
Children	2,432
Seniors	439
Individuals	6,164
Pounds	30,915
Distribution	8
Home Deliveries	92
COVID Hhlds	62
Diapers	7,412
Vol. Hours	172
Case Mgmt	9

DISTRIBUTION	DAY
Seneca Creek Community Church	Mon
St. Rose of Lima Catholic Church 20878	Tues
The Oaks Senior Bldg. 20877	Wed
United Methodist of Goshen, 19615	Wed
Shepherd Pratt, Gburg Middle	Wed
School Shepherd Pratt Gburg Elementary	Wed
Spring Ridge Apartments, N. Summit	Wed
Streamside Apartments, N. Summit	Wed
Flower Hill Elementary School	Wed
Family Services Early Head Start	Thurs
Lakeforest Mall	Thurs
Seneca Village Apartments, Clopper Rd	Sat
13 Firstfield Road, Gburg 20878	Fri

Additional Services: COVID Testing*, ESOL Program, Baby Depot, COVID Vaccines, Holiday Giving.

(13)

Twinbrook Service Consolidation Hub at Interfaith Works

INTERFAITH WORKS

IF WEEKLY AVERAGES	
Households	447
Children	911
Seniors	231
Individuals	2,461
Pounds	12,328
Distribution	1
Home Deliveries	16
COVID Hhlds	4
Diapers	1,500
Vol. Hours	90
Case Mgmt	5

FULL ADDRESS OF DISTRIBUTION	DAY
751 Twinbrook Parkway, Rockville, MD 20851	Fridays

Additional Services: Resource Navigation, Prepared Meals, Clothes, Furniture, Computer and other referrals, Holiday Giving.

(14)

Mid County Service Consolidation Hub at Harvest Intercontinental Church-Olney

HI WEEKLY AVERAGES	
Households	490
Children	799
Seniors	101
Individuals	2,005
Pounds	16,642
Distribution	2
Home Deliveries	76
COVID Hhlds	2
Diapers	2,560
Vol. Hours	175
Case Mgmt	7

DISTRIBUTION	DAY/HOUR
Harvest Intercontinental Church	Saturday
Leisure World	Saturday

Additional Services: New Coat Closet, Diaper Bank, Grief Counseling, Mentorship, Culturally Appropriate Food for African immigrants, Grief customized senior boxes, Holiday Giving.

20906 Service Consolidation Hub at Oak Chapel United Methodist Church

OCUM WEEKLY AVERAGES	
Households	482
Children	951
Seniors	265
Individuals	2,032
Pounds	11,000
Distribution	3
Home Deliveries	40
COVID Hhlds	3
Diapers	2,400
Vol. Hours	75
Case Mgmt	7

DISTRIBUTION	DAY
Strathmore House Apartments 3004	Tuesday
Oak Chapel UMC	Thursday

Additional Services: Voter Registration, Holiday Giving, COVID Testing*, COVID Vaccines

(16)

Wheaton/Glenmont Service Consolidation Hub at Hughes United Methodist Church

Hughes United Methodist Church

Hughes WEEKLY AVERAGES	
Households	575
Children	1,115
Seniors	238
Individuals	3,084
Pounds	18,476
Distribution	3
Home Deliveries	45
COVID Hhlds	1
Diapers	818
Vol. Hours	100
Case Mgmt	13

DISTRIBUTION	DAY
10700 Georgia Ave Silver Spring, MD 20902	Tues
10720 Georgia Ave Silver Spring, MD 20902	Tues
10700 Georgia Ave Silver Spring, MD 20902	Wed

Additional Services: COVID Testing, COVID Vaccines, Sewing Classes in Spanish, ESOL, Art and Soccer classes for Kids, Lunches for school children 2x week, Coat Closet, Prepared Meals, Holiday Giving.

(17)

Silver Spring Service Consolidation Hub at Clifton Part Baptist Church

CPBC WEEKLY AVERAGES	
Households	1,033
Children	1,487
Seniors	608
Individuals	4,061
Pounds	27,467
Distribution	6
Home Deliveries	56
COVID Hhlds	10
Diapers	2,231
Vol. Hours	150
Case Mgmt	6

DISTRIBUTION	DAY
3200 Weeping Willow Ct 20906	Tuesday
8818 Piney Branch Rd.SS 20903	Wednesday
4417 Randolph Rd. Silver Spring 20906	Wednesday
9119 Manchester Rd. SS 20901	Wednesday
8800 Glenville Rd. SS 20901	Wednesday
8500 New Hampshire Est Ave 20903	Wednesday
12621 Old Columbia Pike, SS 20904	Thursday
8818 Piney Branch Rd. SS 20903	Saturday

Additional Services: COVID Vaccine, Coat Closet, Baby Clothes, Community Empowerment, ESOL classes, Diabetes Management, Holiday Giving, Prepared Meals* and Food Garden*.

(18)

East County Service Consolidation Hub at Kingdom Fellowship AME Church

KF WEEKLY AVERAGES	
Households	837
Children	1,372
Seniors	424
Individuals	3,250
Pounds	22,925
Distribution	8
Home Deliveries	5
COVID Hhlds	1
Diapers	1,196
Vol. Hours	144
Case Mgmt	9

DISTRIBUTION	DAY
Windsor Court. 13802 Castle Blvd 20904	Tuesday
Leisure World	Wednesday
Parkside Terrace Apartments 20910	Wednesday
MCCH Seneca Heights	Thursday
Greencastle Elementary School 20904	Thursday
MCCH Men's Shelter 20850	Thursday
Galway ES 12612 Galway Dr 20904	Friday
Spring Parc Apartments - 20904	Friday
Woodvale Apartments - 20904	Friday
Silverwood Community Burtonsville MD 20866	Friday
Willow Manor 20904	Saturday
East County Recreation Center 20904	Sunday

Additional Services: COVID testing, COVID Vaccine, Baby & New Mom program, Meat distribution, educational support, neighborhood network development.

(19)

SERVICE CONSOLIDATION HUBS

Service Averages (Jan 2nd to April 17th, 2021)

	Hub	Households	children	Seniors	Indiv.	Lbs.	Distrib.	Home deliv.	COVID Hshlds	Diapers	Volunt. Hours	Case Mgmt Ref.
1	BLACK ROCK	878	1,611	311	3,773	16,678	4	233	4	315	93	1
2	SENECA CREEK	1,172	2,432	439	6,164	30,915	8	92	62	7,412	172	9
3	INTERFAITH	447	911	231	2,461	12,328	1	16	4	1,500	90	5
4	HARVEST	490	799	101	2,005	16,642	2	76	2	2,560	175	7
5	OAK CHAPEL	482	951	265	2,032	11,000	3	40	3	2,400	75	7
6	HUGHES	575	1,115	238	3,084	18,476	3	45	1	818	100	13
7	CLIFTON PARK	1,033	1,487	608	4,061	27,467	6	56	10	2,231	150	6
8	KINGDOM	837	1,372	424	3,250	22,925	8	5	1	1,196	144	9
	TOTALS	5,914	10,678	2,617	26,830	156,431	35	563	87	18,432	999	57

(20)

Montgomery County COVID-19 Response Food Security Task Force

Report 46

April 20, 2021

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Background

The COVID-19 crisis has exacerbated the food access challenges for the 60,000+ residents in Montgomery County already experiencing food insecurity. In addition, over 30,000 County residents have recently filed for unemployment and many are experiencing food insecurity for the first time. Social distancing, health concerns, and changes in retail models have further limited food access for homebound seniors and residents with disabilities, people experiencing homelessness, and many other
residents of our County.

The Food Security Task Force was created by the Office of Emergency Management and
Homeland Security (OEMHS) to facilitate coordination and collaboration among government and non-government agencies working to address the unique food security challenges created and exacerbated by the COVID-19 pandemic. Adapting the Incident Command System framework, the Food Security Task Force is led by a leadership team with representatives from Montgomery County Government and the Food Council. This team works with leaders from five functional units: planning, operations,
communications, data and analysis, and finance and administration to both develop a strategic plan to address food insecurity in the county and enhance existing food assistance provider networks.

Mission

The task force's mission is to: increase the volume of food in the food assistance system; improve access to food by building the capacity of the food assistance network to store and strategically, safely, and efficiently distribute food to residents through home delivery and community pickup sites; and to communicate information to residents on available resources and ensure residents are
connected with available resources.

Identified Gaps and Needs

Montgomery County and the State of Maryland have taken several steps to promote social distancing measures in an effort to reduce COVID19 transmission rates. These measures include limiting restaurant and close-contact business operations, which has resulted in a number of residents suddenly losing employment. As a result of the high unemployment rate and reports of workers who are still employed having hours and wages reduced, many residents are now experiencing food insecurity either for the first time or at a heightened level.

The initial gaps identified by the Food Security Task Force are:

- Barriers Residents Face in Accessing Food
    - Sudden lack of income or decrease in income related to COVID-19 management measures
    - Suspended programs related to COVID-19 restrictions
    - Reduced public transportation options and ride-share options
    - Grocery delivery services overwhelmed and inaccessible
- Issues Faced by Food Assistance Provider
    - Significant demand increase
    - Supply chain disruptions making it difficult to access food
    - Limited funding available

3

- o Staffing shortages
- o Inadequate Personal Protective Equipment
- o Lack of cleaning supplies
- o Limited storage capacity for food
- Global Challenges
  - o Communications of services available to populations in need
  - o Scarce resources within County Government and private sector

From these gaps, the Task Force has Identified the following needs:

Increasing Provider Capacity and Resilience—The Food Security Task Force is working with area food assistance providers to identify ways for providers to get larger quantities of food through the limited existing supply chain and support enhanced operations. This includes developing a transportation plan for food delivery, plans for addressing anticipated volunteer and staffing shortages, and provide adequate personal protective equipment and sanitation supplies to providers.

Redirecting The Supply Chain—One of the underlying issues causing a shortage of food is the disruption of the traditional supply chain for Food Assistance Providers. Many providers rely on donations for on-premises dining establishments, which have now transitioned to a take-out-only model or closed due to lack of demand. Although some supply chains have adjusted to supplying grocers rather than restaurants, there are likely still some suppliers who have not found a purchaser for their food that can be connected to a food assistance provider.

Providing Meals to Residents in Isolation/Quarantine—As shown in other jurisdictions, there is a subsection of the population that must isolate or quarantine at home either due to exposure to COIVD-19 or being part of an at-risk population. While some of those may already receive meal assistance through programs like Meals on Wheels, many do not qualify for those programs. Additionally, private sector solutions like grocery delivery services have become overwhelmed in recent weeks.

Over the course of the pandemic response the Montgomery County Food Security Task Force will further refine the identified gaps and needs above by analyzing data from the County 311 system and provider data. As the process continues, this data collection and analysis will likely identify additional needs within the community that the

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Highlights

(25)

Montgomery County
COVID-19
Food Security Task Force
Response

AT A GLANCE
APRIL 7TH 2020 - APRIL 21ST 2021

$2,696,000

in grants awarded to 140 FAP programs

- Farm to Food Bank Grant
- Community Gardening Grant
- Capacity Building Grant
- Food Access Grant

13,827+

Clients served through the Food Access Call Center

24,384,829+

Pounds of food provided to people experiencing food insecurity

110

Organizations helped by the FSTF

Total pounds of rice, beans and lentils purchased, repackaged and distributed

Rice: 428,885+
Beans: 287,472+
Lentils: 67,992+

492,767

USDA produce and combo boxes distributed to partners

ZIP CODES SERVED
40

8

Service Consolidation Hubs serviced

88,000

Prepared meals distributed to older adults at risk

15,576,225+

Prepared meals distributed to MCPS students

11,062,189+

Prepared meals distributed by FAPs

$15,769,754+

Food procured from local wholesalers and food banks provided to FAPs

$324,011

awarded to 22+ local Montgomery County-based food producing farms

- **REMINDER:**
    - A standing meeting time has been implemented to provide immediate support for any food assistance provider experiencing issues or questions with the Unqork system. The meeting time will be **every other Monday from 1:30pm-2pm**, in rotation with the Montgomery County Food Council's call. The Unqork support team will have this link open during that time and will be available to work with providers.
    - Office hours link: https://unqork.zoom.us/j/99962278121?pwd=dVFaOEI1MWNCS0RDY2JkNlJaYnlNdz09

Operational Update: Week of April 20, 2021

Summary of Previous Week

Strategic Planning Unit
No updates

Operations Unit
The operations unit completed a number of actions this week, throughout the three sub-units: Logistics, Volunteer Management, and Planning.

Logistics and Operations
- Number of produce boxes distributed:
    - **2,200**
- Number of prepared meals served:
    - **0**
- Amount of bulk produce distributed:
    - **110,170 lb**
- Amount of staple items distributed (canned goods, cereal, oatmeal, rice, etc):
    - **89,690 lb**
- Partners served:
    - **100+**
- Rice and beans**:**
    - **No updates**

Volunteer Coordination
- The Volunteer Center continues to work with food providers needing additional staff to identify and promote their specific volunteer opportunities. The Volunteer Center added a page to its website listing the consolidation hubs and other nonprofits needing food assistance, with links to their volunteer opportunities and sign-up information. The

Volunteer Center continues to promote these opportunities regularly. KindWorks serves as the volunteer recruiter/coordinator for 2 of the hubs.

- The Volunteer Center is co-hosting a virtual training with the Montgomery County Food Council: <u>Creating A Thriving Volunteer Team: Best Practices for Effective Recruitment, Management, and Retention in a Food Assistance Organization</u>
  - *Tuesday May 25th, 11AM-12PM*
  - Register here: <u>https://forms.gle/JgzRbKDtQJkoLTEH7</u>

Planning

- **Deliverables:** Scope of services and budgets for 5 Hubs have been submitted to CMT for the 150K to prepare for services in FY22, increase personnel, infrastructure, and additional culturally appropriate supplies for participants.

- **Service Consolidation Hubs:**
  - BLACK ROCK
    - This week involved a temporary distribution site at Stedwick Community Center with 100 households served.
    - Conducted a donations drive for hygienic and nonperishable food items at Gibbs Elementary School.
    - Two case management referrals were made for rentals assistance.

  - CLIFTON PARK BAPTIST Silver Spring
    - Our numbers during the food distribution went down this week but all the food was distributed as we were able to give more to our partners who are expanding.
    - Met with Ken Flemmer from Adventist to discuss collaboration on outreach strategies to get the vaccine to the community.
    - Vaccine Site on Friday and Saturday with Safeway in partnership with the City of Takoma Park, Impact SS, CHEER, Audelia giving about 1800 vaccines.

  - GAITHERSBURG CARES
    - Our Online ESOL classes began April 10, 2021. We put flyers about the program in our food bags and received 60 brand new registrations to the program. With returning students, we anticipate as many as 130 adult learners in 8 different classes.
    - A generous donor gave 12 brand new chrome books and 2 hotspots for students who needed these items to participate in the online classes. We are at capacity and people are still trying to sign up. We are hoping to expand this program to meet demand.
    - Our walk up hours continue to be well-attended and an effective place for our case worker to engage clients and let them know what services with which she can assist them.
    - This Wednesday's in-neighborhood distribution included a neighborhood we had last served in the fall, but contacted us to ask us to return.
    - Now that we are better tracking our home deliveries, our deliveries to COVID 19 sick households are way down, and we are receiving fewer referrals for COVID 19 affected families.
    - This past week we celebrated our volunteers with goody bags of saltenas, alfajores, and tres leches cake and hope to make recognition of our awesome volunteers a more intentional and regular occurrence.
    - We have scheduled our 1 year birthday celebration for Mon, May 17th. The event will incorporate invited VIPs, our volunteers, and our clients—all in appropriately socially-distanced way.
    - Lastly, we have our first COVID 19 vaccine clinics, in partnership with Walgreens, scheduled for Fri, April 30th and Fri, May 7.

  - HUGHES UMC 20902

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- A vaccine pre-registration event was held during our Tuesday food distribution. It was a great opportunity for clients who had been unable to obtain information on how to register.
- We will be holding the second dose vaccination event in collaboration with Impact Silver Spring and Holy Cross on 4/24.
- We will be holding a vaccination event in collaboration with Safeway on Saturday May 15th. We have begun registration for anyone interested in receiving the vaccine ages 16 and up.
- Covid Testing in partnership with Mary's Center on Saturday for 90 people
- Classes for sewing, girls' soccer and children's art continue.

- HARVEST INTERCONTINENTAL/OLNEY
  - No narrative report

- INTERFAITH
  - Some boxes of food were damaged
  - Conducted participant satisfaction survey and received very encouraging responses. Most people are happy with the food, many want more fruits and vegetables, and many said they dislike canned food.

- KINGDOM FELLOWSHIP
  - This week we connected with our partner, CAFB, allowing us to serve an additional 150 households at White Oak Gardens Apartment via door-to-door deliveries.
  - We also partnered with Quest Diagnostics to administer Covid Testing on Friday 4/9/21. Interest in testing was low and we were only able to get 20 people tested. We also ran into many people who were vaccinated and were uninterested in getting tested.

- OAK CHAPEL
  - We were able to have another successful week of distributions.
  - We were happy to have Clark Construction volunteer for a second time at our drive thru distribution
  - Last week we had over 15 employees from our local Starbucks come and volunteer with us.
  - We were also able to partner up with the DHHS LHI to get people pre-registered for the vaccine.

Hubs Service data from 4/4 to 4/10/21											
site	Households	children	Seniors	Individuals	Lbs. distr.	Distrib	Home deliv	COVID Hshlds	Diapers	Volunteer Hours	Case Mgmt Hshlds
Kingdom Fellowship EC	986	1456	397	3508	29,360	7	2	0	0	106	9
Black Rock UpCounty	978	1845	239	4074	15,822	4	258	6	86	72	2
CLIFTON PARK /Long Branch	854	1310	527	3364	27,587	7	56	8	350	354	11
SENECA CREEK/Gburg	712	1191	210	3047	16,560	7	87	4	7,259	145	14
HUGHES/Wheaton Glenmont	638	1104	248	3100	22,330	3	46	0	8,073	105	7
Interfaith / Twinbrook	594	1306	456	3219	19,736	1	15	4	4,180	84	24
HARVEST /Olney, S.S.	543	774	249	1969	22,752	2	84	0	4,700	133	5
OAK CHAPEL/20906	489	1079	287	2157	15,578	2	24	0	275	69	5
TOTALS	5,794	10,065	2,613	24,438	169,725	33	572	22	24,923	1,068	77

Other Ops Teams Update

- 311 Food Assistance Related Calls:

Food Assistance Related Calls week of 4/12/2021	COUNT
How to Apply for Public Assistance Programs, an Obtain and Application: Medicaid or Medical As	113
MANNA Food Center Referral	9
COVID-19 MC311 Referral to Food Access Call Center	7
Food Assistance On Line Resource Directory	2
Food Assistance	1
TOTAL	132

- Catholic Charities Case Management:
  - The number of clients being served at oak chapel has increased as a result of our new partnership with the schools in the area.
  - In addition, we continue to hand out flyers to clients receiving food at the various hubs. This week, there were 300 flyers given at Seneca Creek.
  - We also hope to meet with Maureen Herndon who works for the City of Gaithersburg to learn how we can work together to further bridge any gaps and bring more services to our clients.
  - Clients continue to inquire about rental assistance which is challenging for case managers as they are already referring/connecting clients to any programs available in the area. However, not knowing the status of client applications is frustrating for clients. If case managers received a confirmation or update of the status of applications, this could help ease clients' concerns as they are desperately needing the assistance.
    - Recommendations:

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(30)

- Opening the lines of communication between case managers and the various programs offering rental assistance in order to know the status of applications and whether clients have already applied. This could also assist those offering the help to avoid duplications.

Catholic Charities Case Management 4/12 to 4/162021				
HUB Name	Weekly # of Clients Served	YTD Clients Served	Weekly # of Client Encounters	YTD Client Encounters
Clifton Park	11	49	15	75
Hughes UMC	7	112	14	227
Olney/Harvest	5	62	13	133
Oak Chapel	5	50	5	81
Seneca Creek	14	76	22	139
Toll Free Call Log	9	182	28	400
TOTAL SNAP Applications this week			SNAP Applications Submitted YTD	
7			35	
Rental Assistance: 7	Employment: 3	Food 1, Baby needs: 0	Utilities: 2	Medical: 5
Vaccines: 5	Legal 2	Education 2		

- INTERFAITH Case Management:
  - Continue to receive and process financial assistance applications. Served 24 clients and have 16 pending cases. Received 5 requests for food, 18 for Financial Assistance and 1 for computers/internet connection.

- Kingdom Fellowship: Case Management:
  - No updates.

Communications
- The FSTF Comms Unit has incorporated Service Consolidation Hub information on the County site.
- The comms team continues to push out alerts and updates on the 888777 Moco Food Alerts texts line.
- The comms team has agreed on a resource sheet for FAPs to distribute to their residents. The resource sheet will be designed and translated.

Online Intake, Referral, and Dashboard System
- Montgomery County continues to work with Unqork to provide an online intake, referral, and dashboard process for providing County services.
- The Unqork platform has updated their training user guide. You can access the document here: Unqork Training Guide
- A standing meeting time has been implemented to provide immediate support for any food assistance provider experiencing issues or questions with the Unqork system. The meeting time will be every other Monday from 1:30pm-2pm, in rotation with the Montgomery County Food Council's call. The Unqork support team will have this link open during that time and will be available to work with providers.
  - Office hours link: https://unqork.zoom.us/j/99962278121?pwd=dVFaOEI1MWNCS0RDY2JkNlJaYnlNdz09

- A video tutorial on the system that can be easily accessed and shared with providers, that walks through in a quick 5-15 minutes on how to use the Unqork system is also being discussed and more information will be available after the video is complete.

Finance and Administration
- The Finance and Admin unit is meeting on Friday (4/23) to determine options to present to the County Council about what the future of the County's Service Consolidation Hubs framework. HHS, OMB, and Council staff will explore and develop several options for the Hubs.

Food for Montgomery
- Food for Montgomery (funding through $$ raised through the Community Foundation) continues to roll out a new project, providing hubs with funding to purchase prepared meals to clients who are in need of readymade meals due to COVID quarantine or isolation, or for other special circumstances. The meals are sources from local restaurants.
- Community Foundation has raised over $1.8M through mid-March and is identifying spending programs (prepared meals delivered through the Consolidation Hubs is planned for expansion)

Data and Analysis

Food Assistance Provider Capacity Weekly Snapshot
As of April 17th, at 11:59 PM, 31 Food Assistance Providers completed the Food Assistance Provider Capacity Snapshot for the week. From the providers that submitted responses, they:

- Provided 428,117 pounds of food to Montgomery County Residents
- Served 9,432 prepared meals
- Served 53,956 clients
- Relied on a cumulative 4,038 volunteer hours to support their operations

Montgomery County Public School Distribution
- Total meals served in SY 2020-2012 – **15,769,754+ meals**

Food Access Call Center
April 15th – April 21st, 2021

- Total referrals: **22**   **Total since start: 4,100**
- Residents served: **76**   **Total since start: 13,859**
- Calls in Spanish: **27%**
- Calls in other languages: **N/A**
- Successes
  - Many County residents still have needs and have learned to self-refer online and/or use the County calendar to find a Grab and Go location in their neighborhoods to get food.
  - Staff continues to focus on vaccination pre-registration and appointment scheduling calls.
  - Between the FACC, Rental Assistance and Vaccines, staff are still working hard and long hours to ensure residents are getting the services they need.
- Challenges

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- o   No updates
- Rental Assistance

   - o   Rental Assistance has finally begun on Thursday. Residents can apply directly through our online system designed by Unqork or call to get assistance.
   - o   The rental assistance team has a lot of new staff from various departments.

Provider's Comments

- *"This week was our first week using the Wheaton Ice Rink lot at overflow parking for the pantry. The transition went smoothly, and we are grateful to all who helped make this possible." - Silver Spring Christian Reformed Church*
- *"We received calls from different people asking for more information about getting vaccinated. we will love to do more in this regard if are provided with more resources." - CHEER*
- *"We do not turn anyone away now. If it is within our distribution time we get together a bag of whatever we have available even if it is not a complete set of foods we distribute. We set for 70 complete bags and addition 20 with limited produce. Anyone coming after that gets emergency bags." - Living Faith Lutheran Church*
- *"Shepherds of Zion Ministries International Feeding The Hungry, Food POD is conducted biweekly to serve Families in Montgomery County MD at 7511 Holly Avenue, Takoma Park MD 20912, Parking Lot from 8:00am - 4:30pm." - Shepherds of Zion*
- *"Our numbers during the food distribution went down this week but it allows us to help our partners who are expanding more. We worked with Safeway and local organizations to give out around 1800 vaccines on Friday and Saturday. Ken Flemmer and I were able to speak about ways to get the vaccine to the community, and will connect more once the vaccine event is complete." - Clifton Park Baptist Church*
- *"We had a successful launch of vaccine site and provided food who were coming for the vaccines along with the regular flow of families in the car. Now we have a integrated service of providing vaccines, testing, food distribution and in house education media for vaccine and general health education successful launched 7 videos and zoom education sessions. Testing at the site will be Mon to Sat, Vaccines on Saturdays and working on Week Days as well." - American Diversity Group*
- *"St. John's Norwood Episcopal Church and the Nourishing Bethesda Coalition has been distributing shelf-stable food and produce to +300 families at the Bethesda Chevy Chase Rescue Squad every Friday from 1-3pm. This week we served 314 households." - Nourishing Bethesda*
- *"Gaithersburg HELP continues to experience a drop in client service numbers." - Gaithersburg HELP*
- *"So What Else not only distributed and received food donations this week but also provided the Rockville Housing community with an afterschool youth development program. With the positive change in the weather SO What Else could provide this program socially distanced outside while still distributing food to our clients." - So What Else*
- *"Our Online ESOL classes begin April 10, 2021. We put flyers about the program in our food bags and received 60 brand new registrations to the program. With returning students, we anticipate as many as 130 adult learners in 8 different classes. A generous donor gave 12 brand new chrome books and 2 hotspots for students who needed these items to participate in the online classes. We are at capacity and people are still trying to sign up. We are hoping to expand this program to meet demand. Our walk up hours continue to be well-attended and an effective place for our case worker to engage clients and let them know what services with which she can assist them. This Wednesday's in-neighborhood distribution included a neighborhood we had last served in the fall, but contacted us to ask us to return. Now that we are better tracking our home deliveries, our deliveries to COVID 19 sick households are way down, and we are receiving fewer referrals for COVID 19 affected families. This past week we celebrated our volunteers with goody bags of saltenas,*

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alfajores, and tres leches cake and hope to make recognition of our awesome volunteers a more intentional and regular occurrence. We have scheduled our 1 year birthday celebration for Mon, May 17th. The event will incorporate invited VIPs, our volunteers, and our clients—all in appropriately socially-distanced way. Lastly, we have our first COVID 19 vaccine clinics, in partnership with Walgreens, scheduled for Fri, April 30th and Fri, May 7." - Gburg CARES Hub

- *"AMSS is beginning to see a surge in clients in need. We expect our numbers to increase from 200 to 300. AMSS delivered 200 halal hot meals- 100 bags of fresh produce - and 100 boxes of non-perishable food to elder adults in Montgomery County, Maryland." - American Muslim Society*
- *"Nourish Now distributed 105,492 meals to 1,918 families at our distributions last week. Provided over 1,932 prepared meals to families in need through our food with dignity program. NN donated food to other charities/hubs: Black Rock Coalition, Mt Calvary, Rainbow CDC, Celestial Manna, Bethesda Help, Helping Hands, Catholic Charities, Interfaith Works, Church of Redeemer, Gaithersburg Help, Jewish Foundation, Ken Gar, Community, and Taft Women's shelter, and the Hughes hub. With the new addition to this week, we had provided to the American Diversity Group with 34,000 pounds of food. We also provided 3 meals a day, and seven days a week to 92 homeless individuals. Provided ongoing 26 home deliveries on behalf of Montgomery County requests." - Nourish Now*

Other Efforts

- The task force presented a transition plan for long term food security recovery planning to the Recovery Executive Committee. Final decisions and comments are forthcoming.
- April's PPE and supply distribution has ended. **The next distribution will be on May 6th & 7th.** Hubs will have their shipment of brown bags delivered to them. Distributions are now done monthly on the first Thursday and Friday of the month.

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Montgomery County Council   April 6, 2021
Council Office Building
100 Maryland Avenue, 4th Floor
Rockville, MD 20850

Dear County Executive Elrich and County Councilmembers:

We are writing this letter to request that funding for the Maryland Market Money (MMM) program continue to be included in Montgomery County's operating and/or DHHS budget for Fiscal Year 2022.

Although a statewide program, MMM has strong roots in Montgomery County where the program originally started, and the County has always been a leader in investing in these efforts. When the Maryland Farmers Market Association (MDFMA) received the County contract to fund Maryland Market Money from FY14 through FY20, it was negotiated at a very low amount (which made sense in the beginning in 2014) and it only matched SNAP/EBT benefits. However, the program has grown exponentially in the County, and the demand for the matching of federal nutrition benefits always outstripped the contract funding, so the program was forced to end at markets early in the farmers market season due to lack of funding. In addition, the inflationary budget adjustment was never enough to cover the need from year to year and did not allow us to add new participating markets.

This brings us up to the present; as you know, when MDFMA dissolved in April of 2020, the program was left homeless, and MDFMA's contract with the County ended. However, in June 2020, MARBIDCO and SMADC teamed up to rescue the program.

MARBIDCO was granted a contract from the County for FY21 utilizing CARES Act funding at a much more appropriate amount of $75,000, to include matching of all the federal nutrition benefits at markets: SNAP/EBT (formerly known as food stamps), P-EBT (Pandemic EBT), FMNP (Farmers Market Nutrition Program Checks for Seniors and WIC), and eWIC-FVB (Women, Infants, & Children Fruit & Vegetable Benefit).

We were also mandated to include more markets and farm stands, which we are happy to add to this program this year. Maryland Market Money equitably provides access to food assistance to a diverse population of local residents, many of whom are the most vulnerable among our population, including young children and senior citizens.

The need for the MMM program has grown dramatically during the pandemic, with the County's most economically vulnerable hit hardest with the loss of work, health care and access to healthy food.

Families with children are disproportionately affected, with many of the County's children lacking consistent access to adequate food, and many children eligible for Free and Reduced Lunch. Families are feeding themselves on extremely meager food budgets, as limited income must cover other basic costs. Food insecurity and poor nutrition are correlated with a host of grave consequences, including poor health, chronic disease, and mental

health challenges. Young children with poor diets experience depression, poor sleep, behavioral issues, decreased cognitive performance and poor academic achievement.

In short, reliable access to nourishing food is foundational to supporting physical and mental well-being. Since the pandemic, food insecurity has surged in Montgomery County where there are rapid increases in the number of residents participating in SNAP. The MMM program is distinct from a food giveaway. It is an income-related solution that gives families the agency to choose the healthy food they want to feed their families, the ability to afford more of the fresh, nutrient-dense foods that their families need to thrive, therefore boosting their economic resilience during the pandemic.

We understand that because FY21 was funded with federal CARES Act money, that this was a temporary funding stream and the same level of funding is not guaranteed in FY22. During FY21, we have expanded the program throughout the County, and any reduction in funding or discontinuation of funding in FY22 would create a major hardship for County farmers markets, farm stands, and for the County residents who rely on our program to help them afford fresher, more nutrient-dense, healthy food for their families during this unprecedented health crisis. Program data always demonstrates that as the program is implemented at new markets, the demand for the program grows exponentially from year to year.

For this reason, we humbly request that the County will fund this food-insecurity work for FY22 at an appropriate level of $125,200 with continued availability of up-front funding. This will allow us to increase outreach, to offer a stipend to farmers markets which lack capacity to run the program on market days to hire food access coordinators at market, to increase the individual incentive dollar amount per food-insecure individual, and to accommodate increased demand.

We have attached a full budget to illustrate the need by line items, and a supplementary budget plans by individual market. The ill-effects of the pandemic will surely be present in FY22 and for years to come potentially, therefore it is crucial that we continue to bolster our food-insecurity efforts in Montgomery County during the most unprecedented public health crisis of our lifetime.

