


HHS COMMITTEE #1
October 22, 2018

M E M O R A N D U M

October 18, 2018

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Meeting with Boards and Commissions**

The Health and Human Services (HHS) Committee will hold a roundtable discussion with Chairs of Health and Human Services Advisory Boards, Committees, and Commissions on policy priorities. Uma Ahluwalia, Director, Department of Health and Human Services has been invited to the worksession.

In a letter dated August 7, Committee Chair Leventhal invited the chairs to attend this roundtable discussion and requested that they identify their top two policy priorities. A sample copy of the letter is attached at ©1. A joint statement from various advisory groups is attached at ©2, and the individual commission and board statements begin at ©3. The invitation letter stated that this worksession would be an opportunity to discuss policy priorities of mutual concern.

To accommodate all representatives and allow time for discussion, each Board or Commission spokesperson is asked to speak for no more than three minutes. A chart listing each group, its chair(s) or designated representative, and the reference number for available responses can be found on the following page.

Presentations from the represented groups will be heard in reverse alphabetical order. The order of presentations rotates from alphabetical to reverse alphabetical order from year to year in an effort to be equitable to participating groups.

DHHS ADVISORY BOARDS & COMMISSIONS

<u>Representative</u>	<u>Group</u>	<u>Circle #</u>
April Marrone	Victim Services Advisory Board	3-4
Stephen W. Gammarino	Montgomery Cares Advisory Board	5-6
Jennifer Jones	Mental Health Advisory Committee	7-9
J. Henry Montes, Co-Chair Monica Escalante, Co-Chair	Latino Health Steering Committee	10-11
Amy Horton-Newell	Interagency Commission on Homelessness	12-15
Michelle Green	Early Childhood Coordinating Council	16-17
Laura E. Irwin	Community Action Board	18-21
Dan Bullis	Commission on Veterans Affairs	22
Dr. Seth Morgan	Commission on People with Disabilities	23-24
Christopher Fogleman	Commission on Juvenile Justice	25
Lenna Israbian-Jamgochian	Commission on Health	26
Kirsten Andersen	Commission on Children and Youth	27
Michelle Belski	Commission on Child Care	28
Isabelle Schoenfeld	Commission on Aging	29-34
Ronna Cook	Citizen Review Panel Advisory Group	35-36
Marquette Rogers	Board of Social Services	37-38
Dr. Nguyen Nguyen	Asian American Health Initiative (AAHI)	39-40
Roni White	Alcohol & Other Drug Abuse Advisory Council	41
Pat Grant	African American Health Program	Not available at time of packet publication



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

GEORGE LEVENTHAL
COUNCILMEMBER
AT-LARGE

August 7, 2018

Ms. Michelle Green, Chair
Early Childhood Coordinating Council
3204 Tower Oaks Boulevard
Rockville, Maryland 20852

Dear Ms. Green:

On Monday, October 22, the Health and Human Services (HHS) Committee will meet from 8:30 a.m. to 10:30 a.m. to discuss how the County's advisory boards and commissions can further the County's policy priorities. I invite you to participate in your role as chair in this roundtable discussion. I have also invited Uma Ahluwalia, Director of the Department of Health and Human Services, to participate in the discussion.

My colleagues on the Health and Human Services Committee and I are interested in communicating to you our policy priorities. We are also interested in hearing the policy issues of concern for your board in FY19. By the end of our discussion, I hope that we will have identified work plan issues that blend our mutual priorities for vital health and human services.

In preparing for this meeting, please submit your board's top two policy priorities by Monday, October 15 to Vivian Yao, Legislative Analyst, at vivian.yao@montgomerycountymd.gov or 240-777-7989 (fax). Please limit your remarks to one page. Priority statements will be compiled and published on the Council's website (www.montgomerycountymd.gov -- follow links to the County Council) by the evening of October 18.

The meeting will begin at 8:30 a.m. in the third-floor Hearing Room of the Council Office Building (COB) at 100 Maryland Avenue. Coffee, tea and water will be available prior to the meeting at 8:00 a.m. in a conference room on the 6th Floor of the COB. To accommodate all groups and allow time for discussion at the meeting, one spokesperson from each board or commission will be asked to speak for no more than three minutes.

The HHS worksession is a public meeting. Commission members and Executive staff are welcome to attend. Pay parking is available in the COB parking garage located at the intersection of Monroe and Jefferson Streets. If you have any questions, please call Ms. Yao at 240-777-7820.

Sincerely,

George L. Leventhal
Chair
Health and Human Services Committee

C: Roger Berliner, HHS Committee Member
Craig Rice, HHS Committee Member
Uma Ahluwalia
DHHS Commission Staff

STELLA B. WERNER OFFICE BUILDING • 100 MARYLAND AVENUE, 6TH FLOOR, ROCKVILLE, MARYLAND 20850
240/777-7811 OR 240/777-7800, TTY 240/777-7914, FAX 240/777-7859
WWW.MONTGOMERYCOUNTYMD.GOV/COUNCIL

♻️ PRINTED ON RECYCLED PAPER

HHS BCCs Joint Statement

Montgomery County's Department of Health and Human Services, HHS, is responsible for public health and human services that help address the needs of our community's most vulnerable children, adults and seniors. HHS Boards, Committees, and Commissions (BCCs) provide an array of diverse, caring, and knowledgeable volunteers to help the County's HHS achieve its mission. Boards and Commissions identify issues, and support budget and policy recommendations about important community needs. BCCs work on behalf of every member of our multi-cultural and multi-generational community. As evidenced by the 2013 Review and Evaluation, BCCs provide volunteer services at a relatively low cost. This saves hundreds of County staff hours through our collective expertise, research, and analyses of data needed to advise the County Executive and the County Council. We communicate with HHS via quarterly meetings, through written reports, and through staff liaisons. We inform the County Executive and County Council at every opportunity.

HHS BCCs' individual missions align with the areas through which HHS provides service: Aging and Disability Services; Behavioral Health and Crisis Services; Children, Youth and Family Services; Public Health Services and Services to Prevent and End Homelessness. Though each individual BCC has its own mission, collectively, we address issues of public importance to the entire diverse community. A few examples of cross-cutting issues are: mental health, poverty (including food insecurity), affordable housing, transportation, and the opioid epidemic. No single Board can address the multifaceted impacts of these issues on each population in our community. Each BCC provides a unique and valuable perspective. We all want these services across our community, and we want them to be accessible and of high quality. While the specific goals of each BCC may be different depending on the community we serve, *e.g.*, victims of domestic violence, victims of crime, older adults, children, people with disabilities, or veterans, we try to identify areas of common concern and collaborate to achieve common goals. Examples include:

- Commission on Aging collaboration with the Commission on People with Disabilities to ensure that the proceeds from the Transportation Services Insurance Fund (TSIF) are used to expand accessible taxi services in the County.
- The Victim Services Advisory Board (VSAB) has worked with the Interagency Commission on Homelessness to help identify ways to address the need for transitional housing for domestic violence victims.

To facilitate these collaborations, BCCs liaise with other BCCs as appropriate. Any apparent overlap among BCCs' missions and focus ensures that there are no gaps. The existence of these multiple BCCs within the unified structure of HHS best leverages the value proposition of an integrated care delivery system. With your County's HHS BCCs, you have teams of engaged and knowledgeable volunteer residents who augment the great work done by HHS, the County Executive, and the County Council on behalf of Montgomery County residents.

*Health and Human Services Committee
Work Session on Policy Issues*

Date: October 22, 2018
B/C/C Victim Services Advisory Board (VSAB)
B/C/C Representatives: April Marrone and Robin Stimson

The Victim Services Advisory Board dedicates time to identifying the needs of crime victims to ensure that they are being met considering our County's budget. The VSAB recognizes the importance of community and providing quality services to crime victims in need, with focus on the idea that our County Government has a responsibility to provide sufficient funding to serve crime victims. Moving forward, the VSAB will continue to provide both the County Executive and the County Council recommendations on how to best meet the needs of crime victims and their families in Montgomery County. We make it our mission to serve this community.

Our current policy issues are as follows:

Policy Issue #1: Resolve housing issues for Domestic Violence victims and their families

Domestic violence victims are provided temporary shelter at the Betty Ann Krahnke Center (BAK), which is the only shelter in the County for domestic violence victims fleeing dangerous abusers. Those unable to transition from the center to safe housing conditions are provided temporary hotel housing, which is expensive and inadequate with respect to protection from abusers. In addition, when victims cannot safely transition out of the shelter, high lethality victims are waitlisted and placed in hotels. The Board recommends that the County identify transitional housing units for survivors with a beginning goal of accommodating 20 individuals and revisit a previous funding request of 100k for specialized domestic violence case management services to include safety planning, employment readiness, education and other trainings as well as all necessary services. While the board advocated and helped in establishing the Fleet Street properties for this need, we have found that these properties have been shut down and no longer provides transitional housing for DV victims. The houses have been deemed unlivable because of lead found in the paint of the structure. The board will be asking that this problem be remedied, so that these properties can be utilized again for much needed housing units.

As the County has made it a priority to eradicate homelessness for the Veterans in the past years with great success, we ask that we now make ending homelessness for domestic violence victims the next priority.

Policy Issue #2: Increase funding for domestic violence offender groups

Trauma Services' Abused Persons Program offers domestic violence offender groups through a contractor. These groups are ordered by the judicial system, which refer over 600 offenders annually to this mandatory program. These groups help decrease or eradicate recidivism of domestic violence offenses. In FY16, sixteen groups needed to be cancelled because of lack of funding. Moreover, funding is not in place for a clinical intake person or a therapist for this program. Most DV victims want the abuse to stop and not to terminate their relationships. These groups are valuable for that goal. The Board is advocating for more funding to fill the needed gaps in services.

