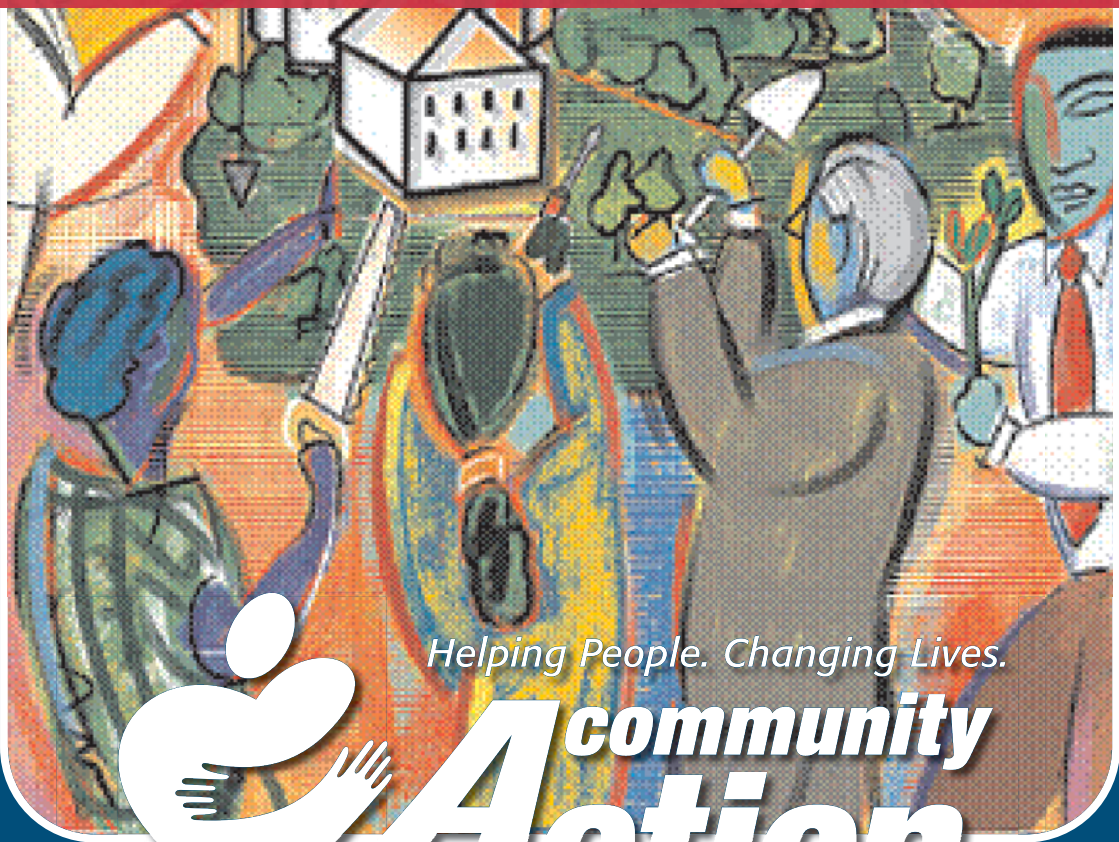




# COMMUNITY NEEDS ASSESSMENT 2019 - 2022



*Helping People. Changing Lives.*

**community  
Action**<sup>®</sup>

**PARTNERSHIP**  
MONTGOMERY COUNTY, MARYLAND  
COMMUNITY ACTION AGENCY



# 2019 – 2022 Montgomery County, Maryland Community Needs Assessment

The Montgomery County Community Action Agency is a public Community Action partnership and part of the Montgomery County, Maryland’s Department of Health and Human Services Office of Community Affairs. We are pleased to share this report of our community and agency assessment, along with recommendations for our agency, Board, and partners to consider as we move forward in strategic planning.

Our agency’s Community Needs Assessment has been generated through internal processes, including primary sources—surveys, focus groups, and informal feedback from participants of our services, and partners, colleagues, and Board members. It’s worth noting that our agency is relatively small, with just 14 staff members, but is part of a much larger Department, with over 90 programs, and 1,700 staff, within the larger County government, and we partner with Montgomery County Public Schools. Multiple reports generated by colleagues within the Department, and outside of it, were reviewed by our team and incorporated into this report, as they provide invaluable information regarding the status and needs of our neighbors.

We have chosen to specifically focus on the status of the people most impacted by the services we provide, while reflecting key priority areas that align with the significant advocacy efforts of the Community Action Board. Likewise, we have reviewed a rich and extensive array of secondary reports to better tell the story of who is poor and who is living below the Self-Sufficiency Standard in Montgomery County, and what their needs are.

The national CSBG Organizational Standards as a framework encourages a variety of methodologies to assure that our input is both narrow and broad. The process helps to ensure that we hear from those most affected by our work, and that the assessment aligns with our agency’s mission, planning and goals, which are reflected through the performance system known as *Results Oriented Management and Accountability* (ROMA) Next Gen.

*\*This Community Needs Assessment was approved by the Montgomery County Community Action Board on September 30, 2019.*

# Table of Contents

Prologue by Community Action Board Chair Laura E. Irwin and Vice Chair Tiffany Jones .....	6
Foreword by DHHS Director Raymond Crowel, Psy. D. and DHHS Office of Community Affairs Chief Betty Lam .....	7
Introductory Letter from Community Action Agency Executive Director Sharon Strauss .....	8
<b>Section I: Community and Internal Assessment Methodology .....</b>	<b>9</b>
<b>I. Surveys .....</b>	<b>10</b>
Community Action Board Organizational Standards Survey .....	10
Board Meeting Evaluations .....	10
VITA Volunteer Survey .....	11
Customer Survey: TESS and VITA Clients .....	11
Community Advocacy Institute Participant Surveys .....	12
<b>II. Community Input .....</b>	<b>12</b>
Long Branch Partners .....	12
Community Advocacy Institute (CAI) Participant Feedback/Priorities .....	13
Montgomery Moving Forward Listening Session for Parents of Young Children .....	13
<b>III. Secondary Data – Partner Montgomery County agencies’ and United Way Reports .....</b>	<b>14</b>
DHHS Services to End and Prevent Homelessness Strategic Plan .....	14
Department of Housing and Community Affairs (DHCA) Consolidated Plan .....	14
Community Health and Health Initiatives .....	14
Office of Legislative Oversight Report – Racial Equity Profile .....	15
Office of Legislative Oversight Report – Economic Development: Selected Findings .....	15
Food Security Strategic Plan .....	16
Department of Transportation Title VI Data Report .....	17
United Way Convenings for VITA Partners .....	17
<b>IV. Head Start Community Needs Assessment .....</b>	<b>18</b>
<b>Section II: Community Profile and Critical Community Needs .....</b>	<b>19</b>
General Population Trends .....	20
Poverty in Montgomery County, Maryland .....	20
State and County At-a-Glance .....	20
Geographic Distribution of Poverty .....	21
Poverty Among Families .....	21
Median Household Income .....	21
Federal Poverty Level vs. Self-Sufficiency .....	21
Median Household Income by Race .....	22
Race and Poverty .....	22
A Portrait of our Low-Income Community .....	22
Age and Poverty .....	22
Nativity and Poverty .....	22
Education and Poverty .....	23
Employment and Poverty .....	23
Work Experience and Poverty .....	23
Community Patterns .....	23
Receipt of Government Benefits .....	24



- Section III: Community Needs .....25**
  - Immigration .....26
  - Early Childhood Education .....27
  - Housing and Homelessness .....27
  - Food Security .....33
  - Senior Issues .....33
  - Promoting Equity .....34
  - Health .....35
  - Financial Needs .....37
  - Employment/Workforce Development .....38
  
- Section IV: Strategic Planning Process .....41**
  - Overview .....42
  - County’s Transition Planning .....42
  - DHHS Strategic Planning Process .....42
  - DHHS Office of Community Affairs .....43
  - Agency Self Study .....43
  - Agency Budget .....45
  - Contracts/Grants Process .....46
  - Community Action Board .....46
  - 2-Gen and the Whole Family Approach Strategic Planning .....48
  
- Section V: Agency’s Priority Needs and Efforts to Address Each Issue .....56**
  - Immigration .....57
    - Efforts to Address this Issue .....61
    - CAB Advocacy .....60
  - Early Childhood Education .....61
    - Efforts to Address this Issue .....61
    - CAB Advocacy .....61
  - Food Security .....62
    - Efforts to Address this Issue .....62
    - CAB Advocacy .....63
  - Financial Needs .....64
    - Efforts to Address this Issue .....64
    - CAB Advocacy .....64
  - 2-Gen/ Whole Family Approaches .....65
    - Efforts to Address this Issue .....65
    - CAB Advocacy .....65
  
- Section VI: Next Steps .....66**
  - FY20 CAB Priorities .....67
  - Recommendations .....67
  
- Appendices**
  - I. Community Profile: FF2020 .....70**
  - II. 2019 Faces of Poverty Report .....71**
  - III. DHHS Community Trends Presentation .....75**
  - IV. DHHS Defining Areas of Need and Understanding the Need Presentations .....96**
  - V. Prosperity Now Scorecards for Montgomery County .....107**

# Prologue

The Montgomery County Community Action Board is proud to present the Montgomery County Community Action Agency's 2019 – 2022 Community Needs Assessment (CNA). The Board members were active participants in the development of this CNA, participating in a planning session during our annual Executive Committee Retreat; establishing a CNA Planning Committee that helped develop the executive summary; providing feedback to the staff throughout the process of organizing, writing, and finalizing the CNA report; and approving the final report in September 2019.

This CNA addresses many of the Board's historic advocacy priorities, including early care and education, affordable housing, food and nutrition programs, Earned Income Tax Credits, and work supports. Moving forward, the Board will use the CNA to guide its advocacy work. We also encourage policymakers, advocates, and community members to use the CNA to explore some of the most critical issues impacting Montgomery County residents.

The Board thanks the Community Action Agency staff members who dedicated many months to planning the CNA, researching County reports and resources, and writing and editing the final documents. We look forward to using the CNA for our own advocacy work in the years to come as well as sharing this valuable information with policymakers, partners, and residents impacted by poverty.



Sincerely,

A handwritten signature in blue ink that reads "Laura E. Irwin".

**Laura E. Irwin**

*Community Action Board Chair*



A handwritten signature in blue ink that reads "Tiffany Jones".

**Tiffany Jones**

*Community Action Board Vice Chair*



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich  
*County Executive*

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

March 2, 2020

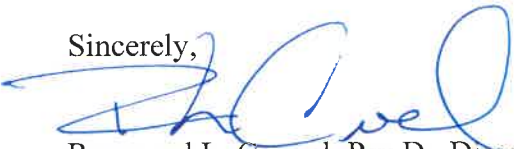
Dear Community Members:


The Department of Health and Human Services (DHHS) is excited to share the Community Action Agency's (CAA) Community Needs Assessment. We applaud the efforts of the CAA to develop this in-depth report and appreciate the extensive research and coordination that went into this project. This report highlights many of the most critical issues impacting Montgomery County residents, including housing, childcare, and immigration. Many of the priorities and recommendations you will find outlined here are shared by other County programs and nonprofit organizations. The Department hopes the Community Needs Assessment will not only guide the work of the CAA but will also serve as a useful tool for policymakers, advocates, and service providers throughout the County.

The mission of the DHHS is to promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency. Along with you, we work to address the needs of our community's most vulnerable children, adults and seniors. We are thrilled to see information and data from so many of the Department's 120+ programs included in this report.

The Department thanks the Community Action Agency staff and Board members who developed this report and congratulate them on an exceptional job. The Department looks forward to using this report in the years to come as we continue to strive to create data-informed and equity-infused programming and policies for the County.

Sincerely,

  
Raymond L. Crowel, Psy.D., Director  
Department of Health and Human Services

  
Betty Lam, Chief  
Department of Health and Human Services  
Office of Community Affairs

# Introduction

## Dear Friends:

The Montgomery County Community Action Agency is a public Community Action partnership and part of the Montgomery County, Maryland’s Department of Health and Human Services, Office of Community Affairs.

The national Community Service Block Grant (CSBG) Organizational Standards serves as a framework which encourages a variety of methodologies to assure that our input is both narrow and broad. The process helps to ensure that we hear from those most affected by our work, and that the assessment aligns with our agency’s mission, planning and goals, which are reflected through the performance system known as ROMA Next Gen.

Our agency’s Community Needs Assessment has been generated through internal processes, including primary sources—surveys, focus groups, and informal feedback from participants of our services, partners, colleagues, and Board members. It’s worth noting that our Agency is relatively small, with just 14 staff members, but is part of a much larger Department, with over 90 programs, and 1,700 staff, within the larger County government, and we work closely with Montgomery County Public Schools.

Multiple reports generated by colleagues within the Department, and outside of it, were reviewed by our team and were incorporated within this report, as they provide invaluable information regarding the status and needs of our neighbors. I would especially like to give my thanks to all of them, and to my colleagues from the Community Action Agency who helped to write and edit the report: Melissa E. Ferguson, Leah Goldfine, Charlene Muhammad, and Aizat Oladapo. I am particularly indebted to the dedicated Community Action Board members who provide ongoing advocacy and who have volunteered their time to provide input and direction in shaping the findings and recommendations of this report, as well as its Executive Summary. A special thank you to the Board members who served on the Community Needs Assessment Planning Committee: Meredith Bowers, Lisa Conlon, Lisette Engel, and Myriam Paul, and to the leadership of the Board, Laura E. Irwin (chair), Tiffany Jones (vice-chair).

We have chosen to specifically focus on the status of the people most impacted by the services we provide, while reflecting key priority areas that align with the significant advocacy efforts of the Community Action Board. Similarly, to better tell the story of who is poor and who is living below the Self-Sufficiency Standard in Montgomery County, and what their needs are, we have reviewed a rich and extensive array of primary and secondary reports. On behalf of the staff, and members of the Community Action Board, we are pleased to share this report of our community and agency assessment, along with recommendations for our agency, Board, and partners to consider as we move forward in strategic planning.



Sincerely,

A handwritten signature in blue ink, appearing to read 'Sharon Strauss'.

**Sharon Strauss**  
*Executive Director*

Section I:

# Community and Internal Assessment Methodology



## I. SURVEYS

### CAB Organizational Standards Survey

In July 2019, Community Action (CAB) Board members were asked to complete an online survey to assess the Board's progress in meeting the Community Services Block Grant (CSBG) Organizational Standards and the Board members' overall satisfaction with their participation on the Board. Ten out of eighteen Board members completed the survey. Key highlights of the survey included:

- How the agency and Board include low-income residents: All respondents knew that low-income residents serve on the Board, that low-income residents are invited to participate in public forums and meetings, and that the Board and agency participate in programs, trainings, and events that highlight the needs of low-income residents. Some respondents indicated that customer satisfaction surveys and interviews are utilized for this purpose.
- Organizations/agencies that the Board and agency partner with: The top partners indicated on the survey were other County agencies, Montgomery County Public School (MCPS), nonprofit organizations, Boards and County Commissions (BCCs), faith-based organizations, and other Community Action Agencies and Partnerships. Three respondents indicated that the agency and Board partner with local businesses.
- How the agency determines the needs of the community: Most respondents knew that the agency looks at demographic data, community forums/meetings, and information gathered by other agencies and partners. Some respondents indicated that the agency uses customer satisfaction and needs assessment feedback, interviews/focus groups, and large-scale community surveys.
- Activities the Board members participated in related to strategic planning: Most respondents indicated that they participated in the Community Needs Assessment process, the development of Board goals and priorities, and the annual retreat. A few respondents indicated that they participated in the development of anti-poverty strategies, development of agency goals and priorities, and one respondent indicated that he/she participated in Board development work.
- Board member training: Board members indicated that they received an orientation session, CAB governing materials, training by other Board members, Head Start training, and ethics training for County BCC members. Some Board members indicated that they received training through online resources, training at monthly CAB meetings, National and Maryland Community Action Partnership conferences, webinars, and Head Start conferences. One respondent had received training from the Community Action Partnership Legal Services (CAPLAW).Community Action legal association.
- Training needs: Six respondents indicated that they would like training on the local, state and federal legislative processes. Half of the respondents that they would like training on Board governance and the County grants process. A few respondents indicated that they would like training on the County's Head Start program, Head Start Performance Standards, Head Start ERSEA, Community Action Organizational Standards, Board governance specific to Head Start, parliamentary procedure, the Open Meetings Act, and ethics.
- All Board members indicated that they are regularly updated about the CSBG.
- The ways Board members are updated on how the agency is achieving its stated goals: Most respondents indicated that they receive email correspondence, updates from the Executive Director, updates from the Head Start Manager, updates from the Contract Monitors, other information included in Board meeting packets, data regarding: provision of the agency's and partners' services to the community, and the CAA annual report.
- Overall experience as a Board member: When asked to rate their experience as a Board member (with 5 meaning "excellent" and 0 meaning "poor"), the average score was 4.70 for the ten Board members who completed the survey.

## CAB Meeting Evaluations

Following each full Board meeting, members are asked to complete an online evaluation form. These evaluation forms ask about the use of time during the meeting, opportunities for Board member engagement, and the tone of the meeting. Board members are asked to provide an overall rating for the meeting and any additional comments they may have. These rating forms provide an opportunity for Board members to raise concerns anonymously. All feedback received through the surveys is shared with the full Board and at the end of the year, and a summary report is developed to assess how the meetings went throughout the year. When issues do arise regarding how the meetings are structured or flow, the feedback gathered allows the Board's leadership to address the issues and make adjustments when necessary. For FY19, the average rating for all eight meetings held throughout the year was 4.36 out of 5.

## VITA Volunteer Survey

In June of 2019, volunteers of the Volunteer Income Tax Assistance (VITA) program during the tax season were asked to complete an online survey to assess their overall volunteer experience and to learn about any standout experiences they had assisting clients. Twenty-five out of 76 volunteers completed the survey. When asked about the training they received, the average score was a 4.28 with 5 being the highest rating ("excellent") and 0 being the lowest ("poor"). The average score for support received from the agency staff was 4.76. The average overall rating for their volunteer experience was 4.60. All 25 volunteers would consider volunteering again and would recommend volunteering with VITA to a friend.

In terms of what volunteers enjoyed most about their experience, respondents indicated that they enjoyed helping residents, including seniors and people with disabilities and people who qualified for the Earned Income Tax Credit (EITC). Volunteers really appreciated the staff support and program organization. In terms of client stories, volunteers noted helping single mothers, people with Individual Tax Identification Numbers (ITINs), seniors, and especially people who received the EITC and a larger refund than they were expecting. A few volunteers indicated that clients were referred to other services, including housing and food assistance and on-site services at the Gaithersburg VITA site.

## Customer Surveys: TESS and VITA Clients

MCCAA receives feedback from most of its customers/ constituents/ community through community reviews, surveys, customer satisfaction via online surveys and/or lockbox collection, pre/posttest responses and report feedback.

### Community Reviews

As part of the DHHS, the MCCAA is informed by the Department's Planning Accountability and Customer Services (PACS). PACS identifies programs to review and oversees the Community Reviews of programs delivered by DHHS and nonprofit partners to ensure effective and high-quality delivery of service. The reviews are facilitated by PACS and conducted by professionals in the community. Each review includes a three or four day review of an agency, its programs, staff, Board, clients, and financials. The agency's Takoma-East Silver Spring (TESS) Community Action Center was reviewed in 2015-2016. Head Start was reviewed 2011. Three MCCAA contracts were recently reviewed: IMPACT Silver Spring (FY18), the YMCA of Metropolitan Washington's Benchmarks program (FY18), and Manna Food Center (FY19). Recommendations are made to the agency and the Department regarding strengths and opportunities for improvement.

### Satisfaction Surveys

PACS provides a satisfaction survey template in seven languages. The agency's contracts and, MOUs require or recommend providing customer satisfaction survey feedback. In the employment and training contract, a lockbox is provided to collect surveys at one point in time annually at the three sites where services are provided. The Community Action agency uses customer satisfaction surveys to systematically engage, listen to, and learn from external customers. The information is used to identify strengths and opportunities for improvement. In FY19 the agency also surveyed staff and members of the CAB using two of the Pathway to Excellence Categories, Leadership and Customers, to acquire feedback on how well the agency was doing. A 60% benchmark was exceeded, reflecting a perception of excellence from both staff and Board regarding its Leadership and Customer focus.