Sincerely,

Stephen McHenry
Executive Director, MARBIDCO

Shelby Watson-Hampton
Director, SMADC

Farmers Market	Total number of SNAP customer transactions eligible for match through incentive program												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	FY2021 Totals
Rockville	82	157	147	201	119	market closed	market closed	market closed	market closed	market closed			706
Takoma Park	17	44	37	113	204	118	150	108	140				683
Crossroads	164	113	130	125	65	market closed	market closed	market closed	market closed				597
FRESHFARM Silver Spring	191	31	298	348	236	82	180	239	314				1,366
Total	454	345	612	787	624	200	330	347	454				3,352

Farmers Market	Total amount of SNAP purchases												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	FY2021 Totals
Rockville	$789	$1,720	$1,446	$1,991	$1,130	market closed	market closed	market closed	market closed	market closed			$7,076
Takoma Park	$403	$830	$1,094	$565	$1,022	$592	$750	$540	$701				$5,256
Crossroads	$6,003	$3,918	$4,768	$4,981	$2,184	market closed	market closed	market closed	market closed				$21,854
FRESHFARM Silver Spring	$959	$1,081	$1,493	$1,743	$1,184	$426	$900	$1,193	$1,571				$7,786
Total	$8,154	$7,549	$8,801	$9,280	$5,520	$1,018	$1,650	$1,733	$1,272				$41,972

15045 Burnt Store Road
Hughesville, MD 20637

Farmers Market	Total number of FMNP-WIC customer transactions eligible for match through incentive program												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	*FY2021 Totals*
Rockville	42	99	108	83	29	market closed	market closed	market closed	market closed	market closed			**361**
Takoma Park	no data	no data	no data	40	67	n/a	n/a	n/a	n/a				**107**
Crossroads	379	601	990	302	112	market closed	market closed	market closed	market closed				**2,384**
FRESHFARM Silver Spring	89	83	140	113	85	2	n/a	n/a	n/a				**512**
Total	510	783	1,239	538	293	2	n/a	n/a	n/a				**3,364**

Farmers Market	Total amount of FMNP-WIC purchases (FMNP program runs June/July to November)												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	*FY2021 Totals*
Rockville	$1,065	$2,322	$2,850	$2,150	$650	market closed	market closed	market closed	market closed	market closed			**$9,037**
Takoma Park	no data	no data	no data	$200	$335	n/a	n/a	n/a	n/a				**$535**
Crossroads	$6,540	$8,550	$18,970	$5,530	$1,995	market closed	market closed	market closed	market closed				**$41,585**
FRESHFARM Silver Spring	$445	$418	$700	$566	$429	$10	n/a	n/a	n/a				**$2,558**
Total	$8,050	$11,290	$22,520	$8,446	$3,409	$10	n/a	n/a	n/a				**$53,725**

Farmers Market	Total number of FMNP-Senior customer transactions eligible for match through incentive program												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	FY2021 Totals
Rockville	n/a	n/a	n/a	n/a	n/a	market closed	market closed	market closed	market closed	market closed			n/a
Takoma Park	no data	no data	no data	0	11	n/a	n/a	n/a	n/a				11
Crossroads	0	11	24	7	9	market closed	market closed	market closed	market closed				51
FRESHFARM Silver Spring	4	36	46	47	32	7	n/a	n/a	n/a				172
Total	4	47	70	54	52	7	n/a	n/a	n/a				234

Farmers Market	Total amount of FMNP-Senior purchases (FMNP program runs June/July to November)												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	FY2021 Totals
Rockville	n/a	n/a	n/a	n/a	n/a	market closed	market closed	market closed	market closed	market closed			n/a
Takoma Park	no data	no data	no data	$0	$55	n/a	n/a	n/a	n/a				$55
Crossroads	$0	$265	$690	$195	$390	market closed	market closed	market closed	market closed				$1,540
FRESHFARM Silver Spring	$21	$183	$230	$237	$163	$35	n/a	n/a	n/a				$869
Total	$21	$448	$920	$432	$608	$35	n/a	n/a	n/a				$2,464

15045 Burnt Store Road
Hughesville, MD 20637

Farmers Market	Total number of eWIC-FVB customer transactions eligible for match through incentive program (Most farmers market vendors in Maryland are unable to process eWIC transactions)												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	*FY2021 Totals*
Rockville	n/a	n/a	n/a	n/a	n/a	market closed	market closed	market closed	market closed	market closed			*n/a*
Takoma Park	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				*n/a*
Crossroads	44	19	20	17	2	market closed	market closed	market closed	market closed				*102*
FRESHFARM Silver Spring	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				*n/a*
Total	44	19	20	17	2	n/a	n/a	n/a	n/a				*102*

Farmers Market	Total amount of eWIC-FVB purchases												
	July 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	*FY2021 Totals*
Rockville	n/a	n/a	n/a	n/a	n/a	market closed	market closed	market closed	market closed	market closed			*n/a*
Takoma Park	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				*n/a*
Crossroads	$345	$180	$229	$211	$80	market closed	market closed	market closed	market closed				*$1,045*
FRESHFARM Silver Spring	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				*n/a*
Total	$345	$180	$229	$211	$80	n/a	n/a	n/a	n/a				*$1,045*

DHHS COVID Response Actions

Food Access Call Center (FACC)

- Administered in partnership with OEMHS
- 1700+ food access calls resolved
- Supported by County personnel (7 Recreation, 13 Libraries, and 1 Corrections employees)
  - Bilingual call takers recruited. Access to Language Line provided.
- Call takers also support residents seeking COVID rental assistance resources (within SEPH)

CYF / Office of Eligibility and Support Services

- Additional resources established to assist new and existing clients with enrollment & redetermination efforts
- Brokers added to OESS for COVID Related supports.
- Customer Service Assistance Center

	March	April	May	June	July	August	September	Total
240-777-1003	157	1265	1415	1885	2340	3076	3529	13,667
OESS Email Acct	22	157	329	498	565	919	962	3,452
MC311 Service Requests	2909	4099	3222	2818	3369	3372	3732	23,521
DHS Call Center	223	245	229	314	331	392	592	2,326
							Total	42,966

(75)

DHHS COVID Response Actions

Emergency Assistance Relief Program (EARP)

- Phase IV: applications processed and approved by DHHS
  - Phase I, II, and III: supported by partner agencies
- Across all EARP phases:
- 5,450 households approved (as of 10/30/20)
  - $7.74m in assistance provided to Montgomery County residents (as of 10/30/20)
- Ongoing coordination with MC311 to respond to questions/inquiries

Services to End of Prevent Homelessness

- COVID Rent Relief Program initiated in addition to existing housing programs/resources
- 40 individuals within SEPH supporting the program
  - Combination of 28 County personnel and 12 brokers
- Online application process
- Leverage capacity within the FACC to gather required household information
- Ongoing coordination with MC311 to respond to questions/inquiries

DHHS COVID Next Steps

Coordination with MC311/DTS
- Analysis and adjustment of Service Level Agreements
- Environmental Scan

Evaluate options to expand existing COVID -initiated responses
- FACC Call Center/DHHS Call Center
  - Staffing and Resources Required
  - Process and Technology Modifications

Leverage technology to enhance customer service
- On-line Access
- eICM
- QLess
- UNQORK
- UniteUs
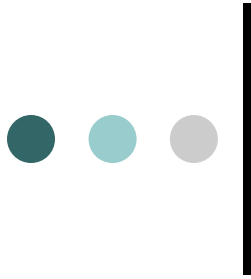
Health Care for the Uninsured
Monthly Data Report
April 2021

County Updates

County Council hosted a joint Health and Human Services and Education and Culture Meeting focusing on unaccompanied, migrant and asylum-seeking children this morning

- The report is accessible via this link - https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2021/20210428/20210428_HHSEC1.pdf

County Council HHS Committee

- The committee will meet May 5th to discuss the FY22 Operating Budget – Healthcare for the Uninsured and County Dental programs. The meeting is 9:30 AM - 12:30 PM viewable via video conference

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Health Care For The Uninsured General and Policy Updates

- Community Health Needs Assessment – Dental Environmental Scan
- MCAB Data/Quality Committee
  - Montgomery Cares Eligibility Transition – Performance Measures Framework
- Telehealth
  - Payment Parity
    - Md General Assembly Senate Bill 3/House Bill 123
- Montgomery Cares – Value Based Care Workgroup

Montgomery Cares – March 2021
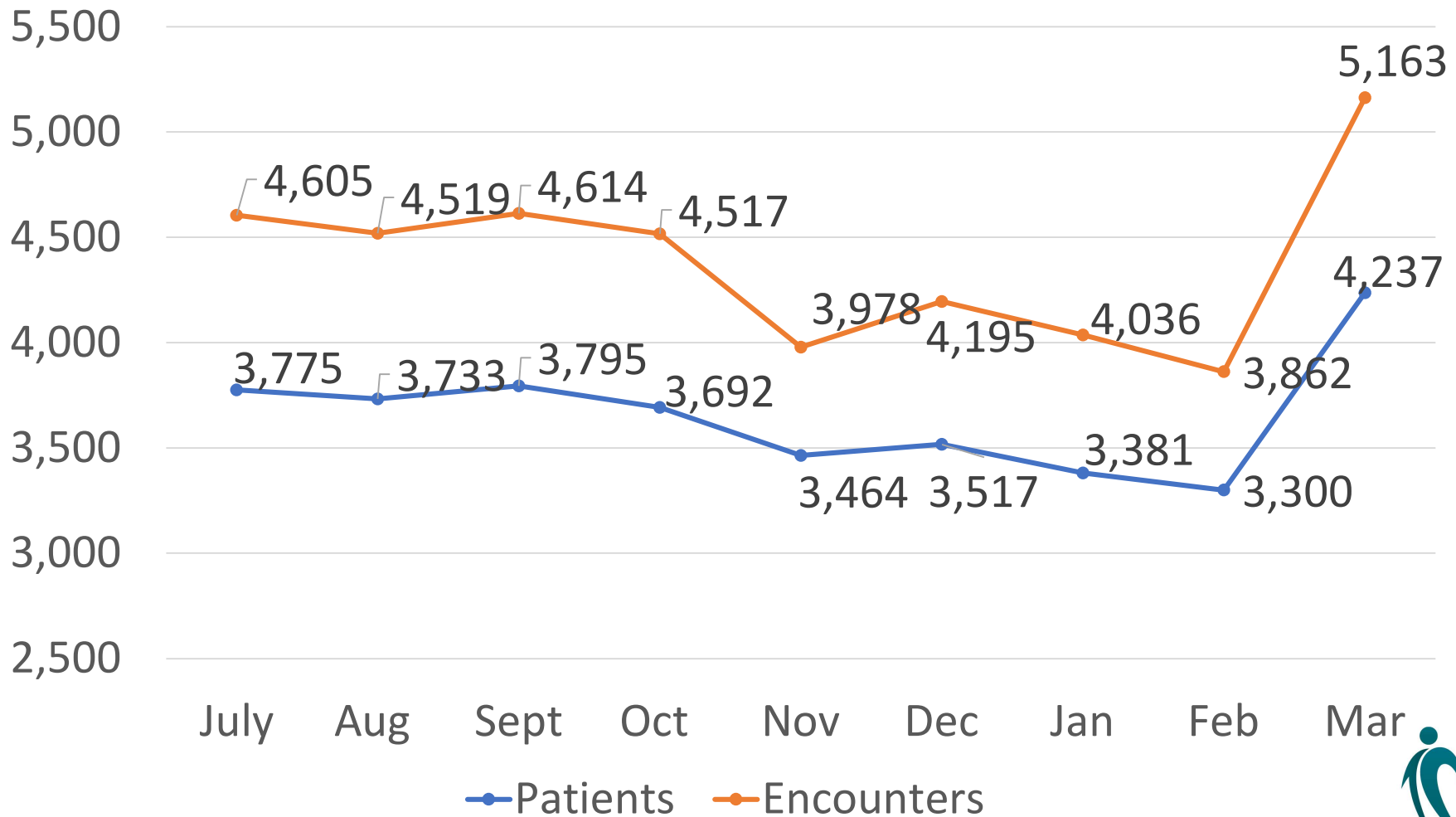
Montgomery Cares – Program Updates

- Montgomery Cares served 16,543 patients through March with a total of 39,594 patient visits (in-patient and telehealth) at the ten participating clinics.

- March 2021 - The split of encounters was 60% in-patient and 40% telehealth.

- PCC will provide the MCares Q3 programmatic report during today's meeting

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(48)

Montgomery Cares – COVID-19

o COVID-19 Vaccination Experience. Six clinics have engaged in vaccine clinics independently or with community organizations/DHHS

o Clinics note significant challenges include securing adequate physical space for vaccine and observation processes, securing staffing to fill the multitude of tasks required in the process (heavy reliance on volunteers), operationalizing the complexities of the delivery and documentation of mass COVID vaccines, securing reliable quantities of vaccine

o Many thanks to PCC for hosting and administering the COVID19 monthly meetings with the MCares clinics

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(49)

Care for Kids – March 2021

FY21 Care for Kids Data - New Enrollees

Newly Enrolled

July: 20, Aug: 49, Sept: 17, Oct: 30, Nov: 26, Dec: 44, Jan: 45, Feb: 79, Mar: 83

(50)
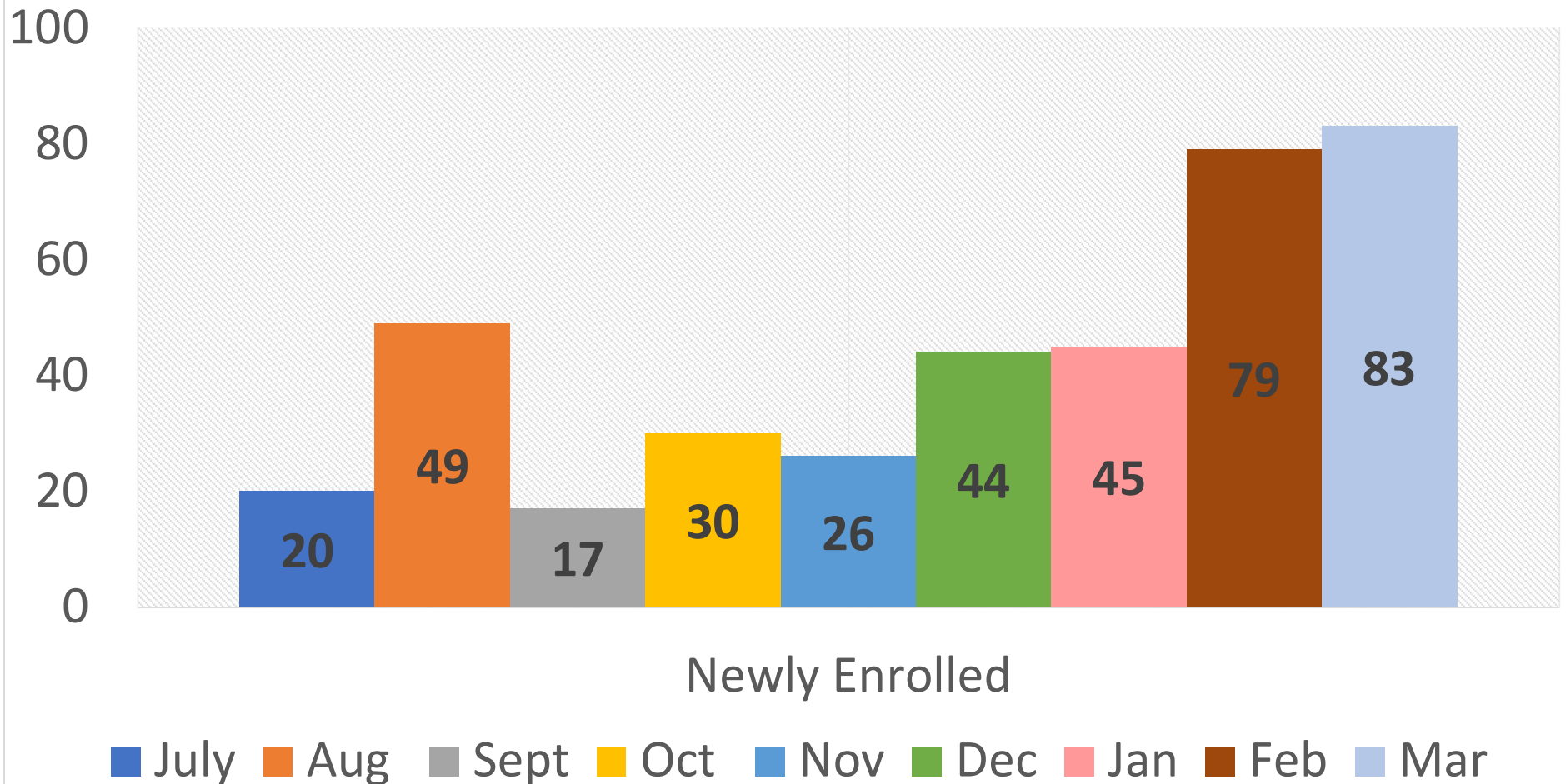
Care for Kids – March 2021

Unduplicated Children

(51)
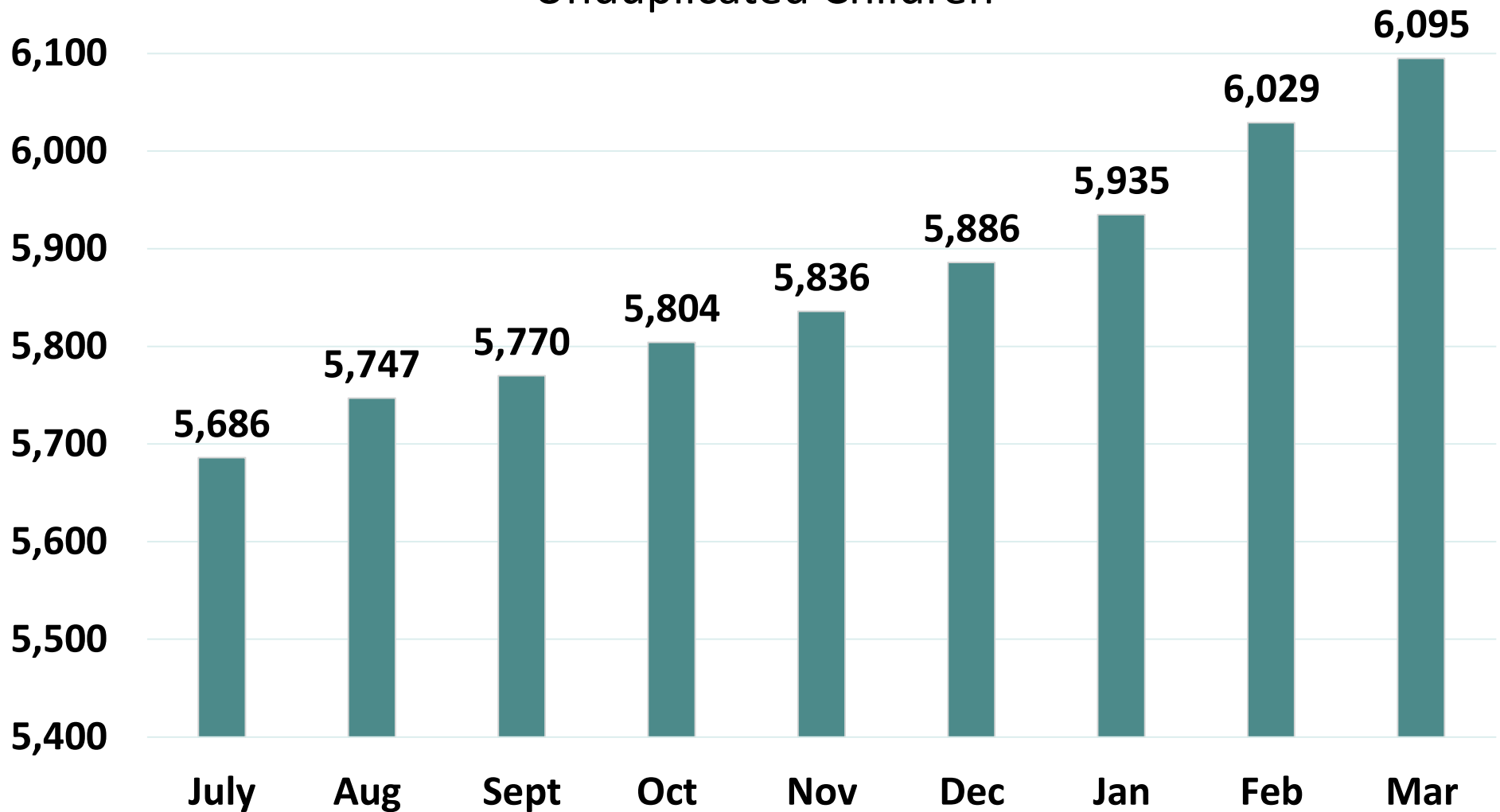
Care for Kids – Program Updates

- Program enrollment through March 2021 is 6,095 which is a less than 1% increase over the same time last year.

- March 2021 - CFK enrolled the highest number of new CFK enrollees in one month since FY21 began

- Although monthly enrollment stays high (retention in the program), numbers for <u>new patients</u> are significantly down (-79%).

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Care for Kids – Program Updates

- School Based Health and Wellness Centers – we have two locations opening in Upcounty, Gaithersburg High School SBHWC and Gaithersburg ES SBHWC

- The in-person visits will begin May 3rd by appointment only for children needing primary health care services

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(53)

Maternity Partnership – March 2021

Patients Enrolled

July 72 · Aug 104 · Sept 125 · Oct 105 · Nov 107 · Dec 95 · Jan 127 · Feb 125 · Mar 154

(54)
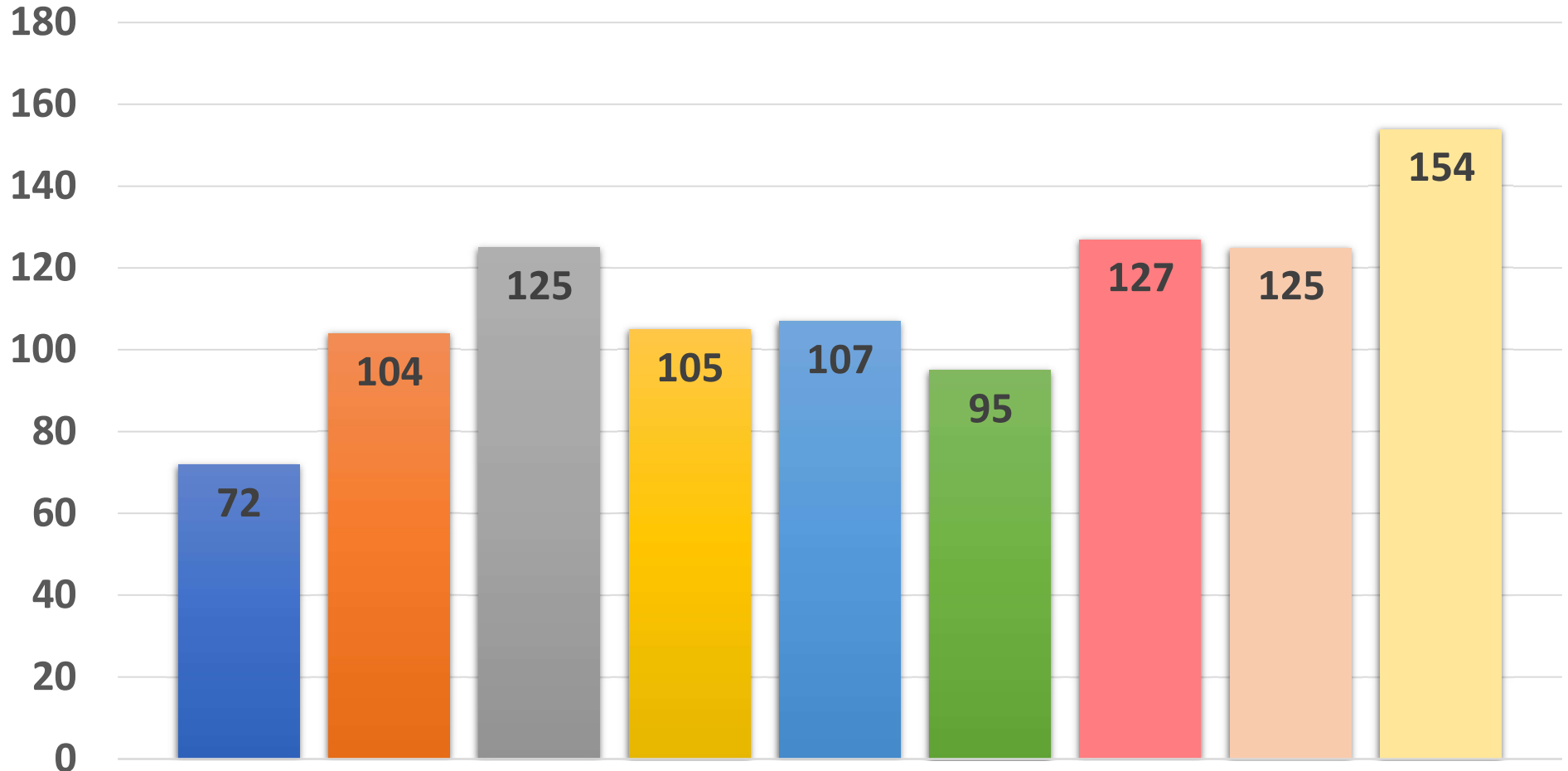
Maternity Partnership – Program Updates

○ The new solicitation allows for non-hospital providers to participate, changing the reimbursement rates and requiring additional outcome measures. It is currently posted on the County website with a start date of July 2021

○ Program staff is working closely with County Dental to focus on enhanced Dental care access for MPP women. The number of maternal dental visits has gradually increased (e.g. 7 visits in July '20, 53 visits in March '21)

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County Dental Services – March 2021

(56)
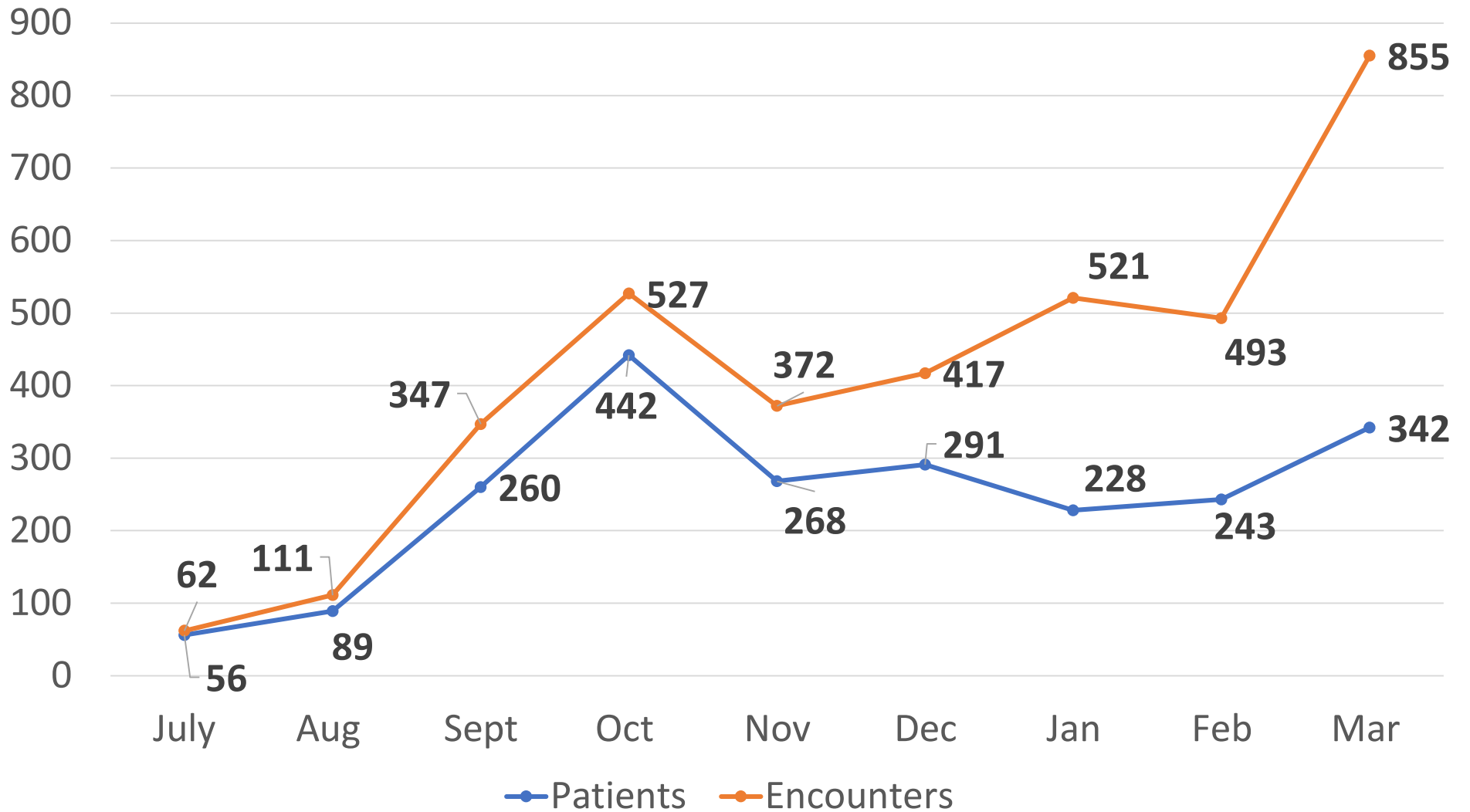
County Dental Data

POPULATION		JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL
Maternity	# patients	7	2	16	18	6	22	13	20	19	123
	# patient visits	7	5	21	23	8	29	29	44	53	219
Children	# patients	11	41	147	299	152	157	155	112	179	1253
	# patient visits	13	49	201	347	226	225	275	230	406	1972
Adult	# patients	27	26	68	86	75	85	43	84	99	593
	# patient visits	30	34	84	111	93	116	180	164	283	1095
Senior	# patients	11	20	29	39	35	27	17	27	45	250
	# patient visits	12	23	41	46	45	47	37	55	113	419
Monthly Total	# patients	56	89	260	442	268	291	228	243	342	2219
	# patient visits	62	111	347	527	372	417	521	493	855	3705

(57)

Health Care for the Homeless

(58)
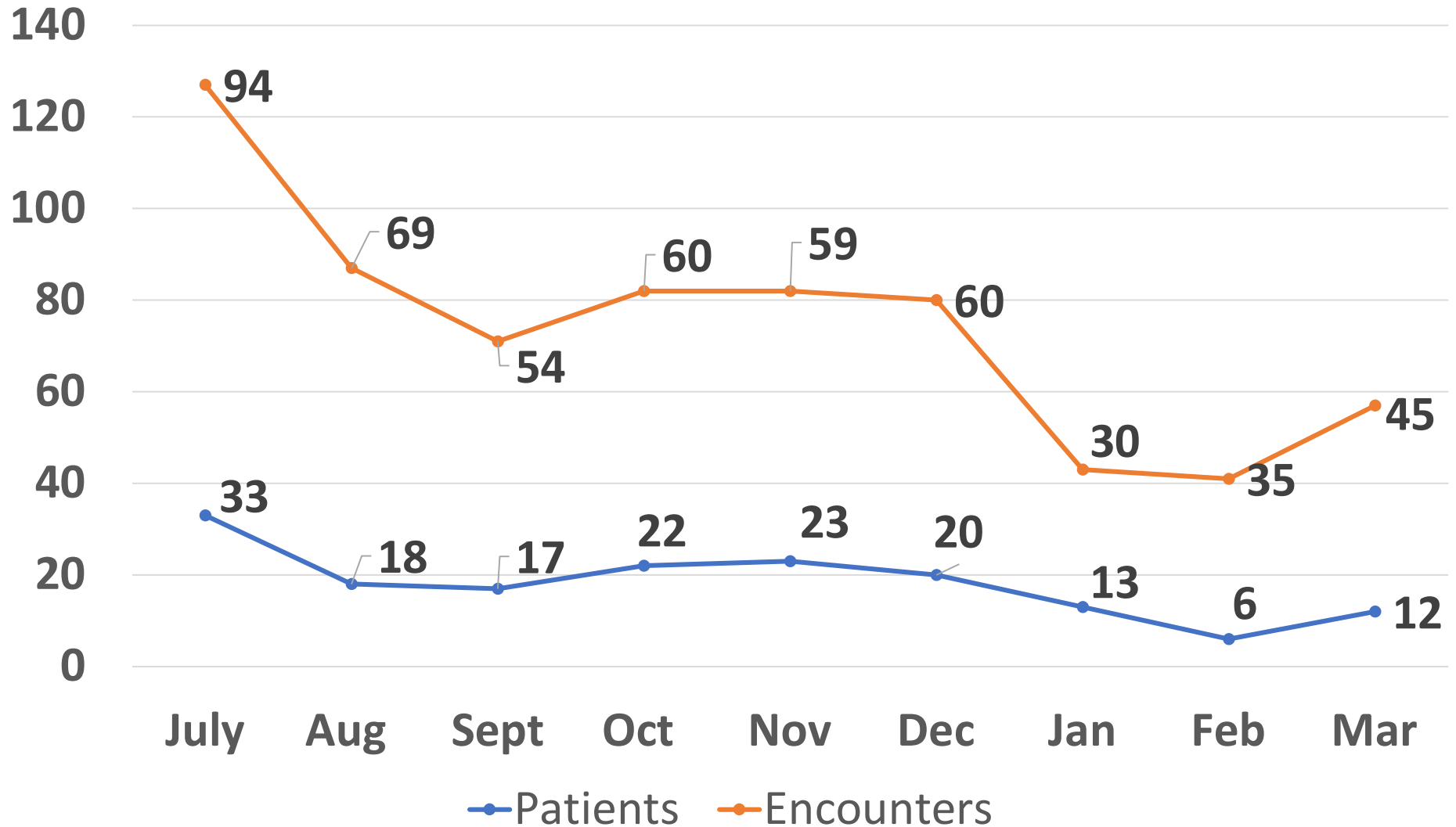
Health Care for the Homeless – March 2021

o SEPH continue to work on providing vaccine clinics for our homeless population. Since last month, they have facilitated another vaccine clinic. Various Permanent Supportive Housing Programs have received assistance with several community partners in providing vaccines to clients in scattered sites. Currently SEPH is working on a plan to incorporate ongoing vaccine

o The medical Respite Program continues to progress very well, with completed renovations to the three house on Fleet Street where the program will be located.

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	Most Recent Month (Mar 2021)	Year to Date FY 21	Year to Date FY 20 (Start of COVID-19)	Percent change FY21 vs. FY20	Total served in FY20
Montgomery Cares					
Patients	4,237	16,543	21,560	-23%	23,804
Encounters (in-person)	3,121	21,932	49,151	-55%	
Encounters (telehealth)	2,042	17,662	n/a		
Total Encounters	5,163	39,594	49,151	-19%	
Care for Kids					
Newly Enrolled	83	393	1,901	-79%	
Enrolled Participants		6,095	6,086	.15%	6,230
Maternity Partnership					
Patients Enrolled	154	1014	1,246	-19%	1,434
Dental Services					
Patients	342	2,219	4,787	-54%	4,886
Encounters	855	3,705	8,265	-55%	
Homeless Health					
New Patients	12	164	N/A		159
Encounters	45	506	N/A		

(60)

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 County residents in need receive high quality healthcare services. The MCAB continues to focus on its mission covering programs of the Healthcare for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health care for individuals experiencing Homelessness, as well as the Montgomery Cares program.