Policy Issue #3: Restoration of Trauma Services Staff to previous levels of services

There is a need for more Trauma Services' victim assistants (VA) to staff the local Circuit and District courthouses in Rockville and Silver Spring. Trauma Services' VAs are independent of the criminal justice system and are on the frontline within our courtrooms. Over the last 5 years the victim assistance program has seen significant cuts. Thus, there are not enough VAs in the courts to meet the needs of victims. The impact of the cuts has resulted in the delay of processing compensation cases for crime victims and less court coverage in

both Circuit and District Courts, where crime victims are seeking immediate assistance. In the last Court Watch report; an independent court monitoring program, it was reported that 42% of DV victims did not have a lawyer or VA at their final protective order. In addition, 37% of petitioners who had a VA were granted final protective orders and received family emergency maintenance as opposed to 6% of petitioners who were alone. The Board is advocating for more funding to fill the needed gaps in VA services.

Policy Issue #4: Policy change on forensic exams for rape and sexual assault victims

Forensic exams are essential after a rape or sexual assault to collect vital evidence and provide situation appropriate healthcare. Most of these examinations can only be done at one hospital in the County. Victims who go to other hospitals must be transported to get their forensic exam done. Some victims have at times had to transport themselves. Many victims cannot take the burden of traveling across the County and not get the needed medical treatment and exam. This is not in line with a victim centered approach for victims of rape and sexual assault during this most critical time. The Board continues to advocate for additional hospitals to provide forensic exams by forensically trained nurses to provide quality care and best practices for victims of sexual assault and rape.



**HHS Committee Breakfast with the DHHS BCC's
Montgomery Cares Advisory Board
Position Statement
October 22, 2018**



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.

In Fiscal Year 2018, the MCAB focused on programmatic gaps, budgetary concerns and monitoring the current political environments affect on residents accessing care. The MCAB continues to focus on its expanded scope and mission covering programs of the Health Care for the Uninsured unit including: Care for Kids, Maternity Partnership, Dental Services, Health Care for the Homeless, as well as the Montgomery Cares program. We are in a time of health-care transformation where activities focus on improvements in coordinated and continuity of care.

The Healthcare for the Uninsured programs experienced varying capacity and some budget challenges in FY18:

- Montgomery Cares ended the year with 25,965 patients, a 2% increase over Fiscal Year 2018. The program expended 107% of the original budgeted amount for encounters (\$4,964,000/68,000 encounters), an additional \$328,281 was needed. This was the second year of continuous growth in the program since FY16 and the ACA implementation. The Board believes this growth is due in part to the political environment and the impending Public Rule causing fear among the most vulnerable residents in the County.
- Care for Kids saw 5,531 children, a slight decrease in patients (-2%) compared to Fiscal Year 2018. MCAB is reviewing what the decrease may be attributed too. The influx of unaccompanied minors appears to have decreased but children are still entering in Maryland and dispersed to neighboring counties. In FY18, approximately 14% of the CFK clients were identified as unaccompanied minors. Specialty Care and Specialty dental continue to be high needs area in the program. Many of the children have complex oral health issues which have led to Emergency Room visits, multiple extractions and sedation to receive care. Despite the ongoing challenges of finding specialized dental services and budget, HHS Committee and DHHS has continued its commitment to serving the children.
- In FY18, DHHS Dental Services program was provided a new Dental Director position to provide additional dental services and oversight of the program. Hiring for this position has proved challenging but the MCAB is looking forward to a Director being named. Given the delay, the Dental programs has faced some administrative issues but continues to see thousands of clients and the 5 locations. There continues to be a higher demand for Dental services than the program can fulfill.
- The Homeless Health program served 101 uninsured patients and had a total of 249 patient visits for FY18. Services to End and Prevent Homelessness (SEPH) and community providers have housed over the last year 381 homeless clients. We are finding there is an increased need for support services for clients in home who are aging and have a desire to age in place. Clients being housed currently have more complex medical, behavioral health and substance abuse illnesses. Efforts are still moving forward on the joint approach for Medical Recuperative care.
- Maternity Partnership experienced a 11% decline in enrollment in comparison to FY18. This was a trend MCAB monitored over the Fiscal Year, but it also meant additional funding was not needed as in years past. MPP has not experienced utilization matches trends this low in 10 plus years of the program. We believe the decrease is attributed to pregnant women with visas/legal status being eligible for Medicaid coverage (only during pregnancy). Despite lower enrollment, the hospitals have not seen an increase of women delivering without prenatal care.

Policy Priorities

The Montgomery Cares Advisory Board has identified specific priorities for each program however the following are the overarching goals that will guide the Board in FY19:

1. **Reducing/Eliminating Barriers to Access Care:** This has become increasingly important as some federal laws affecting public programs are reducing access. Additionally, the political climate is affecting some of our most vulnerable residents from seeking and obtaining necessary healthcare.
 - Related to this, MCAB has been asked to evaluate and provide recommendations to the HHS committee related to Montgomery Cares patients and their eligibility for other healthcare services (QHP, Medicare, etc.). This initiative will be conducted in two phases. First, in the short run, the committee will evaluate and make recommendations related to questions associated with the eligibility process. Second, in the mid-long term, it will evaluate and make recommendations regarding the affordability issue associated with other healthcare services.
 - Additionally, the MCAB is continues its focus on ensuring that core primary care services meet patient demand while expanding specialty care and immunizations for this vulnerable population.

2. **Identifying Synergies and Improving Quality:** The MCAB is emphasizing the need to have data and performance measures that show the effectiveness of the programs. This year, MCAB is focused on the three areas.
 - Quality Assurance reviews for Care for Kids, Maternity Partnership and Montgomery Cares. These reviews will focus on process and outcomes associated with the delivery of healthcare.
 - Accessing the delivery of Dental services provided county and private clinics to ensure cost effective quality dental care. As the county faces ongoing fiscal constraints, it is critical to identify the most cost-effective platform for the delivery of dental care.
 - Improving the coordination of housing and healthcare to improve medical outcomes for the homeless.



Mental Health Advisory Committee's Top Priorities FY-20

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

The following are MHAC's top priorities for FY-20 and we have identified some long-term priorities as well:

1) Continue to Advocate for the Full Continuum of Criminal Justice Programs, including Mental Health Court, Deflection and Diversion Initiatives with the Goal of Decriminalizing Mental Illness and Substance Abuse.

The MHAC would like thank the County Council for providing the requested \$200,000 in supplemental funding in FY19 for additional staff for **Mental Health Courts** so that the capacity can be doubled to 100 cases.

The **Stop Triage Evaluate Educate Refer (STEER)** is a joint MPD/HHS initiative. We appreciate the County's addition of \$300,000 for funding for STEER in FY19, and also appreciate the expansion of the program by including \$75,000 in FY19 for additional staff to help monitor and support individuals while they are waiting for placement for residential treatment.

We would like to recommend that the County establishment of a **Restoration Center** modeled after the center in San Antonio, Texas. The Restoration Center would have comprehensive deflection services and reduce programmatic burdens of the Crisis Center and the criminal justice system. Since the Restoration Center would take some time to establish, MHAC is encouraged by the current efforts by DOCR/HHS-BHCS to develop a Plan of Requirements for the detention center to create a space for the Restoration Center. Simultaneously, we encourage the Council to support HHS, DOCR and others in considering interim locations until the permanent building is completed. Establishment of this "one-stop shop" center would create a more robust continuum of criminal justice services that would be available to consumers and make Montgomery County a model system for decriminalizing mental illness and substance abuse. For more information on Restoration Centers, please see <http://chcsbc.org/innovation/jail-diversion-program/>.

2) Expand Access to Mental Health Professionals especially through Innovative Approaches.

Recent evaluations have determined that Montgomery County has a shortage of psychiatrists.¹ Additionally, the County faces a critical shortage and needs for mental health professionals of in a variety of disciplines (Social Workers, Professional Counselors, Nurse Practitioners, Expressive Therapists, ESOL Counselors, Elementary School Counselors etc.) including those who can speak Spanish or other critical languages necessary to support a growing population of immigrants and refugees from foreign countries with exposure to psychological trauma. Data from Montgomery County Public Schools alone reveals as many as 12,000 immigrant youth may have matriculated in the past five years from three violence-torn Central American Countries, which gives context to the proportions of this problem.

Another of MHAC's top priorities is to advocate for increasing access to care across the lifespan. It is in this vein that we want to express our concern about the staffing of county-run behavioral health programs that

struggle to fill vacant positions. At the time this document was written (Sept. 2018), there are approximately 25 vacant positions in BHCS. The vacancies include managerial positions and providers (including social workers and clinicians). The causes are a lack of bilingual providers/applicants, non-competitive salaries, and the length of time that it takes to complete the recruitment, hiring, and onboarding process. BHCS plays a critical role in promoting mental wellness, preventing substance abuse and suicide, and making sure that children, youth, families, adults, and seniors in crisis or with behavioral health needs have access to a comprehensive and culturally competent treatment and recovery system that provides effective services and supports. These vacancies contribute to reducing the capacity to provide essential services to those struggling with mental health and/or substance use disorders. We would like to see the current efforts continue to make the hiring process more efficient in order to shorten the hiring process and timeline. Furthermore, we would like to request a new staffing study be funded, as has occurred in the past, to allow DHHS to examine the salaries of psychiatrists, therapists, and possibly psychiatric nurse practitioners, to find out if the salaries are competitive which impacts our ability to address the shortages as well as vacancies in these areas.

With the adoption of Maryland's Keep the Door Open Act and the Telehealth bill (SB 704), we look forward to attracting more highly qualified mental health professionals to Montgomery County who will be incentivized by more competitive pay to help address the shortage of mental health professionals. With the implementation of telehealth, more practitioners will be remotely accessed through the ACT team services. ACT Team services are provided by Cornerstone and People Encouraging People (PEP) in Montgomery County. Collectively they operate a total of three ACT teams, each serving up to 100 clients. A fourth Forensic-ACT team (FACT) is being built at the present time. ACT teams are given support funding for the first year until they reach program fidelity to the national ACT team standards. Afterwards they are primarily funded through the state fee-for-service system.