# Community and Internal Assessment Methodology

## **VITA: The Volunteer Income Tax Assistance Program.**

The satisfaction survey included three questions regarding service responsiveness, respect and quality. Twenty-one participants in the VITA program completed the survey, two participants checked only the responsiveness box as being very satisfied. Overall satisfaction ranged between 86% and 95%. Some of the comments included the following:

*Very pleased with the service provided, prepares are excellent & helpful, Did a very good job handling my returns. I will let her do my return again, the people and place are very welcoming.*

## **The Takoma-East Silver Spring (“TESS”) Community Action Center (Walk-In Site)**

The Survey was the PACS survey was administered in English and had interpretation for the Spanish speaking recipients of service. They were administered at a point in time (a week in July). The questions included demographics - gender, age race, ethnicity and age. Seventy residents were served and 40 responded. 94% were satisfied overall with the service they received, 6% were not sure or did not respond. 12% were male, 88% female, 49% were between the ages of 18-64; 46% were seniors (65+). Of the residents served at the TESS center 71% were Hispanic and 29% were not. 15% were American Indian, (this category includes American Indian/Native Alaskan, along with indigenous peoples from Central and South America), 2% Asian, 15% African American, 20% Caucasian, 44% other and 12% did not respond.

## **Community Advocacy Institute Participant Surveys**

The Board is continuously assessing the Community Advocacy Institute(CAI), MCCAAs advocacy training program for low-income community members, to ensure that the program is meeting the needs of participants and effectively teaching advocacy skills. Participants complete a workshop evaluation form at the end of each monthly session. This evaluation form asks a few brief questions about what the participants liked, what they would like to see changed, and any additional feedback. Participants also provide an overall rating for the workshop. Board members receive a summary of the feedback submitted on each evaluation form and use this

information to make adjustments to future workshops.

At the conclusion of the program, Board members conduct a wrap-up session to gather participant feedback on the entire program. The session is conducted as a discussion with participants having the opportunity to share their feedback with the entire group. Participants will share what they liked about the program and their ideas for ways to restructure the program so that it is even more effective.

The Board tracks the full impact of the CAI on participants by conducting a pre-program survey and a post-program survey. These surveys ask similar questions so that the Board can compare the results and assess the impact of the CAI on participants’ engagement in the community. The questions focus on the participants activities in the community and how likely they are to engage in civic or community activities and/or advocacy. The pre-program survey also asks optional demographic questions. The post-program survey includes a few questions about the participants’ overall experience and assessment of the program. Thirteen of the fourteen respondents out of 18 participants said the program made them more likely to participate in advocacy and all said that they were more likely to participate in civic or community activities as a result of the program. 100% of respondents said they would recommend the CAI to a friend.

## **II. COMMUNITY INPUT**

### **Long Branch Partners**

The Long Branch area, at the intersection of east Silver Spring and the City of Takoma Park, is home to the Takoma-East Silver Spring (TESS) Community Action Center, our walk-in site. Long Branch is one of the lowest median income areas of Montgomery County, and a pilot area for Healthy Montgomery’s Eat Well Be Active campaign, as well as Latino Health Initiative (LHI) outreach. It is home to diverse group of new immigrants, including Latinos from El Salvador, and immigrants from Ethiopia, Eritrea, Haiti, Vietnam, and other countries. Since 1968, TESS has provided linkages to County health and human services programs for Long Branch residents. It was the first Montgomery County DHHS site with staff bilingual in

English and Spanish. Today, TESS staff includes a member who is bilingual in Amharic and English, and partners with interpreters of other languages, and accesses contracted language line services as needed.

On August 10, 2016, a gas line exploded in an apartment building just one block from the TESS center. The explosion and fire killed seven people, including three children, and dozens of families were displaced. During and after shelter operations, the TESS Community Action Center continued to lead coordination of services, donations, and accommodated behavioral health services for the year following the tragedy. The 2016 disaster highlighted communications challenges between emergency responders and community-based organizations. The resulting guidance for asset-mapping has strengthened the community resolve and coordination. At the same time, two stops of the Purple Line light rail are currently under construction in Long Branch.

On February 21, 2019, thirty-one Long Branch partners representing local government, community-based nonprofit organizations, and the faith community discussed who they serve, residents' barriers to services, and their needs for resources. Serving anywhere from entire community to specific ages or needs, those gathered identified many Long Branch residents' barriers to self-sufficiency, including a lack of affordable housing, rent/food/utilities, living wage jobs, GED programs, training (skill development, certification) programs, lack of money for fees, low English proficiency, lack of knowledge of health care and social service resources, transportation, disability status, immigration fears and lack of trust, and child care. However, this is a resilient community. Although customers may not be accessing formal services in the numbers of past years, informal networks of support are helping community members get by, including reliance on food pantries instead of SNAP, and shared housing over vouchers. Some are becoming leaders and speaking out for people's rights or leaving the community altogether. Resource needs include affordable housing, health care, and mental health services, legal services, job preparation and training, public spaces for recreation and networking, and childcare.

## Community Advocacy Institute (CAI) Participant Feedback/Priorities

The Community Action Board started the CAI in 2016 to provide lower-income County residents with an opportunity to learn advocacy skills. Such efforts have existed previously in the CAB's history. CAI participants must meet income eligibility guidelines and be able to attend all workshops during the eight-month program. Participants must also complete an advocacy project in order to graduate from the program. For this project, participants select a community issue that is important to them, research the issue, draft their own letter or testimony, receive feedback on their letter/testimony, and ultimately present their testimony to the County Council or submit their letter. The issues CAI participants select are a reflection of some of the most pressing issues impacting the County's lower-income community. During the first three years of the program, participants have focused on a wide range of topics, including affordable housing, food security, affordable childcare options, gang violence, youth aging out of the foster care system, senior issues, immigrant resources, and recreation programs. Board members can use this information to better understand the community's needs and can reflect on these priorities in the Board's own advocacy work.

## Montgomery Moving Forward (MMF) Listening Sessions for Parents of Young Children

In 2016, MMF launched its second focus issue: *Early Care and Education: A key building block for economic opportunity*.<sup>1</sup> MMF's decision to embrace this issue was the result of a six-month community engagement process that gathered input from more than 500 residents and leaders. MMF conducted listening sessions for small groups of stakeholders, including Head Start parents and parents at the agency's TESS Community Action Center.

<sup>1</sup> Montgomery Moving Forward <https://www.nonprofitmoco.org/mmf/>

### III. SECONDARY DATA – PARTNER ORGANIZATION’S/AGENCY’S REPORT

#### DHHS Services to End and Prevent Homelessness (SEPH) Strategic Plan

In 2014, the Montgomery County Continuum of Care adopted a 10-year Plan to End Homelessness.<sup>2</sup> The plan set out to achieve several goals, including ending chronic homelessness in three years, ending homelessness among veterans in two years, and ending homelessness for families, youth, and children in five years. The plan also set a path to ending all types of homelessness. The plan laid out eight objectives and strategies that would help meet these goals.

In 2019, SEPH began the process of updating its strategic plan by inviting stakeholders to a community-wide meeting. Participants provided their feedback regarding the most pressing issues impacting homeless residents and the significant challenges to eradicating homelessness. Throughout the summer, several working groups met to develop different components of the strategic plan. Participants included representatives of nonprofits, local government, and people with lived experience. Following the conclusion of the working groups and the finalization of their recommendations, the strategic planning process will include focus groups with frontline staff and clients, surveys of those who serve homeless residents alongside providers (law enforcement, behavioral health, emergency services, etc.). The final plan will bring together the strategies and action plans across all of the working groups and will be shared at an Interagency Commission on Homelessness meeting in the fall, followed by a broader community meeting to share the plan.

#### Department of Housing and Community Affairs (DHCA) Consolidated Plan

The DHCA develops a Consolidated Plan at least once every five years and an Annual Action Plan for every fiscal year.<sup>3</sup> The Annual Action Plan serves as the County’s application for Community Development Block Grant funds, the Home Investments Partnerships (HOME) Grant,

and the Emergency Solutions Grant. The Action Plan contains details for proposed spending on more than 30 projects, covering three broad goals, and serving the Housing and Urban Development (HUD)-defined needs categories of Affordable Housing, Homelessness, and Non-Housing Community Development. For FY20, these projects are expected to benefit 26,369 households and 1,693 Montgomery County residents. The plan is developed in consultation with public housing authorities, numerous County agencies, and input from sub-recipients, the Cities of Rockville, and Takoma Park. Input from the public is also gathered through hearings and public forums. DHCA works closely with the Interagency Commission on Homelessness, which is the governing body for the County’s Continuum of Care. The plan outlines three main goals: Affordable Housing in an Inclusive Community, Promote Healthy and Sustainable Neighborhoods, and Prevent and End Homelessness. The plan also lists the many projects throughout the County that will receive funds through HUD. A brief description of each project is included in the plan, along with an overview of the geographic distribution of these projects.

#### Community Health and Health Initiatives

“Healthy Montgomery,” Montgomery County’s community health improvement process, is an ongoing program that combines the talents and input of County government, hospital systems, minority health programs/initiatives, advocacy groups, academia, community-based service providers and other stakeholders towards resident’s optimal health and well-being.<sup>4</sup> The goals of Healthy Montgomery are to: improve access to health and social services, achieve health equity for all residents, and enhance the physical and social environment to support optimal health and well-being.

The top priority areas of Healthy Montgomery, and the most recent data on those priorities, are obesity, behavioral health, diabetes, cardiovascular health, cancer, and maternal and infant health. Healthy Montgomery works to establish initiatives to address these areas of health through the lens of the Institute for Healthcare Improvement’s Triple Aim, which tackles health concerns by balancing per capita cost and population health against the experience of care.

<sup>2</sup>Strategic Plan to End Homelessness <https://www.montgomerycountymd.gov/Homelessness/Resources/Files/TenYearPlan-Oct%202014.pdf>

<sup>3</sup>DHCA Consolidated Plan <https://www.montgomerycountymd.gov/DHCA/community/grants/conplan.html>

<sup>4</sup><https://www.montgomerycountymd.gov/healthymontgomery/>



## Office of Legislative Oversight (OLO) Racial Equity Profile

In April 2018, the County Council tasked the OLO with researching disparities among different racial and ethnic groups across several measures of opportunity. In June 2019, a Racial Equity Profile for Montgomery County was released as a report on this research.<sup>5</sup> As in other jurisdictions the Racial Equity Profile measures economic security, health, educational attainment, and connectedness. The report provides a baseline against which progress will be tracked, with the goal of reducing disparities and improving outcomes across communities of color. Ten indicators of well-being were researched in this report: population demographics, education, business revenue and participation, employment, economic security (including poverty, child poverty, rent proportional to income, and children in foster care), housing, health, criminal justice, transportation, and connectedness (new residents, and broadband access). The most extreme rates of racial and ethnic disparities were in health insurance enrollment, child poverty, and school suspensions. Latino children who reside in Montgomery County are over four times more likely to not have health insurance as Caucasian children. Black children are 450% more likely and Latino children are 365% more likely to live in households experiencing poverty than Caucasian children in Montgomery County. Regarding suspension from school, a Black child in Montgomery County is over four times as likely as a Caucasian child to be suspended. Latino children are nearly twice as likely as Caucasian children to be suspended.

Arguably, the most cross-cutting demographic determining health status in Montgomery County today is Zip code. Along the southeastern and eastern borders, as well as a wide swath from east-central to west-central, poverty clusters around the least expensive housing and along the heaviest transportation routes. By far, the least self-sufficient communities within Montgomery County lie in the southeast—Takoma Park and Silver Spring, including the neighborhood of Long Branch—and continuing north and west through Wheaton, Aspen Hill, and into the west-central area of Gaithersburg and Germantown. Many of our neighbors who are newest to the United States live in these areas. Among recent immigrants, the least self-sufficient in Montgomery

County are those from El Salvador, Ethiopia, the Philippines, Peru, and Vietnam. Immigrants from El Salvador have average household incomes that are 74% below self-sufficiency, and residents born in Ethiopia are living, on average, at household income levels that are 64% below self-sufficiency<sup>6</sup>.

The Montgomery County Community Action Agency sits within the Office of Community Affairs (OCA), a division of the Montgomery County Department of Health and Human Services. Also within the OCA are three minority health initiatives: the African American Health Program, the Asian American Health Initiative, and the Latino Health Initiative, whose respective steering committees contribute to the work of Healthy Montgomery.

## OLO Report About Economic Development: Selected Findings<sup>7</sup>

### Minimum Wage and Median Income

The report notes that besides changes in minimum wages, there are many other factors that influence median household income, including the numbers of young people living with their parents, changes in the mix of younger and older households, changes in seniors living on fixed incomes, wage stagnation, changes in family formation (such as more single parent households), as well as broader regional and national economic conditions.

### Minimum Wage and Poverty Rates for Persons Under 18

A drop in an area's poverty rate for children under 18 might indicate that increase minimum wage rates are moving some households (including children in that household) out of poverty. Yet other factors must be considered, including job availability, numbers of hours worked, barriers to higher education, unintended pregnancies and rates of labor force participation, since many families with incomes below federal poverty are not in the labor market.

### Minimum Wage and SNAP Participation

The Supplemental Nutrition Assistance Program (SNAP) is a common measure of income adequacy and whether an individual or household is earning enough to avoid serious economic deprivation. Some research has found

<sup>5</sup><https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

<sup>6</sup><https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/interactiveSelfSufficiency.htm>

<sup>7</sup>OLO Report: Economic Indicators for Montgomery County

<https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLOReport2019-1.pdf>

# Community and Internal Assessment Methodology

a higher relationship with higher minimum wage and lower SNAP enrollment; however, SNAP enrollment also reflects the strength of the local economy, with periods of recession increasing enrollment.

## Minimum Wage and Low Wage Workers

Focusing on three major occupational groups likely to employ workers paid at a low hourly wage, and therefore most likely to benefit from the County's minimum wage increase, the report analyzed Department of Labor, Licensing, and Regulation and Bureau of Labor Statistics data and found that in May of 2017, in Silver Spring-Frederick-Rockville Maryland Metropolitan Division, three major occupational groups were likely to have low hourly wages:

- Food Preparation and Serving Related Occupations, 25% of workers were paid less than \$9.50 per hour;
- Building and Grounds Cleaning and Maintenance Occupations, 25% of workers were paid less than \$10.75 per hour;
- Personal Care and Service Occupations, 25% of workers were paid less than \$9.75 per hour.

The report noted that the County's recent minimum wage rate increases could motivate persons not currently in the labor-force to enter; lead to higher worker productivity and increase the buying power of lower-wage workers, boosting the economy. The report also noted that minimum wage increases could potentially cause employers to reduce the numbers of total of employment, reduce the number of hours of employment for workers, or pass costs on to consumers.

## Food Security Strategic Plan

Residents with disabilities with limited mobility and/or waiting for case management were at a high risk of being food insecure. Some residents were eligible but not enrolled in benefit programs; others were working multiple jobs and/or experiencing homelessness; children in school, on weekends and in/or in single parent households were at risk of food insecurity, 59,480 students receive Free and Reduced Meals (FARMs). Seniors aging in place and/or with dietary restrictions, foreign born residents with limited English, with a lack of knowledge of or access to culturally appropriate services.<sup>8</sup> The Community Action Agency's community assessment highlighted this need in the Long Branch and East of areas of the County. Lack of capacity and resources to meet the needs of low-income East County Community and lack of equitable access to public /private services/resources to meet basic needs shelter food, clothing, etc. to be health, safe and self-enough.

To address this community, need for low income residents in the County to be food secure, the goal is to reduce food insecurity by 22% by 2020. The goal is broken down in a 5-year Security Plan, focused on identifying populations of the county that are food insecure and the food access barriers they face.

**Year 1** - A metric was created to be updated annually by Montgomery CountyStat to track metrics associated with implementation of recommendations and progress towards meeting food security.

**Year 2/3** - Exploration of new data sets of children under 5, college students, increase retail food access and expand food production, engage community partners and private sector strengthen food assistance infrastructure, and health in all polices for food assistance.

**Year 4/5** - Work with WorkSource and Economic Development to enhance nutrition and culinary skills education, expansion of food education capacity, food preservation, increase garden capacity, disaster/emergency preparedness plan in relation to food.<sup>9</sup>

<sup>8</sup>Montgomery County Food Security Plan Summary [https://mocofoodcouncil.org/wp-content/uploads/2014/03/moco\\_food\\_plan.pdf](https://mocofoodcouncil.org/wp-content/uploads/2014/03/moco_food_plan.pdf)

<sup>9</sup>Montgomery County Department of Transportation 2019 Ride On Title VI Data Report – Unpublished document

## Department of Transportation– Title VI Data Report<sup>10</sup>

The Montgomery County Department of Transportation conducts a Title VI survey of Ride-On commuter bus users every four years. The survey helps the County assess its efforts to provide high quality public transportation to residents. Participants are asked satisfaction questions about on-time performance, bus condition, capacity/seating, etc. The survey also provides a snapshot of the residents using the County's public transportation through demographic questions about education level, income, age, etc.

The survey, which is available in seven languages, is conducted in person along all bus routes in the County during a four-month period. The goal is to reach 10,000 riders and in 2018, the County exceeded this goal by collecting 10,897 surveys. The information gathered is compared to previous surveys and this helps the department determine whether or not it is addressing residents' transportation needs.

The Community Action Board includes a representative from the Department of Transportation in its government/public section. This representative provides an overview of the Data Report when it becomes available and the Board is able to use this information for planning purposes and advocacy. If the Board identifies a specific transportation need, this issue can be included in the Board's testimony to the County Council, which provides funding to the Department of Transportation. Additionally, the Board can provide feedback on the survey and ask questions about the collection process.

## United Way Convenings for VITA Partners

In 2018 and 2019, United Way hosted gatherings for VITA partners throughout the DC-area. The goal was to gather information about the financial education needs of residents. Agency staff joined partners to discuss community needs in Montgomery County.

### 2018 listening session

- Common challenges: space; matching volunteers to sites most in need; volunteer retention year to year; general capacity (more demand for services than there is supply); reaching areas not currently served by VITA sites; environment of fear in immigrant communities; confusion over new tax code
- United Way NCA response:
- Volunteer recruitment support
- Storytelling training and template
- Comprehensive site listing
- Grants – operational and challenge grants focused on strategic challenges identified at listening session
- Visibility efforts to attract resources to the work
- Video (need to find link)
- Conference calls with partners

### 2019 listening session

- Common challenges: same as 2018, plus a clearer understanding of the limitations of the new tax law (lower refunds, owing money, etc.); more Uber/Lyft drivers and other complex self-employed returns
- United Way NCA response (envisioned – still cooking these ideas!):
- Funder briefing in fall of 2019
- Dropbox where partners can post their marketing materials
- More coordinated regional marketing – a common regional tagline and designed materials that local partners can adapt
- More visibility opportunities

<sup>10</sup> Montgomery County Department of Transportation 2019 Ride On Title VI Data Report – Unpublished document

## IV. HEAD START COMMUNITY ASSESSMENT

In accordance with the federal Head Start Program Performance Standards (HSPPS) that requires the grantee agency to conduct a comprehensive community assessment at least once over the five-year grant period,<sup>11</sup> Montgomery County CAA conducted its comprehensive Community Assessment in the FY2020 program year. The Community Assessment supports the County Head Start program's strategic planning process and establishment of the five-year project period program goals. The Community Assessment includes the latest information on relevant data and trends in the County's Head Start service area. This includes demographic information about children and families eligible for Head Start services; strengths and challenges affecting the County's low-income families; other early care and education programs available in the County, data regarding the health, dental, nutritional and special education needs of the children; and resources in the community that may help address these needs.

<sup>11</sup> Federal Head Start Performance Standards 1302.11 (b) (1), (2) & (3)

Section II:

# Community Profile and Critical Community Needs



## General Population Trends

*The following information was copied directly from the Montgomery County Department of Planning January 2019 Montgomery County Trends report.<sup>12</sup>*

### Growth

With over one million people, Montgomery County has settled into a slower growth phase befitting a mature, developed county as dwindling supplies of developable land and transportation capacity no longer sustains rapid growth. The key drivers of the county's growth—natural increase and international migration – not only increase population but are also major influencers of demographic change in addition to the inevitable aging of residents.

### Increasing Diversity

Over half of the county's residents were people of color for the first time in 2010. The proportion of people of color is projected to steadily increase from 55% in 2015 to 73% in 2045, according to state forecasts. Montgomery County has a large and diverse foreign-born population (344,645) speaking a variety of languages and varying English-speaking proficiencies. In 2016, one-third of the county's residents are foreign-born, the highest concentration in the Washington, D.C. region.

### An Aging Population

The age 65-plus population is expected to double from 120,000 in 2010 to 244,000 by 2040, increasing from 12% to 21% of the total population.

### Income

Montgomery County retains its ranking among the wealthiest counties in the nation, while its median income varies by subpopulations such as age groups, race and Hispanic origin, nativity, and longevity in the region

### A Broader Mix of Households

Over the decades, Montgomery County households shifted from predominately married-couples-with-children to a broader mix of household types including single parent, couples with no children under 18, singles, and unrelated cohabitation. The county experienced an uptick in the average number of people per household starting in 1990, reversing declines in household size from a baby boom-induced high point in 1960.