Program Priorities

Given the impact of CoVid-19 the Montgomery Cares Advisory Board has identified specific priorities for each program with level funding however the following requests represent the need for replacement or increased funding for the affected services (total annualized cost $854,358).

Telehealth
- Additional cost to provide interpretation services compatible with telehealth technologies.

Behavioral Health – Psychiatry Services
- In order to ensure sufficient psychiatric services are available through the collaborative care model increased funding is required due to the increased cost of the contract provider.

Project Access – Specialty Care
- Increased funding is needed to maintain same level of access to specialty care, addressing the loss of pro-bono specialty services from private practitioners.

Care for Kids
- Need to provide resources to hire 2.0 FTE to address prior years program growth and the anticipated surge in enrollments and renewals in FY22

Dental Services
- Consider the development of a broader Dental safety-net collaborative effort (including a tele-dentistry program)
- Institute a school-based sealant program at MCPS elementary schools
- Provide resources for staffing to meet unmet dental needs.

Healthcare for the Homeless
- Provide resources to hire 1.0 FTE psychiatric discharge planner to coordinate appropriate discharge from inpatient to outpatient settings of residents experiencing homelessness

On behalf of the Montgomery Cares Advisory Board, the Health Centers Leadership Council, representing the executive directors of the 10 health centers, and the Primary Care Coalition we ask that the County Council continue to make strategic investments to strengthen the public-private partnership that has created this very successful safety-net infrastructure that has been critical to improving the health of our community and responding to the current public health crisis. Thank you for your continued support.

HEALTH CARE FOR THE UNINSURED
Fiscal Year 2022 Budget Priorities

Joint Advocacy Statement : Fiscal Year 2021
Health Centers Leadership Council and Primary Care Coalition
Supported by Montgomery Cares Advisory Board

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs.

- Montgomery Cares
- Care for Kids
- Maternity Partnership
- Dental Clinics
- Healthcare for the Homeless

On behalf of the Health Centers Leadership Council, representing the executive directors of 10 safety-net health centers, Montgomery Cares Advisory Board, and the Primary Care Coalition, we ask that Council continue to make strategic investments to shore up the public-private partnership that has created safety-net infrastructure that has been critical to improving the health of our community and responding to the current public health crisis.

HEALTH CARE FOR THE UNINSURED

Access

Provides a health home for 23,800 adults, 6,200 children.

- Primary and preventive care
- Behavioral health care
- Specialty medical care
- Oral health
- Pre-natal care
- Medicine access
- 40+ primary care access points county wide

Cultural Sensitivity

Provides culturally appropriate care to diverse patient population.

Top 10 Languages Spoken by Patients

1 - Spanish
2 - English
3 - French
4 - Portuguese
5 - Undetermined/other

6 - Amharic
7 - Chinese
8 - Indian (Hindi and Tamil)
9 - Other African
10 - Urdu

Return on Investment

Expectant value ROI in increased productivity and extended life years for services provided from January 2018 through June 2019.

$17.44

For every county dollar invested in diabetes control

$4.40

For every county dollar spent controlling hypertension

$3.91

For every county dollar spent to address depression and anxiety

Quality

Medical care that exceeds national benchmarks for diabetes and hypertension control.
(Montgomery Cares Adult Primary Care Only)

Bar chart legend:
- Montgomery Cares Clinics FY20
- Benchmark: Average of Medicaid HMO Performance

X-axis categories: Diabetes: Good A1c Control (<8); Diabetes: Blood Pressure Control; Hypertension: Blood Pressure Control

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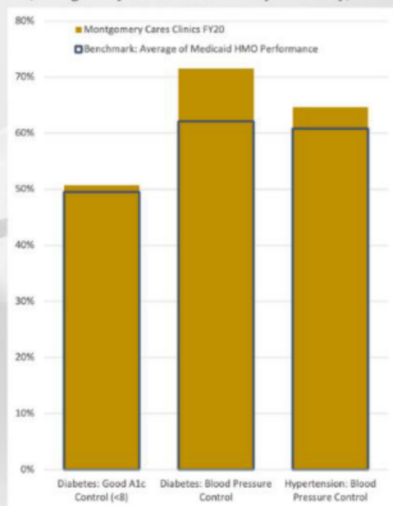
A Community Asset Delivering Essential Services to Vulnerable Populations

4,580

Patients referred to specialty care

1,130 pediatric cases
3,450 adult cases

1,180

Low income patients received needed brand name medications

Insulin and behavioral health medications among the most needed brand name medications and the most expensive and difficult to obtain.

1,570

Adults received integrated behavioral health counseling.

The Collaborative Care model ensures those who need it can access behavioral health counseling integrated in the primary care setting and behavioral health and primary care providers are in constant contact.

1,700

Children with complex needs received case management

1,280 cases were for short term needs. 420 cases required long-term case management from the CFK Specialty Nurse Case Manager.

97%

Healthy babies delivered

Thanks to prenatal care provided, 97% of babies delivered to Maternity Partnership Program mothers in FY20 had a healthy birthweight.

625

Children received specialty dental services

to correct serious oral health problems.

COVID-19 and the Health Care Safety Net

The COVID-19 pandemic has put a spotlight on inequities that have existed in Montgomery County, and in the nation, for generations. Indeed, the zip codes that have high incidences of COVID-19 also have high concentrations of Montgomery Cares patients. Higher rates of underlying chronic disease, coupled with greater likelihood of employment in essential industries creates a perfect storm making low-income residents of color both more likely to get infected with COVID-19 and, once infected, more likely to have a negative outcome.

Montgomery County's investment in a safety-net health care infrastructure that leverages public and private sector resources has been an important aspect of our community's ability to respond to and weather the current crisis. As illustrated in the map below, Montgomery Cares and Care for Kids participating primary care providers have a strong presence in the zip codes most adversely affected by COVID-19. They are trusted entities in those zip codes with strong community ties.
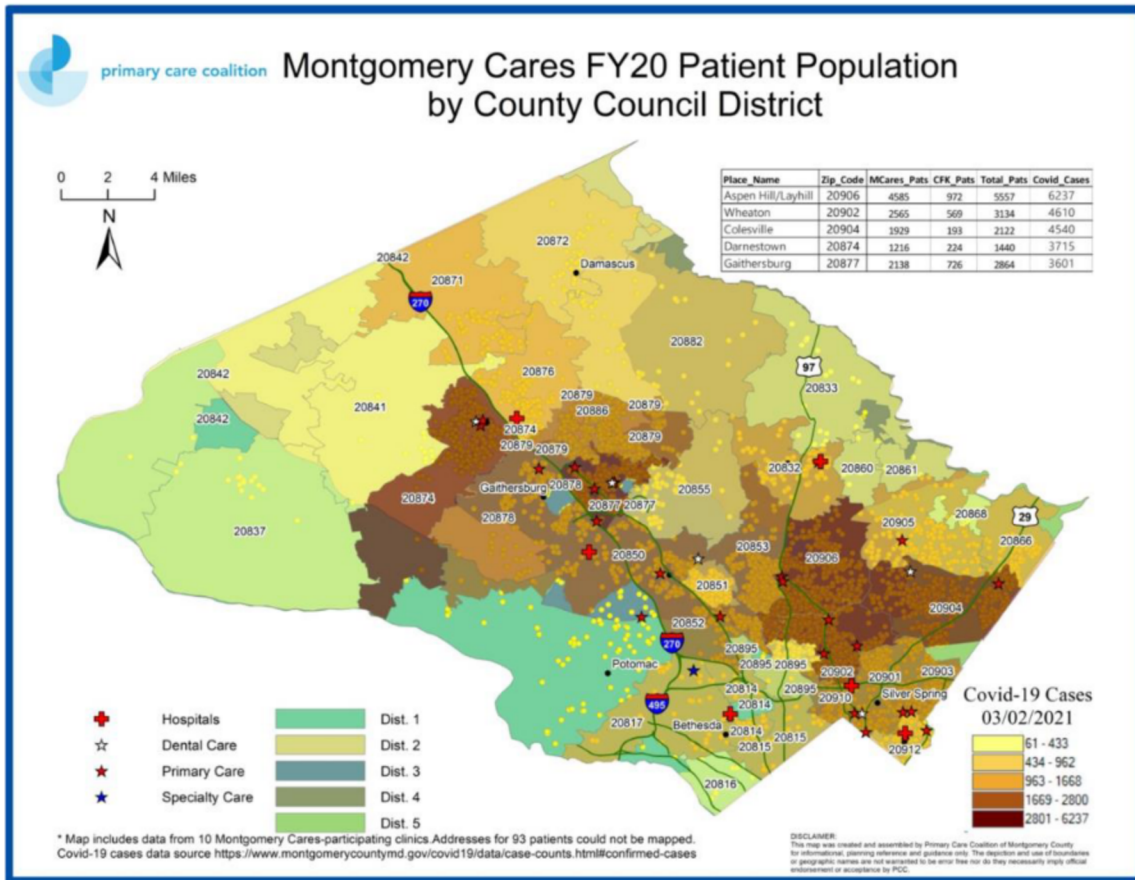
From the start of the pandemic, Montgomery Cares participating clinics, DHHS, and the Primary Care Coalition have been in constant communication to identify and respond to emerging issues.

- Ensure continuation of prevention and primary care services and emergency department diversion to alleviate pressure on hospital resources
- Adapt practice workflows and deployed telemedicine visits for patients to ensure continued access to care when in-person visits were not feasible
- Secured grant funding to purchase equipment needed for remote patient monitoring
- Engaged in group purchasing to procure personal protective equipment for on-site clinical staff
- Participate in collaborative efforts to ramp up testing and treatment for vulnerable populations
- Serve as trusted source of information for hard-to-reach community members

The County Executive's proposed budget for FY22 included level funding for Montgomery Cares and Care for Kids.

For the past year, Montgomery Cares has been operating under an alternative payment mechanism—renewed in three-month increments—that provides a lump sum payment to participating clinics based on prior years utilization data. This payment mechanism has provided certainty about cashflows during the pandemic when encounter numbers and modalities (in-person vs. telehealth) have fallen below projected levels not due to lack of need but due to interruptions to normal operations created by the pandemic.

Care for Kids has also seen a drop in patient encounters attributed to the pandemic and the guidance to limit non-urgent in-person care at various points thought the past year. We have been monitoring developments at the U.S. Mexico border and anticipate an increase in program enrollment and care needs in FY22 as Montgomery County again welcomes unaccompanied children fleeing violence.

Montgomery Cares FY20 Patient Population by County Council District

primary care coalition

0   2   4 Miles

Place_Name	Zip_Code	MCares_Pats	CFK_Pats	Total_Pats	Covid_Cases
Aspen Hill/Layhill	20906	4585	972	5557	6237
Wheaton	20902	2565	569	3134	4610
Colesville	20904	1929	193	2122	4540
Darnestown	20874	1216	224	1440	3715
Gaithersburg	20877	2138	726	2864	3601

Legend:
- Hospitals
- Dental Care
- Primary Care
- Specialty Care
- Dist. 1
- Dist. 2
- Dist. 3
- Dist. 4
- Dist. 5

Covid-19 Cases 03/02/2021
- 61 - 433
- 434 - 962
- 963 - 1668
- 1669 - 2800
- 2801 - 6237

* Map includes data from 10 Montgomery Cares-participating clinics. Addresses for 93 patients could not be mapped.
Covid-19 cases data source https://www.montgomerycountymd.gov/covid19/data/case-counts.html#confirmed-cases

DISCLAIMER:
This map was created and assembled by Primary Care Coalition of Montgomery County for informational, planning reference and guidance only. The depiction and use of boundaries or geographic names are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by PCC.

Guiding Principles

As a group of advocates representing multiple different organizations the priorities and the proposals contained in this document were developed based on the following principles.

Sustainable. Support priorities that have clear indicators of impact and are patient centered, data driven, and sustainable for participating organizations.

Affordable. As advocates we acknowledge county fiscal condition but have also balanced the fiscal constraints against the growing need for services and challenges of the environment. We have considered and proposed creative solutions to address program needs while minimizing budget impact.

Essential. We emphasize programmatic needs with high immediate impact focusing on maintaining essential services and access while postponing requests for major enhancements.

Flexible. We acknowledge and respect the autonomy for participating organizations to manage their businesses while safeguarding the collective interest of the safety net stakeholders and the public-private partnership.

Collaborative. We have and will continue to work to continuously engage stakeholders—those who are impacted by or who impact policies and programs—to ensure clear and achievable objectives for improvement. Emphasizing new partnerships as a means to achieving program and policy aims.

Priorities

Priority	Budget Impact
Covid-19 Recovery Resources • Provide resources to safety net network to address deferred care, vaccination efforts, and other post-pandemic recovery activities	$500,000 (as ARPA sub award)
Montgomery Cares Eligibility Policy • Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for transition.	Neutral
Healthcare for the Uninsured Enrollment and Eligibility Procedures • Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services. • Allow clinics and community-based organizations to conduct eligibility screening for renewing Montgomery Cares and Care for Kids patients.	Neutral
Telehealth • Level funding for primary care encounters (in-person and via telehealth) • Ensure continued payment parity for telemedicine services • Provide interpretation services compatible with telehealth technologies	$65,000
Behavioral Health – Psychiatry Services • Ensure sufficient psychiatric services are available through collaborative care model	$63,100
Project Access – Specialty Care • Maintain same level of access to specialty care, addressing loss of pro-bono specialty	$222,110
Care for Kids • Provide resource to hire 2.0 FTE to address prior years program growth and anticipated surge in enrollments and renewals in FY22	$129,148
Dental Services • Dental safety-net collaborative effort (including a tele-dentistry program) • Institute a school-based sealant program at MCPS elementary schools • Provide resources for staffing to meet unmet dental needs	$175,000 $125,000
Healthcare for the Homeless • Provide resources to hire 1.0 FTE psychiatric discharge planner to coordinate appropriate discharge from inpatient to outpatient settings of residents experiencing homelessness	$75,000

Sub Award of Federal Funds Total Request: $500,000

County General Fund Total Request: $854,358

Covid-19 Community Recovery Resources

Request: *Provide resources to safety net network to address deferred care and other post-pandemic recovery activities*

Budget Impact: Sub-grantee of federal funds $500,000 to address deferred care and other post pandemic recovery efforts. Recommend a grant program with flexibility for clinics to propose activities that best addresses needs of their patient populations and fit with clinic business models.

Justification: Montgomery Cares participating clinics are trusted community-based organizations with both the cultural sensitivity and community credibility. The Covid-19 pandemic has demonstrated the importance of having a strong safety-net health care infrastructure as an essential component of overall health and public health in Montgomery County. Systemic issues that were a challenge prior to the pandemic have deepened over the past year, and as we look ahead to recovery safety-net health care providers are bracing for the crisis after the crisis as we will need to respond to
- Health conditions that worsened during the pandemic due to deferred care and treatment for conditions that were not urgent or emergent
- Health impacts of socioeconomic vulnerability such as food insecurity and housing instability
- Behavioral health crises and community trauma
- Ongoing Covid-19 response including ongoing vaccination education and administration

Montgomery Cares Eligibility Policy

Request: *Maintain eligibility for QHP-eligible Patients for Montgomery Cares program until such time as the county develops, deploys and demonstrates effectiveness of an affordability option and allows adequate time for patients and providers to transition to the new program.*

Budget Impact: Neutral

Justification: The Montgomery Cares program historically served any uninsured individual who met income and residency requirements (Montgomery County residents with household income <250%FPL), a policy change that went into effect in 2019 excluded low-income residents who are eligible to purchase a Qualified Health Plan (QHP) without accommodations for those who are unable to afford the premiums, deductibles and copays. Prior to this policy change patients had been encouraged to purchase private insurance when possible; however, failing to do so (remaining uninsured) did not exclude them from the Montgomery Cares program. In 2018, Montgomery County eligibility guidelines were altered to read that "to be eligible for Montgomery Cares, patients cannot ~~have~~ BE ELIGIBLE for other insurance".

A multi-stakeholder workgroup proposed a pilot program to address the affordability concern, particularly for Montgomery Cares patients who may be QHP eligible but have very low incomes. Patients who would be eligible for Medicaid (with no cost sharing requirements) if not for their immigration status. Based on available data, PCC estimates that approximately 1/3 of currently enrolled MCares patients are among those who are potentially eligible for a QHP and of them roughly 40% have a household income below the federal poverty level.[1] The illustration below overlays the impact on access to care that results from this affordability barrier. To date, there has been no response or pilot program to address the affordability concern.

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[1] PCC data are limited to the information in the shared electronic medical record used by 6 of the 10 participating clinics. Since the eligibility determination process changed in 2019, PCC no longer consistently receives data on patient eligibility criteria.

Eligibility by Immigration Status & Income: Non-pregnant Adults 18-64 years

Immigration Status	Income as percent of Federal Poverty Level (FPL)				
	0%-138% FPL	139%-250% FPL	251%-300% FPL	301%-400% FPL	Above 401% FPL
US Citizen (Natural Born or Immigrant)	Medicaid or Medical Assistance (MA)		(QHP), with subsidies		QHP without subsidies
"Qualifying" non-citizen immigrant (Green card for 5+ years, asylee, refugee, and some other humanitarian statuses)					
"Non-qualifying" lawfully present immigrants (Green card for less than 5 years, Temporary Protected Status, most deferred enforcement or temporary statuses)	MCares Historically				
Ineligible due to immigration status (Deferred Action for Childhood Arrivals, Deferred Action for Parents of Americans, children fleeing violence, out-of-status & unauthorized immigrants)	MCares post FY20	Ineligible for Coverage through Maryland Health Connection			

Recognizing the affordability challenge for patients, DHHS has issued multiple waivers extending eligibility for this sub-population since the enactment of the new policy. As advocates we appreciate the option for affected patients to remain eligible for the Montgomery Cares until a viable solution is found and enacted. As program operators, we recognize the strain that uncertainty causes for patients and providers. Learning of the extension so close to the eligibility end date creates anxiety for patients regarding their ability to access care going forward. Further, announcement of the extensions close to the eligibility end dates causes considerable operational disruption.

Timeline of MCares Eligibility Extensions for Potentially QHP eligible patients
- 7/1/2019 new eligibility policy goes into effect with 6-month grace period until 12/31/2019
- 12/16/2019 extended eligibility end date through 6/30/2020
- 6/25/2020 extended eligibility end date through 12/31/2020
- 1/11/2020 extended eligibility end date through 12/31/2021

We support the principle of connecting each patient to the highest level of coverage possible. Health centers continue to encourage patients to enroll in Medicaid and ACA-subsidized health plans. However, until affordability issues are addressed, it is recommended that the county maintain the broader eligibility criteria for Montgomery Cares.

Advantages to this approach include avoiding further confusion for patients and nonprofit partners, and preventing disruptions in care, including for specialty care referrals and community pharmacy. While there have been concerns that this will increase the numbers of QHP-eligible individuals enrolling in Montgomery Cares, there is no evidence that this is the case. Focus should remain on patient education related to health and financial literacy so that patients can understand the real advantages of coverage and decide to enroll themselves if they can afford it.

Healthcare for the Uninsured Eligibility and Enrollment Procedures

Request A: Extend eligibility across associated programs so that enrollment in MCares or CFK is an indicator of eligibility and automatic eligibility for Maternity Partnership Program and County Dental services.

Budget Impact: Neutral

Justification: Montgomery County's portfolio of Healthcare for the Uninsured Programs provide care across the lifespan. The programs all have consistent eligibility criteria requiring patients to be Montgomery County residents with household incomes below 250% of the federal poverty level. Yet, when a woman in Montgomery Cares or teen in CFK becomes pregnant she is required to repeat eligibility determination at OESS. This process can be slow and create barriers to care. Our recommendation is that enrollment in Montgomery Cares or Care for Kids be considered

presumptive eligibility for Maternity Partnership and Dental services for adults (children enrolled in CFK are already eligible for primary dental services). Primary care providers should be able to refer patients directly to these needed services without patients having to repeat the eligibility determination process within an enrollment year. Montgomery Cares and CFK issued ID cards should be accepted as proof of eligibility by the program staff operating at Maternity Partnership and the County Dental Program.

In the case of the Maternity Partnership Program, patients may need to prepare and submit eligibility forms in order to receive Emergency Medicaid to cover labor and delivery charges at the hospital; however, this process should not impede their initial connection to pre-natal care early in the pregnancy and can be facilitated once the mother is connected to the program.

Request B: *Allow clinics and community-based organizations to determine eligibility for renewing Montgomery Cares and Care for Kids patients.*

Budget Impact: Neutral, assumes savings in current centralized process re-allocated to community-based process. (Operational recommendations available upon request)

Justification:
In July 2019, the MCares enrollment process was centralized at OESS. The decision to pilot this roll-out was premised on three objectives:
1. Ensuring all Medicaid-eligible clients are enrolled immediately in Medicaid
2. Supporting the enrollment of QHP-eligible clients during open enrollment
3. Enhancing efforts to enroll clients in additional public benefit programs for which they may be eligible

In terms of evaluation, increasing metrics for these three objectives beyond what the clinics were capable of doing themselves would indicate that the centralization of the eligibility determination process merited the higher administrative burden and patient inconveniences that it imposed. As of December 6, 2019, 17.9% of Montgomery Cares applications sent to OESS by clinics were found eligible for a QHP (we do not have data on the income level of these applicants to gauge affordability of a QHP with subsidies.) 3.8% were denied due to missing documentation representing more than half of all denials. 2% were denied due to ineligibility based on income, residence or access to other coverage. Under 1% were found eligible for Medicaid. We do not have access to data confirming if they achieved enrollment in Medicaid and connected to care.

Through the first six months of implementation, we have learned that OESS workers are not universally trained for medical and social services enrollment and the enrollment procedures with clinics doing document collection and OESS performing adjudication preclude the potential benefits of simultaneously assessing patients for social services needs.

Following the first six months of implementation stakeholders observed:

- A decline in Montgomery Cares patient encounters (visits) and an increase in patients who opt out of applying for Montgomery Cares and pay out-of-pocket for services.
- A trend of delayed or omitted follow up care for patients who had exhausted their 2-visits allowed under presumptive eligibility while the determination process plays out.
- Increased documentation challenges for patients who must provide sufficient and often duplicate income, identification, and residency documents. This can delay or end the determination process. Indeed, missing documentation is the chief reason for Montgomery Cares applications being denied.
- Increased administrative burden for clinic staff who, to alleviate patient fears of submitting documents to a government agency, have taken on helping patients navigate the more complex enrollment process.

These challenges pre-dated Covid-19, but the pandemic has placed added stress on the system. We appreciate that during the current public health emergency, DHHS has temporarily halted the requirement for OESS to approve MCares applications and CFK applications and has issued blanket eligibility extensions for patients until the end of the public health emergency.

While the discussion above is focused on Montgomery Cares, parents have reported barriers in navigating the Care for Kids enrollment process which has always resided with OESS.

In the absence of evidence that the original objectives of the change to a centralized process have been met, and given the additional hurdles introduced to patients and clinics by the centralization pilot, it is appropriate to maintain the decentralized approach in which eligibility determination and enrollment functions remain with the clinics and community-based organizations. While OESS should remain an important resource, at this point in time the centralization of enrollment eligibility determinations constitutes an administrative burden without additional benefits.

Primary Care Services

Request A: Continue alternative payment mechanism (via 3-month extensions) throughout FY22 to ensure ongoing payment parity for telehealth services

Budget Impact: Neutral.

Justification: During the COVID-19 pandemic, DHHS has approved an alternative payment mechanism for primary care that is a lump sum based on average encounters in a given three-month period the prior fiscal year. This approach has provided sustainability for clinics and also supported the introduction of telehealth which was not reimbursable under the prior fee-for-service model. We appreciate DHHS assurance that the alternative payment mechanism will remain in effect until the public health crisis ends; however, this does create some uncertainty regarding reimbursement for telehealth services post pandemic.

During the COVID-19 pandemic, clinics have seen a decline in encounters overall as patients adhered to early public health advice to avoid seeking care for non-urgent reasons. However, clinics quickly and effectively adopted telehealth as a complementary modality of delivering health care services.

Montgomery Cares Telehealth Utilization: March 2020 - December 2020
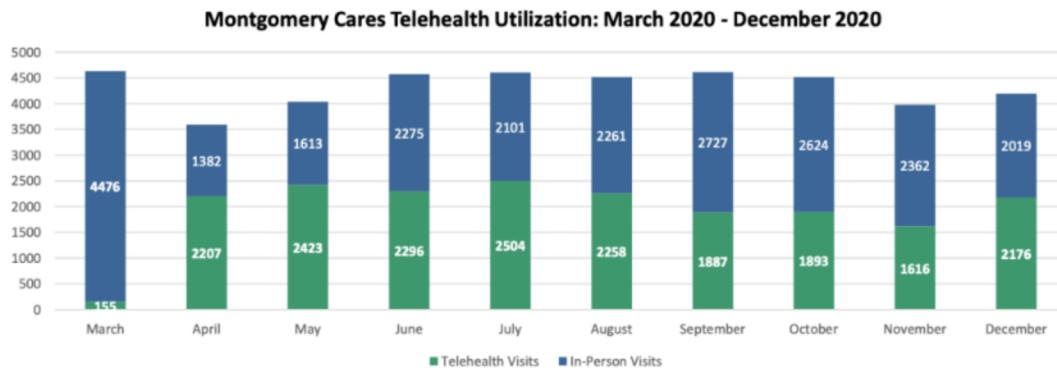
The benefits of telehealth availability have been impressive including reduced transportation barriers, reduced need to take significant time away from work and family responsibilities, increased efficiency with less time spent in waiting rooms by patients. These practical benefits for patients are evidenced by a significant reduction in the no-show rate for clinic appointments. Between April and December 2019, the MCares appointment no show rate was 10% system wide. That dropped to 6% in the same timeframe in 2020 representing a 17% reduction in no-shows. A Chi-Squared analysis revealed that the decline in no-show rates can be attributed to the expanded availability of telehealth with a 99% significance.

Regarding future reimbursement for Telehealth, a proposed policy recommends linking payment parity for telehealth to participation in a proposed value-based payment (VBP) system but potentially not under a fee-for-service system, which is the standard for Montgomery Cares. Linking telehealth reimbursement to participation in VBP is problematic for two reasons:

- The VBP approach has been proposed only in concept but there is not yet sufficient detail for stakeholders to be clear on what this would entail
- The VBP proposal is scheduled to go into effect at the start of FY23 at the earliest creating a possible gap in telehealth service reimbursement if the public health emergency ends before this.

Regardless of how the DHHS payment mechanism for the clinics may be changed (whether it is a fee for service or value-based payments mechanism), we recommend that telehealth continue to be reimbursed at the full in-person encounter rate in order to ensure payment parity and reflect the value of this new enhanced model of care for patients served by the clinics. Operating costs (e.g., platform subscriptions, additional front desk and IT support) are comparable to in-person visits, therefore payment parity for the two delivery modalities is appropriate. In order for health centers to continue to provide telehealth services, sustainable reimbursement is critical.

We further recommend that the alternative payment mechanism be continued throughout FY22, extended in 3-month increments, to minimize disruption that could occur form transitioning to a fee for service system mid-year and then back to an alternative payment structure as part of a VBP arrangement in FY23.

Request B: *Establish a master contract with interpretation service providers that is compatible with telehealth technologies.*

Budget Impact: $65,000.

Justification: Language Line, the interpretation service used by clinics during in-person visits when the particular language is not available onsite, does not synchronize with telehealth appointments. Clinics need a different solution that is compatible with the particular telehealth platforms they have adopted. Clinics and health centers typically employ staff who are fluent in the languages of patients that they serve most frequently so, perhaps counterintuitively, the need for interpretation services is not for those languages most commonly spoken in the county.

We recommend supporting the resources necessary for a system-wide interpretation services arrangement that is effective across platforms.

Behavioral Health – Psychiatry Services

Request: *Ensure sufficient psychiatric services are available through collaborative care model.*

Budget Impact: $63,100.

Justification: The Montgomery Cares Behavioral Health Program (MCBHP) uses a Collaborative Care Model which is a team-based approach. Behavioral Health Care Managers (LCSWs) are embedded at participating clinics and work collaboratively with primary care providers. Psychiatry services are provided through a contract with Georgetown. MCBHP care managers and primary care providers can consult with Georgetown Psychiatrists telephonically, through case panels, and the Psychiatrists provide hours onsite at clinic locations.

In FY18 the County reduced hours for psychiatry as part of a savings plan. This reduction occurred after an overhaul to the program that was discussed following a proposal by DHHS to switch to a fee for service blended model. At that time, it was agreed to switch psychiatry to an hourly rate and document the time spent on different types of activity. Prior to the savings plan, the budget was 1,664 hours or 0.8FTE. Due in part to rate increases, the capacity was squeezed. Available psychiatry services were reduced to 1,029 billable hours in FY19 and 984 billable hours in FY20 as the budgeted funds remained flat while the rate for services increased.

Since patient *need* for behavioral health services has increased during the pandemic and will likely increase even more as the pandemic continues, MCAB strongly recommends against further capacity cuts from FY19 levels. Unfortunately, Georgetown has informed PCC that rates will increase again to $176.48 per hour, which is still below

the market rate for comparable services. In order to maintain the 1,029 billable hours, the budget impact (including indirect) would be $63,135 above the current budget for psychiatry of $125,611.

Project Access – Specialty Care

Request: *Funds to maintain same level of access to specialty care, addressing loss of pro-bono specialty*

Budget Impact: $222,110

Justification: Project Access funding from Montgomery Cares was previously supplemented by Nexus Montgomery funding. With the conclusion of the first phase of the Nexus Montgomery Regional Partnership, funds through the HSCRC grant are no longer available to support Project Access direct services in Montgomery County. Furthermore, the fiscal impact of COVID-19 on specialty practices has meant that many providers are less able to provide pro-bono or the same level of discounts, increasing the overall cost to the Project Access program. We understand Project Access anticipates, ENT, nephrology, GI and ophthalmology practices will be unable to continue to provide the current level of services pro bono moving forward. In addition, one large multi-specialty practice has noted they will need their reimbursement to increase to 100% of Medicaid in order to continue with the program.

Justification: Inadequate access to specialty care undermines the primary care service delivery model and increased funding is necessary.

Estimated amount needed to cover the shortfall due to anticipated low vs. pro bono services:

Specialty Recruitment	Request	Impact
Cardiology		
Ear Nose & Throat	$ 26,505.00	57 visits, 19 surgeries
Vascular Surgery	$ 26,400.00	6 hemodialysis catheters, 12 vascular surgeries, 6 chemo ports
Speech, Occupational, Physical Therapy		
Nephrology	$ 10,800.00	48 visits
GI	$ 16,425.00	236 visits
Ophthalmology	$ 111,690.00	146 visits, 110 surgeries
MFA Rate Increase	$ 12,175.00	487 patients continue to be served otherwise reduce to 442
Sub Total	$ 203,995.00	
Total with indirect (8.88%)	$ 222,109.76	

Care for Kids Enrollment

Request: *2.0 FTE address prior years program growth and anticipated surge in enrollments and renewals in FY22.*

Budget Impact: $129,148

Justification: Care for Kids enrollment grew dramatically over the past few years as Montgomery County welcomed children fleeing violence in Central America. Care for Kids staffing levels have not been sufficient given the size of the enrolled population. In addition, the needs of enrolled children have increased as many of the newly enrolled children are recent asylum seekers who are medically complex and who have accompanying behavioral health needs – this combination increases the need for case management and care coordination. Many of the children arriving have had little access to health care in their home countries and have experienced traumatic journeys.

CFK has seen increases in specialty care referrals, including greater need for long-term case management.

In FY21 CFK enrollments have plummeted. Because the program grew so rapidly in the proceeding years, we know that children arrived in the County and enrolled in the program in previous years PCC attributes this drop off to the complexities of navigating enrollment processes during the COVID-19 outbreak while OESS offices are closed to in-person visitors. More navigation support and assistance is needed to ensure that children already in Montgomery County are able to renew their enrollments and remain connected to care and/or reconnect them to care if their enrollment lapsed during 2020. Furthermore, once the outbreak subsides staff anticipate a flood of enrollments from people who were not able to enroll previously.

- FTE Client Service Specialist to provide outreach and navigation and to keep up with rising enrollment levels. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

- FTE Medical Assistant Case Manager to support specialty care referrals and case management needs. [$64,574 including fringe (28.52%) and indirect cost (8.88%)]

Given the current developments around the U.S. - Mexico border we anticipate an increase in the number of unaccompanied children seeking asylum coming into the U.S. in general and coming to Montgomery County in particular. We are not currently in a position to precisely project the number of new arrivals likely to come to Montgomery County and related demand for services; however, we anticipate that there will be a related increase in CFK enrollments in FY22. In any case, the eligibility and enrollment, case management and care coordination infrastructure for Care for Kids needs to be in place at a level adequate to support children already in Montgomery County as well as expected future arrivals.