MHAC would like also like to see increased access to psychiatric services through the innovative use of **telemedicine**, creating **psychiatric nurse practitioner** positions and educational residency programs in County Government ², and/or the adoption of innovative **consultation models** where psychiatrists guide pediatricians or family doctors in their prescribing of psychiatric medicines in primary care clinics. These can be either funded or administered by the County Government, i.e. modeled after the Massachusetts Child Psychiatry Access Project which has now been adopted by a number of states.³ MHAC will work with the Mental Health Association of Maryland's Parity Project to ensure transparency of behavioral health provider networks so that they are meeting access standards.

3) Continue to Advocate for a County-Wide Coordinated System of Care for Children, Transition-Age Youth and Adults.

The Office of Legislative Oversight (OLO) report cited many behavioral health services that are available in Montgomery County. However, adults with multiple needs, including psychiatric, medical, and socio-economic, cycle through our hospitals and jails often due to poor or no care coordination and because of difficulty accessing needed services. Recidivism is higher for those with mental health disorders often due to criminal charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.

While there has been some progress toward a more coordinated system through contracts with targeted case management providers and the **Nexus Montgomery Grant**, it is still imperative to establish a comprehensive county-wide system that is aligned with hospitals and non-profit systems. One of the key challenges of care coordination is lack of housing. A county system could accept referrals from multiple sources, not only hospitals. The system could integrate efforts among the agency providers, track care, and collect data. The Nexus Montgomery Grant is improving care coordination and is also addressing the specialized need for housing. The

¹ Baker J, Travers JL, Buschman P, Merrill JA. An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness [Formula: see text]. J Am Psychiatr Nurses Assoc. 2017

² Sarvet BD, Ravech M, Straus JH. Massachusetts Child Psychiatry Access Project 2.0: A Case Study in Child Psychiatry Access Program Redesign. Child Adolesc Psychiatr Clin N Am. 2017 Oct;26(4):647-663. doi: 10.1016/j.chc.2017.05.003. Epub 2017 Jul 11. Review. PubMed PMID: 28916005

focus of the Nexus Montgomery Grant is to prevent re-admissions to hospitals by coordinating care between hospitals and the community. Nexus Montgomery, through its partnership with Cornerstone Montgomery, has three residential crisis houses in the county that serve as alternatives and diversion from the hospital. A staff person liaises with the hospital to help with the referral process. MHAC is watching with interest the Nexus project to see how this example of care coordination might be brought to scale, and we will observe and monitor the broader issues that may negatively affect care coordination in the county.



October 15, 2018

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

Dear Councilmember Leventhal:

On behalf of the Latino Health Steering Committee (LHSC) of Montgomery County, we want to thank you for the opportunity to present our policy priorities for fiscal year 2019.

The LHSC is an independent group of volunteer professionals and community leaders who advise and provide technical assistance for the Latino Health Initiative (LHI). As an independent group, we advocate for activities that relate to the well-being of the Latino populations in the County.

As requested, these are two of our policy priorities for FY19 reflecting our shared commitment to improving the health and wellbeing of Latinos across the County:

1. Ensuring “safe” access to public benefits and programs for the County Latino populations with one objective of ameliorating the impact from the proposed changes to the public charge rules regarding immigrants.
2. Work toward integrating health equity into the implementation of the County Council’s Resolution to Develop an Equity Policy Framework in County Government.

1. Ensuring “safe” access to public benefits and programs for the County Latino populations.

The LHSC recognizes its important ongoing role in coordinating and collaborating with the County Department of Health and Human Services (HHS) to address concerns from the Latino populations in accessing public benefits and programs which are the responsibility of HHS. This objective will include collaborative dealings with community based organizations such as CASA and Identity along with partners that are part of Healthy Montgomery so that we help to build a trust relationships among all collaborators and the people of the Latino community.

2. Work toward integrating health equity into the implementation of the County Council’ Resolution on an equity policy framework for the County government.

This County Resolution talks about an “equity lens” that is used “...to determine who benefits from public polices, regulations and practices and the development of equity tools and plans to inform local decision-making.” As described, this purpose allows for health to venture into all policies through the social determinants of health which have been well positioned to bring in traditional and non-traditional stakeholders who influence the lives of Latino populations and other County groups.

Counting on the support of the HHS Committee to provide necessary resources and policy perspectives will be important to continuing our work and to build upon our successes as we move forward with our priorities.

Sincerely,

J. Henry Montes, MPH
Co-Chair,
Latino Health Steering Committee

Monica Escalante
Co-Chair,
Latino Health Steering Committee

Latino Health Steering Committee of Montgomery County

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

Cc: Latino Health Steering Committee Members
Uma S. Ahluwalia, Director, Montgomery County DHHS
Betty H. Lam, Chief, Office of Community Affairs Montgomery County DHHS
Sonia E. Mora, MPH, Senior Manager LHI, Montgomery County DHHS
David del Pozo, MPH, Program Manager LHI, Montgomery County DHHS



Interagency Commission on Homelessness (ICH)

TOP POLICY PRIORITIES FOR FY 19

Amy Horton-Newell, Chair Brian Tracey, Co-chair

October 22, 2018

1. Sustain “functional zero” for Veteran homelessness

For Veteran homelessness, the County’s goal is to maintain a level of “functional zero” each month. This means that sufficient permanent housing resources are available at a level to accommodate all Veterans who might become homeless during a month. For Montgomery County, the number of Veterans identified as homeless and needing housing should not exceed six (6) persons at any given time.

Montgomery County is one of few jurisdictions in the country who have reached functional zero for Veteran homelessness and been able to have a sustained period at the functional zero level.

To date we have housed more than 132 Veterans since the Zero:2016 effort officially kicked off in June 2015. The first month at the functional zero level was December 2015, and the monthly count for Veterans who are homeless each month from then on has been at or very near the target level.

As part of Montgomery County’s Fiscal Year 2016 Budget, an appropriation in the amount of \$500,000 was approved to provide housing and supportive services to homeless Veterans in the County. As part of Montgomery County’s FY17 Budget, an appropriation in the amount of \$150,000 was approved to provide permanent supportive housing to homeless Veterans in the County. The county has utilized federal funds like HUD-Veterans Affairs Supportive Housing Program (VASH) and Supportive Service for Veteran Families Program (SSVF). The County’s strong commitment in seeking and securing local funds to serve veterans who cannot readily be housed with remaining federal resources has been the key to the success of ending Veteran homelessness.

To ensure that any Veteran who is homeless or at-risk of becoming homeless in Montgomery County has access to a permanent housing option, systems have been put in place to identify Veterans as quickly as possible, share information, and align available resources. Daily, providers and the staff of the U.S. Department of Veterans Affairs (VA) are in contact to check if any new Veterans have been engaged through homeless outreach, shelters system, VA funded programs, or from other sources. Based on the needs of the Veterans, a plan is made for the appropriate housing intervention and then a referral is made. Every other week, the entire team

of providers, HHS staff, and VA staff meet as a group to discuss all open cases, and the expected timeline for the Veterans to be permanently housed.

2. Finish the job of ending Chronic homelessness by end of this year

Inside (not Outside) is an initiative dedicated to ending chronic homelessness for individuals and families in Montgomery County by the end of 2018. Per directive from the U.S. Department of Housing and Urban Development (HUD), for Montgomery County to effectively end chronic homelessness, there should be *no more than three (3) unhoused* chronically homeless individuals or families in the County at any time. Montgomery County's definition of chronic follows the Federal definition; under this definition, for an individual to be chronically homeless, they must:

1. Have a disability, and
2. Live in a place not meant for human habitation, or a safe haven, or in an emergency shelter; or
3. Live in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility, and
4. Have been homeless continuously for at least 12 months or on at least four separate occasions in the last three years where the combined occasions must total at least 12 months. [Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.]

[Note: Chronically homeless families are those in which the head of household meets the above definition.]

As of October 18, more than 396 chronically homeless individuals have moved into permanent housing since the Inside (not Outside) Initiative kicked off at the beginning of 2016. A detailed report will be published later this year.

3. Ending Family Homelessness by 2020

In July 2018 ICH launched the @ Home Together initiative to end and prevent homelessness for families with children. In the past 12 months, Montgomery County has served more than 600 families in the homeless system. This includes more than 1,800 children. The strategies of @ Home Together include new and enhanced programs to better engage families early, when they first are at risk of homelessness and better targeted resources to provide rental assistance to families who are at risk of losing their housing. For families who enter the emergency family shelter, there will be more integration between agencies to reduce the amount of time that families spend in the shelter placement. By providing the right amount of assistance to help families obtain or regain permanent housing as quickly as possible and ensuring access to services to remain stably housed, achieving an end to family homelessness is possible.

Homelessness has significant and long-lasting adverse effects on children impacting their physical, social, and emotional growth and well-being. If we do not end homelessness for

families with children, it is likely that the number of families will continue to rise and overwhelm the system. This in turn will increase the time families spend homeless due to a lack of shelter/ housing vacancies. The longer a household remains homeless, the harder and costlier it is for them to exit to permanent housing.

4. End Homelessness for Youth by End of 2020.

The CoC's strategy to increase housing and services for youth starts with an effort to more accurately count the number of youths experiencing homelessness. The CoC recognizes that youth may not engage in traditional homeless services and reaching them requires peer engagement. For this reason, early this year the CoC joined the Maryland Youth REACH (Reach out, Engage, Assist, & Count to end Homelessness) which is Maryland's effort to better understand the number, characteristics, and needs of youth and young adults who are on their own and struggling with housing to improve the ways the CoC can help.

The second part of the strategy to increase resources for youth was the creation of a youth advisory group (YAG) to provide feedback on the services and housing needed. The YAG has identified the need for additional housing and a place to "hang out" other than the adult shelters. The CoC has secured local funding to develop a drop-in center for youth that will serve as the access point for the youth Coordinated Entry System and target engagement of unsheltered youth experiencing homelessness. The drop-in center is expected to begin operations in Spring 2019.