### Poverty Hidden Hardships

*The following information was copied directly from the Montgomery CountyStat Hidden Hardships presentation.<sup>13</sup>*

## Poverty in Montgomery County, Maryland

Montgomery County, the most populous county in Maryland, stretches from the bustling borders of Washington, D.C. to the serene pastures and woodlands of its Agricultural Reserve. The county is incredibly diverse with a population that is both "majority minority" and 33% foreign-born. Beyond its geographic and demographic diversity, Montgomery County also boasts its status as one of the most well-educated and wealthiest counties in the nation and is consistently ranked as one of the "most livable" in America. However, hidden amidst the County's great prosperity is a largely unnoticed population: the 75,000+ residents living below the national poverty level. Using data from the United States Census Bureau, the Hidden Hardships report explores trends in the numbers and characteristics of Montgomery County residents living in poverty. All data contained in this report were gathered from multiple years of the American Community Survey (both 1- and 5-year estimates) and, unless otherwise specified, poverty is defined as living below 100% of the federal poverty level (respective of family/household size).

## The State & County at a Glance

The majority of Maryland's population is concentrated within the Washington, D.C. - Baltimore metropolitan area, surrounded by the less populous, rural counties of the state. While much of the state enjoys relatively low poverty rates - Maryland as a whole is well below the 2015 national poverty rate of 13.5% - there were two jurisdictions with high poverty rates in 2015: Somerset County at roughly 25% and Baltimore City at nearly 23%.

Montgomery County, with more than 1 million residents, is the most populous county in the state, and its residents are most densely concentrated along the periphery of the D.C. border and around the County's suburban core. In 2015, poverty rates among the County's 13 districts (Census designated county subdivisions) were relatively small, with the lowest at 2.9%, and the highest at 9.2% - still well below the national poverty rate.

### Overview of Poverty in the County

Poverty in Montgomery County has been slowly, but steadily, increasing over the last 10 years. In 2015, 7.5% of Montgomery County residents were living below poverty - a 67% increase from 2005. Throughout the last

<sup>12</sup> Montgomery County Planning Department Trends Report [https://montgomeryplanning.org/wp-content/uploads/2019/01/MP\\_TrendsReport\\_final.pdf](https://montgomeryplanning.org/wp-content/uploads/2019/01/MP_TrendsReport_final.pdf)

<sup>13</sup> CountyStat Hidden Hardships <http://mcgov-gis.maps.arcgis.com/apps/MapJournal/index.html?appid=122614852f774edab24889991b26821b>

decade, poverty reached its height shortly after the "Great Recession" in 2010; while poverty decreased for a short period thereafter, rates again began to climb after 2012. The trend of rising poverty remains true within each of the four income to poverty ratios, including those considered "working poor" (people who are above the poverty line but below 200% of poverty). Since 2005, the number of people living below the poverty line has increased by almost 36,000, or about 87%.

### Geographic Distribution of Poverty: Extreme Poverty - "Working Poor"

While the percentage of Montgomery County residents living in extreme poverty (below 50% of the poverty level) is relatively low, the absolute number continues to grow, and the three most populous districts all had close to 4% of their population living in extreme poverty in 2015 - that's over 20,000 people combined. Despite relatively low poverty rates, the county does still have a significant number of people living just over the poverty line, the "working poor," or those between 100% and 200% of poverty.

As previously noted, the number of Montgomery county residents in each of the four poverty ratio groups has been steadily growing over the last decade. While there may be some shifting of individuals between poverty ratio groups, the growth in the number of residents within all groups indicates that the increase is the result of new additions to the ranks of the poor.

### Poverty Among Families

Across the County, families of every composition have relatively low poverty rates, and, on average, poverty rates increase by less than 1% among only those families with children under the age of 18 years old. Poverty rates increase significantly, however, when looking at female-headed families (no adult male present) and, especially for female-headed families with children under the age of 18 years old. While this is a trend consistent across the United States and not one specific to Montgomery County, the poverty rates for this demographic are disproportionately high.

### Median Household Incomes

Montgomery County's substantial wealth is evident when looking at median household income. In 2015, the lowest median income among the 13 districts was

\$79,626 - well above the national median income of \$56,516; at the high end, it topped \$186,181. Despite these high median incomes, poverty still exists in Montgomery County, and indeed, it is the significant number of such high-income earners that masks the smaller, yet still very significant number of low-income earners.

### Federal Poverty Level vs. Self-Sufficiency

	1 adult (annual household income)	1 adult + 1 infant + 1 preschooler (annual household income)	2 adults + 1 preschooler + 1 school-age child (annual household income)	2 adults + 1 infant + 1 preschooler + 1 teenager (annual household income)
2019 Federal Poverty Level	\$12,490	\$21,330	\$25,750	\$30,170
New County Minimum Wages*	\$26,400	\$26,400	\$52,800	\$52,800
2016 Self-Sufficiency Standard	\$37,804	\$103,322	\$91,252	\$120,068

The County's minimum wage increased to \$12.50/hour on July 1, 2019 for employers with 50 or fewer employees. The annual income here is based on a work year consisting of 2,112 hours (the number used to calculate annual income in the SSS).

Given the very high cost of living in Montgomery County - and in the National Capital Region, broadly - what constitutes a low-income earner? How much income is necessary to meet a family's minimum basic needs in Montgomery County? Diana Pearce of the University of Washington conducts research on the "Self-Sufficiency Standard," or the bare minimum income required to support various sized families. A sample finding from her report for Montgomery County is shown below.

According to the Self-Sufficiency Standard, a single adult must earn at least \$37,232 to meet his or her basic needs in Montgomery County; however, up to 13% or more of some district households report having incomes lower than \$25,000. In District 13 (Silver Spring-Wheaton-Aspen Hill), the County's most populous, where over 20% of residents report incomes between \$25,000 and \$49,000, it is likely that there are a number of single parent families that struggle to meet their family's basic needs, valued at a minimum of \$70,678.<sup>14</sup>

<sup>14</sup> <https://www.montgomerycountymd.gov/HHS/Program/OCA/CommunityAction/interactiveSelfSufficiency.html>

# Community Profile and Critical Community Needs

## Median Household Income by Race

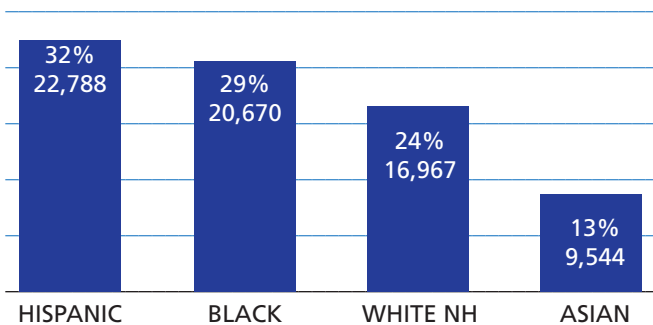
Interesting patterns appear when median household income is disaggregated by race. District 10 (Potomac) maintains the highest median income across all races, while districts 4, 5, 9, and 13 (surrounding Interstate 270, the County's main thoroughfare) make up the lower end of the spectrum across all races. The differences between the lowest incomes and highest incomes are quite stark, both between races and within each race, but across districts: in 2015, Asian residents of Potomac had a median income approximately \$115,436 higher than Asian residents of Silver Spring-Wheaton, and \$156,225 higher than black residents in the Poolesville area (District 3).

While poverty has steadily increased over the last decade, between 2010 and 2015, median household incomes rose, on average, for all race groups, highlighting a potential growth in income inequality within Montgomery County.

## Race & Poverty

### Residents Living in Poverty

(% = Share of all Residents Living in Poverty)



Poverty is unequally distributed across different races; this is an unfortunate reality not only in Montgomery County, but also throughout the United States.

Across the County, white and Asian residents enjoy the lowest poverty rates: the rural District 11 (Barnesville), had the highest poverty rate for white residents at 7.4%, with Asian residents having the highest poverty rate in the same district, at 11.1%. Black residents, on the other hand, have poverty rates as high as 19.2% (Damascus area) and Hispanics as high as 14.1% (Silver Spring-Wheaton area). While higher poverty rates for white and Asian residents tend to be found in the more rural districts of the county, poverty among black and Hispanic

residents tends to be concentrated within the county's urban/suburban core - along the southern stretch of I-270 and eastern end of I-495.

In absolute terms, the number of impoverished white, black, and Hispanic residents tend to be relatively equal. The number of impoverished Asian residents is consistently lower than the other three races, largely due to their smaller share of the overall population.

In relative terms, the differences in how poverty affects each race becomes strikingly evident. Black and Hispanic residents have significantly higher poverty rates than white or Asian residents. In 2015, the poverty rates for black and Hispanic residents were roughly 235% and 264%, respectively, of the poverty rate for white residents. It is also interesting to note that the recession hardly affected poverty rates among Montgomery County's white residents, while it had relatively dramatic impacts on both Asian and black residents, and appears to have had a delayed, yet significant impact on Hispanic residents.

## Age & Poverty

Different age groups of Montgomery County residents are affected by poverty in varying degrees. In absolute numbers, children under the age of 18 constitute the largest share of the four different impoverished age groups, followed by those aged 18-34 and 35-64. However, in relative terms, over the last 10 years, persons aged 18-34 have predominantly experienced the highest poverty rates, only recently being surpassed by residents under the age of 18. The elderly, those aged 65 or older, have experienced relatively low poverty rates, staying well below the nationwide elderly poverty rate.

## Nativity & Poverty

As previously noted, Montgomery County prides itself on being a diverse community, and with good reason: about 33% of County residents are foreign-born, and, compared to all counties in the nation, Montgomery County has the highest number of Ethiopian and Cameroonian immigrants, the second highest number of immigrants from Sierra Leone, Ghana, and Bolivia, and ranks third for the total number of El Salvadoran immigrants. While many may assume that immigrants have higher poverty rates, is it really true that the

foreign-born population significantly inflates the County poverty rate? The answer depends on how poverty among the foreign-born population is measured.

Taken as a whole, the foreign-born population has a higher poverty rate than both the native-born population and the County as a whole. However, when the foreign-born population is disaggregated, foreign-born citizens have a poverty rate that, with the exception of two years, has been below that of the County as a whole, and on average, not that different than the rate of native-born citizens. Foreign-born non-citizens, however, have a much higher poverty rate; in 2015, the poverty rate for foreign-born non-citizens was 65% greater than the County poverty rate, almost 82% higher than the native-born poverty rate, and 120% higher than the poverty rate for foreign-born citizens.

## Education & Poverty

Educational attainment is one of the main factors that determine a person's poverty status; generally, the higher level of educational attainment reached, the less likely one is to be in poverty. This is evident looking at both the County maps and the poverty rate by educational attainment time series graph, where the lowest poverty rates are among those with a Bachelor's degree or higher and the highest poverty rates are among those with less than a high school degree.

While in absolute terms the number of residents in poverty with a Bachelor's degree or higher is the largest of the four educational attainment categories, those persons also have the lowest poverty rate; the category with the highest poverty rate, those with less than a high school degree, is almost 500 times greater than those with a Bachelor's degree or higher. The reason the absolute number is so high, but the poverty rate so low, is due to the fact that Montgomery County is one of the most highly educated counties in the nation. Indeed, in 2015 Montgomery County was ranked ninth in the nation for the percentage of residents with a Bachelor's degree or higher (58% of residents).

## Employment & Poverty

It is often argued that if the poor simply got jobs, then they would no longer be in poverty. However, a significant percentage of the County's impoverished population is, in fact, employed. While the characteristically lower levels of educational attainment

among the poor certainly limits their job opportunities, it is clear that a single minimum wage job is insufficient to support one's own, and one's family's, basic needs. The data not only highlights the difficulty of reaching self-sustainability on a low-income in Montgomery County, but also highlights potential problems of gender inequality and labor activation efforts.

The percentage of both employed and unemployed females living in poverty is significantly higher than males, suggesting a variety of possible issues: prevalence of more single female-headed households, wage inequality between the sexes, or perhaps discrimination in hiring. There also appears to be a problem of getting impoverished people to work, as the percentage of impoverished residents who report being unemployed is relatively high. The exact causes of these issues are unclear and require additional research.

## Work Experience & Poverty

Very few of the County's impoverished population reported having worked full-time, year-round, during the preceding 12 months, whereas a significant number reported having not worked at all over the previous 12 months. This does not necessarily imply that the poor are disinterested in working; the low rate of full-time, year-round employment among the poor could be because most of those who worked full-time, year-round earned enough to keep themselves out of poverty. Conversely, those who reported having not worked at all may not have worked due to various disabilities, family/household needs, or a lack of necessary skills for a suitable job. While there are a myriad of possible explanations, determining causality is very difficult.

## Commuting Patterns

One of the major difficulties for impoverished people trying to work their way out of poverty is the challenge of commuting to and from work and the time spent doing so. Personal vehicles are expensive, illustrated by the fact that roughly 42% more non-poor residents commute to work in their personal vehicle than poor residents. Conversely, a much higher percentage of poor residents commute to work using public transit or by walking. Between the Washington area's notorious traffic, crowding and delays on the D.C. Metro, or having to walk to work, the average commute time for Montgomery County residents is 34 minutes. While for

## Community Profile and Critical Community Needs

many, 68 minutes commuting per day may only be a minor inconvenience, for a single, impoverished parent, 68 minutes is valuable time that could have been spent making more money at a second job, picking up a child from day care earlier to save on child care expenses, or simply spending more quality time with their family.

### Receipt of Government Benefits

Given Montgomery County's significant wealth, it is unsurprising that, in general, the receipt of government benefits is relatively low. However, perhaps accompanying the rise in poverty, receipt of these government benefits is also increasing. In 2015, 2.5% of Montgomery County residents received Supplemental Security Income - well below the national rate of 5.4%, but still a 47% increase from 2010. Cash benefits (e.g. TANF), were received by 1.8% of residents, again, well below the national rate of 2.8%, but an increase of 38% from 2010. Finally, SNAP benefits (food stamps), were utilized by 6% of county residents, 55% less than the nation as a whole, but a 76% increase from 2010.

In 2015, receipt of SSI is relatively evenly spread across the county's districts ranging from 1.5% at the lowest, to 3.5% at the highest. Cash benefits varied a little more between districts, ranging from 0.5% at the low end, to 3.3% at the high end. Receiving of SNAP benefits was the most unevenly distributed, with only 0.9% of residents in the Bethesda-Chevy Chase area receiving SNAP, but 10.1% of Gaithersburg-Montgomery Village area residents receiving the benefit.

### Conclusion

Hidden beneath the many attributes that combine to make Montgomery County one of the best counties in the nation - wealthy, well-educated, diverse, and the mix of thriving urban areas, close-knit suburban communities, and tranquil countryside - there persists a significant, and growing, number of individuals and families living in poverty.

As of 2015, there were over 75,000 Montgomery County residents living below the federal poverty threshold. An additional ~125,000, while above poverty, struggle to meet their own, and their family's most basic needs as the cost of living in Montgomery County becomes increasingly expensive. Despite the County's significant wealth, there are still many residents who struggle to meet their economic needs, and it is hoped that this report helped to illuminate the hardships they face daily.



Section III:

# Community Needs

## Immigration

Montgomery County is home to a third of Maryland’s foreign-born population. In the 2016 Montgomery County Self-Sufficiency Standard (SSS)<sup>15</sup>, the percentage of the foreign-born population who were earning household incomes below the SSS was measured by decade of immigration. Fifty-five percent of immigrants who arrived in the first decade of the 21st century live on household incomes below the SSS. Among the most recent immigrants for which there is data—arriving in the US between 2010 and 2012—31% are living below the SSS. Among immigrants from El Salvador, 74% live in households below the SSS. Sixty-four percent of County residents originally from Ethiopia also live below the SSS, as well as 54% from Peru and 49% from the Philippines. Forty-two percent of immigrants from Vietnam also live below the SSS. Approximately 13% (over 141,000) of Montgomery County residents speak English “less than well.”<sup>16</sup> According to the 2017 American Community Survey, by far the most commonly spoken native language is Spanish, followed by other Indo-European languages; Chinese (both Mandarin and Cantonese); other and unspecified languages; French, French-Creole (Haitian), or Cajun; Korean; and other Asian and Pacific Island languages.

On July 22, 2019, Montgomery County Executive Marc Elrich issued an executive order, “Promoting Community Trust,” to reaffirm county policy and ensure immigrants and vulnerable communities feel they can seek county services without fear that such engagements will be used to assist in civil immigration enforcement<sup>17</sup>. DHHS Director Raymond Crowel is working with senior leadership to ensure that forms and record-keeping comply with both federal law and the above executive order, noting only whether someone is eligible for services.

As advocates for low-income County residents (regardless of immigration status), the Community Action Board (CAB) submitted a letter countering what were then proposed changes to the federal government’s determination of who is a public charge, specifically regarding using the enrollment in SNAP, housing vouchers, and Medicaid. The CAB also submitted a letter to the federal government against the proposed inclusion of a citizenship question in the 2020 Census.

The Takoma-East Silver Spring (TESS) Community Action Center was established in the Long Branch community in 1968 because of the high number of Spanish-speaking immigrants, then mostly from Cuba, who were new to the US, Montgomery County, and seeking assistance. Today, Long Branch is home to diverse people, maintaining a high population of Spanish-speakers and new immigrants. TESS now employs an Amharic speaker. Outreach is planned to further assess who in Long Branch is eligible for services and not yet served.

Community Action Agency contract monitors work with nonprofit partners who have reported lower numbers of people seeking SNAP and other federal resources in recent years, and instead relying on informal supports such as food pantries. Community Grants monitored by CAA staff have shifted over the last two years as well, including a decrease in funding for general legal aid, such as family law, and increased funding for legal aid and case management for refugees, asylees, and minors who entered the US unaccompanied by an adult. As the County Executive and County Council-funded Community Grants program evolves under the new County administration, the CAB and alumni of the Community Advocacy Institute (CAI) will continue to participate in application reviews and to speak at public forums on the program’s intent.

## Early Childhood Education

### Child Care Costs as Compared to Household Expenses

The estimated current median family income in Montgomery is \$126,587. A family of four that included a couple and two children ages 0-23 months and 2-5 years can be expected to have the following yearly household expenses:

Expense	Cost	% of Income
Child Care	\$ 32,721	25.9%
Infant	\$ 17,713	
Preschooler	\$ 15,008	
Food	\$ 10,600	8.4%
Housing	\$ 29,976	23.7%
Taxes	\$ 33,762	26.7%
<b>Total</b>	<b>\$107,061</b>	<b>84.6%</b>

This chart was obtained from the Maryland Family Network Child Care Demographics Montgomery County Report.<sup>18</sup>

<sup>15</sup> <https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/InteractiveSelfSufficiency.html>

<sup>16</sup> Montgomery County Self-Sufficiency Standard [montgomerycountymd.gov/communityaction](https://www.montgomerycountymd.gov/communityaction)

<sup>17</sup> <https://www.montgomerycountymd.gov/partnerships/>

<sup>18</sup> <http://www.marylandfamilynetwork.org/wp-content/uploads/2019/04/Montgomery.pdf>

## Community Needs

This section includes information from the *Early Childhood Education Strategic Plan 2017*.<sup>19</sup>

Montgomery County is home to 76,498 children under the age of six, accounting for 7% of the total County population. Nearly half of these children are non-white and an estimated 28% have at least one parent or guardian who speaks a language other than English at home.

Within the next five years, the share of children under the age of six in the County is expected to increase by 8% and children of color will drive much of this growth, as has occurred over the last several decades. By 2040, it is estimated that 77% (57,629 children) of the County population under age five will be non-White.

Although generally considered a wealthy County, four out of ten of Montgomery County's young children are economically vulnerable, living below 300% of the federal poverty level (or below \$75,300 for a family of 4). And almost 7,000 children under the age of six are living below the federal poverty level (below \$25,750 for a family of 4).

Growing up in poverty can have an adverse impact on development, leading to family and community conditions that negatively impact children's preparedness for kindergarten. Montgomery County's own data on kindergarten readiness bear this out - only three out of ten from low-income Free and Reduced Priced School Meals eligible households were ready for kindergarten, compared with six out of ten children from mid- to high-income households: a 32-point achievement gap. Furthermore, slightly more than three out of ten dual language learners and two out of ten children with disabilities were ready for kindergarten. These gaps in school readiness will only grow

costlier and more difficult to remediate as children grow older.

Far too many of the County's families struggle to afford high-quality care and education and need assistance with paying for childcare. Montgomery County families are hardworking – Nearly three-quarters of our families (72%) with children under six have both parents in the workforce. But they are not earning enough to afford high quality services for their young children. Families must pay at least \$13,500 a year to purchase early care and education for a preschooler in Montgomery County, and much more if they have more than one child. The U.S. Department of Health and Human Services recommends that families invest no more than 7% of their income on childcare. Envision a family with two young children – this family would need to earn almost \$375,000 to meet the 7% mark. In the County, only 24% of families have an income above \$200,000 per year.