Dental Services

Request: *Present a formal report to Council on designing a coordinated dental safety-net system that fosters collaboration among private and publicly operated dental agencies to be presented no later than December 31, 2021. Through a collaborative venture ensure comprehensive systems to address tele-dentistry, specialty dentistry, and other clinical efficiencies.*

Budget Impact: Neutral (to be completed by staff and stakeholders)

Justification: Montgomery County DHHS operates several dental clinics that provide care for low-income seniors, adults, and children who do not have dental insurance. This includes the Montgomery Cares and Care for Kids populations as well as others who may have Medicaid or other health coverage that does not include dental benefits. In addition, Montgomery County provides funding to the Muslim Community Center Dental Clinic and the Catholic Charities Dental Clinic. Mary's Center and CCI Health & Wellness offer dental services in Montgomery County as part of their comprehensive service models; this service capacity enables them to serve low-income and uninsured patients but do not participate in any county sponsored programming.

The safety-net system for oral health in Montgomery County today is fragmented, but it does not have to be. Montgomery County's safety-net providers have a track record of collaboration and have demonstrated that investment in coordination to devise and sustain collaborative programming that allows disparate organizations to lean into their core competencies and leverage the competencies of others has tremendous benefits for the community.

We recommend a dedicated focus to fostering collaborative system design among private-public dental care agencies, general and specialty dental providers, and dental labs.

We further recommend tele-dentistry be a key component of this system design to enhance and promote increased clinical efficiencies.

A collaborative sharing accord will expand the scope of care and increase access to care for the uninsured, underinsured and low-income populations of Montgomery County.

Request B: *Institute a school-based sealant program at MCPS elementary schools*

Budget Impact: $175,000

Justification: The proposed program would be rolled out in 7 MCPS elementary schools with school-based health centers. In addition, this initiative would explore alternative methods for providing school-based sealant services to MCPS elementary schools with high FARMS rates and without school-based health centers. The total projected cost is $175,000 for staff and/or consultants to support the initiative.

Request C: *Provide resources for merit and/or contract staff to meet unmet dental needs in the County, for seniors, children and specialty care.*

Budget Impact: $125,000.

Justification: County Dental Clinics are experiencing a shortage of providers and ancillary support staff resulting in long wait time for appointments, insufficient availability for emergency care, and a lack of sufficient specialty care. This shortage is exacerbated by an increase in the number of pediatric patients being referred to the County Dental Clinics from the Care for Kids program. Many of the referred children have complex needs requiring nitrous oxide for sedation and availability of a pediatric dentist to provide care. The County Dental Clinics can improve service and operations with additional staffing in the form of general dentists, dental hygienists, and dental assistants.

Healthcare for the Homeless

Request: *1.0 FTE psychiatric discharge planner*

Budget Impact: $75,000

Justification: Residents experiencing homelessness often encounter challenges when being discharged from the hospital. For patients with an accompanying behavioral health diagnosis, the complexity of navigating hospital discharge is exacerbated. We advocate for a psychiatric social worker who will work with hospitals to plan for discharge and appropriate follow up and connection to community based mental health services for homeless residents being discharged from the hospital. Creation of this role will allow for early involvement of homeless service providers in discharge planning to assure coordinate recommended post discharge services and navigate patients through the process.

Montgomery County Interagency Commission on Homelessness: Committee on Decriminalization of Homelessness Recommendations

Introduction

Homelessness is a national crisis caused by a severe deficiency of affordable housing units. The United States lacks 7.4 million affordable and available rental units necessary to meet its need.[1] Rising rents and stagnant wages exacerbate the issue and increase the prevalence of housing instability. In Montgomery County, a household must bring in $66,600 annually or $32.02 per hour to afford a two bedroom apartment.[2] In 2018, over 84,000 households in Montgomery County had incomes under $60,000.[3] Many individuals and families in our communities live on the brink and are only a paycheck or health crisis away from homelessness.

People of color make up the majority of those who are cost-burdened, or those who pay more than 30 percent of their household income towards housing costs.[4] Consequently, people of color are overrepresented in the population of persons experiencing homelessness. Black residents make up 18 percent of the county's general population,[5] but 58 percent of the population experiencing homelessness.[6] Black residents are also more likely to enter the criminal justice system, receiving more than 47 percent of the state's criminal citations.[7] The Urban Institute's 2017 report on racial inequities reveals deeps gaps in Montgomery County in the areas of employment, income, and homeownership. Black and Hispanic residents are less likely to have high school diploma, had lower household incomes, and owned their homes at a significantly lower rate.[8] Communities of color are disproportionately impacted by the affordable housing crisis because of these inequities coupled with historic racist housing policies and disinvestment in their communities.

To combat homelessness, resources are often diverted to temporary solutions, like emergency shelter. Though shelter is a crucial response to address immediate needs, we must simultaneously seek systemic solutions to end and prevent homelessness for good. The most direct solution to

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[1] Nat'l Low Income Hous. Coal., "Study Shows Massive Shortage of Affordable Hous. For Lowest Income Households in Am.," (Mar. 2, 2017), https://nlihc.org/news/study-shows-massive-shortage-affordable-and-available-housing-lowest-income-households-america.

[2] Nat'l Low Income Hous. Coal., "Out of Reach, Maryland," (2019), https://reports.nlihc.org/sites/default/files/oor/files/reports/state/MD.pdf.

[3] *Montgomery County, MD,* DataUSA https://datausa.io/profile/geo/montgomery-county-md (last visited Jan. 9, 2020).

[4] Nat'l Law Center on Homelessness & Poverty, "Housing not Handcuffs, Ending the Criminalization of Homelessness in U.S. Cities," (Dec. 2019), http://nlchp.org/wp-content/uploads/2019/12/HOUSING-NOT-HANDCUFFS-2019-FINAL.pdf [hereinafter "Housing not Handcuffs"]

[5] Housing not Handcuffs, supra note 4.

[6] Montgomery Cnty. Gov't, "Homelessness – The Numbers" https://www.montgomerycountymd.gov/Homelessness/Numbers.html (last visited Jan. 9, 2020).

[7] Governor's Office of Crime Control and Prevention, "2017 Criminal Citations Data Analysis Final Report to the State of Maryland, (Oct. 1, 2018), https://goccp.maryland.gov/wp-content/uploads/criminal-citations-report-2018.pdf [hereinafter "2017 Criminal Citations Data Analysis"]

[8] Urban Institute, "Racial Inequities in Montgomery County," (Dec. 2017), https://www.urban.org/sites/default/files/publication/95386/2017.12.28_montgomery_county_finalized_2.pdf

end homelessness is to increase the stock of affordable housing units and to remove barriers to attain such housing.

One of the most significant barriers to housing is a criminal record. Montgomery County issues 25.3% of all criminal citations in the state, more than any other county.[9] The criminal justice system is routinely used to address the social needs associated with homelessness. Life-sustaining activities, like sleeping in public, loitering, or public urination, when criminalized, do little to address the underlying needs of those experiencing homelessness and compound their difficulties. Arrests, criminal citations and tickets often impose fines and fees that those experiencing homelessness are unable to pay which may lead to open warrants or incarceration. Even when a criminal charge does not result in conviction, such as a dismissal, under Maryland Law, the charge remains on the criminal record causing further barriers to housing, employment and other life-sustaining resources. Currently, public resources are being used to implement and enforce so-called nuisance offenses, which divert law enforcement officers away from crises and cause unnecessary strain on the criminal justice system. Studies show that criminalization is the most expensive and least effective means of addressing homelessness.[10]

On April 26, 2019, the Montgomery County Bar Association, the Maryland State Bar Association, the American Bar Association Commission on Homelessness & Poverty, the Homeless Persons Representation Project and Coalition 180, comprised of Montgomery County shelter residents, held a community convening at the Rockville Executive Office Building on "Alternatives to Criminalization." The convening was attended by over 80 people including the County Executive and resulted in a unified request to the County Executive to form a special committee of the Interagency Commission on Homelessness (ICH) to advance recommendations on alternatives to criminalization. The County Executive supported the appointment of the Committee and requested that the Committee submit recommendations by January 15, 2020.

In September 2019, the Committee on Decriminalization of Homelessness convened for its first meeting. It outlined goals and identified four distinct approaches to decriminalizing homelessness – pre-arrest diversion, post-arrest diversion, state and local legal/policy changes, and community education. The Committee subsequently created four working groups to research and develop recommendations in these areas. Committee members voluntarily chose to participate in working groups based on their interest and area of expertise. The Committee met again in October and November 2019 to collaborate and report on the efforts of each working group. Recommendations were submitted by each subcommittee and compiled into this existing document. All Committee Members reviewed the Recommendations before they were submitted to the County Executive. A full list of Committee Members appears alphabetically below.

Phil Andrews	State's Attorney's Office
Monique Boyd	Job Opportunities Task Force
Sheryl Brissett Chapman	National Center for Children and Families
Victor Brito	City of Rockville, Police

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[9] 2017 Criminal Citations Data Analysis, supra note 7.
[10] Housing not Handcuffs, supra note 4.

William Butler Jr.	Coalition 180
Luis Cardona	Dept. Health and Human Services
Lorig Charkoudian	State House of Representatives
Amanda Chesney	Catholic Charities
Jeffrey Coe	Park Police
Raymond Crowel	Dept. Health and Human Services
Theresa Durham	Montgomery County Police Department
Antonia Fasanelli (Chair)	Homeless Persons Representation Project
Mary Gies	Councilmember Katz's office
Amanda Harris	Dept. Health and Human Services
Terence Hill	Coalition 180
Karla Hoffman	Family Services
Christine Hong	Interfaith Works
Ebony Alyse Johnson	ICH
Marcus Jones	Montgomery County Police Department
Stephanie Joseph	Office of Public Defender
Kathy Knight	State's Attorney's Office
Charles Lincoln	Coalition 180
Paul Liquorie	Montgomery County Police Department
Sharan London	ICH
Matt Losak	Renters Alliance
Pamela Luckett	Office of Councilman Jwando
Audrey Lynn Martin	Homeless Persons Representation Project
Hon. Albert Matricciani (Ret.)	Court of Special Appeals; Special Counsel, Homeless Persons Rep. Proj.
Linda McMillan	Montgomery County Council
John Mendez	Bethesda Cares
Hon. Patricia Mitchell	Maryland Judiciary
Andrea Parodi	Office of Councilmember Glass
Julie Petersen	Montgomery County Bar Association
Roberto Pinero	ICH
Michael Prather	Montgomery County Police Dept.
Linda Price	Legislative Analyst
Jane Redicker	Greater Silver Spring Chamber of Commerce
Christy Respress	Pathways DC
Shane Rock	Interfaith Works
Abe Schuchman	Housing Unlimited
Susie Sinclair-Smith	Montgomery County Coalition for the Homeless
Stacy Spann	Housing Opportunities Commission
Caroline Sturgis	Office of County Executive
Fred Swan	Housing Opportunities Commission
Corey Talcott	Office of the County Attorney
Angela Talley	Department of Corrections and Rehabilitation
Caryn York	Job Opportunities Task Force

While Montgomery County has made great strides toward its vision of "Housing for All=A Stronger Montgomery," the following recommendations outline policies Montgomery County can implement to continue its leadership by reducing criminalization of homelessness.

Summary of Recommendations

1. **Create an Open Case Resolution Program for Homeless Persons**
   Creation of program to resolve open misdemeanor criminal, traffic and transit matters, including open warrants for persons who are homeless or have been homeless.

2. **HEART – Homeless Engagement, Alternatives, Resources &Treatment Program**
   Creation of a program that law enforcement officers or community members may divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs.

3. **Decriminalization of Nuisance Offenses**
   Review the volume and type of citations/convictions issued in Montgomery County to homeless persons and/or individuals who successfully interact with the docket for homeless persons and work to decriminalize nuisance offenses better addressed by health and social services.

4. **Sequential Intercept Model (SIM)**
   Application of an evidence-based intervention that will redirect homeless persons from engagement with the justice system to engagement with community-based strategies.

5. **Community Education and Training**
   Conduct of a series of trainings and public education campaigns for interested parties and community members on the experiences, needs, and impact of negative stereotyping those experiencing homelessness.

6. **Improve Maryland's Expungement Law**
   Advocate with the General Assembly to permit "Partial Expungement" and reduce the timeframe required to seek expungement for eligible convictions and citations.

7. **Enhance Access to Expungement/Shielding**
   Enhance access to expungement/shielding resources for eligible criminal justice-involved persons within Montgomery County.

Recommendation #1: Docket for Homeless Persons

Creation of program to resolve open misdemeanor criminal, traffic and transit matters, including open warrants for persons who are homeless or have been homeless.

Introduction

In recognition that open criminal, traffic or transit matters – however minor – create significant barriers to housing and employment for persons experiencing homelessness, many local jurisdictions have created local programs to resolve open criminal matters involving persons who are experiencing homelessness. These programs typically take the form of so-called "Homeless Courts" and help to decriminalize homelessness by connecting persons experiencing homelessness to services and working with the justice system to remove legal barriers to housing, employment and stability.

In 2006, the American Bar Association adopted a set of principles to guide jurisdictions across the country in establishing Homeless Court Programs. (A copy of the ABA Recommendation is attached to this report as Attachment A). The concept is for a specialized docket to address minor offenses with which homeless defendants are routinely charged due to their circumstances. Prosecutors, defense counsel, and the court adopt criteria for participation and involve community-based service providers to screen participants for voluntary use of the program. Defendants need not waive due process rights, but their cases are continued to permit them an opportunity for engagement in treatment services to improve their lives in lieu of traditional court sanctions, like fines, public service, and jail time. Those who complete appropriate services or treatment within the time assigned by the court will have their charges dismissed or otherwise resolved in order to render them eligible for housing, public benefits, and employment.

Docket for Homeless Persons in Baltimore City

Since 2013 there has been a specialized docket for homeless persons conducted bi-weekly in the District Court in Baltimore City. Between June 2013 and June 2018, 287 participants have taken advantage of the program and 230 (77%) have successfully completed it, having their criminal charges dismissed by the court. Of the remaining participants, 6 were transferred to other courts, 56 were unsuccessful in navigating the program, and 5 cases remained in progress when the latest report was issued in June 2018. The most utilized treatment and services were health care, mental health treatment, substance use treatment, housing assistance, and job training. (A copy of the DHP Five-Year Report, 2013-2018, is available at https://bit.ly/2FDUmz2).

Proposal: The Montgomery County Program

The creation of a community-based program to connect persons who are homeless or have been homeless to services while resolving open misdemeanor criminal, traffic and transit matters as follows:

1. A monthly afternoon 3 hour docket at Progress Place in Silver Spring of representatives from the State's Attorney's Office, Office of the Public Defender, homeless services providers and defendants who are homeless or have been homeless with open misdemeanor criminal, traffic or transit matters (the subcommittee is open to the idea of moving the docket to other locations down the road, if the logistics can be readily achieved);
2. The governing principles for the monthly docket convening will be those contained in the ABA Recommendation for Homeless Court Programs;
3. A referral form will be created and circulated to homeless service providers to assist in identifying appropriate defendants for participation. The State's Attorney's Office will also utilize its technology system to identify defendants for participation by comparing addresses of homeless services organizations to addresses used in its computerized database.
4. Homelessness is defined using the broadest definition possible (i.e. any person in a shelter, on the street, doubled and tripled up with friends or family, in a motel, fleeing domestic or sexual violence, lacking a stable address or in a place unfit for human habitation);
5. Defendant participation will be voluntary, without the waiver of any due process protections;
6. The following misdemeanor charges and citations will be considered eligible matters for inclusion in this program, although each matter will be reviewed on a case-by-case basis:
   - Alcohol offenses (not DUI),
   - drug possession/paraphernalia,
   - distribution of drugs,
   - panhandling,
   - solicitation/prostitution,
   - traffic offenses (not DUI),
   - public urination,
   - destruction of property,
   - rogue & vagabond,
   - theft,
   - trespass, and
   - Metro citations.
7. Assistant public defenders will be engaged to interview defendants on-site during the first hour of the program to help determine suitability for the program and to explain it to potential participants;
8. Assistant public defenders will work with the program coordinator to connect defendants to services. The subcommittee has obtained commitments from a range of treatment and service providers to participate in the program, including:
   - Access to Behavioral Health (*still need to confirm*)

- *Collaboration Council (still need to confirm)*
- Cornerstone (*still need to confirm)*
- EveryMind
- *Family Crisis Center (still need to confirm)*
- HHS, Housing Stabilization Services (assistance with 1st month's rent, security deposit, housing location)
- Homeless Persons Representation Project (civil legal representation, including expungement)
- Housing Opportunities Commission (housing locator specialist)
- Interfaith Works (case management and vocational services)
- Montgomery County Coalition for the Homeless (shelter caseworkers)
- Office of Eligibility and Support Services, Montgomery County (eligibility review caseworkers)
- Pathways to Housing (ACT team)
- Rainbow Place Shelter

9. The subcommittee has discussed a possible mentorship program with Tree of Hope to supplement the program services.
10. ASA Kathy Knight will exercise her prosecutorial discretion to place matters initially on the STET docket and after sufficient engagement in services, not to exceed 90 days, dispose of charges *nolle prosequi*.

Cost: The anticipated cost of this model is less than $50,000**,** covering the cost of a part-time program coordinator and tokens or Taxi/Uber/Lyft rides.

The subcommittee recommends, and can begin, implementation of this program in the first quarter of 2020.

Recommendation #2: HEART – Homeless Engagement Alternatives Resources &Treatment Program

Creation of a program that law enforcement officers or community members may divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs.

Introduction

Entry into the traditional criminal justice system, regardless of disposition, often results in barriers to housing and employment. A background check that reveals a criminal record, even one with no convictions, can be the deciding factor for a potential employer or landlord. To those experiencing homelessness or housing instability, the impact can be life-altering.

Currently, law enforcement is over-utilized to address community health, behavioral, and social needs which perpetuates an unsustainable cycle within the criminal justice system and unnecessary strain on law enforcement. To combat this, in 2011, Seattle established its Law

Enforcement Assisted Diversion Program (LEAD) which diverts those suspected of low-level drug or prostitution violations to case management and wrap-around services without arrest or charge. Seattle saw LEAD program participants were 58% less likely to be arrested in the first six months than their peers. After eighteen months, participants were 89% more likely to have obtained permanent housing compared to their baseline status. LEAD quickly became a national model, inspiring similar programs across the country, including Washington County, MD, Baltimore City, and Washington, DC.

Proposal: The Montgomery County Program

The committee recommends Montgomery County expand on other jurisdictions' LEAD programs by allowing community referrals and addressing a wider range of social needs, not limited to suspected drug and prostitution violations. The creation of this program to divert individuals from the criminal justice system to a community-based, harm-reduction intervention program for law violations driven by unmet behavioral and social needs as follows:

1. Participants may enter the Homeless Engagement Alternatives Resources &Treatment (HEART) program via police diversion or social referrals;
2. Police diversion referrals will be made at the discretion of the officer when there is proper cause for arrest for a qualifying charge and the officer determines that social intervention and connection to services would best serve the underlying cause of the behavior;
3. Law enforcement officers may also offer participation in the program to individuals known to the officer based on previous interactions, but with no cause to arrest at the moment of contact;
4. Social referrals may be made by service providers, family members, friends, or community members who witness behaviors that could lead to an arrest for an eligible charge;
5. All referrals will be made to the Program Coordinator, on-site at Progress Place initially, who will assess the needs of the participant and connect them to existing support services in the areas of housing, shelter, substance abuse treatment, mental health treatment, legal services, education, and any other service identified by the Program Coordinator. Other Program Coordinator locations will be determined following initial pilot implementation;
6. All subsequent arrests of a HEART participant must be reported to the Program Coordinator;
7. HEART training for a pilot group of law enforcement officers, a significant number of whom are bilingual, that emphasizes harm reduction and de-escalation techniques, as well as available services and resources to assist persons experiencing homelessness;
8. Montgomery County Police will designate a point person within the department to oversee implementation of HEART;
9. Individual participation in the program will be voluntary.

Cost: The anticipated cost of this model is $30,000, covering the cost of a part-time program coordinator. MCPD may have training costs associated with this program.

The subcommittee recommends, and can begin, implementation of this program in the first quarter of 2020.

Recommendation #3: Decriminalization of Nuisance Offenses

Review the volume and type of citations/convictions issued in Montgomery County to homeless persons and/or individuals who successfully interact with the docket for homeless persons and work to decriminalize nuisance offenses better addressed by health and social services.

Introduction

Several Maryland jurisdictions have pursued the growing practice of analyzing the citations/convictions issued to homeless persons. Within Montgomery County, comprehensive information regarding the volume and type of citations/convictions issued to homeless persons is not readily available at this time. The completion of this recommendation will further the County's understanding of how the legal system may disproportionately penalize homelessness [as well as possible remedies to cure this practice].

Cost of implementation including any staffing (FTE) needs

The Policy Workgroup contacted the Baltimore City Office of Human Services (The Office) in relation to its recent analysis of convictions/citations involving homeless persons. The Office suggested that the cost to replicate this work may be nominal if the external vendor that completed its analysis were able to re-use existing datasets and programming to complete Montgomery County's request. However, the Office clearly noted that a significant investment of time (in excess of one year) was required to gain approval from relevant boards/commissions, the development/execution of data-sharing agreements, as well as the development/execution of contracts were required prior to commencing any data review/analysis.

Recommendation #4: Sequential Intercept Model (SIM)

Application of an evidence-based intervention that will redirect homeless persons from engagement with the justice system to engagement with community-based strategies.

Proposal

Originally developed to reduce justice system involvement of people with mental health and substance use disorders, the *Sequential Intercept Model* (SIM) presents an opportunity to apply proven justice system diversion strategies within the County's ongoing homelessness decriminalization efforts. SIM promotes community-based tactics that reduce justice system involvement via cross-system collaborations that considers existing gaps, resources and community priorities. Locally, the Montgomery County Department of Health and Human Services uses SIM to divert and deflect those with mental health and substance use disorders from the criminal justice system. Adoption of this model is recommended within the network of programs/services supporting the County's homeless persons/families.

Cost of implementation including any staffing (FTE) needs: Reactive Outreach Team comprised of 1 or 2 FTEs who are cross-trained on homelessness and behavioral health

interventions (e.g. Crisis Intervention Team training, Mental Health First Aid, homeless engagement strategies, etc.).

Cost Estimate: Personnel $75k - $150k / Operating Expenses $15k - $25k

Recommendation #5: Community Education and Training

Conduct of a series of trainings and public education campaigns for interested parties and community members on the experiences, needs, and impact of negative stereotyping those experiencing homelessness.

Introduction

Critical components in the decriminalization of homelessness are education and training. Education and training are needed to ensure that all individuals who come in contact with, directly interact with and become aware of persons experiencing homelessness understand their behaviors, needs and learn productive ways of interacting with them. Some in the business community, law enforcement and the general population have perceptions of persons experiencing homelessness based on negative stereotypes, a lack of understanding of the challenges persons experiencing homelessness face, and how these challenges contribute to their behaviors.

The recommendations included herein are put forth with the broad goals of reducing the criminalization of homelessness and creating a better community with our neighbors experiencing homelessness. These goals will be achieved through education/training of the business community, law enforcement, service providers within the Homeless Continuum of Care (CoC) and County agencies, the general public and our neighbors experiencing homelessness. Additionally, expanded outreach through collaboration with law enforcement and the business community is being proposed to ensure the goals are achieved and sustained. The following recommendations outline the specific target populations for education and training, the proposed education and training methods, and a proposed expanded outreach initiative. Additionally, any/all anticipated costs/resources associated with these recommendations are included.

Target Populations for Education/Training

1. Law enforcement
2. Service providers within the Homeless Continuum of Care (CoC) and County agencies
3. The business community
4. The general public
5. Our neighbors experiencing homelessness.

Proposal: The Montgomery County Program

1. Officers within Montgomery County Police Department and the Maryland-National Capital Park Police who are assigned to patrol duties within the parks, cities and towns, should participate in training conducted by staff within the CoC, County agencies, and at

least one Homeless Neighbor, which will focus on providing an understanding of the challenges neighbors experiencing homelessness face, how these challenges impact their behavior, how to best interact with them to facilitate outcomes better than arrest/citations, engaging gang involved homeless youth and how to collaborate with outreach providers within the CoC as well as the business community and the general public. In addition, it is recommended that law enforcement officers in each jurisdiction receive advanced Crisis Intervention Training as it equips them to have a better understanding of how to work more effectively with people who have behavioral health conditions so that criminalization is avoided;

2. All business owners, employees, property managers, and real estate community who regularly interact with neighbors experiencing homelessness will also be provided training on understanding the challenges of experiencing homelessness, how these challenges impact individuals behavior, how to best interact with them, how to utilize outreach and other services as a first step instead of calling the police and how to collaborate with outreach and other providers, which will be conducted by the same team who provides training to law enforcement;

3. Educate and train existing MC311 workers about the existence of the hotline to receive contacts/referrals to outreach and service resources;

4. A training team with expertise in trauma informed care, mental illness, harm reduction, and intervention with gangs involved youth/young adults will be created to implement training for service providers so that they are knowledgeable about the impact that trauma and mental illness has on our neighbors experiencing homelessness;

5. A public education campaign to provide the general public with information on resources to help our neighbors experiencing homelessness, which will consist of:
    a. Education campaign about the existence of a hotline for county residents to call;
    b. Public advertisements that will provide information on the hotline, emergency and general services for our neighbors experiencing homelessness and information on trainings/workshops; These advertisements can be displayed on buses, metro trains, libraries and other public buildings and locations, and made via radios, television and social media;
    c. Training/workshops that will focus on understanding the challenges our neighbors experiencing homelessness face, how they impact their behaviors, how to best interact with them to facilitate better outcomes, and how to utilize outreach and other services instead of calling the police, which will be conducted by staff within the CoC, law enforcement and our neighbors experiencing homelessness.

6. Training for our neighbors experiencing homelessness that focuses on understanding the law, effectively engaging, communicating and interacting with law enforcement, business communities and the general public, as well as accessing resources and services needed;

7. Engaging outreach services as a first step (before engaging law enforcement) to address complaints/issues related to our neighbors experiencing homelessness to de-escalate situations that can lead to arrest or citations; When law enforcement is engaged, outreach team should accompany them on calls to help mediate and de-escalate situations;

8. Expanding employment opportunities and services, such as employing our neighbors experiencing homelessness to do street cleaning and expanding drop-in centers for homeless adults and youth.

Cost: The anticipated cost of this model was not estimated by the working group and is highly dependent on the scale and scope of the County's efforts

Recommendation #6: Improve Maryland's Expungement Law

Advocate with the General Assembly to permit "Partial Expungement" and reduce the timeframe required to seek expungement for eligible convictions and citations.

Introduction

"Partial Expungement" – Under current Maryland Law, charges that arise from the same incident, transaction or set of facts are considered a unit, and in order to expunge any charges in a unit, all charges in the unit must be eligible for expungement. An individual who has been convicted of a lesser misdemeanor charge cannot expunge a more serious charge even if the serious charge resulted in an acquittal, dismissal, or *nolle prosequi* when the charges are in the same unit. This rule creates a false narrative about an individual that is unmerited and has serious consequences in a person's ability to obtain housing and employment.

Reduce the Timeframe for Expungement: This recommendation aims to lessen the adverse impact of charges/citations on the lives of individuals eligible for expungement. Maryland Law currently requires a three-year waiting period before seeking expungement for certain offenses.

Proposal

Seek passage of state legislation permitting expungement of otherwise eligible charges that arise from the same incident or transaction as non-expungable offenses.

Seek an amendment to Maryland's criminal "expungement" statute, Maryland Code, Criminal Procedure Article §§10-105(c)(1) and 10-105(c)(7) (mandating a three-year wait period to seek expungement for certain offenses) to provide exceptions/waivers to the waiting period for individuals who are identified as experiencing homelessness and engaged in approved services.

Cost of implementation including any staffing (FTE) needs: At present, it is difficult to estimate the additional resources (operating and personnel) that will be required to implement the above. The development of a cost estimate will require the analysis of Montgomery County's justice-involved homeless persons with potentially expungement-eligible cases.

Recommendation #7: Enhance Access to Expungement/Shielding

Enhance access to expungement/shielding resources for eligible criminal justice-involved persons within Montgomery County.

Introduction

The above is recommended as enhanced access to expungement/shielding resources has been identified as an existing need within the County. Prolonged documentation of convictions and citations eligible for expungement/shielding is a barrier to housing, employment and other efforts which prevents criminal justice-involved persons from moving toward self-sufficiency. Montgomery County's enhancement and support of expungement/shielding resources for eligible citations and convictions will end the cycle of repeated penalization of justice-involved persons.

Proposal

Embed into Montgomery County's existing *Continuum of Care* a front-end mechanism to identify clients who are involved in the criminal justice system with charges eligible for expungement or shielding and develop a process for connecting those individuals to legal services.

Cost of implementation including any staffing (FTE) needs*: There may be minimal costs to implementing the above recommendation if the focus is expungement without added conditions.

Additional funding will be needed if existing civil legal aid providers require additional staffing to assist persons eligible for expungement.

Cost Estimate: Personnel $75k - $125k / Operating Expense $15k - $20k

*This is another area that would be greatly assisted by the results of the recommended data analysis regarding convictions/citations and the County's population of persons experiencing homelessness.

Attachment A

COMMISSION ON HOMELESSNESS AND POVERTY
SENIOR LAWYERS DIVISION
STANDING COMMITTEE ON LEGAL AID AND INDIGENT DEFENDANTS
COMMISSION ON EFFECTIVE CRIMINAL SANCTIONS
STEERING COMMITTEE ON THE UNMET LEGAL NEEDS OF CHILDREN
COMMISSION ON MENTAL AND PHYSICAL DISABILITY LAW
COMMISSION ON DOMESTIC VIOLENCE
JUDICIAL DIVISION
STANDING COMMITTEE ON DELIVERY OF LEGAL SERVICES
RECOMMENDATION

1 **RESOLVED**, that the American Bar Association adopts the following principles for Homeless
2 Court Programs to the extent appropriate for each jurisdiction:
3
4 (1) Prosecutors, defense counsel, and the court should agree on which offenses may be
5 resolved in the Homeless Court Program, and approve the criteria for individual
6 participation, recognizing that defendant participation in Homeless Court Programs shall
7 be voluntary.
8
9 (2) Community-based service providers should establish criteria for individual
10 participation in the Homeless Court Program and screen individuals pursuant to these
11 criteria.
12
13 (3) The Homeless Court Program shall not require defendants to waive any protections
14 afforded by due process of law.
15
16 (4) All Homeless Court Program participants shall have time for meaningful review of
17 the cases and issues prior to disposition.
18
19 (5) The Homeless Court Program process and any disposition therein should recognize
20 homeless participants' voluntary efforts to improve their lives and move from the streets
21 toward self-sufficiency, including participation in community-based treatment or
22 services.
23
24 (6) Participation in community-based treatment or services shall replace traditional
25 sanctions such as fines, public work service and custody.
26
27 (7) Defendants who have completed appropriate treatment or services prior to appearing
28 before the Homeless Court shall have minor charges dismissed, and, where appropriate,
29 may have more serious misdemeanor charges before the court reduced or dismissed.
30 Where charges are dismissed, public access to the record should be limited.

MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

EVAN GLASS
COUNCILMEMBER
AT-LARGE

TRANSPORTATION & ENVIRONMENT COMMITTEE
HEALTH AND HUMAN SERVICES COMMITTEE

MEMORANDUM

TO: Vice President Gabe Albornoz, Chair, Health & Human Services Committee
Craig Rice, Health & Human Services Committee

FROM: Councilmember Evan Glass

SUBJECT: Expanding Tax Services for Low-Income Residents

DATE: May 4, 2021

This tax filing year will be more complicated than in year's past given recent federal and state changes, including child care tax credits, Covid-19-related tax supports (such as unemployment insurance relief), as well as the expansion of the Earned Income Tax Credit (EITC) and Working Families Income Supplement (WFIS). As such, we should consider increasing the capacity of the Community Action Agency's Volunteer Income Tax Assistance (VITA) and other nonprofit supported tax support programs to help serve more people. This is especially relevant as different Covid-19 relief funding is tied to federal taxes.

Recently, an elderly constituent with no computer access contacted my office looking for tax filing assistance. After calling the VITA helpline, he was informed that all appointments were filled until late June, which is after the federal filing deadline. I inquired with the Community Action Agency about their capacity and resources for constituents who cannot access online systems. I was informed that they have had a wait list since March, which includes seniors and people with technology and other access barriers.

In order to better serve low-income residents and those with limited or no access to a computer, I ask that we consider expanding funding to VITA and other nonprofit supported tax support programs.

CC: County Councilmembers
Sharon Strauss, Executive Director, Community Action Agency

STELLA B. WERNER OFFICE BUILDING · 100 MARYLAND AVENUE · ROCKVILLE, MARYLAND 20850
240/777-7811 OR 240/777-7900 · TTY 24/777-7914 · FAX 240/777-7989
WWW.MONTGOMERYCOUNTYMD.GOV/COUNCIL

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(1)

May 3, 2021

Honorable Council Vice President and Chair of the HHS Committee Albornoz and
HHS Committee Councilmembers Glass and Rice
Montgomery County Council
100 Maryland Ave.
Rockville, MD 20850

Dear Honorable Council Vice President and Chair of HHS Committee Albornoz and HHS Committee Members Rice and Glass,

On behalf of United Way of the National Capital Area (United Way NCA), I am writing in support of Montgomery County Community Action Board's FY22 budget priorities. Specifically, programs such as Volunteer Income Tax Assistance (VITA) and Earned Income Tax Credit (EITC) that provide opportunities for equity among residents.

For nearly fifty (50) years, United Way NCA has been a resource for Montgomery County and the Greater Washington area by furthering the health, education and financial stability of our community and we are now more committed than ever. United Way NCA's partnership with Montgomery County will continue to promote economic opportunity through our Montgomery County Financial Empowerment Center (FEC). United Way NCA's FECs offer direct access to high-quality financial services and guidance in a welcoming, professional environment at no cost; provide free high quality financial capability and asset building services, reduce disparities, and increase equity for all residents to gain the financial stability they deserve.