The CoC is also reviewing existing programs that serve youth experiencing homelessness to increase the effectiveness of housing and services. Currently there are two rapid rehousing programs that specifically target unaccompanied youth and parenting youth. This year, both programs have adjusted their model to better serve participant needs. Historically youth were provided a flat subsidy amount for a period of 12 or 18 months. In the new model, youth are provided a flexible housing subsidy amount based in need with the goal to reduce the length of stay to 6-9 months. This will allow the CoC to serve more youth through existing programs and to help youth more quickly move to independence.

5. Racial Disparities Among People Experiencing Homelessness in Montgomery County

Recently ICH has been engaging in a deeper discussion on equity and social justice. We know that nationally Black persons are disproportionately impacted by homelessness. In Montgomery County, Black and Multi-Racial persons are overrepresented among people experiencing homelessness. Black persons compose 17.8% of the general population, but 63.5% of people experiencing homelessness. White persons are 55.2% of the population, but 26.9% of people experiencing homelessness. We anticipate a report detailing disparities in the homeless CoC and will form a workgroup to proactively address racial inequity.

ICH is also looking to engage people with lived experience of homelessness in the change process as they can provide valuable insight.

6. Develop Coordinated Entry System Evaluation

The HUD Coordinated Entry Notice requires all Continuums of Care to evaluate their Coordinated Entry System (CES) annually. Below are some strategies that ICH will be conducting this year

- Increase community engagement efforts to expand opportunity for input and recommendations from people who are currently homeless or have experienced homelessness in the past
- Engagement will include a variety of opportunities for involvement specific attention to geographic and demographic diversity
- Develop Consumer Advisory Group (CAG)- The primary goals of the CAG will be to elevate consumer voices in policy discussions; develop consumers as key advocates in important issues related to homelessness; and to inform the ICH's work in designing and advocating for policies on homelessness.

7. Expand Shallow Subsidy Program- Using Rental Assistance Program as a More Strategic Homeless Resource

Conclusion

This progress can be directly attributed to investments in best practices like supportive housing and rapid re-housing delivered using a Housing First approach. Montgomery County now knows the system approach to end homelessness for any population: create a real-time, by-name list, be very intentional, hold an action camp when focus is needed, get clear together about next steps, and be fully committed to achieving the goal and start right away. Ending veteran homelessness and the effort to end chronic homelessness has brought a paradigm shift in the community by proving that ending homelessness was possible. But our job is not finished yet. ICH is committed to making homelessness rare, brief and non-recurring in Montgomery County.



EARLY CHILDHOOD COORDINATING COUNCIL

October 22, 2018

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

The ECCC is comprised of a variety of stakeholders and professionals with expertise in the early childhood field including: County parents, representatives of the philanthropic and business communities, child care providers, state licensing staff, higher education, and representatives from county agencies such as Montgomery County Libraries, Montgomery County Public Schools (MCPS), and the Department of Health and Human Services (DHHS). Our collective knowledge and expertise about early care and education, the importance of school readiness, and the needs of children and families in Montgomery County allows the ECCC to examine, discuss, problem solve and provide a comprehensive perspective about early care and education to County officials.

The annual priorities are aligned with the goals of the Strategic Plan for Early Care and Education released in December 2016.

PRIORITY 1: Creating a forum for effective communication and coordination between stakeholders. In

addition to the ECCC, there are many other Boards and Commissions that have a focus on matters related to early childhood. Additionally, the collective impact entity Montgomery Moving Forward (MMF) has also selected early childhood for its newest call to action. Building a seamless system of early care and education from birth through age eight requires connections across a variety of diverse stakeholders that include child care providers, families, MCPS, the Community Use of Public Space, and multiple programs within DHHS. The ECCC will work to facilitate communication and coordination among these groups and to create an aligned system of resources and priorities in which all children have access to high quality learning experiences.

PRIORITY 2: Examine existing resources and identify gaps related to building a ready ECE workforce.

The ECCC will look to recommendations from Goal 3 of the ECE Strategic Plan, credentialing and career development recommendations from the State's Commission on Innovation and Excellence (the Kirwan Commission), and career pathways recommendations from the Washington Region Early Care and Education Workforce Network to provide guidance on development of the ECE workforce for the programs in Montgomery County serving young children.

In the short term, the ECCC is currently focused on the following:

Department of Health and Human Services

1401 Rockville Pike, Suite 200 • Rockville, Maryland 20852 • 240-777-1528 • 240-773-1190 FAX



EARLY CHILDHOOD COORDINATING COUNCIL

Monitoring the recommendations from the Kirwan Commission, Working Group 1, Early Childhood Education. As the Commission finalizes its report, the ECCC will highlight how a State framework can align with the challenges and needs of the children and families in Montgomery County. The Kirwan Commission's draft recommendations propose expanding high quality Prekindergarten to four year olds based on a sliding scale and for three year olds from very low income families; adding funding and supports from MSDE for early childhood teacher credentialing and professional development; assessing all children to identify those who need supports to be ready to succeed in school; and expanding Judy Centers, Family Support Centers, and the Maryland Infants and Toddlers Program for children ages 0-5 and their families.

Assessing the impacts to the County's Working Parents Assistance program (WPA). In August 2018 the State issued an update to child care provider reimbursement rates and family eligibility income levels in its Child Care Subsidy (CCS) program. The CCS expansion has resulted in many families in Montgomery County receiving notice from the local Working Parents Assistance (WPA) subsidy program that they must transition to the State program by October 31, 2018. The ECCC seeks to monitor the impacts of this transition and ensure that the \$4.8 million in County WPA funds are preserved for supplemental vouchers and other early childhood supports.

Helping to advance the County's Early Care and Education Strategic Plan. The County's budgets since the release of the ECE Strategic Plan in December 2016 have not fully funded the recommended action steps to achieve the goals identified in the plan. The ECCC seeks to continue to assess the quality and availability of local early care and education services and integrate feedback on key issues to align with the County's budgeting cycle which advance strategic plan priorities.

Department of Health and Human Services

1401 Rockville Pike, Suite 200 • Rockville, Maryland 20852 • 240-777-1528 • 240-773-1190 FAX



Montgomery County Community Action Board's Testimony
County Council HHS Committee Worksession
October 22, 2018
Laura E. Irwin, Chair

My name is Laura E. Irwin, Chair of the Community Action Board, the federal government's designated anti-poverty group and the governing body for Head Start and the Community Action Agency. Thank you for the opportunity to share our priorities and thank you to the entire County Council for your ongoing commitment to low-income residents.

Early Childhood Education

Providing high-quality early care and education continues to be an ongoing priority for the Community Action Board as the governing body for Head Start, a responsibility shared with the Head Start Parents Policy Council. With a third of our Board's membership serving as representatives of the low-income community, we are keenly aware that child care is one of the largest expenses facing parents. According to the Montgomery County Self-Sufficiency Standard, a family with two adults, one preschooler and one infant requires \$2,773 each month to privately pay for child care, more than housing, food, taxes, or any other expense.¹ Our Board greatly appreciates the County Council's efforts to reduce this burden by increasing funding for the Working Parents Assistance Program, expanding ten Head Start classes to full-day last year, and expanding five Pre-K classes to full-day this year. We know more needs to be done. We greatly appreciate Councilmember Rice speaking with our Board about these recommendations earlier this month. Among the Kirwan Commission's preliminary recommendations, there is a significant expansion of public funding of Pre-K in the next ten years. We are encouraged by the Kirwan Commission Early Childhood Education Working Group's initial recommendations and our Board is looking forward to fully reviewing these recommendations and submitting feedback.

While the Community Action Board is enthusiastic about this expansion, we also recognize that extensive training and planning is required to implement such a large-scale program. We encourage the Council, MCPS, and other leaders to work with Community Action, the Commission on Child Care and Early Childhood Coordinating Council to determine best

¹ Montgomery County Self-Sufficiency Standard montgomerycountymd.gov/communityaction

practices, and to work with State legislators and the Governor to assure that community child care provider's needs are addressed, and that the families being served by PreK also have access to the comprehensive services that are being developed by Working Group 4-- More Resources for At-risk Students.

Volunteer Income Tax Assistance, Earned Income Tax Credits, and Financial Education

Our Board appreciates your continued support of Volunteer Income Tax Assistance (VITA), Earned Income Tax Credits, and financial education. We are very proud that Community Action's Agency's VITA Program is delivering free tax preparation services to about 2,000 lower-income households each year. In partnership with our regional services centers, VITA now provides services in Germantown and East County; in collaboration with WorkSource Montgomery, is helping the self-employed to maximize their earnings, including Uber/Lyft drivers. VITA's outreach helps ensure access to the Earned Income Tax Credit, our nation's most effective response to reducing poverty among children. Working with other advocates, our Board continues to promote expansion of the EITC and other tax credits.

Takoma-East Silver Spring (TESS) Community Action Center

The Takoma-East Silver Spring (TESS) Community Action Center provides vital services to residents of the Long Branch community through information and referrals, free legal services, English classes, play literacy programs for young children, senior socials, summer meals, and much more. TESS continues providing critical services to victims of the tragic 2016 explosion at the Flower Branch Apartments. With a small staff of just four full-time employees, in FY18, TESS served 2,759 (unduplicated) clients, with many returning multiple times. Our Board has been concerned to hear that Savings Plans result in extending periods of staff vacancies, which affects residents. We appreciate that the Council continues to monitor plans for the TESS facility, and urge that future planning include flexible community space for its key partners—the Judy Center, Pro-Bono, Impact, Cheer, and Mary's Center, along with CAA's senior group, its VITA program, and the Summer Meals partnership with MCPS, which served 1,890 meals last summer.