### OTHER CHILD DEVELOPMENT AND CHILD CARE PROGRAMS

County-Wide Regulated Early Childhood Programs and Education

Program Type	Total # of Programs	Capacity
Family Child Care Providers	848	6,587
Licensed Group Care*	491	36,110
8-12 Hour Child Care Centers	291	23,161
Infant/Toddler	154	2,724
Part-Day	67	N/A
Before/After School (School & Center-based)	312	N/A
Employer Sponsored centers	10	1132
Youth Camps	111	N/A
Nursery Schools	153	N/A
Kindergarten (non MCPS)	84	N/A
MCPS PreK	111	2,220
Head Start	34	648
Early Head Start	3	341
Public PreKindergarten	60	4,423

\*Note: numbers do not total because facilities may have more than one type of program.

<sup>19</sup> ECCC Strategic Plan <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/ECStrategicPlanfinal.pdf>

## Community Needs

Montgomery County has over 250 licensed childcare centers and approximately 840 family childcare providers. Low-income families have difficulty using licensed providers due in part to their high cost of services. Montgomery County offers two sources of funding to assist families in gaining licensed family care: Child Care Subsidy (CCS) and Working Parents Assistance (WPA). The federally funded Child Care Development Fund's Child Care Subsidy program (AKA Child Care Scholarships), administered by the Maryland State Department of Education, helps limited-income families pay for childcare while parents work, attend school or job training. Families receive a voucher for each child needing care; a sliding scale, based on household income, is used to determine the amount of the voucher and the amount of the co-payment, which the parents must pay. The WPA is funded through County local resources. The WPA commits County funds with the goal of helping low-income parents meet the costs of childcare and allows more Montgomery County families to receive a childcare subsidy. WPA targets working families, providing financial assistance and assistance for the pursuit of child support. Parents may use the provided funding to purchase any type of care, including informal care with the State childcare subsidy only.

### Overview: Montgomery County Head Start/Early Head Start

During the FY2018-19 program year, Montgomery County Head Start was funded to serve 648 children and their families. Montgomery County Public School's Head Start/PreK program provided direct services for a total of 714 Head Start-enrolled children and an additional 2285 Prekindergarten eligible children of which approximately 795 were also eligible for Head Start services. There are approximately 1,600 children eligible for Head Start living in the County. Montgomery County Head Start is currently serving 40.5% of all Head Start eligible children.

FY19	No. of Enrolled Children
Head Start 4 year-old enrolled children	643
Head Start 3 year-old enrolled children	71
Prekindergarten enrolled	4,423
Head Start eligible children enrolled in PreK	795

Montgomery County Head Start provides comprehensive services in a center-based option model. The program is located in 30 Montgomery County Public Schools throughout the County with a total of 34 classrooms. During the 2018-19 program year, 83.3% of children were enrolled in center-based full day classes (5 days per week, 6 hours per day) and 16.6% of children were enrolled in center-based part day classes (5 days per week, 3.5 hours per day).

The racial and linguistic make-up of the children enrolled in Montgomery County Head Start has remained consistent over the past five years, with Hispanic/Latino families being the highest number of enrolled children and Spanish being the second highest primary home language after English. Montgomery County Head Start enrolled families include recent immigrants from Central and South America, the Middle East, Asia, and Africa.

The County is home to three **Early Head Start programs**. A companion program to Head Start, Early Head Start (EHS) is also a federally-funded comprehensive health, education, parent engagement and social services program for low-income families with children birth to 3 years of age and pregnant women. Family Services, Inc., CentroNia and the Reginald S. Lourie Center serve as the County's EHS grantees.

### Challenges for EHS 3 Year olds

- In 2018: 2 of the 45 FSI EHS three-year-old children who aged out of the program transitioned to Head Start. Only 18 children total transitioned to another early childhood environment.
- 0 of the 35 CentroNia EHS three-year-old children transition to Head Start. NOTE: CentroNia currently receives MSDE Pre K + funding. The state has allowed CentroNia to serve some three-year-olds in this program.
- MCPS Head Start three-year-old classes are limited. During the FY2018 school year, MCPS provided seven three-year-old Head Start part-day classes.
- MCPS Head Start three-year-old classes are in schools outside of the EHS families communities and outside of MCPS transportation zones.
- EHS families make progress towards self-sufficiency, increasing their income which makes them ineligible for Head Start's federal poverty levels.
- 50-60% of three-year-olds at FSI and 30% of three's at CentroNia do not continue in early care and education after aging out of EHS. Children fall back in language and socio-emotional development.
- FSI teen parents may face dropping out of High School as their three-year-olds age out of EHS while they are still in High School. With no childcare, parents are -challenged with finishing school.

### County-wide Early Care and educational Initiatives

#### *Early Childhood Coordinating Council<sup>20</sup>*

Maryland's commitment to early childhood education was strengthened with the establishment of an Early Childhood Coordinating Council (ECCC) in 2000. Based on this early work in developing a readiness assessment system for K-12, Maryland was awarded a federal *Race to the Top: Early Learning Challenge Grant* (RTT-ELC) in 2012. RTT-ELC required a state-wide Early Childhood Advisory Council (ECAC). In Maryland, each county jurisdiction was charged with establishing a local ECAC. Since 1998, Montgomery County included early childhood initiatives in its school readiness approach. As a partner in the State's RTT-ELC, the County's ECAC was initiated by the County Executive, and was established

and executed in conjunction with the superintendent of schools. The ECAC worked collaboratively to plan, implement and assess activities focused on ensuring that all young children (birth through age 5) in Montgomery County arrive at school fully ready to learn. In 2015, Montgomery County Council passed Bill 13-15 that established the ECCC. Membership of the former ECAC has been transferred to the ECCC. Members are appointed or invited by the County Executive and confirmed by the County Council. ECCC membership is comprised of a variety of stakeholders and professionals with expertise in the early childhood field including: County parents, business and foundation representatives, childcare providers, Montgomery County Public School staff, Maryland State Department of Education staff, Montgomery County Libraries and County Government representatives.

*Montgomery County's early Care and Education Strategic Plan 2017 includes the following goals<sup>21</sup>:*

#### **Goal 1. High quality care from birth in all settings.**

*All infants, toddlers, and preschoolers in Montgomery County experience high quality early care and education in formal and informal settings.*

#### **Goal 2. Affordable, accessible early care and education for all children and families.**

*Montgomery County provides adequate resources to ensure eligible families can afford early care and education that is high-quality, accessible and meets their needs.*

#### **Goal 3. An educated, diverse, well-compensated early childhood workforce.**

*The Montgomery County early childhood workforce is diverse, professionalized, well-compensated, and has access to on-going professional learning supports.*

#### **Goals 4. Transitions and continuity across ages and settings.**

*All infants, toddlers and preschoolers in Montgomery County experience continuity in transitions as children develop and continuity across settings and sectors.*

**Goals 5. Leadership and Financing.** *Montgomery County has the necessary infrastructure and funding to support a high-quality, affordable, accessible early care and education system.*

<sup>20</sup> <https://www.montgomerycountymd.gov/HHS-Program/CYF/ECAC/ECACIndex.html>

<sup>21</sup> Early Childhood Education Strategic Plan <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/ECStrategicPlanfinal.pdf>

### **Montgomery Moving Forward/Nonprofit Montgomery**

Nonprofit Montgomery is an alliance of leaders of nonprofit organizations serving Montgomery County. Nonprofit Montgomery's vision is to be a collective voice of nonprofits of all sizes and missions with government, philanthropic, and corporate partners. The organization's goal is to strengthen individual organizations, increase the visibility of their work, and advocate on behalf of nonprofits and the people they serve. *Montgomery Moving Forward* (MMF) is the organization's collective impact vehicle for change that brings cross-sector leaders from business, philanthropy, education/academia, government, and non-profits together to define a problem and embrace a common agenda.

In 2016, MMF launched its second focus issue: *Early Care and Education: A key building block for economic opportunity*.<sup>22</sup> MMF's decision to embrace this issue was the result of a six-month community engagement process that gathered input from more than 500 residents and leaders. MMF's goal is to add value to the County's established early childhood initiatives, by fostering cross-section dialogue and advocating for alignment of all components of the system. MMF believes that a stronger, more equitable system will lay the foundation for more children to succeed in school, help reduce the achievement gap, and help build the workforce of the future.

In January 2018, MMF issued a "call to action" for Early Care and Education in Montgomery County that envisions a coordinated, comprehensive system that will support two important goals: (1) attract and retain a talented workforce of today by supporting families with young children; and (2) ensure the skilled workforce of tomorrow by addressing the growing opportunity gap.<sup>23</sup> MMF's call to action includes six action steps that provide strategic direction for achieving the key outcomes. These independent strategies support a fully cohesive, coordinated ECE system.

<sup>22</sup> Early C Education Strategic Plan <https://www.montgomerycountymd.gov/HHS/Resources/Files/Reports/ECStrategicPlanfinal.pdf> childhood

<sup>23</sup> MMF Call To Action <https://www.nonprofitmoco.org/wp-content/uploads/2018/01/MMF-Call-to-Action-Early-Care-and-Education-Jan2018.pdf>



## Community Needs

MMF ECE Call to Action Steps	MMF ECE Call to Action Strategies
Break down silos and boldly reform the ECE system.	<ul style="list-style-type: none"> <li>Align ECE services and providers to create a coherent, robust, accessible system.</li> </ul>
Improve ECE Access for all families.	<ul style="list-style-type: none"> <li>Reduce the barriers many families face in accessing ECE.</li> <li>Make ECE more affordable for families</li> <li>Develop more ECE options for parents who don't work 9to 5.</li> <li>Promote and expand existing resources that support parents and young children.</li> </ul>
Educate and engage our entire community.	<ul style="list-style-type: none"> <li>Find creative ways to involve the whole community in ECE-all people and places that touch the lives of parents and young children.</li> <li>Conduct a public awareness campaign to bolster support for high-quality ECE as a community priority.</li> </ul>
Facilitate strategic financing.	<ul style="list-style-type: none"> <li>Address the inadequacy of funding for ECE.</li> <li>Facilitate and convene meetings of community stakeholders to address financing issues and solutions by looking at best practices and innovative models of ECE from around the country.</li> </ul>
Strengthen ECE workforce and infrastructure.	<ul style="list-style-type: none"> <li>Create affordable, accessible, integrated career pathways for ECE providers and support ECE workforce development strategies that improve education quality.</li> <li>Address the issue of high teacher turnover, which affects the quality of ECE.</li> <li>Advocate for changes at the state level to address barriers that currently impact ECE providers.</li> <li>Create coordinated ongoing support structures/networks informal providers in high-need neighborhoods.</li> <li>Develop the business acumen of ECE providers.</li> <li>Recruit more bilingual providers to work with Dual Language Learners (DLLs) in early education settings.</li> <li>Increase providers' understanding and preparation to work with children with developmental delays, disabilities or trauma in ECE settings.</li> <li>Work in concert with the Washington Region Early Care and Education Workforce Network.</li> </ul>
Support and deepen family engagement.	<ul style="list-style-type: none"> <li>Add or expand Parent Resource Centers and other proven family support programs.</li> <li>Provide parents with resources, education, and strategies to help nurture the development of their young children.</li> <li>Re-establish the Home Visiting Consortium to coordinate home visiting programs to include Head Start, Early Head Start, Family Support Network, Healthy Families, and Operation Smile.</li> <li>Build on existing programs that help low-income parents and children at the same time.</li> </ul>

## Montgomery County Early Care and Education Initiative

In an effort to support MMF's call to action, the County Council President and County Council members, the County Executive, the Montgomery County Department of Health and Human Services (HHS), Montgomery County Public Schools (MCPS) and Montgomery College (MC) have joined together in an initiative to increase the number of quality Early Care and Education (ECE) seats in a mixed-delivery system by certifying additional Family Child Care (FCC) providers, increasing resources to providers and families and identifying existing unused or underutilized classroom space in high need areas thus making quality early care and education more accessible to more families.<sup>24</sup>

Outcome 1	Expand the availability of ECE seats for infants, toddlers and preschoolers by approximately 600.
Outcome 2	Increase access to quality ECE to more children through increased utilization of Working Parents Assistance Program (WPA).
Outcome 3	Ensure sustainability of existing family and center-based programs to reduce provider attrition and loss of available seats.
Outcome 4	Establish a cross agency working group to immediately identify and resolve barriers to <i>expansion, access and sustainability of quality childcare</i> in the County, including but not limited to financing, services alignment, workforce supports, community engagement. The working group will also explore the development and/or co-location of ECE programs in commercial, private, public, faith-based, and intergenerational settings. The work of this group will be guided by existing studies, plans and reports.
Outcome 5	Monitor Kirwan Commission recommendations to ensure alignment and possible coordination with partners at the State level.

<sup>24</sup> Early Care and Education Initiative

<https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/CYF%20Docs/ECE%20Initiative%20Year%20One%20.pdf>

<sup>25</sup> 2017 American Community Survey

<sup>26</sup> Office of Legislative Oversight Racial Equity Profile for Montgomery County

[https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6\\_20\\_19.pdf](https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/OLO2019-7-6_20_19.pdf)

<sup>27</sup> Point In Time Study <https://www.montgomerycountymd.gov/Homelessness/Numbers.html>

<sup>28</sup> Montgomery County Department of Health and Human Services, Services to End and Prevent Homelessness

<https://www.montgomerycountymd.gov/homelessness/>

<sup>29</sup> <https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/interactiveSelfSufficiency.html>

<sup>30</sup> <https://www.mdhungersolutions.org/>

<sup>31</sup> Montgomery County Commission on Aging Briefing Book

[https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout\\_11-16-18\\_FINAL.pdf](https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout_11-16-18_FINAL.pdf)

<sup>32</sup> American Community Survey

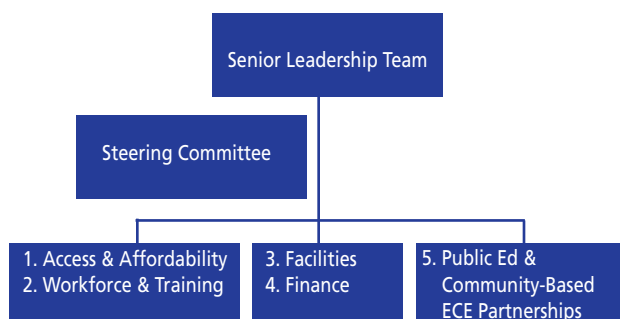
<sup>33</sup> Montgomery County Commission on Aging Briefing Book

[https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout\\_11-16-18\\_FINAL.pdf](https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout_11-16-18_FINAL.pdf)

<sup>34</sup> Montgomery County Commission on Aging Briefing Book

[https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout\\_11-16-18\\_FINAL.pdf](https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COA%20Briefing%20Book%20Layout_11-16-18_FINAL.pdf)

## ECE INITIATIVE WORKING SUB-COMMITTEES



### Housing and Homelessness

Obtaining affordable housing remains a serious challenge for County residents who are trying to become self-sufficient. Housing is the largest expense for many households in Montgomery County. In 2017, 23.3% of homeowners and 49.5% of renters spent 30% or more of their income on housing, meaning that they are housing burdened.<sup>25</sup> Disparities exist along racial/ethnic lines though. 44.7% of White renters, 42.7% of Asian renters, 54.5% of Black renters, and 62.2% of Latino renters are housing burdened.<sup>26</sup>

In terms of homelessness, according to the 2019 Point-In-Time Survey, 647 people were “literally homeless” in the County.<sup>27</sup> The County achieved “functional zero” for veterans’ homelessness by December 2015 and as of August 2019, 97% of chronically homeless residents were now housed.<sup>28</sup>

### Food Security

In Montgomery County many residents with a household income under the County’s Self-Sufficiency Standard \$91,252 for a family of four, are potentially at a risk of food insecurity, 6.9% of residents live below the poverty level of \$24,600 for a family of four.<sup>29</sup> In the County, 73,213 people are living below the federal poverty level, 70,150 people are estimated to be food insecure, 35% of this number are income ineligible for federal benefit programs. 25,009 households receive SNAP benefits in 2015 compared to 8,900 in 2005.<sup>30</sup> Income eligibility for SNAP was \$31,980 per year in 2017 and for WIC it was \$45,510 per year. A large percentage of Montgomery County residents earn too much to qualify for food assistance programs but not enough to reach the Self-Sufficiency Standard.

### Senior Issues

Seniors are currently the fastest growing age group in Montgomery County. From 2010 to 2015, residents

age 65+ increased 22.4%, from 120,000 to 146,600. Residents age 85+ are anticipated to grow from 19,431 in 2010 to an estimated 42,900 by 2040 (a 221% increase).<sup>31</sup> A quarter of County homeowners age 60+ spend over 30% of their income on housing; 61% of renters age 65+ are housing burdened.<sup>32</sup> The County’s highest demand for rental units is among households earning less than 30% of the area median income. Assisted living costs \$2,000 - \$6,000/month and is typically paid with personal funds.<sup>33</sup>

From 2015 – 2050, the number of seniors needing care is expected to increase by 84%, while caregivers are anticipated to increase by only 13%. Supportive services such as respite care, adult day care, medical adult day care, and Senior Center Plus can ease the burden. Montgomery County has two Senior Center Plus sites, one supported by a private foundation, and a new County-funded site that serves individuals one day a week.<sup>34</sup>

Elder abuse can be perpetrated by family members, staff at nursing homes or assisted living facilities, or other caregivers. One study found that approximately 10% of Americans age 60+ are victims of abuse. DHHS resources to protect elders include: Aging and Disability Services; Adult Foster Care; Adult Protective Services (APS); Adult Public Guardianship; the Abused Persons Program; and the Victims Assistance & Sexual Assault Program.

Montgomery County provides older residents with somatic and behavioral health care, and recreational and social services, either directly at senior centers and clinics, or in coordination with partnering organizations. Montgomery County’s six senior centers and senior programming in community centers offer social, health, and educational activities. Growth in the number of low-income, immigrant and culturally diverse elders necessitates additional services. Currently, the County is building recreation and community centers for all ages, following research that demonstrates older and younger generations’ benefits from reading, providing homework assistance, and informal “grandparenting.”

Additional community needs are expanded oral health care, a benefit not included in Medicare. The County’s senior dental program has limited resources to provide basic dental services to residents age 60+ who meet eligibility requirements. Recommendations for expanded behavioral health care include implementing a peer counseling program and using mobile and other facilities to bring additional services into the community.

## Community Needs

At the Takoma-East Silver Spring (TESS) Community Action Center, our walk-in site, our Senior Social brings 30 seniors together once a month on Fridays (except in the winter) for exercise, lunch, social support, and linkages to resources. Participants eagerly anticipate the weekly gathering. The Senior Social iterates the success of other “wrap-around services” that keep residents active and healthy as they “age in place,” such as villages—grassroots senior peer support networks that assist with household chores, transportation, social activities and other informal supports also enhance seniors’ quality of life.

### Promoting Equity

Racial disparities, gender inequities, and other distinctly targeted populations noted in the above statistics are a key concern of Healthy Montgomery initiatives.<sup>35</sup> Across four broad categories of race and ethnicity—Non-Hispanic White, Non-Hispanic Black, Hispanic, and Asian/Pacific Islander—Healthy Montgomery initiatives have narrowed by fifty per cent or more the disparities across all disease areas.<sup>36</sup> Among Non-Hispanic Black residents, overall life expectancy has increased by two years from 2010 to 2014, from 80.5 years to 82.5. While this is encouraging, the life expectancy for Non-Hispanic Whites in the same years was 83.9 and 84.4, nearly a two-year difference. Disparities across sex and age are more pronounced and continue to drive creative partnerships to improve outcomes at a community level.

In April 2018, the County Council tasked the Office of Legislative Oversight (OLO) with researching disparities among different racial and ethnic groups across several measures of opportunity. In June 2019, a Racial Equity Profile for Montgomery County was released as a report on this research.<sup>37</sup> As in other jurisdictions the Racial Equity Profile measures economic security, health, educational attainment, and connectedness. The report provides a baseline against which progress will be tracked, with the goal of reducing disparities and improving outcomes across communities of color. Ten indicators of well-being were researched in this report: population demographics, education, business revenue and participation, employment, economic security (including poverty, child poverty, rent proportional to income, and children in foster care), housing, health, criminal justice, transportation, and connectedness (new

residents, and broadband access). The most extreme rates of racial and ethnic disparities were in health insurance enrollment, child poverty, and school suspensions. Latino children who reside in Montgomery County are over four times more likely to not have health insurance as Caucasian children. Black children are 450% more likely and Latino children are 365% more likely to live in households experiencing poverty than Caucasian children in Montgomery County. Regarding suspension from school, a Black child in Montgomery County is over four times as likely as a Caucasian child to be suspended. Latino children are nearly twice as likely as Caucasian children to be suspended.