The Coalition for the Advancement of Financial Education Montgomery Maryland (CAFE Montgomery) will serves as the lead partner of the Montgomery County FEC. CAFE Montgomery has a close, historic relationship with the Montgomery County Community Action Agency, a program of the Montgomery County Department of Health & Human Services (HHS) which delivers VITA and EITC outreach, with a mission to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy using an equity lens. CAFE Montgomery also partners with the CASH Campaign of Maryland, the nonprofit partner who sponsors the Maryland Community Fellow Program and coordinates state-wide financial capability, including support for VITA and EITC. United Way NCA, in collaboration with CAFE Montgomery, have scaled its services to offer a year-round FEC with integrated financial services for the wider Montgomery County community.

The FEC is currently operating virtually to meet the needs of the community and to adhere to the Covid-19 restrictions. CAFE Montgomery, United Way NCA and HHS are working together to identify a physical space, in the vicinity of Wheaton/ Downtown Silver Spring, that will offer in-person services in the coming months.

United Way NCA is thrilled that the County Executive's budget includes an additional $20 million in support of the Working Families Income Supplement (WFIS), and that it will now equitably serve ITIN filers. With this significant investment in EITC and WFIS, United Way NCA supports increased funding for the VITA services provided by the Agency and its partners who offer free tax preparation and EITC Outreach. For tax season 2020, United Way was able to support CAFE Montgomery's work with the Agency in creating a text campaign that increased VITA and EITC awareness among the ALICE population in Montgomery County. Preliminary data shows that this campaign has yielded an increase in traffic to free tax preparation

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www.unitedwaynca.org

Virginia Office
1577 Spring Hill Road, Suite 420, Vienna, VA 22182

Washington, DC Office
1101 15th Street, NW, Suite 1000, Washington, DC 20005

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(2)

May 3, 2021

Honorable Council Vice President and Chair of the HHS Committee Albornoz and
HHS Committee Councilmembers Glass and Rice
Montgomery County Council
100 Maryland Ave.
Rockville, MD 20850

sites, calls to both 311 and the VITA hotline. However, the need for support is exceeding the capacity of the service providers.

This support is especially important to ensure that the one in three low-income households in Montgomery County, which are typically new filers, receive the economic assistance needed to thrive, regardless of race, age, gender, income, or ability.

Thank you for all you do to make Montgomery County and beyond a health community to live, work and play. Your leadership is deeply appreciated.

Sincerely,

Rosie Allen-Herring
President and Chief Executive Officer

Montgomery County Community Action Board Testimony for FY22 Operating Budget
Tiffany Jones, Chair
April 7, 2021

Good evening, Council President Hucker, Vice President Albornoz, and members of the County Council. My name is Tiffany Jones and I am the Chair of the Montgomery County Community Action Board. Thank you for the opportunity to share our Board's budget priorities for FY22. As CAB has reviewed Community Needs Assessment and the Self-Sufficiency Standard data, it is evident that two issues are at the root of the challenges facing people with low incomes as they strive to achieve social and economic mobility.

The pandemic has exacerbated the persistent race-based gaps and biases that are evident in health and economic status. Deeply rooted in systemic and structural racism, we have seen the well-being of our African American and Latino neighbors become greatly weakened within the last year. Other culturally diverse and marginalized groups are also affected, including the Asian American Pacific Islander community.

A second underlying issue is the digital divide. Lower-income people, including children and their families, seniors, and people with disabilities, are at a significant disadvantage. Through Head Start, we understand that these connections can offer new pathways to interact with parents as they become their child's best teacher, to engage with teachers, health care and social service providers, and to build relationships with their fellow parents, reducing isolation and establishing communities of caring. We strongly encourage the Council to continue to explore options for universal Wi-Fi in the County so that all residents can access the services they need, and all children can benefit from the advantages of quality internet access.

Through Community Action's services at TESS and VITA, and through the efforts of our nonprofit partners who deliver food, social services, housing, employment, legal help and more, we are aware that the internet can be a magic key or an enormous barrier in accessing services. We commend the Council and its support for helping to bridge these barriers through increasing funding, and especially through your work to address key needs within the community applying an equity lens, with strategies that ensure safety but are designed to assure access, including Covid-testing and the response.

The CAB's key budget priorities include- funding for the Working Families Income Supplement, affordable housing, early childhood education, employment support, and, for navigation and whole family practice.

WFIS/VITA

The Earned Income Tax Credit (EITC) has been a longtime CAB advocacy priority because it lifts people out of poverty. CAB supported the expansion of the Maryland EITC this year, which raised the state match to 45% of the federal EITC, increased the EITC for single adults, and, for the first time, included rather than excluded people who file taxes with an ITIN.

Community Action Agency coordinates the County's multilingual EITC outreach campaign, is the largest VITA program, and files more ITIN tax returns for free through VITA than any other organization in Maryland. So, we are delighted that the CE's budget includes $20 million more in matching funding for the Working Families Income Supplement, and that it will now equitably serve ITIN filers. We are excited by the Council's and Executive's statements to fully fund the WFIS to match the new legislation. As the legislation moves forward to be enacted, it will be important to assure that the funding is sufficient to reach all who are eligible, that it continues to be a 100% match, and that it can be sustained at the increased level. The attached factsheet highlights the significant impact of the WFIS on Montgomery County residents.

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With growing investment in EITC and WFIS, CAB recommends that the Council consider increasing support for the Agency and its network of VITA partners who deliver free tax help and EITC outreach. It is critical to ensure that lower income taxpayers are aware of services, as one in three households are typically new filers. This year brought new Ride-On ads and flyers in seven languages. Through the United Way, the agency launched a text messaging campaign, yielding a substantial surge at the CASHBACK website and a deluge of calls to the VITA line and 311. Yet at Community Action, just two staff people are dedicated to the program, with others pitching in. Although we are proud of the program's success in serving a diverse population, this is inadequate to serve the thousands of households who need but cannot secure free tax help due to high demand.

Housing

Housing is another area that has been greatly impacted by the pandemic. Many of the participants in our Board's free advocacy training program for lower-income residents, the Community Advocacy Institute, have shared their personal experiences of housing instability during the pandemic and in the years leading up to it. Their stories highlight the need for more affordable housing options and increased renters' rights. CAB thanks the Council for your ongoing support in these two areas, including the recent funding for a new HOC affordable housing project. It is important to note that while the moratorium on evictions is a huge help to lower-income residents struggling to pay their rent, CAB remains concerned that these same renters will eventually face tremendous financial hardship when the moratorium ends, and after the current federal funding level is reduced. We encourage the Council to continue to explore innovative policies that will help to prevent a wave of homelessness, and support efforts to increase financial stability through debt forgiveness, credit building, and access to safe banking.

Early Childhood Education

Another important issue that continues to be a primary focus for our Board is the need for high-quality early childhood education options for all families. This includes support for child care

providers and families who are struggling to afford high-quality care for their children. CAB greatly appreciates the Council's support for child care providers during the pandemic, including the grants program. We know that many child care providers are still struggling though due to the costs associated with reopening during COVID and maintaining standards.

We recommend continued expansion of financial assistance and support for child care providers so that they can stay in business. We also recommend added financial assistance for families so that they can afford high-quality child care options. The County Executive's proposed budget includes an additional $5 million for the Early Care and Education Initiative, support that will help achieve the initiative's goals. We hope that this additional funding will be included in the final budget.

Additionally, CAB supports continuing the Basics, initially funded through Head Start. CAB endorses County funding for the Basics, following the pilot launched with the Head Start CARES grant. Ensuring continuity of funding of the model will allow it to be fully implemented and studied to consider expansion to serve additional areas of the County. We support the work of the ECEI and MMF to assure better access to high quality early and school age care for the children of working parents. Lastly, we support a mixed delivery model to expand access to Early Childhood Services, including Head Start, Early Head Start, and PreK.

Economy, Employment, and Workforce Training
Along with their HHS and nonprofit partners, TESS Community Action Center staff continue assisting residents seeking unemployment and referring them to WorkSource Montgomery, Montgomery College and to the County's network of nonprofit partners serving them, including County funded groups with contracts monitored by the Community Action Agency. The Community Action Board remains concerned about the high unemployment rates affecting low-wage workers, especially among African Americans and Latinos who have been disproportionately impacted by the Covid economy, people ineligible for unemployment support, and the seniors and people with disabilities who left jobs due to health concerns. CAB

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is also concerned about the estimated 50,000 people who are discouraged workers, and with the older teens who seem to have left school to help their families during the pandemic. In addition to aligning services to reach these vulnerable populations, CAB supports efforts of the Council to ensure that WorkSource Montgomery and others are redesigning systems to engage them, assuring access for people with language, literacy, and documentation barriers, and to engage educational partners and employers to promote better-paying opportunities to close self-sufficiency gaps.

Navigation, Service Access Equity, and Whole Family Practice

We've learned of the tsunami of food insecurity, health, employment and housing crises facing fellow Board members and Community Advocacy Institute participants. We have also heard from our Head Start parents, TESS and VITA clients, and the nonprofit partners serving them, to better understand their experiences, including difficulties and the opportunities introduced with virtual service delivery.

The Board has reviewed research and participated in a DHHS "Service Access Equity" workgroup led by the Office of Community Affairs as part of the recovery planning and the Agency's CSBG CARES plan (through September 2022). Therefore, CAB supports the Department's recommendations to improve access, communication, technology, and navigation of systems, including the design of the Agency's CARES response. The Agency is deeply engaged with DHHS integration efforts to improve navigation and to align best practices in delivering two-generation, "whole family" approaches in communities most impacted by poverty and Covid, with partners including TESS, the Kresge efforts in East County and Germantown, Linkages to Leaning, the HUBs, the Minority Health Initiatives, 311, and Head Start.

The Board recognizes that ensuring that critical supports are accessible to all residents is not only an equity issue, but also a necessary step in the recovery process, and welcomes additional funding to assure that the technology and human resources are in place to provide equitable

systems navigation, including for training, outreach, communication, and management oversight.

On behalf of the Community Action Board, thank you for your ongoing support for low-income County residents. We look forward to continuing to work with you to develop and implement programs that will provide critical support to our neighbors during the pandemic and beyond.

UPDATES TO THE WORKING FAMILIES INCOME SUPPLEMENT

Montgomery County's Working Family Income Supplement provides vital economic support to very low-income families living in a county that has some of the highest housing costs in the state. About 32,000 Montgomery County households received a credit for tax year 2019, with an average credit of $546.

The WFIS adds another layer of support on top of federal and state tax credits, the Earned Income Tax Credit and the Child Tax Credit. These tax credits are powerful anti-poverty tools and high-quality research links them to a wide range of benefits. The WFIS provides an additional benefit in that it is delivered several months after families have received their federal and state tax refunds, providing economic stability throughout the year.

For most of its history, the WFIS has been a 100% match of the state Earned income Tax Credit.

EITC & WFIS BENEFITS

- Together, the federal, state and local credits lift family incomes above the poverty line
- Flexible funds that can be used to meet a range of needs
- Research links working family credits like the EITC to better health outcomes and higher levels of education
- Investing more in working family tax credits is good for business too. Low-income households are likely to quickly spend tax refunds at local businesses

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State Changes to the Earned Income Tax Credit

This month, the Maryland General Assembly passed emergency legislation providing additional economic assistance to low-income families and small businesses and Governor Hogan signed it into law.

One of the central provisions was a major expansion of the state EITC for tax years 2020 through 2022. A second emergency bill focused on expanding the EITC to include all immigrant taxpayers.

These changes will provide needed benefits to about 45,000 Montgomery County households.

The below changes automatically expand the benefits of the Montgomery County WFIS, but needs to be accounted for in the County budget:

Increased the refundable portion of Maryland's EITC for tax returns including dependents to 45% of the federal credit, up from 28%

- This is expected to increase the average credit to about $1,100

Increased the refundable portion of the EITC for filers not claiming dependents on their taxes to 100%, or a max of $530
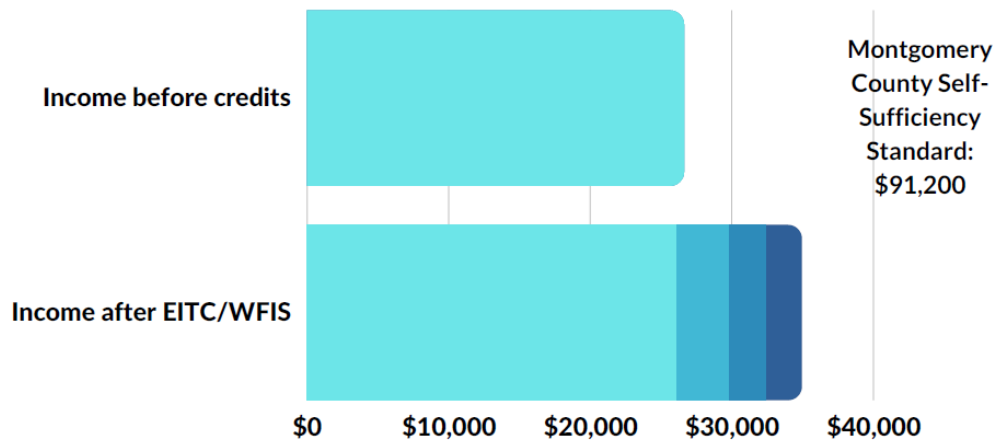
- This change is important because the federal credit is very low for people not claiming dependents on their taxes.

- This will increase the average credit for these taxpayers from about $75 to about $375.
- This change will benefit an estimated 21,000 Montgomery County residents.

Allowing people to receive the EITC if they pay taxes using an Individual Taxpayer Identification Number (ITIN) rather than a Social Security number, or who are otherwise excluded by federal eligibility rules that aren't related to their income.

- About 5,300 Montgomery County households pay taxes using an ITIN and meet the income and other eligibility rules for the EITC.

Example: Married couple, 2 kids

Montgomery County Self-Sufficiency Standard: $91,200

Income before credits

Income after EITC/WFIS

$0 $10,000 $20,000 $30,000 $40,000

8

Commission on Aging Budget Priorities
FY22

The Commission on Aging (CoA) appreciates that the FY22 recommended budget includes approximately $40 million in tax-supported resources identified for older adults, including funds for community organizations that augment County services. In addition, we also appreciate that the budget includes $17 million in non-tax supported resources for older adults. We are happy to see that many of the CoA's top priorities made it into the County Executive's budget and we urge the Council Members to vote in favor of these items.

During the summer of 2020, the CoA developed a list of priorities that we would like to see included in the County's FY22 budget. Those priorities include:

- **Establish two additional social worker positions in HHS, one in Adult Protective Services and one in the Public Guardianship Program.**

  We very much appreciate that the County Executive's budget includes an increase in staff in the Department of Health and Human Services to investigate complaints of abuse and neglect against older adults, secure resources, and provide surrogate decision-making for adults adjudicated through the courts. The Commission has been advocating for these positions for at least five years. Hopefully, these staff will also conduct investigations of financial exploitation resulting from new mandatory reporting requirements for banks.

  In addition to the hiring of the additional staff in Adult Protective Services, we would also like to see the County add another Public Guardianship staff position. This will help to ensure that older individuals who are no longer able to look after themselves are protected.

- **Provide legal assistance for older renters to avoid eviction from their homes**

  Over 65% of senior renters age 65+ are rent-burdened in the County versus 56% in the state of Maryland and 55% in the US. Furthermore, while average rent has increased in recent years by14.8%, average median household income has only risen by 6.49%. Rent-burdened older adults face job losses that can lead to eviction, or experience other events such as needing to buy medicine rather than pay rent. Evictions can result in homelessness. In the FY22 budget, the CoA would appreciate that the County create a stable program to provide legal assistance to older adult renters in eviction proceedings.

- **Address food insecurity by expanding senior nutrition programs**

  We appreciate the County's ongoing efforts to address food insecurity with such efforts as:

  - Offering individuals over the age of 60 access to meals, nutrition education, and the opportunity for socialization at community and senior centers and senior apartment buildings.

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- o   Providing home-delivered meals to address the nutritional needs of the County's most frail and vulnerable older adults who are home-bound due to illness or disability and cannot get out or prepare healthful meals on their own.
- o   Operating a Senior Nutrition Program at eight facilities in cooperation with the Department of HHS.

- **Raise awareness of older adult services**

  The County offers many services for its older adults yet those individuals are not aware of what is available to them. The CoA would like to see the County engage in more efforts – such as a public information campaign – to alert older adults of those services.

- **Increase the Housing Initiative Fund**

  The COA urges the County Council to support the County Executive's FY 22 budget request of $89.1 million for the Housing Initiative Fund (HIF).

  The CoA has for several years advocated increasing affordable housing options for older renters, including through the Housing Initiative Fund (HIF). We especially appreciate the County's efforts to expand and preserve affordable rental housing and to increase rental assistance for renters falling behind on their rents due to the pandemic.

  The COA is gratified that the County Executive's FY22 budget proposed increases in the HIF will allow the County to initiate new projects to preserve and produce affordable housing, including three senior projects which have been identified, but not yet funded.

- **Maintain and expand older adult programs**

  Again, we appreciate the County's ongoing efforts to maintain and expand older adult programs through such actions as:

  - o   Operating seven Senior Centers.
  - o   Operating a Senior Transportation Service providing limited range age-friendly access to six Senior Centers.
  - o   Operating Active Adult Centers for those 55 and older, where seniors gather for educational programs, friendship, entertainment, sports, and other activities.
  - o   Working with other agencies, departments, hospitals, and non-profits to provide a variety of programs, classes, and services identified as community needs to the residents age 55+ of Montgomery County.

  In addition, the CoA would like to see the County enhance the application and use of innovative transportation services for older adults. Dependable, available, and accessible transportation services are at the heart of many Montgomery County programs for older adults, especially the senior center and community recreation center programs. New and innovative programs that expand opportunities for older adults, of all income and racial backgrounds, encourage engagement in our community and help to prevent problems like

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social isolation and food insecurity. Programs such as FLEX, an innovative on-demand, curb-to-curb and door-to-door application-based scheduled service utilizing small buses, and FLASH, an innovative corridor-based express bus service, represent significant new opportunities for older adults to be engaged in the community. The CoA urges the expansion and enhancement of these programs as well as the training that customers may need to use them.

Finally, the CoA would like to express its concern regarding nursing facility surveys and inspections, and ultimately care of residents, in nursing facilities in Montgomery County. The Memorandum of Understanding between Montgomery County and the State of Maryland, which had been in effect for decades and allowed ten County surveyors to inspect and survey the 34 nursing homes in Montgomery County, will not be renewed by the State. It is our understanding that the ten current Montgomery County nursing facility surveyors will be replaced by only seven new surveyors at the Office of Health Care Quality, but only four of those will be nursing facility surveyors and we have received no assurances that these four will be solely dedicated to Montgomery County.

The Commission on Aging requests that the 10 MC nursing facility surveyors who will no longer be employed under the MoU remain in the nursing facility arena where they are sorely needed. In addition, we respectfully request that the County Council immediately begin work on a plan to ensure that our nursing facility residents will be safe if this transition from County Surveyors to State Surveyors takes place this July. We note that when the County surveyors no longer conduct surveys for the State, they will not be able to conduct their concurrent County inspections. What happens to the requirements regarding County certifications? The County must have a plan to ensure that our nursing facility residents will be safe if this transition from County Surveyors to State Surveyors takes place this July.

1

COMMISSION ON AGING

March 30, 2021

Members of the Montgomery County Delegation
Senator Guy Guzzone, Chair, Budget and Taxation Committee
Senator Delores Kelly, Chair, Finance Committee
Delegate Maggie McIntosh, Chair, Appropriations Committee
Delegate Shane Pendergrass, Chair, Health and Government Operations Committee

Dear Legislators:

The Montgomery County Commission on Aging (CoA) is aware that the Memorandum of Understanding between Montgomery County and the State of Maryland, that has been in effect for decades and allowed ten County surveyors to inspect and survey the 34 nursing homes in Montgomery County, will be terminated by the State. We have gone on record to express our concern regarding surveys and inspections, and ultimately care of residents, in nursing facilities in Montgomery County. The effectiveness of the Office of Health Care Quality (OHCQ) in replacing the County surveyors and ensuring timely and thorough inspections and quality care in Montgomery County nursing facilities is of utmost importance to us.

The Montgomery County CoA is authorized by the Older Americans Act, P.L. 116-131, and was established by Montgomery County in 1974 to advise County government on the needs, interests and issues of Older Adult residents, and to advocate on their behalf at the local, state and national levels. It is our obligation and duty to advocate in particular for residents of nursing facilities who may not be able to advocate for themselves.

While we understand that the termination of the MOU may be imminent, we are asking that the Montgomery County Delegation insert wording into the OHCQ budget for FY 22 to require an independent study of the actual impact of this change on the residents of the nursing facilities in the State and, more specifically, in Montgomery County. The study would assess actual costs and benefits; evaluate impacts on residents and facilities; and address specific questions regarding OHCQ's program to maintain continuity of surveys and inspections in Montgomery County nursing facilities beginning July 1, 2021, when the existing Memorandum of Understanding would end.

Questions that might be addressed in the study of impacts are as follows:

1. Montgomery County staffed two teams of four experienced County surveyors to inspect nursing facilities. Did OHCQ's survey teams provide the same quality of inspections and response to the facility and the residents?
2. Did the OHCQ provide the same level of expertise and experience compared to the surveyors from Montgomery County dedicated to nursing facilities?
3. One Montgomery County nursing facility surveyor acted as a liaison to the Long-Term Care Ombudsman Program Director, allowing the two entities to collaborate to resolve some residents' issues quickly and effectively. How well is that liaison role working under the OHCQ program?

Department of Health and Human Services
401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436
www.montgomerycountymd.gov/hhs

(103)

4. What are the costs and benefits of the OHCQ program compared with the program under the MOU with Montgomery County?
5. How well has the OHCQ been able to recruit and retain surveyors for these positions? In addition, what incentives did the OHCQ's employ to motivate surveyors to work in Montgomery County?
6. Federal regulations require that ten percent of surveys begin off hour (or off shift) e.g., 6 am or on a weekend. Montgomery County surveyors exceeded the requirement as about 25 percent of their surveys began off hour. How often did OHCQ conduct off hour surveys in Montgomery County?
7. The Federal requirement is that complaints be investigated within 10 days. How well did OHCQ's program work to bring investigations closer into compliance compared with Montgomery County complaint investigations?

The ramifications of the change from County to State surveyors are significant. We believe that the State must monitor and evaluate the survey and certification process in Montgomery County nursing facilities over the course of the next one to two years in order to make sure residents do not suffer a degradation of care and quality of life.

We strongly endorse an independent study to evaluate the impacts of OHCQ's new approach to surveying and inspections of nursing facilities Montgomery County. We hope you agree and will insert wording to that effect in the FY 22 budget for the State OHCQ. Once completed, the impact study needs to be made public and available to the Montgomery County Council.

We look forward to hearing back soon with assurances that the situation will be closely monitored and evaluated.

Sincerely,

Barbara Selter sb

Barbara Selter, Chair
Commission on Aging

CC:
Members of the Senate Budget and Taxation Committee
Members of the Senate Finance Committee
Members of the House Appropriations Committee
Members of the House Health and Government Operations Committee

Mary's Center

Established in 1988 to care for Latin American immigrants, Mary's Center now serves the broader community.

- Over 54,000 participants from 50+ countries
- 5 full-service community health centers
- 19 School-based mental health programs
- 2 Senior Wellness Centers
- Public Charter School co-located at 3 health centers

Our Mission

Mary's Center embraces all communities and provides high-quality healthcare, education, and social services to build better futures.

Our Social Change Model (SCM)

- Treating health problems alone is insufficient
  - Comprehensive health care
  - Dual-generation education
  - Social services
- Striving to address all aspects of wellbeing that can impact quality of life and advancement
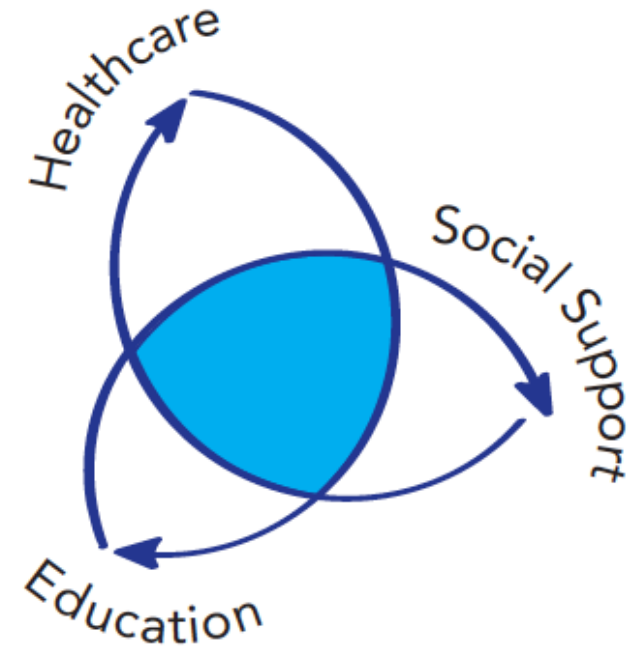
Telehealth and Strategies to Increase Healthcare Access and Equity

AT MARY'S CENTER WE UNDERSTAND AND EMBRACE TELEHEALTH AS A TOOL TO PROMOTE ACCESS AND HEALTH EQUITY.

TELEHEALTH AT MARY'S CENTER

TELETHERAPY

TELEMEDICINE

TELEDENTAL

TELESOCIAL SERVICES

(111)

TELEMEDICINE AT MARY'S CENTER – MODEL

BARRIERS TO CARE
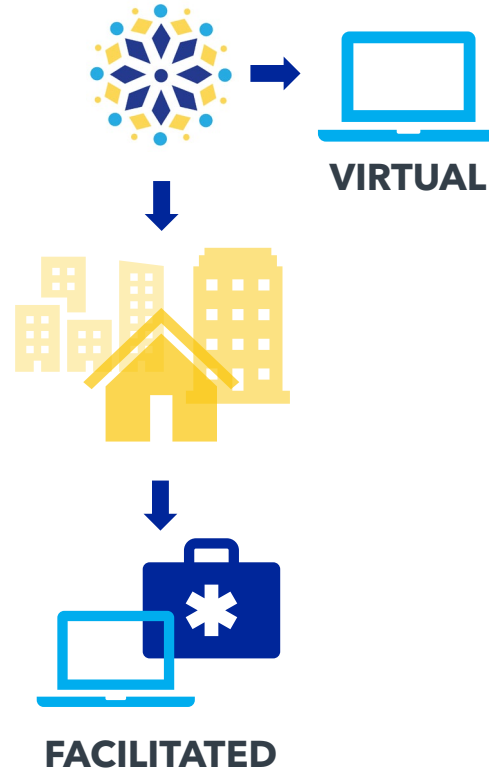
TELEMEDICINE

IMPROVED PATIENT OUTCOMES & REDUCED COSTS

VIRTUAL

SKIPPED APPOINTMENTS

FACILITATED

&

(112)

SERVICES PROVIDED

- **TELEMEDICINE**
  - Adult
    - Chronic condition management
    - Sick & ER follow-up
  - Medication Assisted Treatment
    - Partnership with Federal City Recovery Services
  - Pediatric
    - Chronic condition management
    - Sick & ER follow-up
    - Annual well visits post 24 months
  - Perinatal
    - Prenatal
    - Peripartum

- **TELEDENTAL**
  - Digital imaging

- **TELETHERAPY AND SOCIAL SERVICES**
  - Warm hand off for immediate support
  - Group work including SUD/MAT
  - Senior Engagement
  - Therapy and psychiatry
  - Early Childhood and Parent Child Interaction Therapy
  - Tele-Home Visiting and Parent Support

- **TELESOCIAL SERVICES**
  - Referrals within Mary's Center
  - Health education and promotion
  - Specialist and screenings support
  - Family support
  - Pharmacy coordination
  - WIC and breastfeeding coordination

OUR MODEL

- VIRTUAL
  - Doxy.Me synchronous interaction
    - Two-way and group video conferencing
  - Zoom for Healthcare
    - Behavioral health groups
  - Televoice synchronous calls

- FACILITATED
  - Telemedicine/dental assistant travels to participants' homes with a kit of screening and diagnostic equipment:
    - Point-of-care tests
    - Lab supplies
    - Vaccines
    - Peripheral diagnostic equipment
      - Stethoscope
      - Digital scope: allows the provider to closely examine skin, inner-ear, nose, or throat
      - Doppler
      - Nomad portable x-ray
    - Internet hotspot and laptop
  - Doxy.Me synchronous interaction

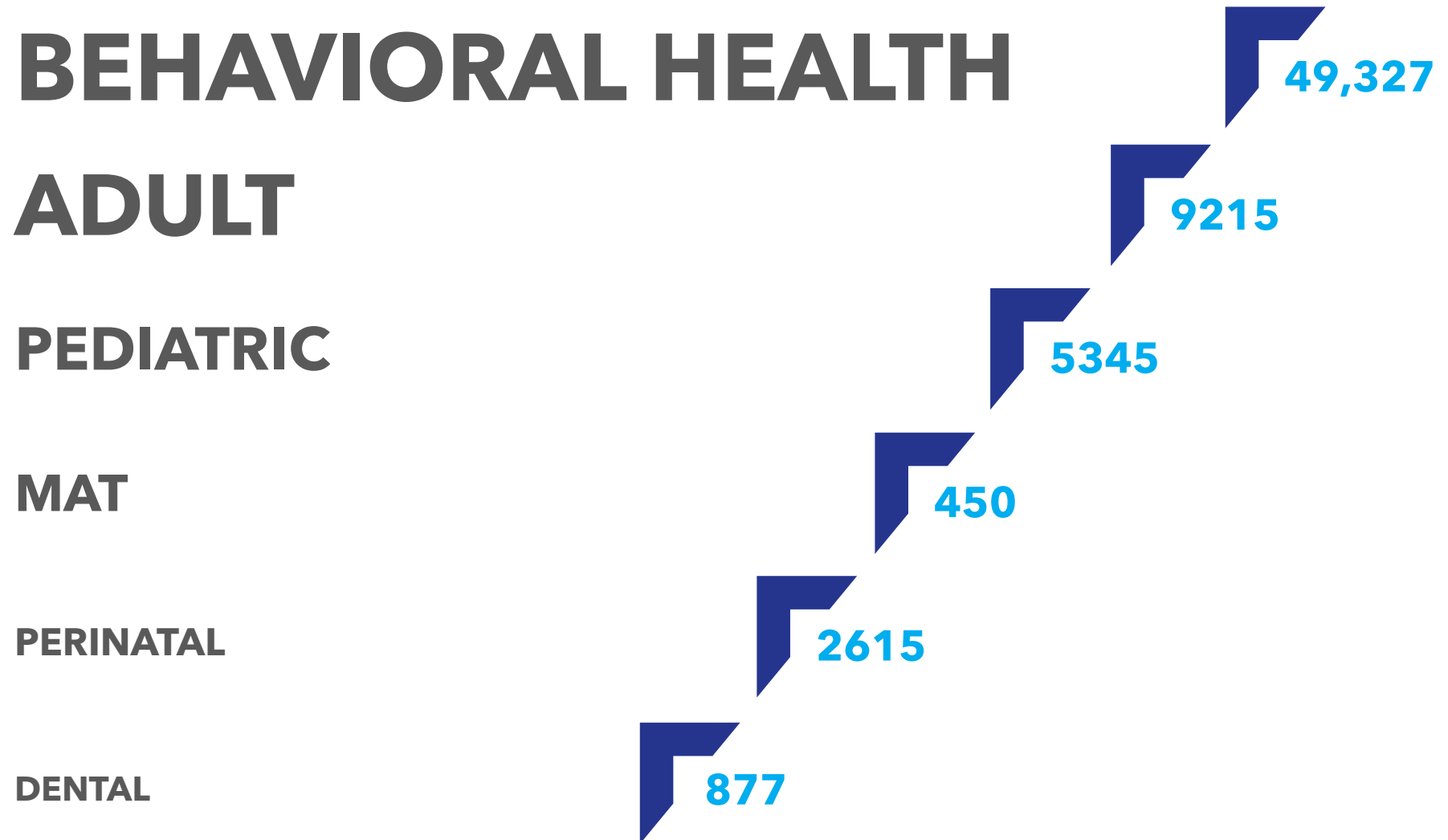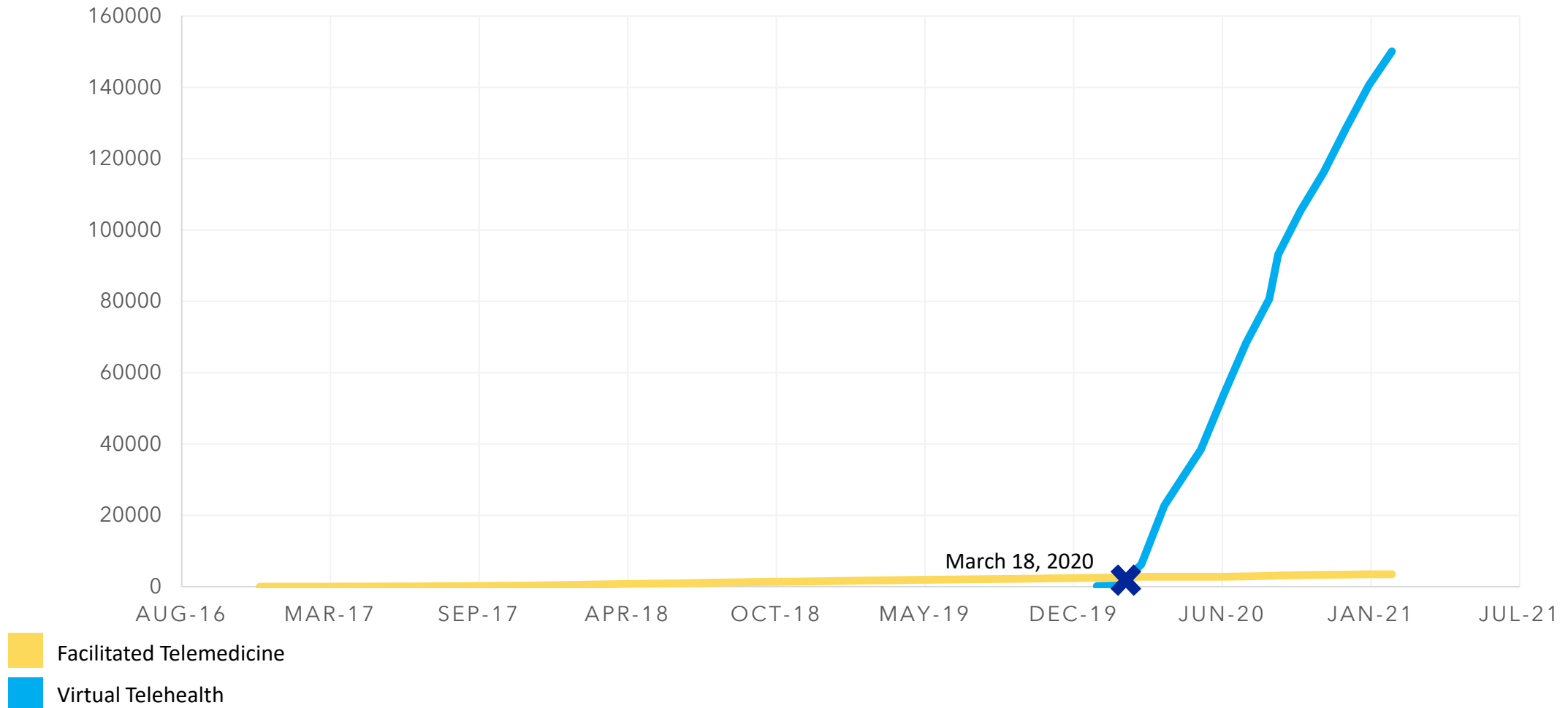# TELEMEDICINE STAFFING