Advocacy Training

Now in its third year, the Board's Community Advocacy Institute aims to train lower-income residents to be advocates for their communities. 34 residents graduated from the program in the first two years and we now have a cohort of 24 for the 2018-2019 program. You may recall that several of our participants testified before the Council in the spring during the public budget hearings, while others submitted letters to the Council, or met with Councilmembers in person. Advocacy training is an important priority for our Board because we recognize the value of expanding participation in local government to lower-income residents. The CAI also

helps us achieve the Community Action goal of maximum feasible participation, by teaching residents whose voices are not heard as frequently to be advocates.

Data Reporting

Data reporting to the Board is a key responsibility of the Community Action Agency and permits us to ask questions and to suggest ways to enhance the agency's services. To comply with new federal and state performance management and reporting requirements, our Board is aware that the agency is working internally and with PACS and Head Start to strengthen its efforts to capture demographic and service data. We are encouraged that a few leaders among the DHHS contractors, including those monitored by Community Action staff, are using the logic model framework and receive performance management training through Nonprofit Montgomery. We urge the Council, as well as the next County Executive, to consider how the Community Grants process might integrate these national metrics so they become standardized, and to consider incentives or awarding extra points to nonprofit partners that can demonstrate improving performance.

Multi-Generational Approaches to Reducing Poverty

Across the country, human services organizations and agencies are implementing multi-generational approaches to address poverty. We appreciate the County Council's commitment to this approach, and the OLO's reporting. Best practices include integration of key components--

1. Postsecondary Education and Employment Pathways
2. Early Childhood Education and Development
3. Economic Assets
4. Health and Well-Being; and
5. Social Capital.

It is noteworthy that Head Start's wrap-around model of service delivery can address all components. To assure effective implementation, the County must not only invest in Early childhood education, but also in the other domains, regardless of the funding source. Parental and child stress is exacerbated when the service system is complex and requires extensive navigation. To achieve long-lasting results, our Board encourages efforts that address all five areas with fidelity. To reduce toxic stress and to be effective, responsive services should be designed in partnership with consumers, blending and braiding funding, and that include data sharing in their design.

Food Security

Support for food and nutrition programs is one of our Board's historic priorities. In addition to advocating for school meals programs, SNAP funding, and other policies to reduce food insecurity, Community Action staff and Board members have recently been working with the County's Food Security Manager to determine opportunities for collaboration. Two Community Action Board members will be facilitating listening sessions about food security for Early Head Start parents this month. The agency is also supporting efforts to train food resource navigators who will provide information about food and nutrition resources to residents. The Board looks forward to supporting efforts to implement the Food Security Strategic Plan.

Work Supports

Our Board has learned from the Self-Sufficiency Standard that one of the best ways to help lower-income residents *become* self-sufficient is to provide better work supports. We thank the County Council for its leadership in this area. By increasing the minimum wage to \$15, requiring employers to provide paid sick and safe leave for employees, and providing full funding for the Working Families Income Supplement, you have helped numerous residents maintain employment that can better support them and their families. Advocating for improved work supports continues to be a priority for the Community Action Board and we look forward to working with the County Council to improve these supports for all workers.

Thank you again for the opportunity to share our priorities with the Committee this morning. We look forward to continuing to work with the HHS Committee, the full County Council, and our fellow DHHS Boards, Committees, and Commissions on critical issues impacting lower-income residents.



Commission on Veterans Affairs



Meeting with the HHS Committee

FY 20 Policy Priorities

October 22, 2018

Dan Bullis, Chair

The Commission on Veterans Affairs is pleased with the progress of the Inter-Agency Commission on Homelessness in having the County reach zero functional homelessness for Veterans. It is our recommendation that the County continue to fund this program that assists Veterans regardless of discharge status to become housed and work with the Veterans on assessing needed resources and attaining any benefits they are eligible from the VA. It is our recommendation that any Veteran regardless of discharge status apply for VA benefits. The MD Department of Veterans Affairs has a designated Veterans Benefits Specialist for Montgomery County and can assist in that process.

We recently became aware of the Elks Club receiving grants to assist Veterans become housed. They have informed us that there are some Veterans that have difficulty obtaining mattresses and beds. We ask the County to assist those non-profits who also serve Veterans to coordinate any needed resources for Veterans. The Commission will continue to reach out to non-profits who serve Veterans and assist them to connect with any County services that may be of benefit to those they are working with.

The Commission is aware that many of the 42,000 Veterans living in the County are not aware of the Commission or of the benefits and services they may be eligible for from the VA, We are continually working on outreach programs such as the County TV show Operation Homefront that Mike Subin hosts. As you are aware the Commission has worked since 2011 to get the DC VA Medical Center to establish the recently opened Community Based Outpatient Clinic in Gaithersburg. It is a beautiful facility and hope you will make a visit. We aske that the County help us in our public outreach campaign to get the word out to Veterans and their families of the programs and services that may benefit them.



Commission on People with Disabilities
Meeting with Montgomery County Council HHS Committee
Policy Priorities for FY20
October 22, 2018

Seth Morgan, MD, Chair

Fiscal Year 2020 Policy Priorities

Caregiver Support

Caregivers families/volunteers will be supported in ways that maximize their capacity and strengths to best nurture and support individuals/family members who have a disability to achieve their goals. (respite) Recently Level I rate was raised from \$14.50 hr. to \$20 an hour and Level II from \$25/hr to \$40 hr, Additional funding is requested to offset rate increases and funding for those who require 24 hour care in respite home.

Employment

With current proposed changes to Medicaid Waivers and Division of Rehabilitation funding there is a need to increase funding for employment opportunities for people with disabilities in the County and the private sector. There is a need to supplement funding for training and supports for those who are not a priority or will not qualify. Both DDA and DORS (50% funding) make transitioning youth a priority for funding and there is a need for funding for those who have an adult onset disability.

Increase Recreational Opportunities

It is our understanding that Recreation has only one accessible lift van and many people who use wheelchairs are not afforded the opportunity to attend recreation events. We would recommend that all County purchased vans be accessible. And, in addition, increase recreational opportunities.

Montgomery County Recreation has 33 total vehicles. This includes all vehicles: trucks, trailers, stages, cars, vans.' The breakdown is as follows:

IT - 1 cargo van (year 2016) but holds no passengers (no one else can use but IT)

Aquatics: - 1 cargo van (2003) but holds no passengers

Regions (Community Centers): - 15 passenger (2001); 12 passenger (2003); 15 passenger (2008); 12 passenger van (2009)

Youth Development: - 7 passenger mini van (2002); 7 passenger mini van (2016); 12 passenger van (2003); 15 passenger van (2008); 15 passenger van (2018)

County Wide Programs: - 12 passenger van (2001); 15 passenger (2001); **1 Accessible lift van (2001)**

So out of 15 vans, and 33 total vehicles, Recreation has ONE Accessible vehicle and it can only take ONE wheelchair user at a time. The wheelchair straps/tie-downs are worn out (it's a 2001). The lift itself is wobbly and old. The reason given as to why it will not be replaced is that it doesn't have enough mileage. The reason it doesn't get used as often is because it only fits 8 people (including driver, if there is no wheelchair.) And it's OLD.

Pedestrian and Bicycle Safety

Many of the Commissioners have become quite concerned about the increase in bicycle lanes, floating bus stops, parking along a bike lane, two stage turn que and bike boxes and concern about the safety of pedestrians who have a disability.

Consideration of the needs of people who are blind, have mobility limitation or use wheelchairs, or are deaf need to be considered when planning pedestrian walking and bike lanes. Our mostly older roads can barely handle the dense traffic we have. Plans are made to paint some of the intersections white and green. Service animals cannot tell color. One has to ask how safe is cycling or Montgomery County? We recommend that if you are going to build bike lanes to make them separate and not mix them with pedestrians and cars. It is observed that many bicyclists do not obey traffic rules such as stopping at stop signs. We are going to request that the Commission on People with Disabilities be consulted from departments for input on disability concerns regarding any safety issues or large projects particularly transportation. There also needs to be an aggressive community education to both drivers and pedestrian about when cars need to stop to allow someone to cross the street.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma Ahluwalia
Director

THE MONTGOMERY COUNTY COMMISSION ON JUVENILE JUSTICE TOP TWO POLICY PRIORITIES FOR FY-19

During FY-19, the Commission on Juvenile Justice will focus on its work-plan, which was developed by the Commissioners for the coming year. The Commission on Juvenile Justice recognizes the importance of supporting and advocating on behalf of opportunity youth, generally defined as people between the ages of 16 and 24 who are neither in school nor working, some of whom may have been involved in the juvenile justice system and detained. These young people represent a social and economic opportunity: many of them are eager to further their education, gain work experience and help their communities. The Commission on Juvenile Justice's priorities for FY-19 reflect its commitment to promoting these young people and enriching Montgomery County through the opportunity that they represent.

1. The Government and Community Relations committee is going to focus on researching services available for female incarcerated youth and advocate to close any gaps in services. The committee will look at best practices in community youth engagement and develop partnerships for engaging at-opportunity youth. We will also research and advocate for alternative treatments for female juveniles
2. The Care, Custody and Placement committee is researching how the Commission can best advocate for effective educational and vocational training programs for youth who have been detained. They will identify educational and vocational programs that are available at the facilities and look at the effectiveness of those programs. We will work to strengthen capacity of evening reporting Center (ERC) and identify other agencies that are providing services and look at the effectiveness of those programs within those agencies. The Committee will make recommendations on how to collaborate with Maryland State Department of Education who runs the educational program at the Juvenile Detention facilities in Maryland. We will focus on the educational programming at the Alfred D. Noyes detention facility and how we can assist in bettering their program

Commission on Juvenile Justice

7300 Calhoun Place, Suite 600, Rockville, Maryland 20855 • 240-777-3317 • 240-777-4447 facsimile

S:\BHCS\AMHSA\Commission on Juvenile Justice\Budget Data\FY-17\Top Two Policy Priorities FY-17 CJJ final.doc



Montgomery County Commission on Health (COH) FY2019 Priorities

COH FY2018 Summary

In FY 2018, the COH focused on health literacy, men's health, behavioral health, data and access to contraception. Workgroup highlights include:

- The Behavioral Health Workgroup worked closely with the DHHS Behavioral Health and Crisis Services to understand and support the Strategic Alignment efforts within the Department.
- The Data Workgroup worked closely with Public Health Services and the Chief Epidemiologist to understand data needs and gaps within the agency.