Arguably, the most cross-cutting demographic determining health status in Montgomery County today is Zip code. Along the southeastern and eastern borders, as well as a wide swath from east-central to west-central, poverty clusters around the least expensive housing and along the heaviest transportation routes. There are also several communities known for their wealth, such as Potomac, Chevy Chase, and Bethesda. Yet even within these areas there are pockets of low-income residents. Some of these follow a legacy of housing segregation, such as Tobytown in Potomac, which originally housed residents working for their wealthier neighbors’ estates and continues to be the home of many of their descendants to this day. By far, the least self-sufficient communities within Montgomery County lie in the southeast—Takoma Park and Silver Spring, including the neighborhood of Long Branch—and continuing north and west through Wheaton, Aspen Hill, and into the west-central area of Gaithersburg and Germantown.<sup>38</sup> Many of our neighbors who are newest to the United States live in these areas. Recent immigrants living in Montgomery County range vastly in the level of education they bring with them, and in immigration status—from highly-skilled workers arriving for living wage-paying jobs, to likewise well-educated asylees and refugees struggling to find meaningful works, to undocumented immigrants, many of whom have little formal education.

Among recent immigrants, the least self-sufficient in Montgomery County are those from El Salvador, Ethiopia, the Philippines, Peru, and Vietnam. Immigrants from El Salvador have average household incomes that are 74% below self-sufficiency, and residents born in Ethiopia are

<sup>35</sup><https://www.montgomerycountymd.gov/healthymontgomery/overview.html>

<sup>36</sup><https://www.montgomerycountymd.gov/healthymontgomery/Resources/Files/Reports/HM-Core-Measures-Summary.pdf>

<sup>37</sup><https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

<sup>38</sup><https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/interactiveSelfSufficiency.html>

living, on average, at household income levels that are 64% below self-sufficiency. Those originally from Vietnam, while faring a bit better, are earning, on average, 42% less than self-sufficient household incomes.<sup>39</sup>

The Montgomery County Community Action Agency sits within the Office of Community Affairs (OCA), a division of the Montgomery County Department of Health and Human Services. Also within the OCA are three minority health initiatives: the African American Health Program,<sup>40</sup> the Asian American Health Initiative,<sup>41</sup> and the Latino Health Initiative,<sup>42</sup> whose respective steering committees contribute to the work of Healthy Montgomery.

The African American Health Program (AAHP) provides free health care to income-eligible residents and has targeted programs to address residents' needs for screening, education, and treatment of cancer, heart health and diabetes, maternal and child health, mental health, oral health, and sexually transmitted infections including HIV/AIDS. AAHP organizes counseling and classes for many of these health areas, including support groups and peer mentoring. The program also organizes health fairs and other community events, including walks, cardiovascular exercise classes, cooking demonstrations, and free screenings.

Over 40% of Maryland's Asian population lives in Montgomery County. The Asian American Health Initiative (AAHI) serves Montgomery County residents representing over ten countries of original and even more languages. Nearly 30% of Asian Montgomery County residents speak English "less than very well," and nearly 70% were born outside of the US. The most prevalent health conditions among Asian residents are cancer, cardiovascular disease, diabetes, hepatitis B, mental health, osteoporosis, and tobacco use. AAHI priorities include disseminating health information in multiple Asian languages, both in paper and online video formats, and other outreach campaigns to improve Asian residents' access to health care programs.

The Latino Health Initiative (LHI) promotes wellness through the *Ama Tu Vida* (Love Your Life) campaign and a health festival and soccer tournament. *Ama Tu Vida* includes celebration of culture, spirituality, and food, with screening services for cholesterol, blood pressure,

vision, hearing, HIV, blood glucose, cardiovascular function, and hepatitis B, while linking participants to primary care resources for follow-up. LHI prints and promotes educational materials to address asthma, cancer, physical activity and nutrition, and tobacco use, and leads the training of "promotoras" who provide wellness lessons in the reception areas of community health and human services offices, as well as at farmers' markets.

### Health

Montgomery County residents who do not qualify for Medicaid and cannot afford private insurance have a network of primary care available, the Montgomery Cares and Care for Kids programs. Serving about 25,000 adults and 4,000 children a year, the primary care provided by community-based clinics and participating pediatricians is a critical safety-net to our community. Both programs started over a decade ago, with language and/or culturally-specific primary care providers leading the accessibility of primary care. The majority of participants in Montgomery Cares and Care for Kids are recent immigrants and residents whose household incomes are just above Medicaid eligibility requirements.

According to a racial and ethnic disparities report released in July 2019, nineteen per cent of Latino residents in Montgomery County are uninsured. Seven percent of Black residents, nearly six per cent of Asian residents, and nearly four per cent of Caucasian residents are uninsured. Among other racial and ethnic groups, more than one in four lacks health insurance.<sup>43</sup>

"Healthy Montgomery," Montgomery County's community health improvement process, is an ongoing program that combines the talents and input of County government, hospital systems, minority health programs/initiatives, advocacy groups, academia, community-based service providers and other stakeholders towards resident's optimal health and well-being.<sup>44</sup> The goals of Healthy Montgomery are to:

- Improve access to health and social services,
- Achieve health equity for all residents, and
- Enhance the physical and social environment to support optimal health and well-being.

The top priority areas of Healthy Montgomery, and

<sup>39</sup> <https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/interactiveSelfSufficiency.html>

<sup>40</sup> <http://aahpmontgomerycounty.org/>

<sup>41</sup> <http://aahiinfo.org/>

<sup>42</sup> <https://www.lhiinfo.org/en/>

<sup>43</sup> <https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

<sup>44</sup> <https://www.montgomerycountymd.gov/healthymontgomery/overview.html>



## Community Needs

the most recent data on those priorities, are obesity, behavioral health, diabetes, cardiovascular health, cancer, and maternal and infant health. Healthy Montgomery works to establish initiatives to address these areas of health through the lens of the Institute for Healthcare Improvement's Triple Aim, which tackles health concerns by balancing per capita cost and population health against the experience of care. Montgomery County data regarding the prevalence of these health concerns, and the initiatives underway to address them, are as follows.

-- The percentage of Montgomery County residents who are overweight or obese has climbed from 56.1 in 2011 to 58.7 in 2017. Obesity is linked to diagnoses of high blood pressure, diabetes, high cholesterol, cancer, and other health conditions. In turn, high blood pressure is the primary risk of stroke and linked to diabetes and kidney disease. High cholesterol is likewise linked to stroke, as well as heart disease.

In its 2016 Community Health Needs Assessment, Healthy Montgomery noted improving measures in adults' aerobic activity levels and in decreasing students' intake of sugary drinks. However, fewer adults are eating five or more servings of fruits and vegetables, and students' have decreased their aerobic activity levels.

Following the release of a 2014 obesity action plan, Healthy Montgomery has launched the Eat Well Be Active (EWBA) partnership, focusing on low-income families with children, and piloting efforts in the Long Branch/Takoma Park area, which straddles Silver Spring and Takoma Park in southeastern Montgomery County, the catchment area for the TESS Community Action Center, the walk-in site for the Montgomery County Community Action Agency. To date, initiatives to promote healthy eating and physical exercise across the lifespan have begun in area Title I schools and include community-wide asset mapping, screening questions for health care providers, and education of childcare providers.

**Behavioral health:** The rate of emergency medical visits for mental health-related crises more than doubled from 598.5 visits per 100,000 residents in 2008 to 1332.7/100,000 in 2017. The residents most frequently admitted for mental health-related emergency medical

visits were young adults ages 18 – 34, at a rate of 2,111.7 visits per 100,000 residents. The population with the next highest rate of admission for ER care for mental health-related crises were youth ages 5 – 17 years, at a rate of 1,263.8/100,000.

Substance abuse-related visits to emergency medical services has increased from a rate of 486.2/100,000 in 2008 to 803.3/100,000 in 2017. The residents most frequently treated in emergency medical settings for substance abuse-related complications were Non-Hispanic Black males under age 35 years.

Among behavioral health mortality statistics, suicide mortality has dropped from a rate of 7.7/100,000 in 2008 to 6.2/100,000 in 2017. The highest rates of both suicide and drug-induced mortality are among adult Non-Hispanic White males. Drug-induced mortality rates have doubled from 2008 (6.2/100,000) to 2017 (12/100,000).

Since 2016, Healthy Montgomery has led three initiatives to address behavioral health: improved access to the infoMontgomery resource bank, including enhanced web accessibility, diverse language and culture enhancements, and information targeted to specific age groups; enhancing protocols for transition from emergent care to community health centers, primary care, and crisis centers; and exploring coordination of care through formal partnerships.

**Diabetes:** The rate of emergency medical visits for diabetes mellitus (DM) rose from 192.4/100,000 in 2008 to 443.5/100,000 in 2017. The rate of emergency medical visits for DM among Non-Hispanic Black residents was 3.77 times the rate for Non-Hispanic White residents, and 1.6 times the rate of Hispanic residents.

Seniors are also disproportionately rushed to emergent medical care for DM, at a rate 1.74 times the rate of adults ages 35 – 64. While strides have been made in reducing overall mortality rates by DM—from 13.6 in 2008 to 11.1 in 2017—there remain significant disparities by race and sex. Non-Hispanic Black residents die from DM at a rate 2.23 higher than Non-Hispanic White residents, and men die from DM at 1.47 times the rate of women. Senior citizens (65+) died from DM at a rate 9.4 times higher than adults ages 35 – 64.

**Cardiovascular disease:** Deaths attributed to heart disease have decreased from 146.1/100,000 in 2008 to



105.3/100,000 in 2017—a 4% drop. The overall rate from 2015-2017 was 129.3. When adjusted for race, Non-Hispanic Black residents had the highest rate of 150 deaths per 100,000 residents, compared to 140.5 deaths among 100,000 Non-Hispanic White residents. Further, men had a 3% higher chance than women of dying of heart disease.

In Montgomery County, Latino residents are least likely to die of stroke, and Black residents are the most likely to die of stroke. Across racial and ethnic groups, Latino residents die of stroke at roughly 80% of the rate of Caucasian residents, and Black residents die of stroke at over one hundred and 10% of the rate of Caucasian residents. Asian residents' rate of stroke mortality is slightly better than that of Caucasians. While strategies are needed to address an increase in overall stroke mortality, the percentage of community members diagnosed with high blood pressure has decreased.

**Cancer:** Indicators of health targeting cancer in Montgomery County are colorectal screening rates, prostate cancer incidence rates, breast cancer mortality, and three-year history of Pap smears. While Montgomery County has enjoyed recent reductions in the incidence of prostate cancer and the breast cancer mortality rate, measures of regular Pap smears and colorectal screening have also decreased.

The Montgomery County Women's Cancer Control program, within Public Health Services of the Department of Health and Human Services, links referred uninsured residents to County and State programs for free diagnostic and treatment services for cervical and breast cancer. In measures of racial and ethnic disparities across breast cancer mortality rates, Montgomery County, residents of Asian descent are the least likely to die of breast cancer, at about a third of the rate of Caucasian residents; Latinas die of breast cancer about half the rate of Caucasian residents; and Black residents die at 133% of Caucasian residents. The rate for racial and ethnic groups labeled Other (mixed race, American Indian/Alaskan Native, and other groups) was about the same as the rate of Caucasian residents.

**Maternal & infant health:** From 2013 to 2017, rates of late or no prenatal care remain relatively stable, at an overall rate of 7.6 per 100,000 births. However, Non-Hispanic Black and Hispanic mothers had the highest rates, at 12.0/100,000 and 9/100,000, compared to 6.1/100,000 for Asian/Pacific Islander mothers and 4.5/100,000 for Non-Hispanic Whites. The Maternity Partnership links low-income, uninsured residents to prenatal care and education. However, first trimester access to prenatal care continues to be a Healthy Montgomery priority.

Although there have been some reductions in infant mortality—from a rate of 5.6 deaths per 100,000 births in 2008 to 4.6 deaths per 100,000 births in 2017—distinct racial disparities persist. Non-Hispanic Black infants had the highest rate of mortality at 8.3 per 100,000 births, followed by 4.9 deaths among 100,000 births of Hispanic infants and 3.1 deaths among 100,000 births of Non-Hispanic White infants.

From 2013 – 2017, the overall rate of pre-term births was 9.1/100,000. Among rates of pre-term births, the highest rates—10.4 among 100,000 Non-Hispanic Black mothers—were, on average 2.1 more pre-term births than among 100,000 Non-Hispanic White mothers at a rate of 8.3 pre-term births per 100,000.

## Financial Needs

### Earned Income Tax Credit (EITC)

The EITC is considered one of the most effective anti-poverty tools available to lower income working adults. The EITC is known to raise households out of poverty and help these households on the path to self-sufficiency. Unfortunately, many tax filers do not know about the EITC and do not realize that they qualify for this credit. The agency's Volunteer Income Tax Assistance (VITA) program works to address this problem through EITC outreach and free tax services that link filers with the credits they are eligible for. According to the Brookings Institute, 55,526 County households received the federal EITC in TY 2013 totaling over \$122 million in EITC.<sup>45</sup> It is estimated that in Montgomery County, between \$13.5 million and \$34.5 million in federal and Maryland EITC remain unclaimed. Approximately 33,914 EITC filers used paid tax preparers in TY 2013.<sup>46</sup>

<sup>45</sup> Brookings Institute <https://www.brookings.edu/>

<sup>46</sup> CASH Campaign of Maryland <http://cashmd.org/>

### Household Wealth & Financial Access

Another significant challenge for many lower-income households is a lack of wealth. Even families that are well above the poverty line may lack financial security and may be just one paycheck away from a financial crisis. In terms of asset poverty, 18.2% of Montgomery households are without sufficient net worth to subsist at the poverty level for three months in the absence of income. 24.1% of households are liquid asset poor, meaning that they are without sufficient liquid assets to subsist at the poverty level for three months in the absence of income. Furthermore, 13% of households have zero or negative net worth. 16.1% of households with a checking and/or a savings account have used alternative financial services in the past 12 months, meaning that they are “underbanked”.<sup>47</sup>

### Financial Education

In 2016, 56% of 40,280 high school seniors surveyed in Maryland reported receiving instruction in managing personal finance. Of respondents who received financial education, 86% reported being better prepared to make informed financial decisions; 80% reported that they started developing financial goals and plans to achieve them.<sup>48</sup>

*\*In Montgomery County (MCPS), third through fifth graders explore topics of financial literacy through social studies instruction. In MCPS middle schools, all grade six students participate in volunteer led Junior Achievement: Economics For Success lessons; all grade seven social studies students devote three weeks to financial education principles, including saving, investing and budgeting, and experience a field trip to Finance Park Montgomery (Edison HS) to participate in a simulation, shopping for what they need to live and work, but staying within their budget. In high school, content standards for Personal Financial Literacy are incorporated into the National, State, and Local Government course taken by Grade 10 students.*

### Employment/Workforce Development

*The following information was included in the Montgomery County Department of Planning Trends Report.<sup>49</sup> Montgomery County had nearly 600,000 residents in the labor force in 2016, 31% more than the 451,053 in the labor force in 1990. The labor force includes all residents who work, regardless of the location of their jobs. The working age population (defined as people between ages 16 and 65) grew by 29% during the same period, suggesting that people are staying in the labor force longer past age 65.*

Two industries—education, health and social services, and professional, scientific and management services—employed the largest number of residents in both 1990 and 2016. Combined, these sectors employed 141,466 residents in 1990 and 242,132 in 2016. Their combined share as a percentage of overall employment increased from 33% in 1990 to 43% in 2016. In contrast, the percentage of residents employed by the federal government declined from 15% to 13%, although the number of federal workers grew slightly from 65,506 in 1990 to 73,587 in 2016. The federal government remains an important component of employment in the county through direct federal workers and workers employed at government contracting firms. Contractors are included under professional, scientific and management services.

Commuting data further highlight Montgomery County's strong employment base, showing that 62% of residents also worked in the county in 2016. This rate has increased slightly since 1990 when the figure was 58%. While the majority of residents still travel to and from work in a personal vehicle, the percentage of driving commuters declined slightly from 68% in 1990 to 65% in 2016. Other means of transportation, including transit and walking to work, have increased slightly, as has the percentage of residents who work from home, which increased from 4% to 6%. Carpooling experienced a significant decrease as a mode of commuting, declining from 13% to 9%.

The U.S. Department of Labor Quarterly Census of Employment and Wages (QCEW) excludes people who are self-employed.

<sup>47</sup> Prosperity Now <https://prosperitynow.org/>

<sup>48</sup> Maryland State Department of Education Implementation of Financial Literacy Education 5th Update <http://www.marylandpublicschools.org/programs/Documents/fin-literacy/FinancialLiteracyEducation20162017.pdf>

<sup>49</sup> Montgomery County Department of Planning Trends Report [https://montgomeryplanning.org/wp-content/uploads/2019/01/MP\\_TrendsReport\\_final.pdf](https://montgomeryplanning.org/wp-content/uploads/2019/01/MP_TrendsReport_final.pdf)

Montgomery County continues to be a major employment base with 460,000 jobs in the county in 2016 compared to 380,000 in 1990, a 21% increase. The share of county jobs in the private sector has remained at about 81%. The share of county jobs in the federal government changed from 11% of jobs in 1990 to 10% in 2016. The healthcare and social assistance industry has experienced the most growth, going from 29,209 jobs in 1990 to 61,662 jobs in 2016 (111% increase). Its share was 9.5% in 1990 but 16.5% in 2016.

The other industry experiencing significant growth is the professional, scientific and management services industry, which grew by 35% since 1990, or nearly 17,000 jobs. Its share was 17% in 2016. The biggest declines were experienced by the construction industry, which decreased by more than 4,000 jobs, from 9% of all jobs in 1990 to only 6% in 2016. Additionally, overall employment growth in Montgomery County lagged that of nearby Fairfax County, Virginia, which grew by nearly 60% between 1990 and 2016, driven heavily by U.S. Department of Defense spending and the technology sector.

**The Montgomery County Department of Health and Human Services** (which includes the Community Action Agency) is the largest agency in County government and they are responsible for public health and human services that help address the needs of the community's most vulnerable children, adults, and seniors. They have more than 120 programs and deliver services at more than 20 locations in Montgomery County. Services protect the community's health, protect the health and safety of at-risk children and vulnerable adults and address basic human needs including food, shelter, and clothing.

### **WorkSource Montgomery (WSM)**

WSM focuses on linking local and regional economic development and workforce efforts in Montgomery County, Maryland.<sup>50</sup> WSM develops a deep understanding of target and emerging industry demands, creating sustainable workforce solutions that are tailored to the region. This increases the ability of individuals to compete for higher-quality jobs and employers to compete within the marketplace.

<sup>50</sup> <https://worksourcemontgomery.com/>

<sup>51</sup> <https://www.dllr.state.md.us/>

WSM offers employment services for both job seekers and business owners. The Germantown American Job Center is located in the Upcounty Regional Services Center and is co-located with DHHS. The Wheaton American Job Center is planning to relocate from the Westfield South Office Building to a new location on Georgia Avenue in late 2019; the move will also relocate their young adult opportunity program based in downtown Silver Spring. As part of the East County Opportunity Zone initiative, WSM also delivers services at the East County Regional Services Center.

In addition to registration on the statewide workforce database, the Maryland Workforce Exchange ([mwejobs.maryland.gov](http://mwejobs.maryland.gov)), the Centers provide: use of computers, printers, faxes, and copiers; telephones to schedule appointments; job listings and a calendar of job related events; literacy and English language training information; information and referrals for supportive services to address basic life needs; resumé writing and interviewing tips; workshops covering an array of topics from stress management to landing a federal job; staff support to navigate the Job Center; referrals to other community provided job services; transitional job opportunities for immediate needs; interest and aptitude assessment; access to an assigned career advisor; formalized Individual Employment Plan (IEP); access and funding for in-demand training; employer information sessions; and, access to industry-specific job club support.

Through the federal Workforce Innovation and Opportunity Act (WIOA), local Workforce Boards are charged with developing strategies that support economic growth and labor force needs with the goal of growing capacity and performance of the workforce system through the American Job Centers. The legislation identifies other federally-funded providers to work collaboratively to promote seamless service delivery to employers and jobseekers through greater alignment of education, economic development, workforce systems and services. These key partners deliver shared resources, including co-located services:

**The Maryland Department of Labor** is committed to safeguarding and protecting Marylanders.<sup>51</sup> They are proud to support the economic stability of the state by providing businesses, the workforce and the public with high quality customer-focused regulatory, employment and training services.

## Community Needs

**The Montgomery County Department of Health and Human Services**, the largest Department in County government, is responsible for public health and human services to help address the needs of the community's most vulnerable children, adults, and seniors, delivering integrated services through 120 programs at multiple locations. Along with other HHS programs which support WorkSource Montgomery's shared customers such as the Office of Eligibility and Support Services (TANF), the Community Action Agency's VITA program delivers free, on-site tax preparation and financial education.

**The Department of Rehabilitation Services (DORS)** is an agency of the Maryland State Department of Education.<sup>52</sup> DORS is composed of the public vocational rehabilitation program and the Disability Determination Services. The mission of DORS is to provide leadership and support in promoting the employment, economic self-sufficiency, and independence of individuals with disabilities.