(115)
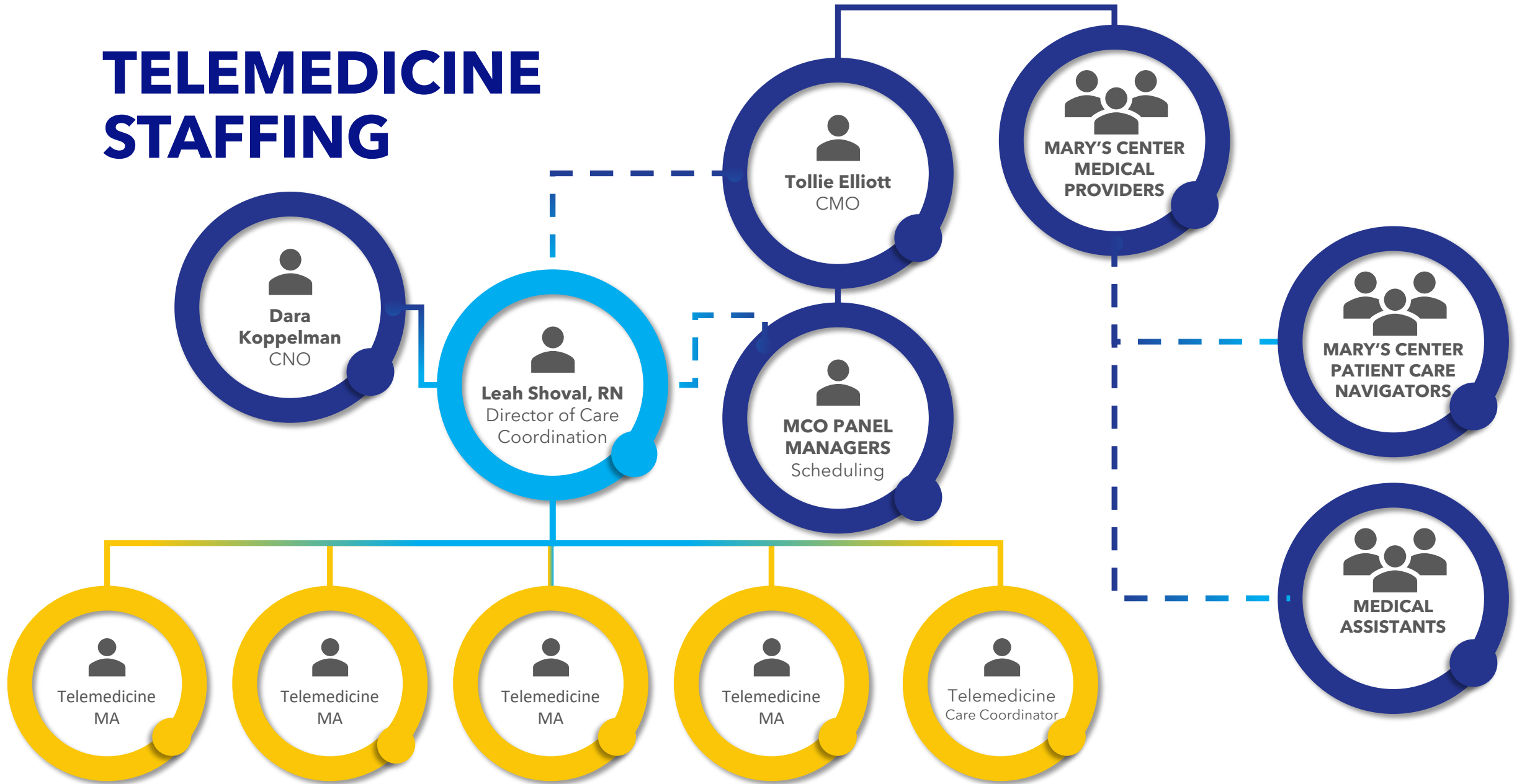
BENEFITS - PATIENTS

- Comfort and convenience of the home
  - Time saved
  - More accurate biometrics

- Hands-on, personal attention from Mary's Center Telemedicine/dental MAs
  - Advocates that ensure participant health literacy
  - Care coordination with case managers, pharmacy, specialists
  - Medication administration support
  - Referrals assistance

- Scheduling
  - Access to unique telemedicine/dental scheduling phone line [for facilitated Telemedicine/dental only]
  - 90.8% of 76 respondents thought our scheduling process was easy and 89.5% of them thought they were able to schedule an appointment as quickly as needed
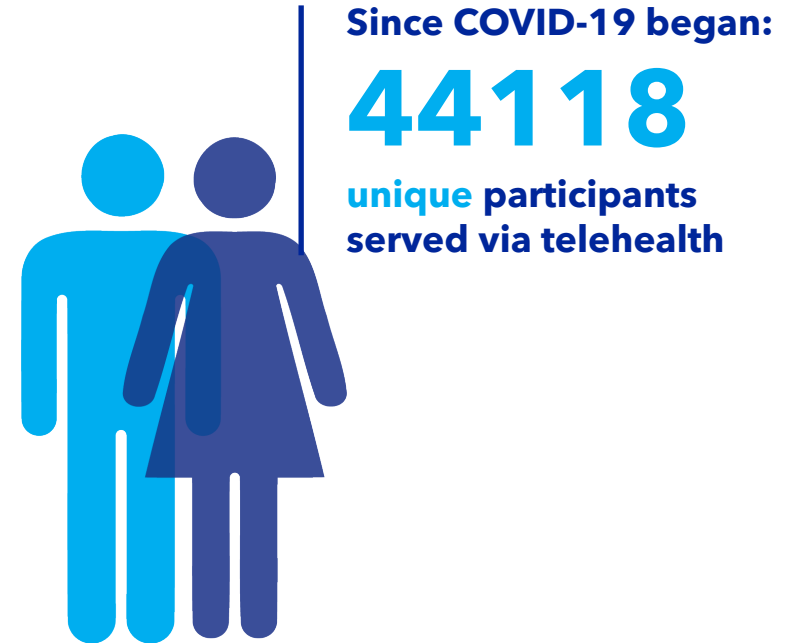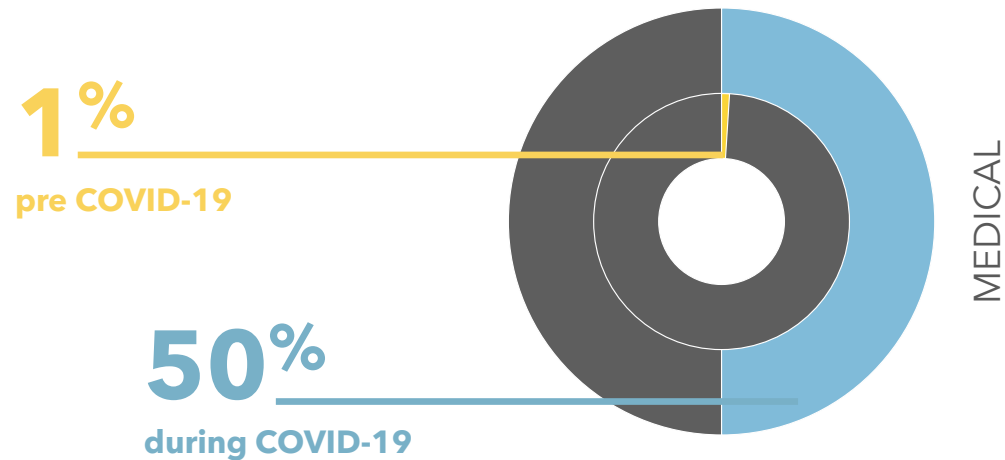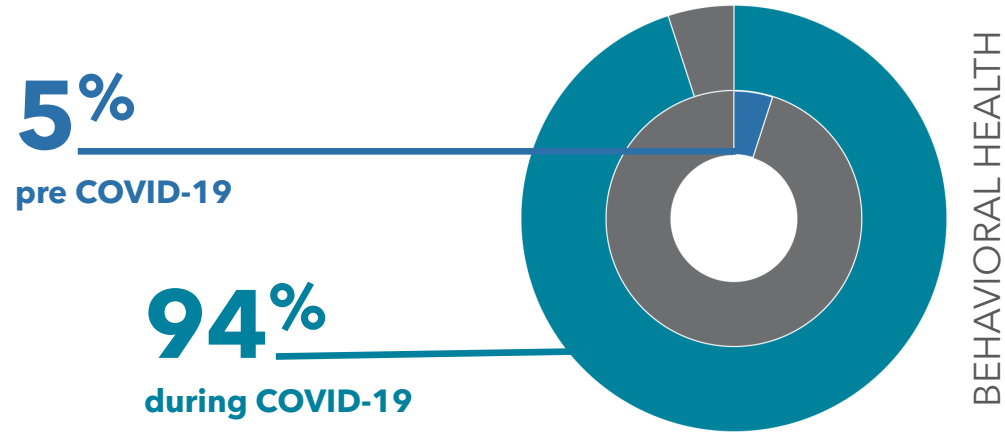
ENCOUNTERS – BY PRACTICE AREA (approximated through February 2021)

BEHAVIORAL HEALTH

49,327

ADULT

9215

PEDIATRIC

5345

MAT

450

PERINATAL

2615

DENTAL

877

(117)
13

ENCOUNTERS – BY TIME

March 18, 2020

Legend:
- Facilitated Telemedicine
- Virtual Telehealth

PERCENTAGE OF TELEHEALTH ENCOUNTERS

BEHAVIORAL HEALTH

5%
pre COVID-19

94%
during COVID-19

MEDICAL

1%
pre COVID-19

50%
during COVID-19

Since COVID-19 began:

44118

unique participants served via telehealth

(119)

BENEFITS - ENCOUNTERS

8%
Virtual Telemedicine No Show Rate

18%
In Person – No Show Rate

FACILITATED TELEMEDICINE

17.5%
Reschedule Rate

6.7%
No Show Rate

15.4%
Cancellation Rate

(120)
16
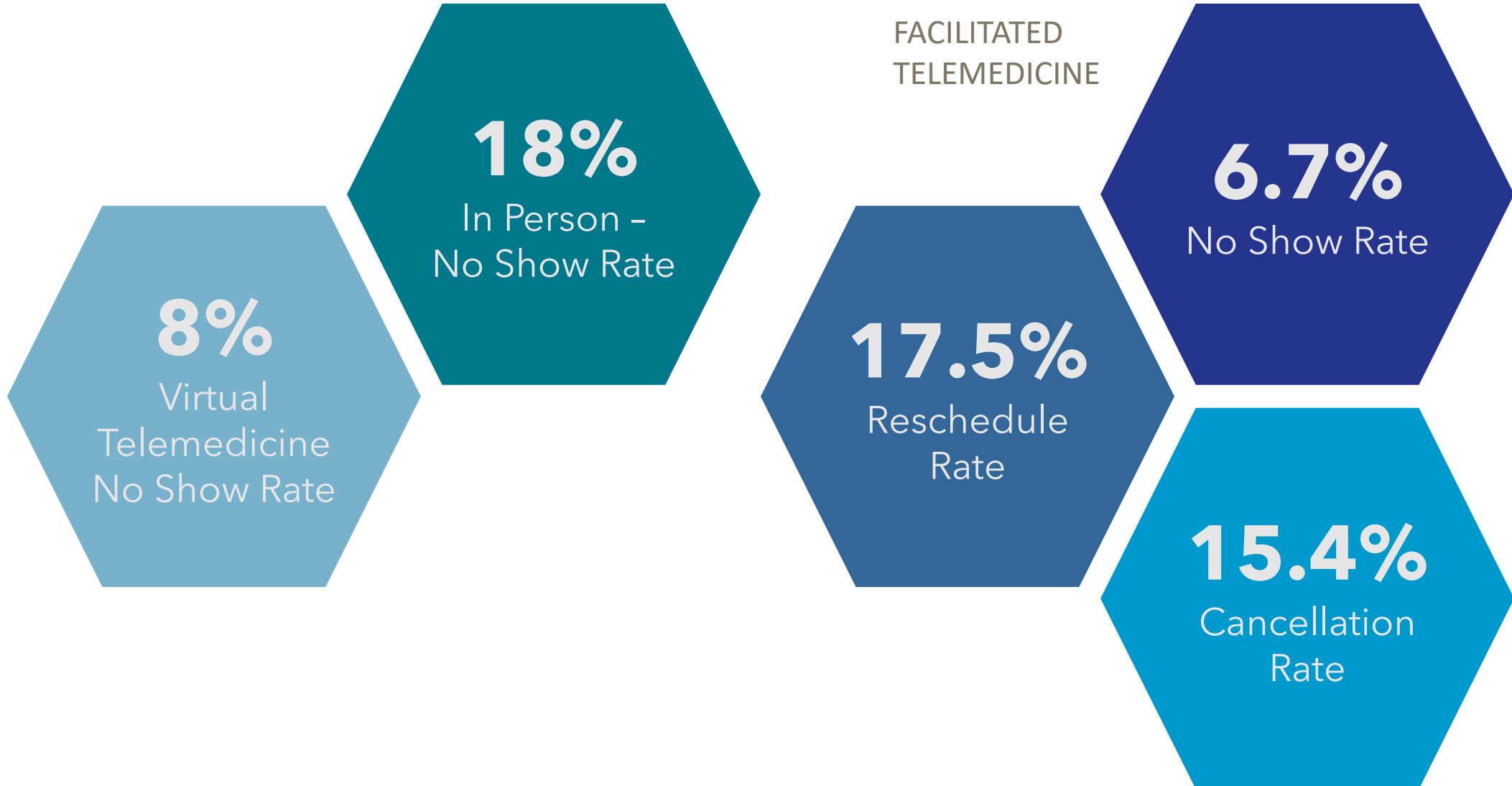
SUCCESSES

INCREASED ACCESS TO PRIMARY CARE SERVICES AND INCREASED COST SAVINGS

Visits allow patients to access preventive services from the convenience of their homes, eliminating in-person barriers to care

IMPROVED POPULATION HEALTH MANAGEMENT

With regular monitoring of patient biometric data, that is more accurately measured from the comfort of one's home, patients are better able to manage their conditions and escalate necessary care early on

PATIENT SATISFACTION AND ENHANCED CARE COORDINATION

Telemedicine patients report feeling better able to manage their conditions, and appreciate the personal attention, advocacy and care coordination from the Telemedicine MA

20%
Low acuity non-emergent visits to ER

9%
Improvement in both HbA1c and blood pressure control

EXCEEDED
NCQA 75th % HEDIS Measures

"I feel better and more motivated to do things for myself."[1]

[1] Paraphrased

(121)
17

ANTICIPATED LONGTERM OUTCOMES

ACCESS

CONTINUITY OF CARE

CARE COORDINATION

IMPROVE

- Adherence to well exams, chronic care follow-up, treatment plans and immunizations
- Health outcomes

REDUCE

- Inequities in primary healthcare
- Hospital and emergency room over-utilization
- Hospital all-cause readmission rates
- Morbidities and mortalities

(122)
18

CURRENT PROJECTS UNDERWAY

- United Healthcare Community Catalyst

- Clark Foundation Expansion of Telehealth Services

- Healthcare Initiative Foundation – Facilitated Telehealth in Montgomery County

- American Cancer Society/Pfizer - Community-based Prostate Cancer Pilot Program

OPPORTUNITIES

- Kiosks & Pop-up Sites
  - Select locations with greatest need in Montgomery County
    - Existing school-based health centers
    - Healthcare deserts
      - Piney Branch & University Blvd
      - Wheaton – Georgia Ave and University Blvd
      - White Oak
      - Aspen Hill
    - Senior living communities
    - Low-income housing developments
    - Community centers
    - Wellness centers

- Remote Patient Monitoring

- Virtual Urgent Care

- Chatbot and Artificial Intelligence

DISCUSSION
QUESTIONS
COMMENTS

Mary's Center

TELEHEALTH – A BRIEF HISTORY AND LOOKING FORWARD

- **AT MARY'S CENTER WE UNDERSTAND AND EMBRACE TELEHEALTH AS A TOOL TO PROMOTE HEALTH EQUITY.**

- **BRIEF HISTORY**

  2015
  - Telebehavioral Health began at Mary's Center in 2015 as part of a pilot to expand services to participants who were viewed as "hard to reach;" individuals whose physical condition might prevent them from being able to keep an in-person appointment, or simply felt emotionally challenged with social interactions or movement in the community making travel difficult.

  2016 (Fall)
  - Discussions began with DC's largest MCO, AmeriHealth Caritas District of Columbia, in the summer of 2016 to initiate a telemedicine program to lower the costs for patients deemed as high-cost, high utilizers of the healthcare system.
  - Understanding the challenge, we used claims-based data to reduce costs by addressing low-acuity non-emergent emergency room (LANE) visits; potentially preventable admissions; and all-cause re-admissions within 30 days.
  - Our goals to achieve these objectives were to improve access to care; develop and strengthen the connection with primary care providers; develop and maintain standards of care; and track health outcomes to validate our efforts.
  - This original telemedicine concept, a tool for providers, is now known as our Facilitated Telemedicine model.
  - When designing the original telemedical model, we focused on barriers to accessing the health center for their appointments (transportation, immobility, workforce issues, and childcare).
  - To increase this access and yet promote adherence to current and developing standards, improve outcomes, and reduce costs, Mary's Center needed to bring the care to our patients and meet them where they are; in their homes.

  2017
  - As such, the Facilitated Telemedicine at Mary's Center began as a pilot program for adults with chronic conditions.
    - Medical assistants, trained in phlebotomy, traveled to the home with a laptop, a WiFi hotspot and a specialized kit of medical diagnostic and point of care equipment to connect with a physician via a HIPAA compliant video platform.
  - Initial patient adoption was slow due to the newness of the type of encounter. We were able to overcome this by changing how we communicated the service to the patient. We educated the patients and informed them that the next visit would be in the convenience of their home. Our numbers rapidly grew from there.

- In the summer of 2017, our entire group of adult medicine providers were introduced to this workflow. Having had the benefit of two experienced adult medicine providers as champions, adoption toward use was a smoother process.
- As we expanded and gained feedback from our telemedical MAs, their observations of the lived patient experience enabled us to link our social services to the care of the patients. They were no longer patients, they were participants in their care.

2018
- The tool was being refined and the other specialties were seeking to have the benefit for their own patients/participants. As a result, we sought to use this beyond a high cost/high utilizer cohort. We sought to use this as a tool in our efforts to provide better healthcare.

2019
- The Pediatrics and Womens' Health providers were engaged early on to develop a strategy of implementation similar to how we initially started. Leave nothing to the imagination, yet let patient safety be evergreen in our efforts.
- Mary's Center added Facilitated Telemedicine for pediatric participants in July 2019 and for pregnant participants in October 2019.

2020
- COVID put a halt on facilitated visits to protect our staff and participants.
- March of 2020, Mary's Center pivoted into televideo and televoice to provide healthcare for 90% of our patients/participants.
- We focused on pregnant women, children from newborn to 18 months, and a select population deemed clinically relevant to come into our clinics.
- In July of 2020, we expanded our on-site patient pool and maintained a balance of telemed to in-person services that were specialty specific as well as considerate of our workforce capacity.

Today
- We are looking at what is the right balance, per specialty, between telemedical vs. in-patient visits to provide the best, most efficient care.

Challenges
- The greatest challenge to launching Telemedicine at Mary's Center included overcoming provider reluctance and the fear of new technology and potential medical/legal issues; regulations; convincing the participants of the value and allowing a medical assistant into their home; and payment reform.

Wins
- Amongst the Facilitated Telemedicine population we note improved outcomes such as improving blood pressure control by nearly 10% and lowering A1Cs by about the same margin. In addition, we've seen a reduction in LANE visits by 20% - ultimately producing a significant savings to the healthcare system.

- o The success of the program not only lies in the superior access to care and clinical acumen of the staff, but also in the enhanced care coordination efforts offered to this patient population.
- o In 2020, we completed roughly 120,000 telemedical encounters (televideo/televoice).
- o As we provide care in 2021, we look forward to bringing back facilitated telemedicine in a robust fashion.

- **PARTNERSHIP WITH MCOs**
  - o Discussions with the initial MCO took nearly 10 months to get the pilot up and running.
  - o The initial pilot program began in January 2017 in partnership with AmeriHealth Caritas District of Columbia, who invested in Mary's Center's capabilities and our mutual participants to help cover the start-up costs and expenses.
  - o The other two DC MCOs quickly saw the success of the program in reducing LANE visits and improving health outcomes amongst adults with chronic care and contracted with Mary's Center to add this service for their participants.
  - o Current issues continue to involve how to bill and pay for telehealth facilitated, video, or voice.
    - In Maryland, the payers are not ready to cover the enhanced costs of these services, and regulations in place due to the COVID State of Emergency will eventually expire – which have allowed "the Home" as an originating site.
    - In DC, MCO payment systems are not set up to pay for and differentiate facilitated vs. virtual telemedicine. At discussion is the relative value of video and voice.
    - Remote patient monitoring (RPM) technologies do have reimbursable codes. However, technology has outpaced the payment models.
  - o If Mary's Center could wave a magic wand to improve telehealth, we would improve upon the capacity of the providers and the patients to utilize technology in the provision of healthcare and for the billing systems to have the flexibility to focus on clinical outcomes that lead to excellence in care and lowered costs of healthcare.

- **THE PIVOT TO A MULTI-MODAL TELEHEALTH PROGRAM**
  - o When the pandemic forced a transition to virtual telehealth on March 18th, 2020, our transition was not as traumatizing as for many health centers, because our clinicians and staff were comfortable with the telehealth modality – we did not need to train on and build trust on the concept.
  - o Our new multi-modal approach includes:
    - Telebehavioral Health
    - Telemedicine
      - Virtual (video & voice)
      - Facilitated
    - Telesocial Services
    - Teledental
      - Teledental remains in pilot at this phase with a focus on clinical scenarios that contribute to unnecessary ED utilization.
  - o The transition did require explorations in licensure, prescribing controlled substances, capturing written signatures, creating new clinical workflows and exploring additional HIPAA compliant platforms to enhance security, and ease of connection.

- Our medical service line opted to use Doxy.Me to utilize the waiting room feature, and allow relatively seamless clinical workflows, while our behavioral health department determined that continuing their use of Zoom Pro allowed for the most participant comfort for hard-to-reach individuals.

- **THE FUTURE OF TELEHEALTH**
    - **Remote Patient Monitoring**
        - To enhance clinical data provision for telemedicine, we worked with the MCOs and a durable medical equipment vendor to provide (and ship) specialized telemedicine "kits" to our participants for enhanced clinical decision making via virtual telemedicine.
            - The devices within the kits largely have the capability of connection to remote patient monitoring systems as soon as we have the funding and staff allocations to connect these to our patient portal and EMR.
            - Additional components of the kit included basic items like a tape measure to assess fundal height (growth of the baby) between in-person visits.
            - It is important to note that the practice of telemedicine does not have to be so complex that patients/participants are too intimidated to participate.
        - A pilot program is underway to offer antenatal testing in the home with the goal of improving perinatal outcomes, reducing maternal and fetal morbidity and mortality, and lowering the cost of care by reducing expensive hospital visits.
    - **Chatbot & AI**
        - Mary's Center feels strongly that we can meet our participant's healthcare needs in meaningful and innovative ways through chatbots, in the ways that other programs in the nation have been successfully doing.
            - Off the shelf AI has revealed that racial bias is typically baked into the coding of the product. This has been explained by a lack of diversity in the development team.
            - As a result, Mary's Center seeks to be a part of the development of these more equitable technologies and algorithms which are based on clinical and culturally competent data from diverse populations.
            - Engagement and research with diverse populations in the creation of these technologies is of the utmost importance.
            - Our goal is to create a product that serves all participants of Mary's Center and meets their respective needs.
    - **Pop-ups**
        - Our partnership with Federal City Recovery Center – where we provide Medication Assisted Treatment for participants in a 21-day recovery program - has provided for a model to develop additional partnerships to bring the Facilitated Telemedicine model to other sites throughout the city and Maryland.
        - The pop-up model will allow for ensuring equitable access to healthcare, enhanced screening and improved outcomes for diverse populations across the Metropolitan Washington region – with the goal of connecting individuals into care who may otherwise not have any.

Admin-CYF:

Can you provide an update on the work completed through the Kresge Opportunity Ecosystem Grant?

This is the last year of the grant (due to the pandemic, DHHS was given a no-cost extension of the grant until March 2022). Highlights of work completed include:

- Building community awareness through extensive community outreach and supplementary resources, resulting in increased referrals from partners and schools

- Embedding a new phase system which tracks clients through their progression (measures plight of client at intake and how they grow as their case progresses; involves initial skills assessment and a self-sufficiency evaluation, which measures factors such as health needs and literacy). On-going case management is then provided for at least one year to coordinate services and track progression for child and parent.

- Training Opportunity Coaches in 2Gen, community resources and motivational interviewing to support each client's goals

- Providing funds to support client needs such as emergency financial assistance, childcare or educational enrollment

- Improving Governance structure by adding more subject matter experts (SMEs) and senior managers. Both sites also expanded partners and community member participation within programmatic governing sub-committees.

- Standardizing goals across both Opportunity Ecosystem sites (challenge given individual measures are determined by funding). Several measures are being re-evaluated because of the pandemic, presenting new opportunities to harmonize across sites.

- Both sites working together on groups to support parents in Thriving Germantown and East County with activities for the entire family to adhere to post-pandemic guidelines. Surveys were distributed to both programs and feedback was used to develop series.

Creation of parent and youth liaisons for East County committees to increase resident involvement. Each liaison serves as an expert in their community and works with engaging residents to participate in community meetings and events.

Since March 2020 events have taken place virtually and community participation has lessened due to lack of internet access and limited space for virtual events. Regardless, activities conducted include: Family Scavenger Hunt, Paint Night, Remix Rage (anger/ stress management), and Trivia Night.

The Health and Wellness committee will be launching a program aimed at increasing access to seniors who are currently not connected with online programs and resources. In addition,

committee members are creating an outreach strategy to increase awareness for COVID and post-pandemic relief efforts for East County residents.

Numbers served (most current available by deadline):

East County:

Pandemic referrals (1- time service) to date:
- 350 referrals, 467 individuals served
- Top four most requested services during pandemic:
  - Food assistance
  - Rental assistance
  - Utility assistance
  - Childcare resource connection

Since inception of program:

- 224 household referrals received for Care Coordination and 60 for Opportunity Coach program.
- Average of 3 referrals to additional eligible services per client made by Care Coordinator; average of 4 by Opportunity Coaches
- 251 total households received ongoing care coordination or opportunity coach services

FY21 households receiving ongoing Care Coordination/Opportunity Coaching (through February): 66

- Due to the impact of COVID-19, cases have been extended beyond the traditional 1-year period due to additional needs and supports resulting from unexpected loss of employment, childcare needs and lack of employment opportunities

Race (self-reported):
- 64% African American
- 7% White
- 4% Asian
- 4% Multiple races
- 1% Other

Ethnicity (self-reported)
- 73% Non-Hispanic
- 26% Hispanic
- 1% Other

Thriving Germantown (from Kresge Annual Report submitted in August 2020)

- Total individuals served through Family Case Management: 75
- Total encounters through April 2020: 1,192
- Initiated 680 pathways in FY20. Of those, 89% (608/680) were completed. Taking into   consideration those that were closed with partial success, this figure is 97% (659/680).

Customer Satisfaction

- Average rating was 4.4 out of 5 from initial survey
- A tailored survey is being developed to better track customer satisfaction across both sites. Questions were drafted in nine languages, and 18 pilot surveys were collected. The information gained from this pilot will be used to enhance the survey questionnaire and inform options for distribution for a larger, more customized survey.
- Collecting and incorporating client feedback for establishing social and economic mobility (SEM) processes and measures.

What did the Department learn about obstacles to services for underserved residents and communities and what potential strategies were identified and/or implemented to address these obstacles?

The pandemic shifted the work of the governance committee toward pandemic relief efforts; however in the past year the committee also focused on collaborating with other agencies and further within the department to improve customer experience; developing universal goals aimed at improving equity across county efforts; enhancing processes to gain feedback from customers; and narrowing the scope of current Opportunity Ecosystem measures and objectives.

- Many lessons were learned following the COVID 19 outbreak, as existing processes for service-delivery across the Opportunity Ecosystem could no longer support emergent needs and had to be rapidly revised and re-established. To adapt to the changing circumstances, staff had to implement new ways to continue providing services to current clients while at the same time supporting increased needs from the larger community. Staff had to be equipped to handle the workload remotely, which was difficult for both sites, as home visits form an integral component of the service model. Prior to the pandemic, residents had grown accustomed to meeting with staff at a physical location that allowed walk-in services when needed. But with the closure of schools and county buildings applications for social service programs were electronic. This enabled residents to be able to apply from their homes. While increasing the convenience for residents with internet access, it highlighted the digital divide that exists within the county. Many residents who lack internet access and/or have limited computer literacy have been unable to complete applications without assistance.

- The COVID 19 outbreak has hit the areas surrounding Thriving Germantown and East County particularly hard compared to other areas in the county, which has caused a great level of apprehension and fear amongst residents. We expect this trepidation to continue as the pandemic persists, even if the offices reopen, and result in fewer in person and walk-in appointments.

Potential strategies identified and/or implemented to address these obstacles

Partnership with Consolidated Service HUBs

- The East County Coordination/Opportunity Coach team partnered with the East County Hub at Kingdom Fellowship Church and Rainbow Community Center and serves as a referral site for residents to get connected with resources. Through this partnership,

- project staff participate in the food distribution events and connect with residents in need one-on-one.

  • The UpCounty Consolidation at Blackrock Hub, which was rapidly assembled in response to the pandemic, required further calibration. This encompassed rearranging food storage configurations for better efficiency and less damage, limiting volunteer access, offering resources in various languages, including foods that were culturally appropriate, and identifying partners in the business community to provide services such as transportation.

The project continues to work on identifying existing inequities and trends that impact residents by setting universal equity goals across both sites. While the Department is continuing its efforts to train staff in understanding and operationalizing Equity principles at work (Office of Community Affairs staff hosted brown bag lunch series conversations around Race at HHS buildings, and developed and piloted an Implicit Bias curriculum, which was made available to HHS staff); the governance committee began the task of re-examining theory of impact to identity root causes by analyzing current barriers and enablers. The process of identifying root causes requires on-going dialogue and is a continued focus for the governance committee.

Mapping Social Economic Mobility (SEM) resources- the Opportunity Ecosystem grant provided a unique opportunity to identify programs that are shared across DHHS and community partners. With the support of the American Public Human Services Association (APHSA) and Jeannie Chaffin, LLC., the governance committee is leveraging this opportunity to create a map which will function as a visual aid to help guide future decision-making and project development. The map is expected to delineate customer journey, resources, and measure alignment across various 2Gen programs in Montgomery County. It will be used to help identify potential barriers to customer access and opportunities to improve service delivery and customer satisfaction by using a unified Theory of Impact, goals and measures for social and economic mobility and race equity.

Journey mapping- To use customer experience to evaluate current programs, the governance committee is engaged in on-going customer mapping discussions. The current customer map links the Opportunity Ecosystem sites to other community-based programs such as TESS and Linkages to Learning. We plan to enhance the customer mapping chart, which will require additional intentional planning and design. The governance committee is currently creating a design team which will undertake this work in Quarter 4 through early next year.