COH FY2019 Priorities

At the COH Annual Retreat held on September 20, 2018, members of the Commission decided to reduce the number of priorities. The FY19 priorities represent a continuation from last year and include:

- Data Needs/Gaps within the Department of Health and Human Services
- Behavioral Health will continue to support the efforts of strategic alignment
- Access to Contraception (these efforts will be aligned with DHHS Public Health Services).

Each priority area represents a standing COH workgroup comprised of Commission members based on their area of interest. By the January 2018 meeting, members will determine the leadership (chairs and co-chairs) for each workgroup and identify the goals and objectives for each priority area.



COMMISSION ON CHILDREN AND YOUTH

Top Two Policy Priorities Presented to the Health and Human Service Committee of the County Council October 22, 2018

Presenter: Ms. Kirsten Andersen, Chair

Overview:

The Commission on Children and Youth (CCY) promotes the well-being of Montgomery County's children, youth, and families so that all young people may realize their full potential and become contributing, productive adults. We do this by supporting policy and budget decisions that promote the safety and well-being of children and youth, and by working so that they have access to successful futures.

2018-2019 Commission on Children and Youth Priorities

The Commission will advance its mission in FY 19 through a focus on two priorities:

Priority 1:

In today's environment, our students experience stress from a variety of sources whether its due to poverty, school or home environment, cultural expectations or other external or internal sources. The Commission wants to explore ways to promote a positive approach to mental health and wellbeing that is accessible to a wide variety of the community.

Priority 2:

The Montgomery County Board of Education unanimously passed a resolution focused on the safety of students and staff. Similarly, the State of Maryland passed the *Safe to Learn Act* in 2018. The Commission is concerned about a) balancing psychological and physical safety in Montgomery County schools, and b) providing a safe environment for students during non-instructional hours, including after school activities on campus. The Commission will examine current initiatives, supports, and services in order to identify gaps, opportunities, and recommendations.

Additionally, the Commission is hosting its *Youth Having a Voice* roundtable event on **Thursday, February 7, 2019** at 6:30 p.m. at the Silver Spring Civic Building. This will mark the 12th year the Commission has hosted this gathering of teens from across the County to discuss issues that are important in their lives. Not only do youth have the opportunity to speak out, but adults - members of the County Council, Board of Education, HHS senior leadership and others - have the chance to hear, learn, and act on the concerns of the youth.

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



COMMISSION ON CHILD CARE

Top Two Policy Priorities Presented to the Health and Human Service Committee of the County Council October 22, 2018

Presenter: Ms. Michelle Belski, Vice Chair

Overview:

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

2018-2019 Commission on Child Care Priorities

The Commission will advance its mission in FY 19 through a focus on two top priorities:

Priority 1:

Communicate crucial child care issues to the new leadership of Montgomery County by creating and distributing publications on pertinent child care topics to the County Council and County Executive.

Priority 2:

Work with early childhood groups and stakeholders to learn about and communicate pressing child care needs to the community.

The Commission greatly appreciates your consideration of its priorities when making policy and budget decisions.



COMMISSION ON AGING

October 15, 2018

The Honorable George Leventhal
Chair, Health and Human Services Committee
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Mr. Leventhal:

Thank you for this opportunity to present the Commission on Aging's (COA's) priorities for FY20. We thank the Health and Human Services Committee and other members of the County Council for the strong support you have provided over the years to older adults in Montgomery County and their families through your budget allocations.

Montgomery County must continue to make progress as a community for a lifetime for its residents by ensuring that all those in need have access to the safety net of vital services and supports essential for their well-being and are provided with access to housing that is affordable, so that they can remain vital members of our community. This will help to address the results of the County's 2017 Community Livability survey, which reveal a decrease in the percent of people who plan to retire in the County. The overall findings of that survey suggest that residents' main concern regarding retirement in the County is the high cost of living. The Montgomery County Planning Department of the Maryland National Capital Park and Planning Commission issued a report, Meeting the Housing Needs of Older Adults in Montgomery County, which provides the following summary of the Community Livability survey result:

Montgomery County, Maryland is a community offering high-quality services and amenities to people of all ages and at all stages of life. According to the County's 2017 Community Livability Report, 90 percent of County residents 55 and older say that Montgomery County is a "good" or "excellent" place to live. The County scores particularly high among older adults in terms of its health services, public safety, and parks and activities. However, only 50 percent of residents 55 and older said that Montgomery County was a good place to retire. And just 25 percent rated the cost of living favorably. Therefore, despite the high quality of life enjoyed by many residents in Montgomery County, there are challenges to ensuring that people can remain in the County as they age and that the County's opportunities and amenities are available to all older adults, regardless of income:

<http://montgomeryplanning.org/tools/research/special-studies/housing-for-older-adults-study>

COA's annual County budget recommendations are informed by our Senior Agenda, COA public forums, COA Committees' Focus Areas, COA monthly meetings and summer studies. These activities benefit from input and feedback from subject matter experts and members of the public, especially, older adults and their families.

COA's FY20 priorities include recommendations for Health and Social Services programs, Affordable Housing expansion and preservation, and new positions/programs that would provide needed support for our vulnerable and vital older adults and their families.

HEALTH & SOCIAL SERVICES

Early Stage Memory Loss Program (Senior Center Plus)

Early Stage Memory Loss Programs, or Senior Center Plus, provide structured activities and support tailored to the individual needs of senior center participants with early stage memory loss. Senior Center staff are encountering more individuals who are brought to the center by caregivers but whose cognitive impairments prevent them from joining regular center activities. However, center staff have neither the time nor the training or expertise to provide these individuals with the individualized services they need. As a result, these participants may remain in one location, e.g., lobby area, for the entire day. They would benefit from the Senior Center Plus program.

The Jewish Council for the Aging (JCA) has operated a small early stage memory loss program in Germantown with private grant funds, serving eight people/two days per week on a sliding fee scale. In FY19, JCA received a County grant to start a second program in Mid-County or East County, in partnership with the Recreation Department.

Montgomery County lags behind neighboring jurisdictions in providing this service. There are currently 43 Senior Center Plus sites in Maryland, including in Anne Arundel, Baltimore, Charles, and Howard counties. Fairfax County, Virginia, operates a robust program with more than \$1 million in county funds.

Respite Program – Increases in Rates and Services Requests

The Department of Health and Human Services (DHHS) contracts with The Arc Montgomery County to provide respite services to unpaid, live-in, primary caregivers, who are typically family members. Respite services can provide relief for a caregiver for a few hours, a day, a weekend, or sometimes longer. Respite services can be provided in the home or in approved respite facilities. Services may be provided at two levels: supervisory and personal care (Level I agency), and skilled nursing care (Level II).

The Respite Program budget has absorbed recent increases in Level I agency rates (from \$14.50 to \$20/hour) and Level II (nursing level) rates (from \$25 to \$34/hour) without additional funding. The Level I rate increases are a result of the increases to the County's minimum wage and the need to have rates comparable to other in-home/personal care programs. The Arc is requesting an additional rate increase to the Level I rate for Respite Care Provider agencies from \$20/hour to \$22/Hour for FY20. Additional funding is needed to fund this rate increase without impacting service to clients.

While respite services can be provided in the home, service providers report that more of their clients are choosing to have their loved ones receive care in an approved respite facility. In addition to the rate increase, there is a need for additional funding to cover costs for those clients who require 24-hour care in a respite facility.

The FY19 budget recognized the need to assist certain other direct service providers with meeting minimum wage requirements for their employees. Respite care is another area where this financial assistance is needed.

Department of Recreation - Friday Transportation to Senior Centers and Mini Trips

In FY19, the County reduced funding for the Department of Recreation, which resulted in the elimination of two programs that primarily serve lower-income and vulnerable older adults: Friday bus transportation to senior centers and mini-trips.

Recreational programs can include healthy meals, social engagement, and intellectual stimulation – all essential for older adults who might otherwise be isolated and alone. While the number of people served by the eliminated programs on a particular day of the week, or at a particular site, may be small, the benefits of participation are great. For many isolated and otherwise vulnerable older adults, a senior center may provide the only opportunity for social interaction and a healthy meal. Without county-provided transportation, these benefits may be lost. While the County has attempted to fill the nutritional gap by providing a frozen take-home meal on Thursdays, for consumption on Friday, this service presumes that the participant has a microwave oven, and the capacity to use it.

Likewise, the Department of Recreation's mini-trips to cultural or historical sites such as museums, the County Fair, and shopping venues, provide older adults who lack personal or financial resources, an opportunity for social engagement and mental stimulation.

Public Guardianship Program - Social Worker Position

The state mandated Public Guardianship Program provides substitute decision-making for adults whom the court has determined lack the capacity to make their own decisions about essential aspects of their lives (e.g., housing, safety, or medical care) and for whom there is no less restrictive alternative, including no appropriate family member or loved one to serve in this role. The Public Guardianship Program has seen an 18% increase in the number of clients over the last four years.

Public Guardianship program caseloads are likely to continue to increase, as the program is closely tied to Adult Protective Services (APS), which investigates referrals of abuse, neglect, self-neglect and financial exploitation of vulnerable adults. The caseload for APS is at an all-time high. Investigations increased by 24% from FY13 to FY17. From FY17 to FY18, the increase was 11.4%. August 2018 saw the highest caseload in the program's history, with 119 open cases. In FY18, 34% of APS cases involved financial exploitation of a vulnerable adult.