**Job Corps** is a program administered by the United States Department of Labor that offers free-of-charge education and vocational training to young men and women ages 16 to 24.<sup>53</sup>

**The Literacy Council of Montgomery County (LCMC)** sustains and grows the social and economic equity of adults in our region through education and workforce training.<sup>54</sup> Their mission is to enable adults to transform their lives and enrich our community through English literacy.

**Montgomery College** is a public, fully accredited, open admission institution that is dedicated to student success and widely recognized for the quality and scope of its academic programs.<sup>55</sup>

**Senior Community Service Employment Program** is run by the Jewish Council for the Aging (JCA).<sup>56</sup> JCA helps older adults in greater D.C. maintain independence, dignity, vitality, and self-respect. It also helps people of different generations understand, learn from and care for one another. JCA accomplishes this through a myriad of community-based programs built upon vibrant programmatic partnerships with funders, fellow charities and local communities; and by providing opportunities for volunteers to make the National Capital Area a great place to age. JCA is a recognized leader in meeting the needs of seniors and caregivers regardless of their religious beliefs.

**Work Opportunities Unlimited** is a community-based employment service provider specializing in placing job seekers who experience barriers to employment.<sup>57</sup>

<sup>52</sup> <https://dors.maryland.gov/Pages/default.aspx>

<sup>53</sup> <https://www.jobcorps.gov/>

<sup>54</sup> <https://www.lcmcmd.org/>

<sup>55</sup> <https://www.montgomerycollege.edu/>

<sup>56</sup> <https://accessjca.org/scsep/>

<sup>57</sup> <https://workopportunities.net/>

Section IV:

# Strategic Planning Process

# Strategic Planning Process

## Overview

As part of Montgomery County Government within the Department of Health and Human Services, the Montgomery County Community Action Agency's strategic planning process is multi-faceted and includes efforts at many different levels. The agency incorporates planning efforts from several different sources in its own strategic planning. This section provides an overview of strategic planning that occurs at the agency (self-study, contracts/grants, and budget), Board, departmental (DHHS and Office of Community Affairs), county, and state (statewide two-gen planning) levels. Since the department underwent a recent transition period during a change in administration, information about transition planning is also included here.

## County's Transition Planning

The County is in transition due to the election of a new County Executive, Marc Elrich, and the appointment of a new Director of the Department of Health and Human Services, Raymond Crowel. The Montgomery County Community Action Agency, which has established the ROMA Next Gen approach for review of its Community level and Family level work, is looking at its performance measures, program monitoring and evaluation through the County's *Turn the Curve\** Approach. Due to its similarities with ROMA's Baselines, Targets, and Performance Strategies, we are looking forward to having a cross-walk to ensure that the goals and outcomes are met with regards to the CAA's mission to reduce poverty and increase self-sufficiency among county residents through services, partnership, and advocacy.

## DHHS Strategic Planning Process

In September 2018, DHHS leadership hosted an all-day retreat for those who serve as managers within the department. This retreat provided an opportunity for strategic planning, where participants could learn more about where the department was headed and participate in the planning process as key priorities were being selected. The DHHS Director shared some key accomplishments within the department, highlighting

the department's strategic priorities. Participants shared their key accomplishments with small groups of colleagues. A presentation about equity, social determinants, and utilizing a value curve "lens" was shared with the group and participants broke into groups to discuss how this approach could be implemented in the department's work. Attendees also participated in a "world café" exercise about messaging and how the department informs residents of its services. Participants discussed the department's various programs and how these programs connect to the department's work as a whole. The retreat concluded with a panel discussion with the department's division Chiefs, who answered questions about the transition to the new administration and where the department was headed.

In October 2018, DHHS leadership hosted all-staff meetings to review the department's successes and begin planning for the year ahead. These meetings were held during a transition period when the department's Executive Director would be stepping down after more than ten years, and when a new County Executive would be taking office following the previous County Executive who had been in office for twelve years. Additionally, four new County Councilmembers would be taking office, two of whom would be serving on the Council's HHS Committee.

The meetings included an overview of the department's structure, which had changed over the course of the years due to numerous restructuring processes. Participants were asked to share some of their own accomplishments with the group. The Executive Director discussed opportunities that were on the horizon, such as the new administration's key priorities (education, housing, childcare, etc.) and a focus on equity. The meetings concluded with a panel discussion with all of the department's division Chiefs, who supervise the department's service areas. Participants could ask questions and express concerns regarding the new administration and transition-related issues. The meetings ended with an overview of the "next generation of work." This overview included some possible priority issues for the department that may be on the horizon, including improving the grants and contracting processes, human capital capacity building, infrastructure imbalances, health in all policies, etc. These meetings provided an opportunity for all DHHS



## Strategic Planning Process

employees to learn about the changes coming, discuss their concerns, and provide input on the department's priorities in the years to come.

### DHHS Office of Community Affairs (OCA)

This Division supports the Department's vision of building a healthy, safe, and strong community. Its mission is to lead the development of equitable and inclusive health and human services systems that are responsive to racial/ethnic and economically disinvested communities. The OCA accomplishes its mission by executing innovative program models and practices, engaging communities, building social and economic assets, and enhancing access. The OCA consists of the Montgomery County Community Action Agency, the Leadership Institute of Equity and Elimination of Disparities, the African American Health Program, the Latino Health Initiative, and the Asian American Health Initiative. These entities have monthly meetings and an annual retreat where issues related to moving residents towards self-sufficiency are addressed. In FY19 they participated in framing the mission statement based on the following:

- Innovative Program Models & Practices
- Community Engagement
- Social and Economic Asset Building
- Enhanced Access
- Systems Change

OCA builds the department's capacity to sustain fair and inclusive practices, policies and infrastructure

### Agency Self-Study

The Community Action Agency took part in the Community Action Partnership Training on the seven Standards of Excellence- Leadership, Strategic planning, Customer Focus, Results, Organization Focus, and Human Resources. The Standards of Excellence describe thirty-five best practices among the best Community Action Agencies. They are aligned closely with the Malcolm Baldrige Criteria for Performance Excellence, used world-wide for organizational performance and improvement. The agency focused on two out of the seven standards and compiled the results in a self-study

analysis, which has been submitted and is in the peer review stage. Three or four reviewers review the report and give the agency feedback on our strengths, weaknesses, and opportunities for improvement.

The study provided an overview of the agency's history, organizational environment, relationships and challenges. The Organizational Leadership Overview and Customer, Constituent, and Partner Focus were the two standards chosen. The process involved looking closely at our leadership structure within the department, within the Office of Community Affairs, as an agency, and the role of the Community Action Board. The Leadership structure was viewed from the perspective of being a public Community Action Agency imbedded in local government. This is opposed to private Community Action Agencies, which are incorporated nonprofit organizations with autonomous boards that define the mission, vision, and alignment with CSBG. The survey reported on the role of the Community Action Board as an advisory and advocacy group.

The Customer Focus involved collecting data information from the different program areas, the agency's partners, what data is collected from our partners, and how. The self-study reported on the types of partnerships the agency has and how it enhances our mission. This includes formal contracts and MOUs, as well as financial, informal, Statewide association, and institutes of higher learning.

A survey was given to the Board and staff members on how well the agency is doing in the two categories chosen (*Are we making progress as an agency?*). The results were analyzed and showed that the staff and board had some perception of excellence within the agency with regard to Leadership and Customer focus. It brought to the agency's attention that data is collected from customers and clients we serve but not the internal customers (staff & Board) on how well we are doing overall. The focus is more on the programs, while online meeting evaluations for CAB help determine how the meetings can be improved.

### Strengths:

As an agency within Montgomery County's Department of Health and Human Services (DHHS), DHHS strives to promote collaboration rather than competition within the department and with our countywide partners. Issues

## Strategic Planning Process

that address poverty cannot be addressed alone. The principal factors that determine MCCAAs success is the historical standing the agency has in the community as well as being imbedded in legislation.

- In FY18, the **Takoma-East Silver Spring (TESS) Community Action Center** partnered with **Aging and Disability Services** with the goal of establishing a senior village in Long Branch and collaborated with the **National Hispanic Council On Aging** to conduct a leadership training program (in Spanish) with the goal of engaging residents to assume leadership.
- TESS partners annually with Montgomery County Public Schools to serve as a walk-in **Summer Meals Site**. Children receive free lunch every weekday for ten weeks. In FY18, the Center served 1,020 meals and in FY19, the Center served 1,890 free lunches to children from the neighborhood.
- 18 participants graduated from the **Community Action Board's Community Advocacy Institute**, a free, eight-month advocacy training program for lower income County residents. 100% of survey respondents reported their participation made them more likely to participate in advocacy. In FY19, 48 residents applied.
- In the last year, VITA (Volunteer Income Tax Assistance) served 1,936 households, bringing almost \$5 million in tax refunds, including \$1.3 million in EITC, with seventy-seven volunteers. Ten tax workshops and free tax preparation services were offered in East County, Germantown and Wheaton through partnership with **WorkSource Montgomery and the East County Opportunity Zone**. The Countywide multimedia CASHBACK "Get All Your Money Campaign" continues connecting taxpayers to multiple nonprofit and publicly supported free tax partners, with RideOn ads in partnership with United Way and 311. The volunteer Food Resource Navigator project reached 270 residents.
- **Head Start:** The County Council awarded \$2.1 million to extend 10 Head Start classes from part-day to full day.

### OPPORTUNITIES FOR IMPROVEMENT:

- **TESS Community Action Center Facility:** TESS has been in the same location in the Long Branch community for 50+ years. The building, which includes flexible office and community space to accommodate a variety of public and private partners, has been adapted over time to meet a range of critical service needs. However, there are challenging ADA compliance issues regarding accessibility (lack of an elevator, no accessible bathroom, and a lack of access to building exits).
- **Data/CSBG Compliance:** Effective FY18, new federal requirements for the agency's CSBG funding requires extensive, unduplicated data collection and outcome-focused annual reporting. Due to the structure of how services are delivered at TESS, VITA, and Head Start, there are multiple data systems, and our reporting is not conforming or aligned. The eICM is used to a limited degree at TESS. In addition, federal reporting includes services delivered through the agency's county-funded nonprofit partners to document partnerships and leveraging of federal funding. The contractors use a variety of data collection systems and are not all contractually required to provide standardized data reporting or outcomes that conform to federal performance indicators and demographic reporting requirements.
- **Human resources, Operational, financial, business and regulatory:** MCCAAs is subject to Human Resources, business and regulatory policies that must be adhered to as part of a bigger entity. An example of this is the filling of vacancies on time and having to use temp agencies due to the HR policies on hiring.
- **Performance Management I:** The key tool used by the Department is the eICM Enterprise integrated Case Management system, enabling staff to access client records, service delivery history and case activity to improve outcomes for families. As mentioned above, the TESS center that provides direct services to clients has limited access to the system which is presently being addressed by IT department. MCCAAs agency-wide tools for performance management include: Monthly/Quarterly/Annual Reports, Needs Assessments,

## Strategic Planning Process

CSBG Annual Report, Head Start annual Program Information Report (PIR), customer satisfaction surveys, monitoring visits and reports. MCCA does not have an agency-wide Scorecard, but with the assistance of the department's Planning, Accountability and Customer Satisfaction (PACS) team and CountyStat, the agency is equipped with resource data to compare the information that we compile through our reports. The

Agency's management, which includes a ROMA implementor, are responsible for tracking and reporting overall success of the agency over time. Performance, continuous improvement and improved service delivery is done through analyzing feedback from partners, clients, staff, the Board and stakeholders.

### Agency Budget

#### Financial Projections

Funding Source	Grant Name	Project No	FY19 Budget
Maryland Dept. of Housing & Community Development - Community Action	HHS CSBG	F61206A	\$ 619,702.00
Maryland State Department of Education – Head Start	HHS Head Start Extended Year Summer	F64056A	\$ 203,694.00
Federal DHHS Administration for Children and Families, Office of Head Start	HHS Head Start-CAA	F61204A	\$ 363,779.09
Federal DHHS Administration for Children and Families, Office of Head Start	HHS Head Start - SH	200A565	\$ 587,618.80
Federal DHHS Administration for Children and Families, Office of Head Start	HHS HEADSTART-MCPS	F61204A	\$3,970,577.06

#### Total Budget (excluding NDAs)

**Total Federal:** \$4,921,974.95

**Total State:** \$ 733,238.00

**Total County FY19:** \$3,009,300.00 (DHHS Budget includes Community Action Agency \$2,761,462.00 Personnel and operating, \$247,838.00 TESS Personnel and operating and \$1,438,947.22 in Contracts (Base Budget).

*\*The Agency also monitors \$2,292,255.00 (County Non Departmental Accounts/NDAs).*

For FY20 the above numbers have increased-the HHS Head Start Extended Year Summer has increased by \$90,158. An additional \$15,000 has been awarded for Child Care Development (EXCELS). The HHS Head Start CAA is \$363,779, School Health is \$597,962 and the MCPS is \$4,040,006. The Federal total of \$5,008,065 and the State pass through funds of \$748,238. CAA also received a discretionary Grant for \$17,500 from DHCD which will be used to enhance the VITA program.

**Total County FY20:** \$4,833,577 (DHHS budget includes Community Action Agency \$500,024 personnel and operating, \$180,432 TESS personnel and operating, and \$1,906,285 in Base Budget Contracts .

*\*The Agency also monitors \$2,246,836 in contracts that are budgeted outside of DHHS (County Non-Departmental Accounts).*

# Strategic Planning Process

## Contracts/Grants Process

In September 2018 the County's Office of Legislative Oversight issued a report that reviewed the current grant programs and processes. Its purpose was to identify opportunities and make the award of grants more effective and efficient. Most of the county grants are non-competitive and they consist of County Executive grants and County Council grants. Applicants are required to submit two applications for these grants. This process could be confusing because recipients applied for both hoping to get one or the other. If an applicant was successful and was awarded the County Executive grant, they found out when the County budget was released in March. Organizations also applying for the County Council grant had to wait until May before the award was announced. To avoid breaks in service at the end of the fiscal year for existing contracts, contract monitors would renew the contract with the initial award and add on to the budget in May when the additional funds were awarded.

The report addressed the volume of grants over the years, the fairness and transparency due to new organizations finding it challenging because funds went to existing safety-net organizations that had been funded for years.

Montgomery County Community Action Agency (MCCAA) presently has fifty such grants awarded to community partners that serve low-income residents. These organizations provide a wide range of services, including food and clothing assistance, legal services, youth programs, case management, and community development.

The Community Action Board was involved in providing feedback to the study group due to their strategic role as participants in the annual grant review process. Additionally, many Board members have ties to the nonprofit community. The Board made several recommendations to be submitted towards the findings. Recommendations included:

- Clarification of the purpose and goals of the community grants program and implement changes that align with the goals
- Implement changes to the Councils Community grants selection process to improve accountability and fairness
- Request for a follow up report to examine contract execution, payment policies and monitoring of the grants.

## Community Action Board

The Community Action Board holds an annual retreat that provides an opportunity to look back at the previous year, reviewing successes and opportunities to improve the Board's effectiveness, and to plan ahead for the upcoming year. Retreats are facilitated by a professional group facilitator who is familiar with the Board's work and has worked with the Board for several years. While participation in the retreat is mandatory for all Executive Committee members, all Board members are invited to attend. Additionally, the Board invited the Head Start Parents Policy Council's Executive Committee to participate in the retreat in 2018 and 2019.

The FY19 Community Action Board retreat was held on August 7, 2018. Eight Board members and one Head Start Parents Policy Council member participated in the retreat, along with four staff members. The retreat started with a collaborative planning meeting between the Board and the Policy Council. This session included a Head Start briefing, an overview of the Parent Committee and Policy Council structure, and a presentation on the five-year grant cycle. Participants discussed the Policy Council's goals and opportunities for the two groups to work together. It was suggested that the Board could support the Policy Council's goals by creating an ad hoc committee to discuss PC/CAB priority issues, being more intentional about sharing information about advocacy opportunities that would be of interest to the Policy Council, and using its experience of implementing a consent agenda model to help improve the Policy Council's meeting structure.

Following a review of the Board's many accomplishments in FY18, the Board members received a briefing on the CSBG, including data collection, reporting requirements, and the planning process. Board members then engaged in a strategic planning process to determine critical priorities for FY19. Participants reviewed a matrix which showed CAB roles and responsibilities and the potential issues and priorities on which CAB might focus its efforts in the year ahead. The matrix included historical priorities as well as issues that were emerging. Emerging issues discussed included: TESS facility; transition plan for County Council and County Executive; PreK expansion; possible CSBG funding cuts; and the implementation of 2-Gen approaches. The Board's historic issues included: Head Start/PreK; Earned Income/Child Tax Credits; Free tax preparation services; work supports; use of the Self-Sufficiency Standard; food and nutrition programs;

## Strategic Planning Process

affordable housing; full funding and support, and the CAI.

The Board members discussed which of these priorities would be the most important in the year to come. The Board members identified three critical priorities for FY 19: transition planning, Head Start/PreK, and CSBG Funding. Board members agreed that these priorities were the most urgent matters due to their impact on the agency's operations and to align with the focus of the new County Administration. The Board members developed a list of the objectives for each of these priorities and a list of tasks to be completed during the year.

Throughout the year, the Board focused on these particular priorities. For the first priority, they were successful in scheduling meetings with all but one of the

County Councilmembers. Each meeting included several Board members who took turns providing an overview of the agency and the Board. This process allowed the Board to educate local elected officials about the Board's role in the County and ensured that the agency's priorities were on the radar of these elected officials.

For the second priority, the Board continued with its advocacy for high-quality, affordable early care and education. The Board testified at the Board of Education budget hearing, submitted feedback on the Kirwan Commission's recommendations, and participated in the County's ECE initiative. Community Action staff continued training efforts for MCPS staff and the Board of Education. Communication between the Board, Head Start Parents Policy Council, DHHS, and MCPS continued throughout the year.

Issue	Objective	Tasks
<b>Transition Planning</b>	Educate elected officials about CAA/CAB to request and advocate for continued funding	<ul style="list-style-type: none"> <li>• Develop a plan for advocacy</li> <li>• Develop one unified message about CAA so all CAB members/ advocates speak with "one voice" – elevator speech</li> <li>• Develop a timeline and determine who will do what</li> </ul>
<b>Head Start / PreK</b>	Develop a system for communications and coordination across groups across stakeholders	<ul style="list-style-type: none"> <li>• Continuous education/training of BOE/MCPS staff that was included in the conditional approval of HS supervisor position</li> <li>• Continuous consultation and collaboration between CAB/PC/MCPS/DHHS/BOE</li> <li>• Monitor agreement to ensure Performance Standards are met</li> <li>• Meet twice each year for groups/agencies involved with Head Start</li> <li>• If PreK expansion is included with this priority, advocate for equitable access to services</li> </ul>
<b>CSBG Funding</b>	Develop a contingency plan to address potential funding cuts	<ul style="list-style-type: none"> <li>• Investigate other sources of funding in the event that federal funding reductions occur, as proposed by the administration in FY18.</li> <li>• With a flatlined grant allocation from DHCD, and rising personnel costs (salary and fringe), and reductions to external funding supporting CASH Fellows, advocate for the County to increase its funding for CSBG funded merit/ contract positions and support the agency's efforts to identify resources to assure service delivery.</li> </ul>



# Strategic Planning Process

For the final priority, the Board included information about the agency's budget shortfall in its meetings with Councilmembers. This issue was also included in the Board's testimony at the annual budget hearing, where the Board requested that County funds full cover a Contract Monitor position. Individual Board members followed-up with Councilmembers as well, advocating for this budget adjustment.

Throughout the year, the Board is engaged in collaboration with other Boards, Committees, and Commissions. Two Board members serve as liaisons to the Advisory Committee on Consumer Protection and Parks and the Recreation Advisory Committee. Additionally, a representative from the Human Rights Commission serves on the Board in the government/elected officials' section of the Board. The

Board also participates in quarterly meetings with leaders from other DHHS Boards, Committees, and Commissions. These meetings allow the Board to learn about opportunities for collaboration with regard to initiatives that other BCCs are engaged in. As a result, the Board and staff have participated in efforts such as the Interagency Commission on Homelessness strategic planning process and participated in other BCC meetings by providing presentations. Similarly, other BCCs learn about the Board's work at these meetings. BCCs have helped with outreach for the Board's advocacy training program, joined the Board's advocacy efforts, and supported the Board's work in numerous ways. In recent years, collaboration between the Board and other BCCs has existed in the form of Community Advocacy Institute graduates serving on these other advocacy groups.