What are the Department's plans to continue services for the East County Opportunity Zone?

Due to the pandemic, DHHS was given a no-cost extension of the Kresge grant to continue the work of the Opportunity Ecosystem until March 2022. CYF is working on strategies to sustain the work until the end of FY21, and the governance committee on sustaining resources that have been devoted to the ecosystem longer-term. The focus is to sustain the positive changes made in these two communities by sharing information across Germantown and East County networks. The governance committee, with the support of the partner networks, wants to ensure that our approach in these communities promotes racial and service equity and ways to continue networks between government, nonprofits, and families

in the community; in order to improve access to services and improved outcomes that can last long term.

<u>**CASCBS**</u>

Please identify the contracts/services that are recommended in Child & Adolescent School & Community Based Services for FY22.

Vendor	Description	Amount
Asian American Lead	Provide high quality youth development program to include leadership, empowerment, and mentoring	$136,099.70
Asian American Lead	Provide high quality youth development program to include leadership, empowerment, and mentoring	$85,000.00
Big Brothers Big Sisters	Provides mentoring and family support services to Latino Youth and families	$35,000.00
Boys & Girls Club of GW	Launch a new Boys & Girls Club site for underserved, low-income youth in Montgomery Village	$80,000.00
Boys & Girls Club of GW	provide an after-school academic enrichment program for underserved youth and academic career preparation program for at risk Up County high school students	$45,000.00
Capital Area Food Bank	Provide nutritional meals through Family Market events to MCPS students and their families	$167,029.87
Community Bridges, Inc.	CB Girls and Family Institute Program - Provides youth empowerment and leadership for adolescent girls and their low-income families	$185,112.36
Community Bridges, Inc.	CB Girls and Family Institute Program - Provides youth empowerment and leadership for adolescent girls and their low-income families	$80,000.00
Community Health & Empowerment	Provides free Summer enrichment, learning, and meals program also referred to as Lunch and Learn ("The Program") in a nurturing environment for low income children in greater Takoma Park.	$45,000.00
Conflict Resolution Center of Montgomery County	Provides oversight of in-school mediation services to students and staff	$36,800.00
Crittenton Services of Greater Washington	Sneakers Program- provides college awareness preparation program, leadership academy. Girls Setting Goals Program – Future college and career connection Program	$90,000.00
Crittenton Services of Greater Washington	Sneakers Program- provides college awareness preparation program, leadership academy. Girls Setting Goals Program – Future college and	$150,000.00

	career connection Program for East County youth girls	
Cultural Diversity (CADES)	Provide cultural and diversity enrichment education and leadership skills for economically disadvantaged youth	$45,000.00
Family Learning Solutions, Inc.	Provides management oversight of Programs	$59,523.79
Family Learning Solutions, Inc.	Provides Student2Student, Mentoring and Home-Grown Program	$65,000.00
Generation Hope	Provide Montgomery County teen parents with tuition, support, mentoring, tutoring and case management to help them earn a college degree	$20,000.00
Have A Dream	Provides a no-fee academic Summer camp program to support in bridging the gap for at-risk academically students attending Takoma park and piney Branch Elementary Schools.	$45,000.00
InterAges	Provides direct intergenerational programs to seniors (age 50 and over) in Long-Term Care, Adult Day Care, and Senior Center settings	$217,962.56
Lead 4 Life	Provides support services to disconnected youth in East County	44,290.00
Lead 4 Life	Provides support services to disconnected youth in East County	$10,000.00
Maryland Vietnamese Mutual Association DBA Association of Vietnamese American	Provides empowerment, tutoring and mentoring services to low-income immigrant families and students with limited English skills.	$76,211.14
Montgomery County Muslim Foundation	Provides youth empowerment program to Montgomery County youth, including guidance in completing college applications, financial aid, essay and resume writing and development of social and leadership skills	$12,000.00
Oasis Institute	Provide intergenerational literacy-based tutoring program using seniors for students in grades K-5 throughout Montgomery County	$19,800.00
The George B. Thomas Senior Learning Academy	Provides Saturday School and Kindergarten supplement (tutor/mentoring) to low-income at-risk youth in MCPS	$983,164.81
The George B. Thomas Senior Learning Academy	Provides Saturday School and Kindergarten supplement (tutor/mentoring) to low-income at-risk youth in MCPS	$25,000.00
The Greater Washington Community Foundation of Washington D.C.	Provide management and administrative services, and financial monitoring to Outflow Grants awarded through the Children's Opportunity Fund	$636,450.00

The Latino Student Fund	Provides individualized academic support for Pre-K-12th grade to Hispanic youth and their adult family members in Montgomery County	$30,000.00
Washington Youth Foundation, Inc. (ASWS)	Provide after-school and weekend schools class focusing on Math and English to low-income students whose primary language is other than English and who are minimally proficient	$51,487.41
Washington Youth Foundation, Inc. (YCS)	Provides a Mentoring Program that includes educational/academic mentoring to improve their overall academic achievement, personal development to newly arrived Immigrant students in secondary MCPS due to limited English proficiency.	$76,211.14
Work Source Montgomery	Provides the Helping Individuals Reach Employment Program (HIRE)	$154,438.20

Child Care Subsidy

What is the recommended budget for WPA and FY22 by program (CYF or ECE NDA)? How much for State supplement subsidies?

> CYF Base Budget
> **WPA**: $ 1,656,348
> **Supplement**: $1,020,240 (100% utilization rate).
> **ECE NDA**: $3,750,000

How much has been spent out for each program in FY20 and FY21?

> **WPA**
> **FY21 (as of 4/7/21):** $364,129.19 has been spent.
> **FY20 (year-end):** $735,789.12 Actual amount spent
> **FY20 (Payment against accrual in FY21):** $96,890.56
> **FY20 (Total amount spent for WPA as of 4/07/2021):** $832,679.68
>
> **Supplement**
> **FY21 (as of 4/7/21):** $649,291.06 has been spent.
> **FY20 (year-end):** $1,275,653.74 Actual amount spent
> **FY20 (Payment against accrual in FY21):** $132,047.32
> **FY20 (Total amount spent for Supplement as of 4/07/2021):** $1,407,701.06

Are there any anticipated changes to the eligibility or subsidy level for the State Child Care Scholarship program in FY22? If so, what are the changes and what is the anticipated impact on the local subsidy program?

The MSDE State Child Care Scholarship updated its reimbursement rate to up to the 60th percentile for all payment regions effective 11/23/20 and has not informed us of any anticipated changes to the eligibility or subsidy level for the program in FY22.

Note that the SCCSP's rate increase to the 60th percentile for all payment regions has resulted in more children in the State Scholarship Program no longer eligible or at zero for the Supplement. As of 4/5/21, there are 1,591 children receiving Supplements and 1,446 with zero benefits as the State Scholarship benefit amount is either higher or equal to the WPA benefit amount. There are discussions underway with the Early Care and Education Initiative (ECEI) Steering Committee to address and implement recommendations from the Access and Affordability Sub-Committee to increase the Federal Poverty Level of the WPA Program from 350% to 500%; however, the team is putting forth a recommendation for 400% of FPL which is consistent with the Montgomery County self-sufficiency standard.

Are there any anticipated changes to subsidy use for school-age children in FY22 as a result of the Equity Hub program?

The school age grant program will end on June 30th, 2021. The program will run for 9 months as a support system for parents and children who were struggling in the "Virtual learning" environment demanded by COVID. Any new phase of this program will be determined by the direction of MCPS re-opening plan. With MCPS promoting "normal" (Pre-COVID) operations for the next school year the program will be deemed unnecessary for parent and children support as the current state and county's Working Parents Assistance (WPA) program should serve as sufficient fiscal support. Both the WPA and State program will increase the provider rates for Montgomery County residents in FY21 with both programs serving families up to the self-sufficiency standard in the Montgomery County. DHHS awaits the new proposal for the Equity hubs.

Please provide usage information that you have for the SCCSP, WPA, State supplement, and school-age program in FY20 and FY21 to date – average number of children served per month and average subsidy amount, as available.

The school age grant program operation started on 10/01/21 with an end date of 06/30/21 with average children served of 489/month and average subsidy approved of 803.

SCCSP (from MSDE website)

	FY20	**FY21**
Average number of children served	2644	2286 (thru January 2021)
Average subsidy amount	$701.81	No data available

WPA

	FY20	**FY21**
Average number of children served per month	122	88 (unduplicated number of children serviced 158)
Average subsidy amount per month	$635.42	$667.99

Supplement

	FY20	FY21
Average number of Children served per month	648	679
Average subsidy amount per month	$188.21	$212.13

School Aged Children – program started 10/01/2020 – end 6/30/2021

	FY20	FY21
Average number of Children served per month	N/A	489
Average subsidy amount per month	N/A	$803

Positive Youth Development

What is the recommended FY22 budget each High School Wellness Center broken out by personnel and operating expenses? How much would it cost to open the Seneca Valley HS Wellness Center (personnel and operating in School Health Services and Positive Youth Development)?

Somatic Health- Personnel SHS and CYF Budget	FY22 - Seneca Valley
CHN II - Seneca Valley	$ 102,828.00
SHRT I- Seneca Valley	$ 64,523.00
Nurse manager Seneca Valley	$ 80,300.00
PS I Seneca Valley	$ 60,846.00
PM II Seneca Valley- New Creation PYD	$ 80,300.00
Total Personnel (SHS)	**$ 388,797.00**
Infrastructure	**$ 31,000.00**
Total OE (SHS and PYD)	**$ 722,600.00**
Total PC and OE	**$ 1,142,397.00**

Somatic Health- Personnel SHS and CYF Budget	FY22 - Wheaton, Watkins, Gaithersburg and Northwood
CHN II - Gaithersburg	$ 134,303.00
CHN II - Northwood	$ 122,839.00
CHN II - Watkins	$ 136,270.00

CHN II - Wheaton	$	139,959.00
Nurse Administrator-Wheaton	$	174,326.00
Total Personnel (SHS)	**$**	**707,697.00**
Total OE (SHS)	**$**	**552,852.00**
Contractual OE (PYD Gaithersburg)	$	675,907.64
Contractual OE (PYD Northwood)	$	678,575.29
Contractual OE (PYD Watkins)	$	675,907.64
Contractual OE (PYD Wheaton)	$	635,178.67
Contractual OE (PYD Misc)	$	10,404.00
Total Contractual OE (PYD)	**$**	**2,675,973.24**
Total PC and OE	**$**	**3,863,845.24**

Please provide a service update for PYD programs including Street Outreach Network, Safe Street, High School Wellness Centers and Youth Opportunity Centers during the pandemic and program priorities for FY22.

Satisfaction Survey – see attached pdf for SON and Safe Space

Street Outreach Network and Safe Space Program Priorities FY22
Street Outreach Network Program Priorities FY22
Our priorities will be to help reduce youth homicides

Safe Space Program Priorities FY22
Our priorities will be to help reduce youth homicides

• In FY21 the SON helped MCPS reconnect 27 elementary, middle, and high school students to reconnect to virtual learning as well as engage the students in positive, life affirming activities.

• As part of the SON/Safe Space Recreational Therapeutic Program staff provided stress and mental relief activities such - Fishing, Tubbing, Hiking, Rage Rooms, and physical workouts.

• Weekly programs and workshops staying within the CDC guidelines.
Studio, Photography Class, Soccer Workshops, Boxing, Barbering Class, Mind, body, and strength training, Workshop to teach youth graphic designs through life skills, which is the "We Made It" Program, Golf, and a youth gardening project.

- Face to Face Community Outreach
  COVID19 education, assist clients and their families during COVID19 and Community food distribution. The S.O.N. has fed over 1,500 families a week since the pandemic started from March 20th until October 15th. We plan to work within the COVID19 guidelines until we can return to full compacity with very few restrictions. We will run at least ten different youth programs and workshops per week. We also plan to build more relationships within the school system to better serve the youth, hold in and after-school groups, and gang awareness training for the community and school staff post COVID19. We will continue working with tracking our satisfaction surveys. For FY21 of 52 clients that participated in the survey, 100% of clients were satisfied with the services of Street Outreach Network and Safe Space.

- Virtual Groups for youth
  S.O.N. has concurrently run two virtual school groups and six gang awareness and prevention trainings.

- Vigils
  Sadly the S.O.N. staff have attended and participated in six vigils for former S.O.N. clients.
  FY21 was very hard on staff as we lost 6 clients (one to suicide the others to gun violence

Wellness Center Program Priorities FY22

The Identity, Inc Wellness Centers (Gaithersburg, Watkins Mill and Wheaton High School) are continuing to provide all programs and services remotely due to the COVID-19 pandemic. In addition, the Centers significantly increased their capacity to deliver critical case management services and direct client assistance.

Due to the pandemic, the Wellness Centers transitioned to virtual programs to accommodate MCPS online learning schedules and to meet the needs of our youth and families. This generally included: multiple small groups to accommodate youth and families' schedules, telehealth counseling services and extensive case management work.

The Wellness Center connects with vulnerable teens regularly, runs our positive youth development programs on virtual platforms, and makes sure students have the technology and tools to keep up with online learning. A targeted Instagram account from the center keeps the student population aware of resources and kept their spirits and school connection strong.

Program- Youth Served	FY20	*FY21
Wellness Centers	1761	814
Youth Opportunity Centers	541	355
Street Outreach Network	146	113
Safe Space	96	81

 *Mid-Year Data (July 1, 2020- December 2020)

# of Re-Arrests	FY20	FY21

	10	1
Street Outreach Network and Safe Space	10	1

# of Re-Suspensions *	FY20	FY21
Street Outreach Network and Safe Space	0	0

* Due to COVID pandemic schools being virtually no suspensions occurred.

Children's Opportunity Fund

What funding is recommended for COF in the County (DHHS, COF NDA) and MCPS budget for FY20? What other revenues are anticipated for the fund?

Recommended funding for COF for **FY20** was $255K from DHHS, $375K from COF NDA and $375K from MCPS to support the Bell Xcel Program. ($630K total-DHHS).

Please identify the grants that have been funded in FY20 and FY21 to date. What are the total anticipated grants that will be funded in FY22.

Grants funded in FY20:

- Urban Alliance $85K- HS internship Program
- Thriving Germantown $61K- Building a community school model around Daly Elementary School
- Black and Brown Coalition $20K – complete parent surveys to gather information about what were some challenges for families from diverse backgrounds to engage with MCPS online learning
- Dolly Parton's Imagination Library $5K, - Library expanded to serve Wheaton Woods Elem School children ages 0-5
- Montgomery Housing Partnership $61K- Engaged students in creative reading, coloring, listening, and playing components as part of their daily activities for extended learning
- Latino Student Fund, $11K – Serve K-third grade students who will participate in a six-week program using Easy CBM1:1 Virtual tutoring
- YMCA, $65K/BellXcell $15,500- partnership with BellXcel, implemented a summer program for approximately 50 students
- Black Rock Center for the Arts. $12K
- Arts on the Block $25K- expand Youth Arts Movement program to add a second dual-language teaching artist
- Interages $14,500- to support access to tutoring for students at Daly ES and Thriving Germantown

Grants funded in FY21:

- InterAges, $20K- tutor 25 elementary students been September-June offering virtual learning with trained volunteers in reading and math
- Arts on the Block $25K- Add a second dual-language teaching artists, provide professional training and curriculum development and directly support families with STEAM and SEL approaches
- Gapbuster $12,500- Academic growth of 50 students ages 5-8 by one grade level in reading and math based on the iReady pre and post assessments
- Loud Voices $25K- Provide children ages 5-8 and their parents with support, advocacy, information, and training to improve their involvement in their educational planning
- Story Tapestries $25K- Provide literacy programs for vulnerable children ages 4-5 and their families with learning kits to build social-emotional, literacy, and oral skills
- Latino Student Fund $25K- tutor prekindergarten to grade 3 Montgomery County students
- Imaginary Library $5K- International book gifting program that mails free books to children from birth to age five
- ABLE $25K- Assist in training tutors providing services to students of color ages 5-8 in literacy and math

Anticipated FY22 funding: $636,450K; details not available at this time.

- Steering Committee to meet in June to determine grantees but focus may remain the same on previous grantees, addressing the COVID learning loss and current social emotional needs of students.

Racial Equity questions (not sure whether there are answers for the whole Department, but would like to know if they have been looked at by CYF specifically). Does CYF use quantitative and qualitative data to track program access and/or service outcomes for different population groups?

CYF uses both quantitative and qualitative data to track program access and/or service outcomes for different population groups. During FY20 and FY21, we increased our use of quantitative data based on our use of the Electronic Health Record and the Electronic Integrated Case Management System (EICM). In addition, each of the COVID recovery projects implemented in CYF collects data on clients seeking benefits based on demographics, income, and regional location. Using this data, we can determine how to coordinate County programs with other available benefits. Some of our programs have developed or adopted pre- and post-assessments to measure the impact of CYF services over predetermined periods of time which combines the use of qualitative and quantitative data.

Which community residents will potentially benefit the most from your program proposal or be burdened by your program proposal?

Promoting well-being involves understanding and addressing child, youth, and caregiver functioning in physical, behavioral, social, and cognitive areas. A focus on well-being is integrated into all aspects of CYF work. Our services build on the strengths of both the individual and the community in addressing the needs of the most vulnerable residents in the County. Either by regulation or by design, many CYF programs serve low income residents and

provide benefits that correlate income to need. Other programs rely on referrals from schools and other organizations that work with children and have made professional screenings or assessments of need such as the Infants and Toddlers Program, School and Community Based Youth Services, the Cluster Programs, the High School Wellness Centers, and the Linkages to Learning program. Some of our services are provided based on circumstances rather than income or financial need; for example, children at risk of abuse or neglect or families that are at risk of having children removed are eligible for services based on the definition of being vulnerable.

How does the program promote racial equity?

One common goal that crosses programs in CYF is to development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities.

- (Example from CASCBS Contracts): COF has partnered with community organizations to focus on challenges people of color face in online learning by gathering information from families via a survey and focusing on students of color within a specific age group, focusing on literacy and math skills.
- (Example from PYDI and the PYDI Steering committee) PYD sought out CARES funding from the State Department of Labor Licensing and Regulation to provide training and stipends to eighty low-income youth specifically recruited from communities most impacted by COVID. These are largely minority and low-income communities.
- To serve the low-income families from various racial and ethnic communities, our EARP program relied on a network of community providers trusted by families to enroll in the program and to collect necessary documentation.
- OESS supports economically disadvantages communities by determining eligibility for the adults and children/families that otherwise do not qualify for medical coverage-

	FY20	FY21
Montgomery Cares	9,348	3,132
Care for Kids	2,692	985
Maternity Partnership	1,575	1,224

Multiprogram adjustments

Please explain the changes in expenditures and FTE in multiprogram adjustments for Admin, Child Welfare Services, Early Childhood Services, OESS, and Positive Youth Development.

Multi-Program Adjustments are due to benefit adjustments, inflationary adjustments, HB technical adjustments, and broker conversions.

OESS/CWS

Please provide a staffing/workload update for OESS during the pandemic.

- o **Merit Staff: 244 – Vacancies: 28**
- o Contract staff:
  - *51 Brokers (including 13 for the Connector Entity & 6 for Montgomery Cares)* **10 of the Brokers are related to merit position vacancies.**
  - *11 Temps (including 3 for Montgomery Cares)*

Total Applications Received:
- FY20 - 55,346 (Approved 32,256)
- FY21 - 34,955 (Approved 20,105)
- FY22 – Expect numbers to remain flat or slightly higher than FY21

Caseloads – see below

Just after the onset of the COVID-19 Pandemic, the Office of Eligibility and Support Services (OESS) received approval from the Maryland State Department of Human Services (DHS) to develop and operationalize a countywide process for handling the surge of Income Supports applications we started receiving as a result of the pandemic. All other jurisdictions across the State were mandated to follow a Statewide Processing Management (SPS) system.

OESS's plan utilized current staff from all eligibility programs which include State and County general funded positions to process the increased applications we began receiving. The administration created three (3) teams (pending/screening, clearance, and processing) for Intake applications.

In March 2020, OESS implemented a Command Center to address consumer inquiries and provide general program information during the COVID-19 pandemic. To maintain public communication, OESS quickly centralized communication operations under one team leader, reassigned staff to assist with the increased consumer demand, established a dedicated phoneline (240-777-1003), created a dedicated email account (OESS.MoCo@montgomerycountymd.gov), developed standard procedures and voicemail messaging that redirect callers to the dedicated phoneline and email account for assistance. This information has been updated on the County's COVID-19website page.

Recognizing the concerns of our customers beyond the pandemic, the OESS Command Center has been re-branded as the Customer Service and Assistance Center CSAC) in preparation of MDTHINK Eligibility and Enrollment (E&E) system, scheduled to be implemented in Montgomery County in late May 2021. The new model will include troubleshooting and problem resolution to help customers having difficulty applying, accessing benefits and reporting changes. Currently, the Center operates as a call center that receives and return customer calls. Staff provide general information and act as a liaison to the district offices, while more complex concerns and changes are escalated directly to each office.

During FY21, both Department of Human Services and the Maryland Department of Health (MDH) received multiple waivers from the federal government, including for interviews and redeterminations, and quality control, which have been very helpful for both staff and customers, alike, as this made application processing faster.

What has the caseload/demand for services been in FY20 and FY21 and what is anticipated for FY22?

- o **FY20 and FY21 Average Caseload Size by Program:**

Program	FY20	FY21	FY22
SNAP	28,872	34,549	Expect numbers to remain flat or slightly elevated from FY21
MA	26,256	26,959	Expect numbers to remain flat or slightly elevated from FY21
TCA	927	1,197	Expect numbers to remain flat or slightly elevated from FY21
TDAP	429	350	Expect numbers to remain flat or slightly elevated from FY21

Maryland Department of Health (MDH) Enrollment	FY20	FY21 as of 3/30/2021
Children Enrollment	86,909	92,935
Pregnant Women Enrollment	1,750	2,004
Total Parents and Caretaker Relative Enrollment	32,161	36,500
Total Adults (Non-Parents) Enrollment	40,900	48,506
Not Legally Residing – X02	1,090	612
Total Enrollment	162,810	180,557

MARYLAND HEALTH CONNECTION DATA REPORT	Enrollment Data as of 12/31/2020	Enrollment Data as of 3/31/2021
	Montgomery County	Montgomery County
QHP Active Enrollments	42,762	41,809

*Note: This is how MHBE reports its data, so it is not by the Fiscal year.

How many vacancies have the programs carried on average each month? OESS has carried an average of approximately **23** vacancies a month.

> In OESS, what have been the compliance rates been?
> - FY20 Overall Compliance 99.2%
> - FY21 Overall Compliance 99.3% (to date)

Please provide a staffing/workload update for CWS during the pandemic.   How many vacancies has CWS carried on average each month? Child Welfare has carried an average of approximately 23 vacancies a month.

What has the caseload/demand for services been in FY20 and FY21 and what is anticipated for FY22?

	FY20	FY21	FY22 Projections
Child Protective Services (CPS) - Total # of AR, IR and Non-CPS Investigations	2413	1379	Anticipate an increase in CPS investigation numbers now that schools are returning to in-person learning. We will be monitoring closely to see if investigations return to pre-pandemic numbers/levels.
Out of Home (OOH)	427	431	The numbers are slightly higher partially due to youth over age of 21 who have been eligible to

			stay in foster care placement beyond 21st birthday (15 youth were eligible for this extension). Currently, this emergency extension will end on June 30, 2021. (Possibility of being extended to 9/30/2021.)
Family Preservation	96	104	As we build our focus on the Families First Act and prevention services, we anticipate that in-home services may increase as we attempt to do everything safely possible to keep a child in their home and not enter foster care.
Finalized Adoptions	17	17 to date Projected **28** by 6/30/2021	N/A

Early Care and Education

Please provide an updated projected budget for the ECE NDA that includes expenditures for subsidy, quality enhancements, workforce development, providers supports, infrastructure, committee recommendations (budget/actual FY20, budget/projected FY21, and budgeted FY22); amounts appropriated for the first time for each of those fiscal years; and amounts that rolled/are anticipated to roll over.

In April of 2020 the ECEI Steering Committee transferred to a response and recovery committee with small workgroups attached to address the early care and education needs of the county. The majority of the last year has been intensely focused on recovery – items were included in the last ECEI update to Council. Additional items include:

- Dissemination of PPE and cleaning supplies delivered at no cost to the child care programs (this started with phase 1 in December and January). Phase two of ordering has begun and will last through June or until funds are expended. The total from the ECEI NDA is $1.5million.
- Extension of rent relief for the DHHS Child Care in Public Space programs for over a year – through June 2021.
- All licensing required training for child care and all other supports have been moved to a virtual environment and are at no cost to early educators.
- The Child Care Resource and Referral Center (ECS/DHHS) has conducted multiple surveys, listening sessions and forums to gauge the needs of the Early Care and Education community. The focus of the ECEI has been on supporting programs to re-open or remain open and on parents accessing and affording care Monthly forums with Emergency Management since February.
- COVID Vaccine: FY21: Coordinated recruitment and logistical efforts of child care providers to be vaccinated. Partnered with Public Health, Holy Cross Health and Adventist Health to provide additional locations throughout the county. By April 9, approximately 1/3 of the county's child care providers (6000) have been vaccinated. FY22: To combat vaccine hesitancy, messaging is being created to promote vaccination, as well as promoters to share messaging as trusted individuals in the community.
- Business Supports: Through contracts with NonProfit Montgomery and the Maryland Women's Business Center webinars, small group sessions and technical assistance has been offered and continues to be offered to child care programs requesting supports with sustainability and operations. Dedicated support to the programs having obtained FCC registration was delivered in an effort to keep these business open during the pandemic.
- Through the Resource & Referral Center weekly chats on topics related to COVID have been conducted in English and Spanish 2-3 times a week. Eblasts are sent weekly updating the community as well as providing supports and resources on all things related to COVID.
*Attachment: Budget and expenditures from the NDA account in Oracle.

Please provide any updates to work on the ECE Action Plan that has occurred since the last Council briefing. What efforts have been made to support the child care industry in FY21 and any planned strategies for the rest of FY21 and FY22.

The majority of the last year has been intensely focused on recovery – items were included in the last ECEI update to council. An additional item has been the dissemination of PPE and cleaning supplies delivered at no cost to the child care programs (this started with phase 1 in December and January). Phase two of ordering has begun and will last through June or until funds are expended. The total from the ECEI NDA is $1.5million. A second addition has been the extension of rent relief for the DHHS Child Care in Public Space programs for over a year – through June 2021. Third – all licensing required training for child care and all other supports have been moved to a virtual environment and are at no cost to early educators. Fourth – The Child Care Resource and Referral Center (ECS/DHHS) has conducted multiple surveys, listening sessions and forums to gauge the needs of the Early Care and Education community. The focus of the ECEI has been on supporting programs to re-open or remain open and on parents accessing and affording care.

Even with all response and recovery efforts, the ECEI published the ECEI Action Plan was released in November 2020:

The ECEI Steering Committee members are taking on lead roles to complete actions from Year 1 and Year 2 of the ECEI. Currently:
- Financing Committee has reformed to examine and make recommendations on a long-term plan for financing the ECE system
- Montgomery College partners are working on supports for current ECE workforce partners to include Worksource Montgomery, MCPS Child Development Programs, Library on-line high school degree for child care as well as examining pathways and approaches to credentials for the ECE system.
- MCPS, while re-opening schools, is monitoring the re-opening of the UpCounty Emory Grove Early Childhood Center, when the Family Involvement Center can return and any future plans for collaboration between public education and community based ECE programs.
- Planning has begun on the development of an evaluation process for the Family Involvement Centers.
- The Access and Affordability Committee Chairs are developing a plan based on committee recommendations in the ECEI Action Plan for the future of the Working Parents Assistance Program (WPA).
- An on-line portal in being developed for ease of access to WPA and to DHHS services – template and first round of focus groups completed.
- Planning for a marketing campaign for WPA and the new portal is underway.
- Recruitment of family child care providers continues with emphasis on retention of the 59 programs recruited in Year 1.
- The development of a pilot for 100 seats for 3-year-olds aging out of Early Head Start (ECEI FY 22 NDA budget) is underway.
- A process for reducing the costs of child care permits is underway with DPS Fire Marshall.
- A timeline and process for an RFP for a child care supply and demand study is being developed.

For FY22 please refer to the Action Plan – Year 3 for planned strategies. Highlights include:
- Recommendations from Financing Committee
- A pilot for provision of WPA through contracts with child care programs for 50 "seats" in the 5 high need zip codes identified by the OLO Child Care Report
- Funding 100 seats for 3-year-olds aging out of early Head Start
- Supply and Demand Study
- Release of WPA Portal, website development and marketing campaign

- Continued licensing required training at no cost
- Continued scholarships at Montgomery College (since Year 1)
- Development of a Shared Alliance Co-op for shared services for child care programs
- Evaluation study of Family Involvement Centers (if return to in-person services)
- Social media supports for communication with child care and parent community
- Continued recruitment and retention of family child care providers
- Support of expansion of child care center at Wheaton Parks and Planning building

For FY21 and FY22, please provide the number of approved/recommended slots for Head Start and identify whether any of these are in community-based programs. What is the local match for the program?
Required local match is 20% ; MCPS provides a much higher match.

	FY21	**FY22**
Federal funding	$5,008,065	$5,279,431
NFS/Local Match	$1,252,016	$1,319,858
Total seats	648 (588 4 years old; 60 3 years old) *27 full day and 7 part day classes	648 (588 4 years old; 60 3 years old) *27 full day and 7 part day classes
Community based seats	None	None

Please identify all contracted community-based ECE slots funded in FY21 or being recommended for funding in FY22 broken out by provider and age or any plans to expand community-based ECE slots.

CentroNia is a County funded PreK for 100 seats. There is no plan to expand seats at this location.

Please describe the Healthy Families Montgomery increase. How many additional children and families will the increase support? What is the current demand for services?

There are a number of factors coming in to play that make this increase vitally important to the sustainability and continuation of the Healthy Families Montgomery Program (HFM). Over the past few years the funding has increased minimally, only with slight inflationary increases:
FY18: $558,957.00
FY19: $581,613.00
FY20: $598,984.14
FY21: $598,984.14
FY22: $648,984.14 (=$598,984.14+$50,000.00 proposed increase)

This additional increase in funding is essential to be able to maintain the level of services where they currently should be and continue to serve as much of this extremely vulnerable population of the community, creating a better start and healthier future for young children in Montgomery County.

In FY19 (Pre-pandemic and fully staffed) HFM served 153 families.
In FY 20, HFM served a total of 126 families
At the 8-month mark for FY21, HFM has served 104 families

Please describe the increase to the Infant and Toddlers Program for translation services. What the source of funds?
Maryland State statute mandates that for any languages that are 1% of school system the Individual Family Service Plan (IFSP) for families in MCITP must be translated. In Montgomery County

Public Schools, this results in six languages that must be translated for families. In FY21, the Maryland State Department of Education provided a one-time only $50,000 towards translations and the MCITP program was in receipt of $400,000 through special appropriation from Governor. Translation services are an ongoing and growing expense that is mandated by law and not accounted for in the state funding of Maryland Infants and Toddlers Program. Without a special appropriation from the Governor, the MCITP grant does not cover these translations and the based grant has decreased each year. If MCITP does not translate the IFSP, the program will be out of compliance with the grant requirements and the requirements of the statute. It is critical to MCITP and to the families served that this expense be in the base budget.