In addition to serving as court-appointed decisionmaker for some of the most vulnerable residents of our community, the Public Guardianship Program also provides services to continuing APS clients who are not under guardianship, conducts guardianship assessments after receiving referrals from hospitals, and provides services to clients of the Social Services to Adults program.

An additional Social Worker is needed to provide services to these very vulnerable clients, who are often victims, or at risk of becoming victims, of abuse or neglect.

Coordinator of Outreach and Support to Older Adults in Diverse Communities

While the County's older adult population will not transition to being majority-minority until around 2027, we do have large racial and ethnic older adult minority populations. Approximately 14% of County residents age 60 and older are Asian, 13% are Black or African-American, and 8% identify as Hispanic or Latino. DHHS Aging and Disability Services conducts outreach and provides services to ethnic and racial communities through its work in transportation, health and wellness, village coordination, caregiver supports, and senior nutrition programming. The Office of Community Partnerships (OCP) includes liaisons to the various populations that comprise the Montgomery County community. Other County agencies and departments also engage in outreach efforts.

Earlier this year, COA identified five communities with large or growing older adult populations in the County: Vietnamese, Korean, Ethiopian, Salvadoran, and African-American. We convened a panel of representatives from these communities for a moderated discussion of the issues and challenges that they face. We learned that despite DHHS, OCP, and other department efforts, many older adults in culturally and ethnically diverse communities continue to be isolated and unaware of the services and programs available to them.

COA recommends that the County create a new position – Coordinator of Outreach and Support to Older Adults in Diverse Communities. One of the responsibilities of this new position would be to develop and lead a Diverse Communities Coordinating Council (or similar entity) of leaders representing older adults in their communities. The Coordinating Council would identify needs and resources and work with various resources including within their communities, county government, non-profits and for-profit sectors to address these needs.

AFFORDABLE HOUSING

The demand for affordable housing continues to increase as our older adult population grows. As a result, COA continues to prioritize the need for more affordable housing options for seniors (including housing that offers wrap-around services), and protections for renters. COA's 2017 Summer Study, "Preserving and Expanding Affordable Rental Housing in Montgomery County and its Impact on Seniors," included several recommendations in this area.

Housing Initiative Fund (HIF) Increase

COA appreciates the Council's continued efforts to support affordable housing options in the County, including through use of the HIF. In FY19, the Council increased the County Executive's proposed HIF budget from \$51.6 to \$63.8 million.

The COA 2017 Summer Study supported the recommendation of the County's 2017 Rental Housing Study by RKG Associates, "that Montgomery County follow the District of Columbia's lead and increase dedicated funding [for affordable housing] to at least \$100 million annually." COA regards this amount as a multi-year goal to address the continuing critical need for affordable housing in the County, so we renew our request for additional funding for HIF.

COA continues to urge the Council to ensure that long-range planning, including innovative solutions to expand and preserve affordable housing, is undertaken for both older adult owned housing and rental housing to ensure a range of safe, affordable housing alternatives.

We also continue to strongly recommend that the Council work with the Montgomery County Delegation to the General Assembly to research the federal Low-Income Housing Tax Credit program and support a carve out for Montgomery County, similar to the carve out currently in place in Northern Virginia.

Moderately-Priced Dwelling Unit (MPDU) Program Expansion

The County's Moderately-Priced Dwelling Unit (MPDU) program includes homeownership and rental components. The rental component of the MPDU program requires that that landlords set aside a certain percentage (currently 15%, with some exceptions) of units for low- and moderate-income households. The County uses the HIF to subsidize rents on these units.

The County should make the MPDU program more accessible to households earning less than 65% of Area Median income by requiring a larger base set aside of 15% or more for all new developments, expanding HIF rent subsidies of MPDU units and adopting a sliding scale of income targets and set aside percentages that could assist individuals below 50% of AML. (Recommendation from COA 2017 Summer Study).

Affordable Housing: User Friendly Database and Streamlined Application Process

A primary challenge for individuals seeking affordable housing is the difficulty of navigating multiple complex programs that serve a broad population and are administered by dozens of private and public entities. The 2018 M-NCPPC report, Meeting the Housing Needs of Older Adults in Montgomery County, lists 37 senior affordable housing rental communities governed by ten federal or state programs. COA recommends creating a user-friendly searchable database to help older adults, those assisting them, and other county residents navigate affordable housing options.

The Housing Opportunities Commission has an on-line application program, Housing Path, that funnels on-line applications to the appropriate entry point, "based on household size, income, age and other factors," including into the federal Section 8 Housing Choice Voucher program and to other affordable communities that HOC owns and/or operates. This application program does not include privately operated affordable housing options.

At one time, the Montgomery County Department of Housing and Community Affairs website hosted an on-line Apartment Rental Guide. Data for the site was extracted from the annual Rental Housing Survey and included rich supplemental information such as maps, bus routes and school districts. The user could filter according to needs such as housing for seniors, persons with disabilities, and affordable programs. DHCA is currently updating this resource.

COA recommends that the County consider developing an on-line, single point of entry, comprehensive listing tool like the Apartment Rental Guide, and that this site be enhanced to include:

- A universal application
- Live data to supplement Annual Rental Housing Survey data
- Integration into portals for affordable housing programs such as Public Housing, Section 8, and MPDU rentals.
- Automated response to inquiries to include: programs for which resident is eligible, wait list information and status, and contact information for a person associated with each program for which the resident is eligible.

COA further recommends that the County implement a robust roll-out campaign to include inter-agency training, property management industry training, and resident education.

Home Sharing for Older Adults Pilot Program

Given the lengthy wait lists for affordable housing, Montgomery County needs to support a variety of creative affordable housing options for older adults with low and moderate incomes. One such option is home sharing.

Home sharing is a simple concept: a homeowner offers accommodation in exchange for rent or other financial arrangement, assistance with household tasks, or both. Participants can be older adults, people with disabilities, working professionals, single parents, or simply people wishing to share their lives with others. Home sharing offers affordable housing, companionship, security and mutual support, makes efficient use of existing housing stock, and helps preserve the fabric of a neighborhood. Home sharing programs can offer a more secure alternative to other roommate options. Many programs employ staff who are trained to carefully screen each program applicant through interviewing, background checking, and personal references.

Different models are in operation around the country, but in general, a home sharing program helps to match a person who has an available room or separate unit (a provider) in his or her home with an individual who is looking for a place to live. Baltimore's St. Ambrose Housing Aid Center has successfully operated a home sharing program in Baltimore City and Baltimore County for 30 years, <https://www.stambros.org>. In New York,

the New York Foundation for Senior Citizens, <http://www.nyfsc.org>, operates a home sharing program specifically for older adults. Programs such as Silver Nest, www.silvernest.org, offer nationwide home sharing services that include screening and matching.

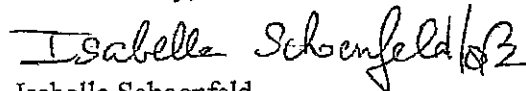
COA recommends that the County investigate different models of home sharing for older adults and fund a pilot program to determine the feasibility/challenges/benefits of such a program for older adults in the County.

CONCLUSION

COA appreciates the County Executive's and the County Council's demonstrated commitment to serving our older residents. With the number of County residents 60 years of age and older increasing by approximately 5,000 people each year and becoming increasingly diverse, the County must continue to support critical programs that permit all older adults to live safely in their homes and communities, and to enjoy a high quality of life, regardless of income.

Thank you for the opportunity to share COA's priorities for the FY20 budget.

Sincerely,



Isabelle Schoenfeld
Chair, COA

**Citizen's
Advisory Panel for Children**

Priority Statement for Meeting with
George Leventhal, Chair of the Health and Human Services Committee
Montgomery County Council
October 25, 2018

The Mission of the Citizen's Advisory Panel is to examine the extent to which the County Child Welfare Agency effectively implements the child protection standards and State plan under Child Abuse and Neglect Federal legislation, 42 USC section 5106a(b).

The Panel is a multidisciplinary group of expert professionals and private citizens whose responsibility is to ensure that maltreated children receive the services and support they need. We have members with varied backgrounds, all committed to the safety and welfare of children. The panel works collaboratively with the County's Child Welfare Agency.

In past years the Panel has focused on providing input to improve mental health services for children who have been maltreated and on the training and support that foster parents receive in caring for maltreated children. We have reviewed how the agency can improve recruitment, retention, and training for foster parents. We are always monitoring the housing and service needs of youth transitioning from foster care. Housing is such a critical issue, we will continue our efforts to obtain housing opportunities for these youth and we want to reinforce the importance of this issue with you.

Our focus this year continues to address child safety issues in light of the growing drug and alcohol epidemic. This effort includes assessing the pervasiveness of the problem, safety planning, safety concerns, decision making, and resource needs. In 2017, 41 percent of the 142 shelter hearings identified drug abuse as a reason a child was coming into foster care. Of these cases cocaine and marijuana were among the most prevalent drugs used. We are focusing on three issues

- **Data and data quality:** The goal is to obtain better data on substance abuse across child welfare children, parents, and foster parents to provide timely and effective services. The State is currently developing a new data management system. We are working with Child Welfare to enhance those processes left to the county to help develop a set of standardized questions related to substance and alcohol abuse that can be reliably asked and captured.
- **Resources:** During interviews with staff a number of resource requests were put forth. In particular we are helping to identify alternative substance abuse treatment for youth
- **Collaboration, Outreach, and Training:** The focus is on collaboration across community agencies and boards working with drug abuse and

mental health problems as well as ensuring our community partners consider the substance abuse issues of child welfare clients.