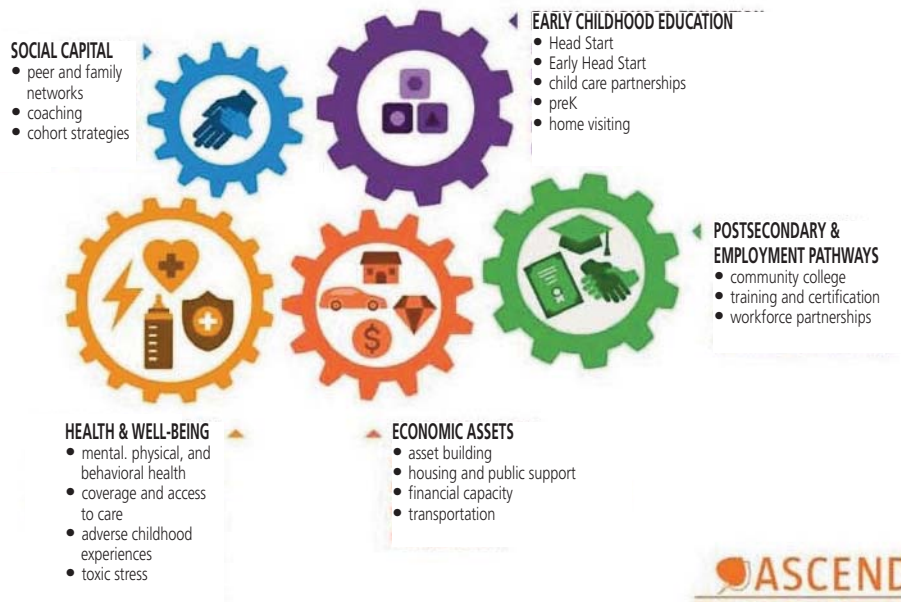
## 2Gen and the Whole Family Approach Strategic Planning

According to Ascend of the Aspen Institute, "Two-generation approaches focus on creating opportunities for and addressing needs of both children and the adults in their lives together."<sup>58</sup>



### The Two-Generation Continuum

Whole-family approaches focus equally and intentionally on services and opportunities for the child and the adults in their lives, with outcomes identified and tracked for both children and adults simultaneously. Child-parent approaches focus first or primarily on the child but are moving toward a two-generation approach and include services and opportunities for the parent. Parent-child approaches focus first or primarily on the parent but are moving toward a two-generation approach and include services and opportunities for children. In addition to the continuum, there are 5 Key Components of the Two-Generation Approach: 1) postsecondary education and employment pathways; 2) early childhood education and development; 3) economic assets; 4) health and wellbeing; and 5) social capital.



<sup>58</sup> What is 2Gen? <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>



## THE BUILDING BLOCKS OF 2-GEN: SERVICE AND DATA INTEGRATION

### **DHHS Service Integration/eICM.**

DHHS completed its three-part Technology Modernization initiative in 2017 with the on time launch of its Enterprise Integrated Case Management System (eICM). As one of the country's first fully integrated health and human services information systems, eICM enables staff to access centralized client records, comprehensive service delivery history, and concurrent case activity information to improve outcomes of the 97,000 individuals and families served by the Department each year. The launch of eICM, which followed the successful implementation of the Electronic Health Records and Content Management Systems, is becoming the backbone to several DHHS initiatives that require collaboration among community partners, with integrated service delivery and a "No Wrong Door" approach. The system seeks to address the drivers of two-Generational poverty, while ensuring equity in services and outcomes, building self-sufficiency, mitigating risks, and improving health and well-being. In addition, the system has supported health accreditation, data-driven decision-making, and advanced analytics. By focusing on client and family outcomes and assuring culturally and linguistically competent services that are client-centered, the agency is better positioned to impact the health and social disparities that exist within our diverse community.

### **2Gen Models in Montgomery County:**

Recognizing that poverty is a key social determinant negatively impacting well-being, self-sufficiency and safety and protective outcomes for households, the **East County Opportunity Zone (ECOZ)** and the **Thriving Germantown** initiatives are intentionally aimed at implementing a two-generation approach to poverty alleviation, primarily focused on specific, high-need communities within Montgomery County. CAA's role in these varies from initiator to supporting partner. The programs that anchor services in these key areas are the Neighborhood Opportunity Networks (NON), including Community Action's Takoma East Silver Spring (TESS) Community Action Center, Linkages to Learning, East County Opportunity Zone and Thriving Germantown. These programs respond to and anticipate the needs of the community as the environment, resources available,

and other factors impacting the dynamics of these areas evolve.

### **East County Opportunity Zone<sup>59</sup>**

The East County region is both suburban and rural, with a median household income significantly lower than other areas of the County. The demographics are largely African American and Continental African, with a significant portion of working poor residents. The area has under-employment of adults and an under-utilization of their skills and education. In 2009, when revenue significantly fell due to the recession and county positions were eliminated, HHS services in East County concluded. Prior to that, CAA had led DHHS efforts in East County for over a decade, with a part-time manager and two community services aides, in addition to staff from the (now) Office of Eligibility and Support Services and Services to End and Prevent Homelessness supporting efforts on site. Services had included information and referrals, income supports, emergency services, childcare subsidy applications, rental and energy assistance, among others. The HHS staff triaged clients served by the (former) People's Community Wellness Center, a health clinic for uninsured and underinsured adults, and DHHS' public health provided an immunization clinic. Nonprofits Mobile Med (health care for the uninsured), Manna (emergency food), and EMEAN (faith groups targeting emergency needs) were also serving the community on a scheduled basis, and with the clinic, continued doing so after HHS departed.

As a result, after services were reduced, residents had little access to health and human services, and needed to travel a considerable distance from their homes to other county sites. In addition, as the population changed, it became evident that there were additional stressors added, and significant gaps in services for workforce development and employment education and training for East County residents existed. In response to these changes and concerns from the community through its regional services advisory group (and voiced by low-income residents at the Community Action Board's 2015 poverty forum), DHHS and partners joined with the East County community to develop the East County Opportunity Zone, now known as the East County

<sup>59</sup><https://www.montgomerycountymd.gov/Eastcounty/Resources/Files/EAST-COUNTY-OPPORTUNITY-ZONE-INITIATIVE.pdf>

## Strategic Planning Process

ecosystem. The initiative encompassed the 47 square mile area served by the East County Regional Services Center, focusing on the families served by three adjacent elementary schools—Greencastle ES, Galway ES, and Fairland ES. Each school has a free and reduced meals rate of 57% or more, high mobility rates (18% or more), and are within identified social vulnerability hotspots. In response, DHHS Children, Youth and Families initiated a series of meetings with stakeholders, developing subcommittees, comprised of representatives from public and nonprofit organizations, and faith groups to plan for five targeted identified need areas: parent and youth engagement, health and wellness, workforce development, faith-based organizations, and re-engagement. The Community Action Agency's executive director participated in the workforce group, focusing on supporting financial capability through expanding VITA services to the site.

At the site, services were initiated by one DHHS staff member and contracts with the county and through partnerships, with screening and initial assessment delivered through a DHHS Care Coordinator, and case management and social service assistance delivered by a Family Services, Inc. contractor monitored by the agency. WorkSource Montgomery delivers employment assistance services. There is a library for job-seekers, with specialists to review resumes, help with online applications and support for employment planning. Adult education classes are available through the Gilchrist Center and Montgomery College. Medical care for low-income, uninsured adults is available through Mobile Med, with outreach and enrollment services. MCCA's VITA program delivers free-tax help at sites throughout the County, and through its agreement with WorkSource Montgomery, sponsors taxpayer education workshops. Food resources and community engagement efforts have been led by Manna Food Center, Interfaith Works and IMPACT Silver Spring, three of CAA's nonprofit partners funded by the County. The MCCA has remained engaged as well through the Food Council, and through training residents in advocacy through the Community Advocacy Institute. Free legal advice clinics were previously delivered by the Montgomery County Bar Foundation's Pro Bono program in East County. However, those services have been eliminated in FY20 due to reductions in County funding.

**Thriving Germantown Community HUB** was originated by the Healthcare Initiative Foundation, which identified growing community needs in Germantown and has been spearheading the response to ensure safe, stable, nurturing relationships and environments for all children.<sup>60</sup> This effort initially focused on the James E. Daly Elementary School as its first trauma-informed school, with 135 students living in an impoverished mobile home community. Seventy-two percent of the students' households qualify for Free and Reduced Meals (FARMS); 90% of children are minority and 38.4% are Limited English Proficient. Due to the transience of the community, there is a 17.4% mobility rate (entrants and withdrawals). Many children struggle with academic performance (only 17.5% met literacy expectations by the third grade). The initiative seeks to mitigate the negative social determinants of health and wellness, educational success and social outcomes, and to address adverse childhood experiences.

Families served by the program are assessed and tracked with individual and family risk factors, and pathways are established to achieve measurable outcomes: 1) improve health & wellness outcomes 2) ensure safe, stable & nurturing environments for children & families, and 3) improve academic achievement. Partners include: Adventist Healthcare, Aspire Counseling, Columbia Lighthouse for the Blind, EveryMind, Germantown Alliance, Germantown Coalition, Germantown HELP, Holy Cross Health, Identity, Institute for Public Health Innovation, Interfaith Works, Manna Food Center, MobileMed, DHHS, MCPS, the Primary Care Coalition, A Wider Circle, Women Who Care Ministries, and WorkSource Montgomery. To respond to the area's needs, MCCA's VITA program expanded to Germantown, and successfully applied for DHCD's Discretionary CSGB funding to strengthen service delivery.

The Kresge Foundation provided funding to Montgomery to strengthen the efforts "EcoSystem" approaches in Thriving Germantown and the East County Opportunity Zone to enhance the governance structure, offer technical assistance, provide staffing, including project manager, community outreach coordinator and opportunity coaches. The Opportunity Coach seeks to foster greater independence for families through life-skills

<sup>60</sup><https://www.sheppardpratt.org/care-finder/thriving-germantown/>

## Strategic Planning Process

development and in accomplishing their goals towards self-sufficiency, health and wellbeing.

The County supplements funding at the sites, for care coordination, contract monitoring and to fund contracted services delivered by nonprofits.

**WorkSource Montgomery (WSM):** In addition, the MCCA as well as DHHS and Montgomery College are required WIOA partners with WSM, the County's American Job Center.<sup>61</sup> WSM is in its final year of a three-year pilot, funded by the W.K. Kellogg Foundation to adopt a 2Gen model of workforce development and early childhood education with DHHS and Montgomery College, Family Services, Inc., and Montgomery Moving Forward (a collective impact initiative) to serve young parents under 25, addressing employment barriers for parents with young children. To assure best practices, integration and alignment, an advisory group includes DHHS colleagues and CAA's Head Start manager, WSM, Montgomery College, the County's Early Childhood Policy Officer and CAA's Head Start manager and Executive Director participated in a site visit to the Garrett County Community Action Agency to learn about their 2Gen implementation, widely considered a national model.

**Montgomery College's Single Parent Conference** was initiated in 2016 to further support young parents with the information and resources they need to thrive.<sup>62</sup> CAA's Head Start manager, as well as staff, Board members and partners, deliver the workshop sessions, serving in a child-friendly environment. Nonprofit and public agencies host the resource fair, building skills in areas such as communication, nutrition, parenting, and financial well-being.

**Neighborhood Opportunity Networks (NONs)** were initiated by DHHS in 2009, in response to the economic recession.<sup>63</sup> This model aims to quickly address obstacles; ensuring that a temporary crisis does not become a chronic condition. DHHS staff at each site can initiate enrollment in benefits such as Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, rental or utility assistance, and can

connect residents to other DHHS services such as behavioral health, services to address domestic violence, and maternal and child health. Engaging nonprofits, including CAA's nonprofit partners with County-funded grants, and faith communities to serve residents is a key feature to assure that all residents, regardless of their legal status, may be referred to appropriate resources.

**Linkages to Learning**, based in thirty elementary and middle schools within MCPS, this program supports student learning, builds strong families, and develops healthy communities.<sup>64</sup> Linkages to Learning is a comprehensive school-based prevention and intervention initiative working in partnership with the MCPS and other local public, private, and community agencies. The program provides accessible services to at-risk children and their families to improve adjustment to, and performance in school, home, and the community. Prevention and early intervention services include health, mental health, social services and educational support (including academic tutoring for students, mentoring and adult education classes, such as English literacy and ESOL to improve the well-being of children and their families.

**DHHS Community Health Services** serves low-income, uninsured, at-risk pregnant women and children annually through two regional health centers in Silver Spring and Germantown. Services include home-based, nurse case management for infants at risk referred by local hospitals; home birth validation, immunizations for children; care coordination for pregnant and parenting teens, lead poisoning prevention; pregnancy testing and counseling; and care coordination for high risk pregnant women through the **Babies Born Healthy** Program.<sup>64</sup>

<sup>61</sup><https://worksourcemontgomery.com/>

<sup>62</sup><https://www.montgomerycollege.edu/events/single-parent-conference/index.html>

<sup>63</sup><https://www3.montgomerycountymd.gov/311/SolutionView.aspx?SolutionId=1-6GFQ55>

<sup>64</sup><https://www.montgomeryschoolsmd.org/community-engagement/linkages-to-learning/>

<sup>65</sup><https://www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf>

## Strategic Planning Process

DHHS **Intensive Team Meetings** serves pregnant teens identified by school personnel in middle and high schools. DHHS school nurses connect with community health nurses to provide home-based case management and engage the student and family. At around the third trimester, the program refers the teen to the County's Service Integration Program for an Intensive Team Meeting to help the teen achieve the shared goals of having a healthy baby, returning to and graduating from High School and delaying subsequent pregnancies. Staff from programs such as Child Care Locate, Child Care Subsidy, Child Welfare Services, Emergency Housing Services and Income Support Services, as well as school personnel including counselors, assistant principals and teachers attend, with the teen and her parents. In FY17, 31 Intensive team meetings were held.

**The Maternity Partnership Program** is a public/private partnership between DHHS, area health centers, and two local hospital systems (Holy Cross Hospitals and Adventist Health Care). The Maternity Partnership Program provides comprehensive prenatal care, home-based case management and labor and delivery for approximately 2,000 uninsured, pregnant women each year. The area health centers provide home-based case management services throughout the pregnancy and up to 6 months postpartum, and the hospital systems provide prenatal, intrapartum (hospital labor and delivery), and postpartum services.<sup>66</sup>

**The S.M.I.L.E, a program of the African American Health Program (AAHP)**, seeks to improve Maternal and Child Health to decrease the high rate of Black infant mortality, and to improve the likelihood of good pregnancy outcomes among Black women in Montgomery County. Registered nurses case managers work with pregnant and parenting women through their baby's first birthday, providing: childbirth and breastfeeding education classes, and lactation support after delivery; referrals to public and private resources; and support groups. S.M.I.L.E. addresses the significant racial disparities facing the county's African American women and their infants regardless of income. AAHP is a sister program within the Office of Community Affairs<sup>67</sup>

**The Housing Opportunities Commission's Fatherhood Initiative** seeks to strengthen children and families by strengthening fathers, following the National Fatherhood Initiative's curriculum which focuses on responsible parenting, healthy relationship education, employment stability and mobility, and case management. The Initiative is open to any father with children living in HOC housing, participating in HOC housing programs, or who is on the HOC waitlist, regardless age.<sup>68</sup>

**The 2Gen Landscape—Advancing Whole Family Practice in Montgomery County and in Maryland Montgomery Moving Forward (MMF)** is a collective impact model that began in 2016 as part of a national movement of leaders committed to strategic action in pursuit of innovative solutions, engaging veteran and emerging leaders from many communities and professions to develop specific and actionable plans.<sup>69</sup> MMF innovates through collaboration and competition. MMF facilitates continuous, open communication to keep the group focused on shared goals and shared outcomes and coordinates collective efforts to maximize results. The benefits of early care and education have a two-generation impact, strengthening families, and improving their own economic contributions. When parents have access to quality early care and education that also meet the needs of their work schedules, they are more likely to enter and remain in the workforce. This in turn creates a stronger local tax base and reduces the need for other social supports.

<sup>66</sup> <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSPrenatalCare-P283.html>

<sup>67</sup> <http://aahpmontgomerycounty.org/maternal-and-child-health>

<sup>68</sup> <https://www.hocmc.org/extra/720-fatherhood-initiative-program.html>

<sup>69</sup> <https://www.nonprofitmoco.org/mmf/>

### **Montgomery County Council's Office of Legislative Oversight: The Two-Generation Approach to Poverty in Immigrant Communities**

The OLO staff conduct program evaluations, budget analyses, audits, investigations, and other special studies. OLO receives its assignments from the nine elected members of the County Council, which annually adopt a Council Resolution that sets forth the Work Program for the office. For each assignment, OLO prepares a written report that provides information. The following are the findings from two recent reports:

A 2018 OLO memorandum report<sup>70</sup> responded to the Council's request to examine how two-generation approaches to poverty can have successful outcomes for low-income immigrant families, and provided a review of a number of programs, noting that the list was not comprehensive, and suggesting more study is required to assess their alignment with two-generation best practices and to evaluate their effectiveness in reaching immigrant communities and meeting their needs.

Two-generation programs which serve parents and children under five included the Family Involvement Center (DHHS Infants and Toddlers), Early Head Start (Family Services, Inc., CentroNia, and the Lourie Center), the Judy Centers (two MCPS programs, including the Rolling Terrace ES program that is delivered at TESS Community Action Center), and the Family Discovery Center (Family Services, Inc.).

In considering models that use elements of a two-generation approach, the researchers reviewed a number of programs that serve older children and teens, or families with children, including Linkages to Learning (DHHS and contractors), the Neighborhood Opportunity Network sites (Catholic Charities, Family Services, Inc. and TESS), the Cluster Projects, Creating Healthy Bonds (Family Services, Inc.), Latino Youth Wellness Program (Latino Health Initiative and Identity Inc.), Thriving Germantown (Family Services, Inc.), and the Young Adult Opportunity program (WorkSource Montgomery). The report found that:

- The two-generation approach to poverty is an evolving model that has shown promise, but it is not yet known whether it is the most cost-effective strategy for combating intergenerational poverty
- Nearly three-quarters of children in low-income families in Montgomery County have a foreign-born parent, meaning that the target population for two-generation programs in Montgomery County is primarily composed of immigrant families
- Spanish is the most common language other than English spoken at home by adults living in poverty in the County, but nearly a third of adults living in poverty speak languages other than English and Spanish
- Low-income immigrants in Montgomery County face numerous barriers to accessing government programs, including a growing and significant fear of deportation and other immigration-related consequences, along with language and cultural barriers that can obscure the need for services
- Many low-income immigrant families face numerous challenges, including lack of access to health care, insecure and substandard housing conditions, and histories of trauma and family separation
- Diverse and culturally and linguistically competent staff is a key success factor for two-generation programs that serve immigrant families
- Two-generation programs must employ a wide range of tools to address barriers and challenges faced by low-income immigrant families, including providing comprehensive case management and offering "place-based" services that are provided in the communities they serve
- Low-income immigrant families face barriers to accessing and participating in early childhood programs, and two-generation programs must ensure that early childhood education components are both accessible to immigrant families and linguistically competent; and
- Two-generation programs that serve immigrant families often include adult education and English language learning components, which can be incorporated into workforce development activities.

<sup>70</sup> <https://www.montgomerycountymd.gov/OLO/Resources/Files/2018%20Reports/OLOReport2018-13.pdf>



## Strategic Planning Process

Head Start is often considered the original, oldest and largest two-generation program, given its comprehensive and supportive family-centered approach to early education, health services, nutrition, mental health services, and parent education and engagement services. Perhaps because it is so well known, it was not reviewed in this report, although the MCCA's executive director and program manager were interviewed and provided resources.

For further consideration, the staff suggested the Council might wish to consider what strategies two-generation programs in Montgomery County are using to meet the needs of low-income immigrant populations, and, whether opportunities exist to further incorporate the two-generation approach into existing programs, and to expand strategies for engaging low-income immigrant families to meet their specific needs.

A similar report in 2016, **"Two-Generation Approaches to Poverty"** responded in the Council's interest in 2Gen approaches to poverty implemented in other jurisdictions, factors leading to program success, and approaches to implementing a two-generation model most successfully in Montgomery County. Among its observations, it highlighted HOCs' Family Self-Sufficiency program as a best practice, with mentors, childcare coordination, transportation, education, job training, employment counseling, financial literacy, and homeownership counseling. It also cited the DHHS rapid re-housing program for families with minor children who are homeless, which can provide services for 18 months to two years. However, research shows that a two generational approach can take five years to yield results. The report noted that HHS does not have an asset development program with the exception of HOC's initiative which serves its HUD recipients (note: the federal Assets for Independence program has since been defunded; CAA oversees VITA to promote asset development by maximizing refunds and credits, and by linking residents with safe and affordable banking through Bank On Gaithersburg). It also cited the lack of full day Head Start as a barrier, and the opportunities to improve data sharing with MCPS.