99530 - NDA - Early Care and Education

Cost Center	99530 - NDA - Early Care and Education			YR1 FY20		YR2 FY21			YR3 FY22
Fund	Account	Category	Description	Budget (from 10yr spreadsheet)	Expenditures	Budget	YTD Total Exp	Projected Expenditures	Budget
EXP01 - Personnel Costs Total		Sustainability	Personnel	0.00	0.00	67,458.00	0.00	7,878.42	584,450.00
001 - General Fund	Child Care Services	Access and Affordability/ Expansion	Local Subsidy/Funding Seats	1,875,972.00	2,045,404.60	4,664,253.00	1,196,700.00	1,600,000.00	5,700,000.00
		Sustainability	Portal & Website Development, Athena PO1125368	650,000.00	0.00	650,000.00	449,886.94	650,000.00	1,542,144.00
	Professional Purchase Of Service	Access and Affordability\Sustainability	Family Involvement Centers/MC Educational scholarships FY21 $680,000	716,833.00	606,871.72	1,618,867.75	1,506,658.12	1,618,867.75	1,133,005.00
	Consultant Services	Sustainability/ Expansion	NPM Contract/RFPs for Cost Model Report, Supply & Demand Study and marketing analysis	0.00	0.00	75,000.00	75,000.00	75,000.00	300,000.00
	Other Professional Services	Access and Affordability	Marketing & Outreach	50,000.00	6,475.57	100,000.00	0.00	0.00	200,000.00
	Contract and Services Total			3,394,805.00	2,770,262.61	7,235,578.75	3,349,529.60	3,958,504.33	9,459,599.00
	Provider Supports			0.00	1,800.00	720,000.00	356,536.02	720,000.00	360,000.00
	Office Supplies/Equipment			0.00	25,199.67	1,540,000.00	1,544,717.91	1,544,717.91	1,026,000.00
	Printing			0.00	195.75	100,000.00	4,180.24	4,180.24	0.00
	Memberships and Dues Total			270,800.00	0.00	104,186.00	0.00	0.00	670,000.00
	Committee Recommendations			2,416,984.00	0.00	63,546.00	0.00	34,000.00	992,227.00
	MCPS Allocation			1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00
Grand Total				7,000,000.00	3,804,869.03	10,838,179.75	6,262,374.77	7,276,691.89	14,099,687.00
		Carry over from previous year (FY22 Projected Carry over)				3,195,130.97			2,918,439.08
		Total (including (projected) carryover)				10,195,130.97			17,018,126.08

99530 - NDA - Early Care and Education

Fund	Account	Category	Description	YR1 FY20 Budget (from 10yr spreadsheet)	YR1 FY20 Expenditures	YR2 FY21 Budget	YR2 FY21 YTD Total Exp	YR2 FY21 Total Projected Expenditures	YR3 FY22 Budget
ECEI NDA	Funding			$ 7,000,000.00	3,804,869.03	$ 7,000,000.00	6,872,752.28	7,817,307.74	$ 12,000,000.00
	Carryover from previous year			$ -	$ -	$ 3,195,130.97	$ -	$ -	$ 2,377,823.23
	Total			$ 7,000,000.00	$ 3,804,869.03	$ 10,195,130.97	$ 6,872,752.28	$ 7,817,307.74	$ 14,377,823.23
EXP01 - Personnel Costs Total		**Sustainability**	**Personnel**	**0.00**	**0.00**	**67,458.00**	**0.00**	**7,878.42**	**584,450.00**
001 - General Fund	60016 - Child Care Services (64510)	Access and Affordability	Local Subsidy - WPA/WPA Supplement	1,875,972.00	2,045,404.60	4,021,204.22	281,177.51	681,177.51	4,500,000.00
	60016 - Child Care Services	Access and Affordability	EPCC Tuition Supplement	0.00	0.00	0.00	1,196,700.00	1,196,700.00	0.00
	60016 - Child Care Services	Access and Affordability	Funding Seats	0.00	0.00	0.00	0.00	0.00	1,200,000.00
	60056 - Interpreter Services	Sustainability	ITP Translations	90,000.00	90,000.00	60,000.00	53,626.38	53,626.38	0.00
	60062 - Management Consulting	Sustainability	Portal & Website Development, Athena PO1125368	650,000.00	0.00	650,000.00	449,886.94	650,000.00	1,542,144.00
	60076 - Professional Purchase Of Service	Access and Affordability\Sustainability	Family Involvement Centers/MC Educational scholarships FY21 $680,000	716,833.00	606,871.72	1,618,867.75	1,506,658.12	1,506,658.12	1,133,005.00
	60158 - Consultant Services	Sustainability/ Expansion	NPM Contract/RFPs for Cost Model Report, Supply & Demand Study and marketing analysis	0.00	0.00	75,000.00	75,000.00	75,000.00	300,000.00
	60168 - Temporary Office Clerical	Sustainability	Athena PO1113056	12,000.00	21,510.72	0.00	67,658.16	6,758.16	0.00
	60530 - Other Professional Services	Access and Affordability	Marketing & Outreach	50,000.00	6,475.57	100,000.00	0.00	0.00	200,000.00
	6A001 - Contract and Services Total			**3,394,805.00**	**2,770,262.61**	**6,592,529.97**	**3,630,707.11**	**4,169,920.17**	**8,875,149.00**
	61928 - Facility Rentals From MCPS	Sustainability	CCIPS-Cleaning, Rent	0.00	1,800.00	720,000.00	356,536.02	720,000.00	360,000.00
	6A003 - Rental Leases Total			**0.00**	**1,800.00**	**720,000.00**	**356,536.02**	**720,000.00**	**360,000.00**
	62010 - General Office Supplies	Sustainability	Shared Service Alliance (FY21 PPE)/Provider Retention Incentives	0.00	25,199.67	1,540,000.00	1,544,717.91	1,544,717.91	1,026,000.00
	6A004 - Office Supplies/Equipment-Not Capitalized Total			**0.00**	**25,199.67**	**1,540,000.00**	**1,544,717.91**	**1,544,717.91**	**1,026,000.00**
	63014 - Central Duplicating - Other Printing/Copying	Access and Affordability	Marketing & Outreach	0.00	195.75	100,000.00	3,228.24	3,228.24	0.00
	63022 - Other Central Duplicating Services - Printing	Access and Affordability	Marketing & Outreach	0.00	0.00	0.00	952.00	952.00	0.00
	6A013 - Printing - Central Duplicating Services Total			**0.00**	**195.75**	**100,000.00**	**4,180.24**	**4,180.24**	**0.00**
	64120 - Other Education	Sustainability	FY21 Provider Start up loan/ FY22 Training & Professional Dev support for early educators	270,800.00	0.00	104,186.00	0.00	0.00	670,000.00
	6A023 - Memberships and Dues Total			**270,800.00**	**0.00**	**104,186.00**	**0.00**	**0.00**	**670,000.00**
	69040- Permit Fees	Expansion	Permitting fees for providers	0.00	0.00	63,546.00	0.00	14,000.00	63,546.00
	69999 - Other Miscellaneous Operating Expenses	Other Committee Recommendations	ECEIRF Overage/FY21 LENA Grow	2,416,984.00	0.00	0.00	329,200.00	349,200.00	1,791,267.23
	6A099 - Miscellaneous Operating Expenses Total			**2,416,984.00**	**0.00**	**63,546.00**	**329,200.00**	**363,200.00**	**1,854,813.23**
	MCPS Allocation			1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00	1,007,411.00
Grand Total				**7,000,000.00**	**3,804,869.03**	**10,195,130.97**	**6,872,752.28**	**7,817,307.74**	**14,377,823.23**

JOINT HHS/ED COMMITTEE BUDGET REVIEW QUESTIONS

1. Please provide enrollment and class updates on MCPS Pre-K and Head Start (full and part-day) programs for FY21. Please break out enrollment in Pre-K and Head Start programs by age.

   Answer:

Enrollment data as of April 8, 2021

Program	Enrollment Numbers General Education (Grade 14)	Enrollment Numbers Special Education (Grade 14)	Enrollment Numbers General Education (Grade 16)	Enrollment Numbers Special Education (Grade 16)	Total Enrollment
Full-Day Head Start (4 year-olds)	499			5	504
Half Day Head Start (4 year-olds)	38			0	38
Head Start (3 year-olds)	60			N/A	60
Full-Day Pre-K	1211	6 (not disabled)	16	135	1368
Half-Day Pre-K	594	55	68	1059	1776
Speech & Language Services	9			268	277
Comprehensive Autism Preschool	0			58	58
Vision Services	0			9	9
Pending Section (students not assigned to a program)	3		34		37

2. How much has been proposed by the Board to support early childhood education programs including Head Start part-day, Head Start full-day, Pre-Kindergarten including Pre-K Plus, and other PreK

programs in FY22? Please identify how much of these totals are locally funded and grant funded.   How many slots recommended by the Board to be available in FY22?

Answer:

The data below includes Head Start, MCPS Prekindergarten, State Expansion (community-based) Prekindergarten, Preschool Special Education, etc.

	Part-day Head Start (1)	Full-day Head Start (2, 3)	Part-day Prekindergarten (4)	Full-day Prekindergarten	Special Education
FY 2022 Budget					
Federal Grant Head Start	$0.3 million	$3.8 million			
Federal Grant Title I		$1.5 million			
Federal IDEA Grant					$1.5 million
Local Funding	$0.3 million	$4.1 million	$8.6 million	$9.2 million (9)	$47.2 million
County Supplemental				none	
Pass-through Grant pre-K Plus				$0.24 million (8)	
State Grant - Judy Centers			$0.66 million		
Judy Center Local Match			$0.2 million		
Students	91	557	1,685	780 (9)	1,560 (5)
Classrooms	6	28	94	29 (9)	139 (6)
Sites	6	24	61(9)		60 (7)

(1) 6 percent of the total local and federal grant amounts fund six part-day Head Start classrooms (3.15 hours per day)

(2) 94 percent of the total local and federal grant amounts fund the 28 full-day Head Start classrooms. The allocation is as follows: 35 percent federal grant funded, 44 percent locally funded, and 15 percent Title I grant funded.

(3) In FY 2018, the county provided a $2.2 million supplemental to convert 10 Head Start Classes from part-day to full-day. This funding has been accounted for as local funding since FY 2019.

(4) All Part-Day Pre-K classes in FY 2022 are 2.5 hours per day.

(5) The enrollment numbers do not include Infants and Toddlers Programs, and Speech and Language Resource services.

(6) Included are the number of classrooms at each site for Speech and Language Preschool (not the number of sections).

(7) Site numbers do not include the Infants and Toddlers programs as those services are provided in the home.

(8) Prekindergarten Expansion, one full-day class in a high farms schools for 18 students, this amount assumes MSDE approval of $13,000 per student in FY 2022.

(9) Increases reflect MacDonald Knolls and the Up-County Early Childhood Center at Emory Grove.

3. Please report on the status of Pre-Kindergarten grants made to Montgomery County providers by MSDE for FY21 and what is anticipated for FY22. What level of service was provided in FY21 during COVID pandemic?

Answer:

Program Name	Grant Funding for FY21	Number of Funded Seats for FY21	Anticipated Grant Funding for FY22	Anticipated Seats for FY22
Academy Child Development Center	$ 600,000	60	$400,000	30
Alef Bet Montessori	$120,000	12	$200,000	16
The Arc	$187,350	8	$120,000	10
CentroNía	$560,000	54	$672,000	56
Family Child Care Alliance of MD	$640,000 (State) $150,000 (Montgomery County)	15	$640,000 (State) $150,000 (Montgomery County)	10
Lourie Center for Children's Social and Emotional Wellness	$600,000	11	$600,000	50
Optimal/Gifted Child Resources	$300,000	30	$200,000	20
Child Development Center	$150,000	15	$180,000	15
Saint Francis International	$680,000	68	$816,000* *If maintaining 68 seats in FY22	68
TOTAL	$3,987,350	273	$3,978,000	275

4. Please describe the funding proposed in the MCPS FY22 Operating Budget for programs or services that involve collaboration with MCPS, County agencies and departments, and/or community-based organizations, e.g., violence prevention services, academic support services, Cluster Projects, Excel Beyond the Bell or other out-of-school time programs, Children's Opportunity Fund, George B. Thomas Learning Academy, etc. Please identify specific amounts funded, what the funding will be used for, quantification of the value in-kind supports provided, and expected outcomes of the funding, including anticipated service numbers. If a grant or contract with a private organization is involved, please identify the organization.

Program Name	Partner Agency	Description	Projected Funding Amount/Source	Projected Number Served
Saturday School	George B Thomas Learning Academy	Saturday School provides affordable academic support and tutoring for students Grades K-12 in Montgomery County MD.	FY21 and FY22: $332,302 MCPS Operating Budget Funding	FY21: 3,071 students FY22: 2,800 students
Agricultural Education Foundation Mobile Science Lab	Montgomery County, Maryland	Visit of the Maryland Agricultural Education Foundation mobile science lab program to every MCPS elementary school over five years.	FY21: N/A due to COVID-19 Pandemic FY22: $18,000	FY21: N/A due to COVID-19 Pandemic FY22: 13,500 students per year
Excel Beyond the Bell	Montgomery County Recreation Department	After-school program that provides recreational and social programming, academic support, hot nutritional meals, and bus transportation home.	FY21 and FY 22: $432,214 for transportation: MCPS Operating Budget Funding	FY21: 70 students FY22: 3,000 students

ACCESS AND AFFORDABILITY

Provide ease of access and affordable options for families with children infants through age five.

SUBSIDIES

- **YEARS 1 & 2**
  Review the Working Parents Assistance Program (WPA) need and usage, align eligibility rates with the State Child Care Scholarship (CCS) (subsidy) and streamline the application process. Reformulate WPA process and usage and examine WPA funding for "seats", creating contracts with early education programs.

- **YEAR 2 with PHASE-IN**
  Expand WPA and provide more families with child care subsidy supports by improving access to families within 350% of Federal Poverty Level (FPL) and then incrementally increasing the income eligibility.

- **YEAR 2**
  Use State CCS and WPA to subsidize costs for low-income parents to fill Child Care in Public Space (CCIPS) vacancies.

- **YEAR 2**
  Update the Montgomery County Child Care Center Cost Model Report (2018) to inform subsidy decisions.

PUBLIC AWARENESS

- **YEAR 2**
  Develop a public awareness campaign in multiple languages to fill and sustain vacant slots in child care programs: center-based and family child care through utilizing WPA funding and additional funding.

- **YEARS 3 & 4**
  Create an app with a "Local LOCATE" and streamline data and directories for finding licensed high quality child care to include all types of programs for families with young children: licensed child care, Early Head Start, Head Start, Public PreK, State and local subsidy information, Family Involvement Centers, Libraries, Recreation and other programs for families including Two-Generation Models.

FAMILY ENGAGEMENT

- **YEARS 2**
  Establish three (3) additional Family Involvement Centers (FIC) that are based near the additional three (3) Montgomery County Infant and Toddlers sites in high need areas.

- **YEAR 2**
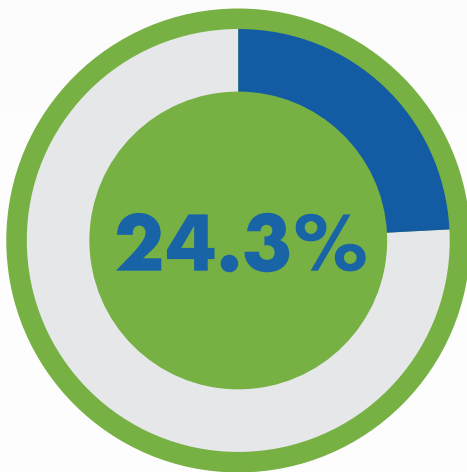 Create an evaluation process for the Family Involvement Centers.
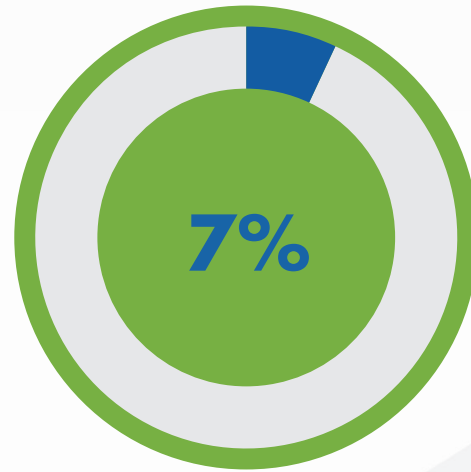
ACCESS AND AFFORDABILITY

$127,111

Median Income in Montgomery County for a Family of 4
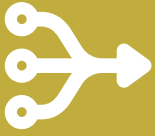

Child care costs in Montgomery County for a family of 4 with one infant and one preschool requires **24.3%** of a family's income.

24.3%

U.S. Department of Health and Human Services cites that child care costs exceeding **7%** of a family's income are unaffordable.

7%

ALIGNMENT

Create partnerships and alignment of services for ease of access for families of young children, early educators and the public.

TRAINING & PROFESSIONAL DEVELOPMENT

- **YEARS 1 & 2**
  Map all training, professional development and degrees for early childhood educators, coordinate across agencies and analyze costs to early educators; develop a joint training plan between DHHS/Early Childhood Services and MCPS that meets the needs of early educators.

- **YEARS 3 & 4**
  Create an online resource guide for professional development and education options in early education with all partners based on coordination work.

- **YEARS 3 & 4**
  Develop multiple, creative approaches to the delivery of required training that includes on-line, hybrid, mini-courses, and additional on-site options to include higher level professional development for directors and other early educators who already have college or master's degrees; training on equity, cultural competence and inclusion and other best practice, research informed work in the Early Childhood field.

CAREER DEVELOPMENT

- **YEAR 1**
  Explore and develop opportunities to coordinate with Worksource Montgomery on workforce development efforts in early care and education.

- **YEAR 2**
  Coordinate with and support Career Readiness Child Development Program and the Child Development Associate Credential (CDA) in MCPS high schools and the Libraries On-Line High School Degree and Certificate Program for child care.

- **YEARS 3 & 4**
  Provide transportation for high school students enrolled in child development; support MC students through transportation options for internships, campus jobs and other learning opportunities.

HIGHER EDUCATION

- **YEAR 2**
  Promote current pathways and stackable credential development at Montgomery College.

- **YEARS 3 & 4**
  Develop relationships and collaboration with institutions of higher education where early educators are seeking Bachelor of Arts (BA) or Bachelor of Science (BS) degrees; support Montgomery County early educators through college scholarships.

PUBLIC AWARENESS

- **YEARS 3 & 4**
  Develop County and partner websites to reflect clear and accessible early childhood information for early educators, families, partners. Develop in conjunction with app development (page 5).

COMMUNITY PARTNERSHIPS

- **YEARS 1, 2, & 3**
  Develop three (3) models for public education and community partnerships; coordinate options for expansion of MCPS Early Childhood Centers and community-based partnerships.

- **YEARS 1 & 2**
  Align Montgomery County Public Schools (MCPS), Child Care in Public Space (DHHS) and Community Use of Public Facilities (CUPF) child care application, selection and re-bid processes.

- **YEARS 3 & 4**
  Increase transportation access for family child care programs in conjunction with the supply and demand study (page 8).

63,732 Children in Montgomery County Ages Birth to 4

A more than **20,000** seat gap.

43,206 Capacity (seats) for child care in Montgomery County Ages Birth to 4

FINANCING PROCESS

$

The financing committee is examining potential revenue sources with a phase-in process over the four-year Early Care and Education Initiative.

- **YEAR 1**
  Initial investment of $7 million.

- **YEARS 1 & 2**
  Identify potential revenue sources.

- **YEARS 2 & 3**
  Assess and determine potential revenue sources including: beverage container tax, community reinvestment funds, developer impact fees, income tax increase, *Pay For Success* funding, philanthropic investments, property tax increase.

- **YEAR 2**
  Prioritize phase-in of services and ECE Initiative committee recommendations in relation to revenue.

- **ONGOING**
  Incorporate state funding for Prekindergarten, child care scholarships (subsidies), and two-generation programs addressing the implications of the Blueprint for Maryland's Future, 2020 legislation and alignment of State and local subsidy.

FIVE YEAR PROJECTED BUDGET*

	Year 1	Year 2	Year 3	Year 4	Year 5
Non Departmental Account (NDA) Expenditures	FY20	FY21	FY22	FY23	FY24
Local Subsidy Program	$1,875,972	$1,500,000	$7,274,230	$8,356,879	$8,522,381
Quality Enhancements	$528,833	$1,005,818	$1,971,169	$2,179,184	$2,199,048
Workforce Development	$520,800	$680,000	$1,083,200	$2,208,000	$2,208,000
Provider Supports		$2,693,546	$1,010,000	$1,500,000	$2,000,000
Infrastructure	$650,000	$960,000	$75,000	$75,000	$75,000
Committee Recommendations	$2,416,984	$2,348,355	$1,500,000	$3,000,000	$4,500,000
Subtotal NDA Expenditures	**$5,992,589**	**$9,187,719**	**$12,913,600**	**$17,319,064**	**$19,504,430**
MCPS Early Childhood Centers allocation	*$1,007,411*	*$1,007,411*	*$1,007,411*	*$1,007,411*	*$1,007,411*
Total Montgomery County ECE	**$7,000,000**	**$10,195,130**	**$13,921,011**	**$18,326,475**	**$20,511,841**

*Reflects rounding

Early Care & Education Initiative | Year One Report
April 2020

In March 2019, Montgomery County Executive Marc Elrich and previous Council President Nancy Navarro announced that early care and education is a top priority for the county. Together with County Council members, Montgomery County Public Schools (MCPS), and Montgomery College, Mr. Elrich and Ms. Navarro launched the Early Care and Education (ECE) Initiative. Recognizing the need for a comprehensive system of high quality accessible and affordable early childhood education, these collaborators developed an organizational structure for the four-year initiative and set priorities for year one. The county made an initial investment of $7 million in year one.

STRUCTURE

The ECE Initiative's organizational framework was created to help guide planning and implementation. An executive committee, steering committee, interagency workgroup and stakeholder group form the main structure. Subcommittees were formed with representatives from Montgomery County Government, Montgomery County Public Schools, Montgomery College, and community associations and organizations.

The **Executive Committee** is comprised of the County Executive, County Council President, Superintendent of Montgomery County Public Schools, President of Montgomery College and the Director of Montgomery County Department of Health and Human Services (DHHS) (See Appendix A).

The **Steering Committee** includes representation from the Interagency Workgroup and Stakeholders. Each representative provides a unique knowledge base that enhances the overall implementation of the ECE Initiative (Appendix B).

An **Interagency Work Group** is comprised of representatives from Montgomery County Government Departments, Montgomery County Public Schools and Montgomery College together with a **Stakeholder Group** with individuals from representative groups including commissions, boards, associations, non-profit organizations and businesses in Montgomery County joined together to work on the goals of the Initiative through subcommittees (Appendix C & D).

Subcommittees are: Access and Affordability; Facilities; Financing; Public Education and Community-Based ECE Partnerships; and Workforce and Training (Appendix E).

ECE Initiatives: Year One Accomplishments

The ECE Initiative is a four-year action plan aimed at significantly increasing access to quality early care and education for infants, toddlers and preschoolers living in the highest need areas of the County. In the first year of this plan, the immediate goal is to increase the number of quality early care and education seats in a variety of settings (family child care, center-based child care and schools) by registering additional family child care providers and identifying existing unused or underutilized classroom space in high need areas, thus making quality child care more accessible to more families.

With this immediate goal in mind, the initiative focused its year-one efforts in five areas:

- **Expansion** of ECE seats
- Increased **access** to and **affordability** of quality ECE
- **Sustainability** of existing ECE programs
- **Alignment** of partnerships to identify and knock down barriers
- Monitoring **Kirwan Commission** recommendations to ensure alignment with potential statewide imperatives

Montgomery County Community Action Board Testimony for FY22 Operating Budget
Tiffany Jones, Chair
April 7, 2021

Good evening, Council President Hucker, Vice President Albornoz, and members of the County Council. My name is Tiffany Jones and I am the Chair of the Montgomery County Community Action Board. Thank you for the opportunity to share our Board's budget priorities for FY22. As CAB has reviewed Community Needs Assessment and the Self-Sufficiency Standard data, it is evident that two issues are at the root of the challenges facing people with low incomes as they strive to achieve social and economic mobility.

The pandemic has exacerbated the persistent race-based gaps and biases that are evident in health and economic status. Deeply rooted in systemic and structural racism, we have seen the well-being of our African American and Latino neighbors become greatly weakened within the last year. Other culturally diverse and marginalized groups are also affected, including the Asian American Pacific Islander community.

A second underlying issue is the digital divide. Lower-income people, including children and their families, seniors, and people with disabilities, are at a significant disadvantage. Through Head Start, we understand that these connections can offer new pathways to interact with parents as they become their child's best teacher, to engage with teachers, health care and social service providers, and to build relationships with their fellow parents, reducing isolation and establishing communities of caring. We strongly encourage the Council to continue to explore options for universal Wi-Fi in the County so that all residents can access the services they need, and all children can benefit from the advantages of quality internet access.

Through Community Action's services at TESS and VITA, and through the efforts of our nonprofit partners who deliver food, social services, housing, employment, legal help and more, we are aware that the internet can be a magic key or an enormous barrier in accessing services. We commend the Council and its support for helping to bridge these barriers through increasing funding, and especially through your work to address key needs within the community applying an equity lens, with strategies that ensure safety but are designed to assure access, including Covid-testing and the response.

The CAB's key budget priorities include- funding for the Working Families Income Supplement, affordable housing, early childhood education, employment support, and, for navigation and whole family practice.

WFIS/VITA

The Earned Income Tax Credit (EITC) has been a longtime CAB advocacy priority because it lifts people out of poverty. CAB supported the expansion of the Maryland EITC this year, which raised the state match to 45% of the federal EITC, increased the EITC for single adults, and, for the first time, included rather than excluded people who file taxes with an ITIN.

Community Action Agency coordinates the County's multilingual EITC outreach campaign, is the largest VITA program, and files more ITIN tax returns for free through VITA than any other organization in Maryland. So, we are delighted that the CE's budget includes $20 million more in matching funding for the Working Families Income Supplement, and that it will now equitably serve ITIN filers. We are excited by the Council's and Executive's statements to fully fund the WFIS to match the new legislation. As the legislation moves forward to be enacted, it will be important to assure that the funding is sufficient to reach all who are eligible, that it continues to be a 100% match, and that it can be sustained at the increased level. The attached factsheet highlights the significant impact of the WFIS on Montgomery County residents.

With growing investment in EITC and WFIS, CAB recommends that the Council consider increasing support for the Agency and its network of VITA partners who deliver free tax help and EITC outreach. It is critical to ensure that lower income taxpayers are aware of services, as one in three households are typically new filers. This year brought new Ride-On ads and flyers in seven languages. Through the United Way, the agency launched a text messaging campaign, yielding a substantial surge at the CASHBACK website and a deluge of calls to the VITA line and 311. Yet at Community Action, just two staff people are dedicated to the program, with others pitching in. Although we are proud of the program's success in serving a diverse population, this is inadequate to serve the thousands of households who need but cannot secure free tax help due to high demand.

Housing

Housing is another area that has been greatly impacted by the pandemic. Many of the participants in our Board's free advocacy training program for lower-income residents, the Community Advocacy Institute, have shared their personal experiences of housing instability during the pandemic and in the years leading up to it. Their stories highlight the need for more affordable housing options and increased renters' rights. CAB thanks the Council for your ongoing support in these two areas, including the recent funding for a new HOC affordable housing project. It is important to note that while the moratorium on evictions is a huge help to lower-income residents struggling to pay their rent, CAB remains concerned that these same renters will eventually face tremendous financial hardship when the moratorium ends, and after the current federal funding level is reduced. We encourage the Council to continue to explore innovative policies that will help to prevent a wave of homelessness, and support efforts to increase financial stability through debt forgiveness, credit building, and access to safe banking.

Early Childhood Education

Another important issue that continues to be a primary focus for our Board is the need for highquality early childhood education options for all families. This includes support for child care

providers and families who are struggling to afford high-quality care for their children. CAB greatly appreciates the Council's support for child care providers during the pandemic, including the grants program. We know that many child care providers are still struggling though due to the costs associated with reopening during COVID and maintaining standards.

We recommend continued expansion of financial assistance and support for child care providers so that they can stay in business. We also recommend added financial assistance for families so that they can afford high-quality child care options. The County Executive's proposed budget includes an additional $5 million for the Early Care and Education Initiative, support that will help achieve the initiative's goals. We hope that this additional funding will be included in the final budget.

Additionally, CAB supports continuing the Basics, initially funded through Head Start. CAB endorses County funding for the Basics, following the pilot launched with the Head Start CARES grant. Ensuring continuity of funding of the model will allow it to be fully implemented and studied to consider expansion to serve additional areas of the County. We support the work of the ECEI and MMF to assure better access to high quality early and school age care for the children of working parents. Lastly, we support a mixed delivery model to expand access to Early Childhood Services, including Head Start, Early Head Start, and PreK.

Economy, Employment, and Workforce Training
Along with their HHS and nonprofit partners, TESS Community Action Center staff continue assisting residents seeking unemployment and referring them to WorkSource Montgomery, Montgomery College and to the County's network of nonprofit partners serving them, including County funded groups with contracts monitored by the Community Action Agency. The Community Action Board remains concerned about the high unemployment rates affecting lowwage workers, especially among African Americans and Latinos who have been disproportionately impacted by the Covid economy, people ineligible for unemployment

(166)

support, and the seniors and people with disabilities who left jobs due to health concerns. CAB is also concerned about the estimated 50,000 people who are discouraged workers, and with the older teens who seem to have left school to help their families during the pandemic. In addition to aligning services to reach these vulnerable populations, CAB supports efforts of the Council to ensure that WorkSource Montgomery and others are redesigning systems to engage them, assuring access for people with language, literacy, and documentation barriers, and to engage educational partners and employers to promote better-paying opportunities to close self-sufficiency gaps.

Navigation, Service Access Equity, and Whole Family Practice

We've learned of the tsunami of food insecurity, health, employment and housing crises facing fellow Board members and Community Advocacy Institute participants. We have also heard from our Head Start parents, TESS and VITA clients, and the nonprofit partners serving them, to better understand their experiences, including difficulties and the opportunities introduced with virtual service delivery.

The Board has reviewed research and participated in a DHHS "Service Access Equity" workgroup led by the Office of Community Affairs as part of the recovery planning and the Agency's CSBG CARES plan (through September 2022). Therefore, CAB supports the Department's recommendations to improve access, communication, technology, and navigation of systems, including the design of the Agency's CARES response. The Agency is deeply engaged with DHHS integration efforts to improve navigation and to align best practices in delivering two-generation, "whole family" approaches in communities most impacted by poverty and Covid, with partners including TESS, the Kresge efforts in East County and Germantown, Linkages to Leaning, the HUBs, the Minority Health Initiatives, 311, and Head Start.

The Board recognizes that ensuring that critical supports are accessible to all residents is not only an equity issue, but also a necessary step in the recovery process, and welcomes additional funding to assure that the technology and human resources are in place to provide equitable systems navigation, including for training, outreach, communication, and management oversight.

On behalf of the Community Action Board, thank you for your ongoing support for low-income County residents. We look forward to continuing to work with you to develop and implement programs that will provide critical support to our neighbors during the pandemic and beyond.

Marc Elrich
County Executive

MEMORANDUM

April 21, 2021

TO: Tom Hucker, President, County Council

FROM: Marc Elrich, County Executive

SUBJECT: Amendments to the Recommended FY22 Operating Budget

Since I submitted my FY22 Recommended Operating Budget on March 15, there have been a number of developments that necessitate sending over amendments to the recommended budget. These amendments center around the Department of Health and Human Services, the Fire and Rescue Service, the Working Families Income Supplement Program, and Recycling and Resource Management. The amendments are described in detail below (including source of funds), and the attached report contains the necessary information for your analysts to account for them.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Developmental Disabilities Service Providers Supplement ($323,368)

My FY22 Recommended Budget inadvertently left out the amount provided by Council in FY21 that added additional service providers to the Developmental Disabilities Supplement Program. This amendment corrects that error by adding funding consistent with Council intent in Resolution 19-534 for the providers that are still active in the supplement. Funding to provide for the inflationary adjustment for these additional organizations was already included in the FY22 Recommended Budget. The cost of this amendment is $323,368 and will be funded with General Fund: Undesignated Reserves.

Seneca Valley High School Wellness Center ($1,142,397 and 4.88 FTE)

When developing the FY22 Recommended Budget in late February and early March of this year, it was not entirely clear the direction the COVID-19 pandemic was taking and how it would impact our school system moving forward. As a result, my FY22 Recommended Budget did not include funds to operate the Seneca Valley High School Wellness Center, consistent with Council action on the FY21 Approved Budget. As vaccination rates have steadily increased and in-person education is resuming for high school students, I am now recommending that the Seneca Valley High School Wellness Center begin operations

This wellness center will provide comprehensive somatic services, youth development, and family strengthening supports to children, youth, and families. The Department of Health and Human Services (DHHS) expects that more than 300 at-risk youth will be served at this wellness center. In addition, DHHS estimates that at least 200 Care for Kids (CFK) students, age 3-18, will be assigned to the Seneca Valley High School Wellness Center as their medical home.

MONTGOMERY COUNTY FIRE AND RESCUE SERVICES

Montgomery County Volunteer Fire and Rescue Association Agreement ($206,123)

My FY22 Recommended Budget inadvertently left out the amount required to support provisions included in the Montgomery County Volunteer Fire and Rescue Association negotiated agreement effective FY22 as included in the three-year agreement transmitted to Council in 2020. This amendment corrects that error by adding funding to support an increase to the nominal fee stipend to $525 or $900 for active volunteers, a Length of Service Program increase of 2 percent for certain active members and negotiated association funding. The cost of this amendment is $206,123. FY22 Fire Fund undesignated reserves are in line with my March 15 Recommended Budget and the County's Fiscal Policy for reserves in tax supported special revenue funds.

WORKING FAMILIES INCOME SUPPLEMENT (WFIS) NON-DEPARTMENTAL ACCOUNT

Working Families Income Supplement ($5,000,000)

My FY22 Recommended Budget included a total increase of $20,000,000 to fund the expansion of the Working Families Income Supplement consistent with actions by the General Assembly. The WFIS program provides funds to supplement the State's Refundable Earned Income Tax Credit (EITC). During its 2021 Session, the General Assembly increased the match for the Federal EITC from 28 percent to 45 percent (Chapter 39 of 2021). My FY22 Recommended Budget included $15,000,000 in additional funding to provide the County's match for this enhancement.

The General Assembly also expanded the eligibility of the State and local EITC by allowing a taxpayer with an Individual Taxpayer Identification Number (ITIN) to claim the credit (Chapter 40 of 2021). Based on an analysis by the Department of Finance and the Office of Management and Budget, my FY22 Recommended Budget included $5,000,000 in additional funding to provide the County's match for this enhancement. An initial analysis conducted by the Maryland Department of Legislative Services (DLS); however, suggests that the cost for this enhancement could be as high at $16,000,000 – DLS is now working to refine its analysis. Since the exact number of ITIN filers in Montgomery County who would claim this credit is unknown at this time, the true cost of this enhancement cannot be estimated with complete reliability without experience under the expansion. Regardless of the amount budgeted, the County would be billed by the State for the County's match for this tax credit and the County would have to provide the funds. The initial invoice from the State, which will cover approximately 90 percent of our total cost for this supplement, will be provided in July – at which time we will be able to more reliably estimate the total cost of this enhancement. In the meantime, it would be prudent to provide additional funds for the WFIS program since this will likely cost more than what I initially proposed. The cost of