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



Montgomery County Board of Social Services

Priority Statement for Meeting with
George Leventhal, Chair of the Health and Human Services Committee
Montgomery County Council
October 22, 2018

Introduction:

Good Morning. My name is Marquette Rogers and I am the newly elected Chair of the Montgomery County Board of Social Services (BSS), which provides advisory oversight to social services programs within Montgomery County funded by the state Department of Human Services (DHS). These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to ensure that those individuals in our community who have the greatest challenges and least resources receive the support they need. On behalf of the Board, I would like to congratulate the department for its successful implementation of the new queuing system in the regional eligibility offices. Also, the Board is pleased that the Office of Eligibility and Support Services shared a National Association of Counties (NACo) Award for its partnership with the Montgomery County Public Libraries and the Jewish Heyman Interages program in which seniors read to young children in the office lobbies. Child Welfare Services also received a NACo Award for its Substance Abuse Therapy program which the Board has been tracking since its inception.

This year, the Board is prioritizing and supporting two major policy priorities that align with issues that the Committee and full Council has expressed interest in: 1) Multigenerational poverty approaches, and 2) Families First implementation in the county.

- 1. *Supporting Multi-Generation Poverty Approaches.*** Overall, the Board is supporting strategies that prevent generational poverty. We are very pleased that DHHS has applied for the Kresge “ecosystem” grant to support further operationalizing coordinated service delivery. This three-year grant would provide a Project Manager and opportunity coaches to assist the East County Opportunity Zone and Thriving Germantown efforts. Focus areas will include early identification, behavioral health, health care and health literacy, education/Head Start, workforce development, and self-sufficiency initiatives coordinated with the Office of Eligibility and Support Services and the community.
- 2. *Families First Implementation.*** Congress passed the Families First Act this past year and state implementation will be occurring throughout FY19 and FY20. Several major changes

are impending. The Social Services Officer and Child Welfare Director are involved at the state level and while the federal government has not released regulations, the Board of Social Services will continue to better understand changes.

From what we know, before Families First, federal IV-E funding could only be used for the direct care for children in out of home placements. Now, funding can be used for prevention, targeting substance-abusing parents or those with significant mental health concerns, allowing funding for 12 months of substance abuse or mental health services, preventing potential risk to children. Another major change is that group homes across the country must use promising, supported and well-supported practices supported by research and evidence as determined by the federal government.

These are just two of the many changes that will open the door to maximizing funding to help the whole family. Last year, we were very pleased to have gotten briefings from both Behavioral Health Services and Child Welfare Services regarding substance abuse and the opioid crisis. We know that the behavioral health and child welfare teams are preparing for system changes and the Board will provide input on these system changes throughout the year and help with any public education needed.

I would like to conclude by saying that while our main areas of focus are these two policy priorities, we are also monitoring federal executive and legislative changes that may have a considerable impact on human services access and delivery to the county. We continue to monitor Public Charge and any impacts to SNAP, Medicaid and other major income supports that are vital to our community. Also, while not directly under the Board's purview, we are tracking the changes with Childcare Subsidies. Given our very broad charge, we will collaborate and communicate with other Boards and Commissions and continue to work closely with the department in our advisory capacity.

We will also extend an invitation to all the Boards and Commissions as well as the HHS Committee when we host the Resiliency screening in the spring. Since trauma-informed practice is central to social services, this remains a goal for our Board.

The Board greatly appreciates the support that has been provided by the County Council to the residents of the County.



Fiscal Year 2019 Policy Priorities
Montgomery County Council Health and Human Services Committee Work Session
October 22, 2018

Dear Health and Human Services (HHS) Committee:

My name is Dr. Nguyen Nguyen, I am the Chairperson of the Asian American Health Initiative Steering Committee (AAHISC).

For Fiscal Year 2019, AAHI will continue to focus on behavioral and mental health and senior health and wellness among Asian Americans.

First, behavioral and mental health has been a priority issue for Asian American communities over the past several years.

While progress has been made, unmet behavioral and mental health needs continue to grow in Asian American communities. Studies and reports have suggested that Asian Americans may have a 17% lifetime prevalence of a mental health disorder, and anywhere from a 9% to a 13% 12-month prevalence of a mental health disorder. Similarly, multiple studies state that Asian Americans with a diagnosable mental illness utilize mental health services at rates significantly lower than all other racial and ethnic groups. Closer inspection of disaggregated data unmask several subpopulations that have high behavioral and mental health needs. In particular, Asian American women have the highest suicide rate of all U.S. women over the age of 65. Asian American teens also have higher rates of attempted suicide when compared to their non-Hispanic White counterparts. These high suicide rates are especially important to keep in mind given the recent statement from the Center for Disease Control and Prevention (CDC) that suicide has increased by over 25% from 1999 to 2016. The CDC also states that more than half of those who committed suicide did not have a known diagnosed mental health condition. This underlines the need to pay close attention to Asian American mental health where diagnosis may be low, but suicide rates remain high.

Since 2015, AAHI continues to advance the County's efforts to address Asian American mental health disparities. To date, AAHI has released four volumes of mental health photonovels, which has addressed both adult and adolescent mental health issues. Photonovels have included education on signs, symptoms, and risk factors for mental health challenges, overview of therapy and

its benefits, and examples of how social, emotional, and environmental factors like stress, academics, and parental expectations impact adolescent mental health. AAHI plans to continue developing more photonovels and intends to begin focusing on the mental health needs of Asian American older adults. As noted, this is a population with significant unmet needs related to mental health.

While AAHI has been able to initiate dialogue and action around the mental health needs of Asian Americans, mental health issues continue to rise, indicating the need for more nuanced approaches to serving this community.

Second, senior health and wellness programming for Asian Americans continues to be a growing priority:

Asian Americans are the largest minority senior subgroup in Montgomery County, comprising of nearly 15% of the 65-years and older population. In addition to the many common challenges facing the aging population including disability, caretaking, and transportation, there are also several unique issues confronting Asian American seniors. Asian American older adults are more likely to live below the poverty line compared with other Asian American age groups. According the American Community Survey, 41% of Asian Americans with an income below the poverty level are 60 years and older. Additionally, Asian American older adults face cultural and linguistic barriers such as limited English proficiency. In Montgomery County, 29% of Asian Americans speak English less than "very well." Limited English proficiency plays a contributing factor in the challenges Asian American older adults have with navigating complex health care systems, utilizing public transportation, and interacting and engaging with those around them.

To address these needs, among others, AAHI has developed and implemented targeted outreach efforts to Asian American seniors at different senior centers and faith-based organizations. These activities help AAHI reach isolated and vulnerable seniors, increase awareness and understanding of Asian American senior needs, and connect seniors to appropriate services. AAHI has also worked closely with MCDHHS' Aging and Disability Services to increase MCDHHS' ability to address the needs of Asian American seniors. AAHI plans to continue their community outreach and capacity building efforts around senior health and wellness.

AAHI is currently in the process of recruiting staff for the merit positions. While it is a lengthy and slow process, AAHI is focusing on building a strong team with the optimism of being transformed into a major resource and accessory of the county government for the benefit of the minority community. Thank you for your assistance and support.

**Alcohol and Other Drug Abuse Advisory Council FY19 Priorities
Health and Human Services Committee Meeting – October 22, 2018**

1. Continue to Advocate for: a) Adequate Funding for Alcohol and Drug Prevention and Treatment Programs; and, b) Evidence-Based Laws Regulating Alcohol and Drugs in the County and State

The consequences of alcohol and drug use and abuse are becoming increasingly lethal. In 2017, there were 2,282 drug- and alcohol-related intoxication deaths in Maryland. This is the seventh year in a row that intoxication deaths have increased, and, represents a 9% increase over the number of deaths in 2016. Of these deaths, 116 occurred in Montgomery County – almost double the number of deaths that occurred here in 2007. Together, prescription opioids and alcohol were responsible for almost half of all drug- and alcohol-related intoxication deaths in the County during 2017 (16 % and 30%, respectively).

Each year, the County spends millions of dollars on alcohol and drug prevention programs and alcohol and drug treatment programs; sadly, this is not enough. Prevention of alcohol and drug abuse is extremely important; research shows that \$1 spent on prevention can result in roughly \$10 in long-term savings. However, for many years, there has been only one person responsible for coordinating and executing drug and alcohol prevention programs for the entire county: one person is not enough. Substance use disorder treatment also saves money, with research showing for every \$1 spent it saves \$7. Although the County has not cut spending for treatment programming to the same extent as other programs over the past decade, a failure to adequately fund these treatment programs can have serious consequences. These include numerous financial, physical, and emotional costs on individuals with substance use disorders, their families, and the County as a whole.

Therefore, this year, AODAAC intends to continue to push for greater awareness of the inadequacy of the current level of funding for alcohol and drug treatment and prevention in the county, and thus also advocate for more funding for these programs. Additionally, AODAAC will also advocate for stronger and more comprehensive evidence-based laws regulating alcohol and drugs in the County and the State.

2. Continue to Work with Montgomery County Public and Private Schools to Educate Students, Parents, and Teachers About Alcohol and Drugs Using an Evidence-Based Curricula

Childhood and early adolescence is a time when people are most likely to begin abusing drugs – including tobacco, alcohol, and illegal and prescription drugs. In Montgomery County, almost seven out of every ten students (68%) have consumed at least one drink of alcohol by the end of high school and about a third (34%) have done so by 9th grade. In 2014, around 7% of Montgomery County 9th graders and 28% of the County's 12th graders reported using marijuana in the past month. There has also been a sharp spike in vaping and the use of e-cigarettes in middle and high schools across the country. E-cigarette use by high school students increased by 900% from 2011 to 2015; in 2016, 500,00 middle school students and 1.7 million high school students said they had used e-cigarettes in the previous 30 days. Early alcohol and drug use has many consequences – from problems in school to an increased risk of contracting an infectious disease or suffering mental health problems to overdose or death. Moreover, drug use at an early age is an important predictor of development of a substance use disorder later in life.

Montgomery County Public Schools (MCPS) is the largest school system in Maryland and the 17th largest in the United States. There are also 181 private schools in the County. AODAAC believes that these schools have an obligation to be more proactive in using evidence-based curricula to address alcohol and drug use and to educate not just the students, but also the parents and the teachers. Therefore, AODAAC will continue to work with both MCPS and private schools to provide data and resources to help them achieve this goal.