In conclusion, the report called for the Council to review opportunities to better use data to drive 2Gen program design and geographical location of services, to consider how the new Workforce entity might build

training and stackable career credentials, including for early education, to review the funding mechanisms in the County to address two-generation poverty, and, to consider the impact of paid family leave.<sup>71</sup>

### **Roundtable Meetings on Strategic Plan to Alleviate Poverty**

In 2017 and 2018, County Councilmember Roger Berliner held Roundtable Meetings on a Strategic Plan to Alleviate Poverty. Attendees included public and nonprofit agency leaders, including the Community Action Board, the DHHS director and its chief of Children, Youth and Families; MCCA's Executive Director was invited to a meeting as well. The meetings featured presentations of the Housing Opportunities Commission's (funded by the Department of Housing and Urban Development) Family Self Sufficiency Program; A Wider Circle's Neighborhood Partnerships Program, and the East County Opportunity Zone and Thriving Germantown. The Councilmember introduced legislation for a "Strategic Plan to Promote Prosperity and Increase Opportunity." The Community Action Board testified in support of increased coordination to alleviate poverty and noted that the enabling legislation of the Community Action Agency and its Board require it to have a leading role. The legislation was not enacted<sup>72</sup>.

### **Maryland's Two-Generation Family Economic Security Commission and Pilot Program (December 2018)**

Governor Larry Hogan established the Two-Generation Family Economic Security Commission and Pilot Program by signing an Executive Order, which was charged with investigating policy challenges, opportunities, and recommendations regarding the mitigation of multigenerational poverty. The Executive Order set out to:

- 1) Identify services and policies within State programs that can be coordinated to support a multigenerational approach;
- 2) Identify program and service gaps and inconsistencies between federal, State, and local policies;
- 3) Identify, test, and recommend best practices utilized on federal, State and local levels; and 4) Solicit input and guidance regarding Two-Generation approach practices and policies from external sources with direct knowledge

<sup>71</sup> [https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2016/160208/20160208\\_HHS1.pdf](https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2016/160208/20160208_HHS1.pdf)

<sup>72</sup> [https://www.montgomerycountymd.gov/council/resources/files/lms/bill/2018/Committee/pdf/6945\\_2566\\_Committee\\_08202018.pdf](https://www.montgomerycountymd.gov/council/resources/files/lms/bill/2018/Committee/pdf/6945_2566_Committee_08202018.pdf)



and experience in the field of multigenerational poverty, including, but not limited to Two-Generation approach practices in states, at the federal level, and in Maryland. The Commission, chaired by Lieutenant Governor Boyd K. Rutherford, held eight public meetings, commencing on June 28, 2017. Members of the Commission included the executive director of the Maryland Community Action Partnership, and the director of the Maryland Department of Housing and Community Development's Office of Community Services Programs, who has responsibility for overseeing the state's CSBG Community Action Partnership programs. Several local agencies also participated in meetings to highlight challenges facing families and to share national best practices in two-generation service delivery.<sup>73</sup>

### **Statewide Effort to Advance a 2Gen Poverty Waiver - White Paper on Poverty Alleviation Strategies**

With the leadership of the former DHHS director, Uma Ahluwalia, DHHS led a statewide working group to develop a proposal to request a federal waiver to address the intergenerational aspects of poverty by pursuing a two-generation approach. Allegany, Garrett and Montgomery Counties planned to build upon national lessons and Maryland resources to craft family-centered strategies to create a pathway from poverty to mobility and to address the social determinates that contribute to family poverty such as housing, health, education and transportation. The pilot's design would include households with at least one child under the age of 8 who are receiving any of the following: TANF, SNAP, or a housing subsidy. Since the Affordable Care Act is now helping most low-income, Maryland families either through Medicaid or subsidies, childcare eligibility particularly is found to interfere with families' efforts to achieve financial stability and success. Raising the income eligibility criteria to 300% and 200% with continued subsidies at those levels would make a substantial difference for families (300% GBI in Montgomery County with its higher costs and to 200% of FPL in the rural western region). A white-paper was developed to engage state departments with federal funding to support the waiver (DLLR/Labor, DHS, MSDE, and DHCD), expanding the DHHS model of integrated services to non-profit

organizations as well, using WIOA or TANF as the basis for a waiver request from the federal government to request flexibility on regulation and funding approaches. Although the model did not advance, State legislation supported by the Community Action Board and other advocates to increase childcare subsidy funding was passed, and both the Kirwan Commission and Montgomery County embraced an early learning initiative to enhance access and affordability.

### **Launching MCAPs Pilot with Maryland's Department of Human Services**

In 2019, the Maryland Community Action Partnership and its partner agencies prioritized increasing funding for the network's two-generation approaches to reducing poverty.<sup>74</sup> Several agencies in Western Maryland (Garrett County Community Action and Allegany), on the Eastern Shore (Delmarva Community Services), Community Action Council of Howard County and Montgomery DHHS are known nationally and regionally for transforming their services delivery system, increasing integration and embodying 2Gen, whole family practice. Legislators responded, allocating \$950,000 towards this goal, through a partnership with the Maryland Department of Human Services. The funding can be used to strengthen efforts to measure and account for outcomes of both children and parents; engage and amplify families' voices; ensure equity; foster innovation and evidence based-practice; and to align and link systems and funding streams. The MCAP 2Gen Pilots will launch in the fall of 2019.

<sup>73</sup> <https://governor.maryland.gov/ltgovernor/wp-content/uploads/sites/2/2019/01/FINAL-Report-Two-Generation-Family-Economic-Security-Commission-12.28.18.pdf>

<sup>74</sup> <http://www.maryland-cap.org/Default.aspx#news-events>

## Section V:

# Agency's Priority Needs and Efforts to Address Each Issue

### IMMIGRATION

#### Efforts to Address This Issue:

As stated earlier, Montgomery County is home to a third of Maryland's foreign-born population. In the 2016 Montgomery County Self-Sufficiency Standard (SSS), the percentage of the foreign-born population who were earning household incomes below the SSS<sup>75</sup> was measured by decade of immigration. At that time, one in four County residents who had arrived in the US in the 1970s were living below the SSS, and over one in three County residents (37%) who immigrated in the 1980s were living below the SSS. Fifty-five percent of immigrants who arrived in the first decade of the 21st century live on household incomes below the SSS. Among the most recent immigrants for which there is data—arriving in the US between 2010 and 2012—31% are living below the SSS.

By country of origin, immigrants from five countries are likely to live in Montgomery County on household incomes below the SSS. Among immigrants from El Salvador, 74% live in households below the SSS. Sixty-four percent of County residents originally from Ethiopia also live below the SSS, as well as 54% from Peru and 49% from the Philippines. Forty-two percent of immigrants from Vietnam also live below the SSS. By comparison, only 6% of immigrants from India and 8% of immigrants from Taiwan living in Montgomery County are subsisting on incomes below the SSS. In large part, these figures reflect the immigration journey. Those who arrive via work permits such as HB-1 Visas tied to a stable job—as is common among immigrants from India—are faring better than people who are arriving with fewer educational and economic resources.

Approximately 13% (over 141,000) of Montgomery County residents speak English “less than well.” According to the 2017 American Community Survey, by far the most commonly spoken native language is Spanish, followed by other Indo-European languages; Chinese (both Mandarin and Cantonese); other and unspecified languages; French, French-Creole (Haitian), or Cajun; Korean; and other Asian and Pacific Island languages. The language group that includes “other and unspecified languages” includes such diverse languages

as Amharic (from Ethiopia), Somali, Hebrew, and Navajo. Montgomery County has a network of English language programs for adult learners, including IMPACT Silver Spring's English classes at the TESS Center. Collectively, the programs supported with County funding are part of the Montgomery Coalition of Adult English Learners (MCAEL). Among students of MCAEL programs, 10.7% are native Spanish speakers, 10.5% speak Indo-European languages, 10.8 are native speakers of other languages, and 2.9 are speakers of languages of Asia and the Pacific Islands.

On July 22, 2019, Montgomery County Executive Marc Elrich issued an executive order, “Promoting Community Trust,” to reaffirm county policy and ensure immigrants and vulnerable communities feel they can seek county services without fear that such engagements will be used to assist in civil immigration enforcement.<sup>76</sup> On August 13, 2019, County Council President Nancy Navarro responded to the federal rule changing the determination of “public charge” by issuing a statement of the County's inclusivity regarding its “incredibly vibrant, racially and ethnically diverse community.” The messages of trust and welcoming neighbors is key to the effectiveness of TESS outreach through the Long Branch area. DHHS Director Raymond Crowel is working with senior leadership to ensure that forms and record-keeping comply with both federal law and the above executive order, noting only whether someone is eligible for services.

Advisory group members who are appointed by County Executive Marc Elrich represent African, African American, Asian, Caribbean, Latino, and Middle Eastern residents.<sup>77</sup> The role of the Advisory Groups is to ensure that the County Executive is well informed of and able to act effectively in responding to the needs and concerns of the county's diverse communities, and to work collaboratively with government, nonprofits, and community organizations in creating an inclusive, equitable and welcoming county. The DHHS Office of Community Affairs, including the Latino Health Initiative, Asian American Health Initiative, the African American Health Program, and the CAA fit within the County Executive's priority of ensuring that Montgomery County

<sup>75</sup> Self-Sufficiency Standard Report [montgomerycountymd.gov/communityaction](http://montgomerycountymd.gov/communityaction)

<sup>76</sup> [https://www.montgomerycountymd.gov/OPI/Resources/Files/2019/MC-executive\\_order\\_135-19.pdf](https://www.montgomerycountymd.gov/OPI/Resources/Files/2019/MC-executive_order_135-19.pdf)

<sup>77</sup> <https://www.montgomerycountymd.gov/partnerships/>

## Agency's Priority Needs and Efforts to Address Each Issue

is a "More Affordable and Welcoming Community."

The above follows a trajectory marked in 2016 by the Montgomery County Faith Community Advisory Council when it produced a guide to faith communities on welcoming new neighbors from other countries, connecting their faith to new neighbors' needs and creating a welcoming environment.<sup>78</sup> The Advisory Council also produced guidelines for respecting religious diversity, citing many of the policies in place in Montgomery County Public Schools.

The Takoma-East Silver Spring (TESS) Community Action Center was established in the Long Branch community in 1968 because of the high number of Spanish-speaking immigrants, then mostly from Cuba, who were new to the US, Montgomery County, and seeking assistance. Today, Long Branch is home to diverse people, maintaining a high population of Spanish-speakers and new immigrants. TESS now employs an Amharic speaker, to serve immigrants from Ethiopia, and TESS is planning outreach to further assess who in Long Branch is eligible for services and not yet served.

Community Action Agency contract monitors work with nonprofit partners across the County who have reported lower numbers of people seeking SNAP and other federal resources since the current federal administration took office. Instead, informal supports such as food pantries are used as referrals for food resources. The Community Grants monitored by CAA staff have shifted over the last two years as well, such as a decrease in funding for general legal aid, such as family law, and an increase in funding for legal aid and case management for refugees, asylees, and minors who entered the US unaccompanied by an adult and now live with guardians in the County. The local Community Grants program is funded by the County Executive and the County Council and results in contracts for services across diverse nonprofit partners. As the program evolves under the new County administration, the CAB and alumni of the Community Advocacy Institute (CAI) will continue to participate in application reviews and to speak at public forums on the program's intent.

### Long Branch

The Long Branch area, at the intersection of east Silver Spring and the City of Takoma Park, is home to the Takoma-East Silver Spring (TESS) Community Action Center, our walk-in site. As discussed earlier, Long Branch is one of the lowest median income areas of Montgomery County, and a pilot area for Healthy Montgomery's Eat Well Be Active campaign, as well as LHI outreach. It is home to diverse group of new immigrants, including Latino immigrants from several countries and most predominantly from El Salvador, as well as Ethiopia, Eritrea, Haiti, Vietnam, and other countries. Since 1968, TESS has provided linkages to County health and human services programs for Long Branch residents. It was the Montgomery County Department of Health and Human Services first site with staff bilingual in English and Spanish. Today, TESS staff includes a member who is bilingual in Amharic and English, and partners with interpreters of other languages, as well as the County's language line services.

The Long Branch Community Center, under the Montgomery County Department of Recreation, provides a site for Mobile Medical Clinic, including several cultural and language-specific clinics and programs, and is a food distribution site for Manna Food Center. Crossroads Community Food Network organizes a farmers' market, and there are many other community assets, as discussed below in depth.

On August 10, 2016, a gas line exploded in an apartment building just one block from the TESS center. The explosion and fire killed seven people, including three children, and dozens of families were displaced. TESS workers knew and served the families who lost loved ones in the disaster, as well as the displaced families. With the American Red Cross, TESS and MCCA headquarters staff assisted at the temporary shelter at the Long Branch Community Center. During and after shelter operations, the TESS Community Action Center continued to lead coordination of services, donations—the community response was overwhelming—and accommodated behavioral health workers for the year following the tragedy. The 2016 disaster highlighted communications challenges between emergency responders and community-based organizations. The resulting asset-mapping has provided a guide in Montgomery County emergency response operations for

<sup>78</sup> <http://montgomerycountyinterfaithmd.org/wp-content/uploads/2016/05/Faith-Community-Welcome-New-Neighbors-Guide-MAY-5-2016.pdf>

other communities and strengthened the community resolve and coordination in Long Branch.

The Long Branch area is also undergoing changes related to the construction of a light rail system—the Purple Line—that will connect to Washington Metro Area Transit Authority train stations in Greenbelt to the East and Silver Spring (one mile from Long Branch), and continuing west to Bethesda. Purple Line construction has had promoters and protestors for over two decades of planning, with strong arguments in favor of connecting Maryland suburbs without entering the District of Columbia, amid fears that the Purple Line will bring gentrification and displace people in low-income communities such as Long Branch, among other concerns. Two stops of the Purple Line are in Long Branch, including one at the intersection of Flower Avenue and Arliss Street, across the street from the site of the 2016 explosion. Construction is expected to be complete within two years, and retail rents have already doubled for many of the community-based providers in Long Branch and increased for residents as well.

On February 21, 2019, Long Branch partners representing a vast array of services met to discuss current service needs, and Long Branch residents' barriers to services. Thirty-one representatives from local government, community-based nonprofit organizations, and the faith community discussed who they serve, residents' barriers to services, and their needs for resources. Attendees represented programs to address housing, financial education, emergency response, immigration, legal services, employment, social services, education, health, food and nutrition, community development, and other services. The responses to the thematic questions were summarized are listed below:

#### ***Who are your customers, and what are their barriers to services?***

The customers served by meeting participants ranged from community-wide populations—County-wide, beyond Montgomery County, and Long Branch-specific—to particular age groups and health conditions, as well as wellness conditions such as homelessness (including runaways), and disaster victims.

The barriers faced by the customers served ranged from lack of information about health care and social service programs; income, employment, and education

barriers, including low English proficiency; to inadequate resources for basic needs, including housing, utilities, and food. Child care, transportation, and disability status were also mentioned. Much discussion surrounded the issues of immigration status, including barriers to self-sufficiency such as fear, intimidation, distrust, and lack of a social network. A lack of overall emergency preparedness remains a concern.

#### ***How are customers coping/getting their needs met in the current climate (neighborhood changes and political climate)?***

Many participants mentioned that the customers they knew, or used to have, are now “laying low” due to immigration fears and skirting formal services for informal networks. For instance, families that could access SNAP for their American citizen children are relying on food pantries. Families with mixed status income earners many forego applying for housing vouchers and instead share apartments with other families. As a result, some community members are not going to the doctor, and not getting medicines. Yet this is a resilient community, and many people living here have come to the US through extraordinary resourcefulness, which they now turn towards activism and civic engagement. However, providers expressed concern about those who are going into debt (changes in the tax laws were mentioned) and foregoing some obligations to meet others. While some are choosing to leave Long Branch, others stay but are more isolated, or may turn to substance abuse, or criminal activity.

#### ***What resources would you like to see added to the Long Branch community?***

Responses ranged from affordable housing, medical care, behavioral health (formal and informal, culturally-specific), to sustained local resources, better integration of partnerships and care. Specific services that are needed include free legal services, emergency assistance programs, financial literacy, interpreters and translators, and job placement. Also on the wish list were a diaper bank, youth programs (including academic assistance) and child care.

On a broader scale, participants discussed moving Long Branch from a neighborhood to a community, with public spaces that are accessible for recreation, social

## Agency's Priority Needs and Efforts to Address Each Issue

gathering, and networking. Included in the discussion was a need for greater police presence and better understanding of the services they offer.

This spring, Community Action partner Community Health and Empowerment through Education and Research (CHEER)<sup>79</sup> worked with Action In Montgomery (AIM)<sup>80</sup>, a community and congregational network, to conduct a series of listening sessions with sixty-one Long Branch residents. In June, fifty-nine residents came together for a community-wide clean-up effort as a result of these meetings. CHEER also partnered with the Audubon Society to bring one hundred and ten people to an event on "What Lives in Long Branch," the creek and adjacent parkland that runs through the neighborhood. These broad initiatives have helped to identify potential leaders and avenues for partnerships to strengthen Long Branch beyond and across the existing networks of community-based providers, local government, schools, business owners, and the faith-based community.

### CAB Advocacy:

The Community Action Board has been a strong advocate for the needs of immigrants living in the County. Numerous policies directly impact immigrants, who make a large portion of the County's population and a large portion of the clients served through the TESS Community Action Center, VITA program, and the agency's partner organizations. In recent years, the Board addressed the needs of the immigrant community through the following advocacy:

- Submitting comments opposing the proposed changes to the Public Charge rule
- Signing a letter supporting the No Funds for Public Charge Act
- Submitting comments expressing its opposition to the proposed addition of a citizenship question in the 2020 Census
- Submitting comments opposing a proposed HUD rule change that would have prohibited "mixed-status" households from qualifying for subsidized housing

<sup>79</sup> <https://www.communitycheer.org>

<sup>80</sup> <http://actioninmontgomery.org/about>



## EARLY CHILDHOOD EDUCATION

### Efforts to Address This Issue:

#### Head Start

The CAA serves as the grantee for the County's Head Start program, which provides high-quality early education to 648 children in the County. The vast majority of the Head Start spots are for four-year-olds, while a small portion are available for three-year-olds. Head Start classes are held at 30 public schools in the County with 34 classrooms total. In 2018-2019, 83.3% of Head Start children were in full-day programs, while the rest were in part-day programs.

#### Judy Center

The agency's TESS Community Action Center serves as a host site for the MCPS Judy Center, which provides services to young children and their families. TESS has partnered with MCPS for many years to offer play literacy groups, an activity group called "Jump Bunch", and services for parents. Services are offered to small groups year-round.

#### ECE Initiative

The agency staff and several Board members have been heavily involved in the County's Early Childhood Education Initiative (referenced in methodology section above). Staff and Board members provide feedback to the County leaders who are developing and working to implement a five-year plan that will provide more high-quality early childhood education options for families.

#### CAB Advocacy:

The need for high-quality affordable childcare remains an ongoing priority for the Community Action Board. As the governing body for Head Start, this issue is of particular importance for the Board. In addition to support for Head Start programs, the Board also advocates for PreK classes, which serve more than 2,300 additional four-year-olds in the County. Much of the Board's advocacy focuses on ensuring that PreK students receive the same wrap-around services as Head Start students. The Board has

also worked with the Head Start Parents Policy Council to successfully advocate for the expansion of PreK programs in the County through increasing the number of classes and expanding these classes from part-day to full-day programs. Increasing the number of three-year-old spots in PreK remains an ongoing critical priority. The Board is actively engaged in the County's Early Childhood Education initiative and has provided feedback for a statewide education initiative led by the Kirwan Commission. Each year, the Board testifies at the Board of Education Budget hearing and includes early care and education issues in its testimony for the County Council. Specific examples of the Board's advocacy for early childhood education include the following:

- Meeting with Councilmember Craig Rice to learn about the recommendations of the Kirwan Commission Early Childhood Education Working Group
- Submitting feedback and recommendations on the Kirwan Commission's Early Childhood Education Working Group's recommendations to the members of the County Council and to the Kirwan Commission itself
- Testifying before the Board of Education regarding early care and education and the Board's key education priorities at the annual budget hearing
- Meeting with a County Councilmember to discuss the Board's response to the Kirwan Commission recommendations and the Board's/Policy Council's key priorities regarding early care and education
- Submitting a letter to the County Council outlining the Board's key priorities regarding early care and education
- Testifying at the County Council Budget Hearing in support of expanding high-quality early care and education in the County, increasing the number of three-year-old spots, and providing wrap-around services to all children in the County's PreK program.

## FOOD SECURITY

### Efforts to Address This Issue:

In FY18, a Food Assistance Resource Directory was completed in English and Spanish compiling a list of over 80 food assistance providers along with their contact information and hours of operation, which is also available electronically to assist nonprofits, faith-based agencies and MCPS in referring residents.<sup>81</sup> This information was distributed to all the CAA partners which include:

- Caribbean Help Center, which provided emergency assistance program including emergency food provision and referrals
- Catholic Charities of the Archdiocese of Washington, which provides case management and crisis resolution and provide services to low income, largely immigrant community which include food services and referrals
- Community Health and Empowerment Through Education & Research (CHEER), which connects vulnerable Long Branch & Takoma Park residents to health & wellness resources through the food is medicine initiative
- Crossroads Community Food Network, which runs a farmers market nutrition initiative program and complementary healthy eating educational programs
- Kids In Need Distributors, which delivers the Weekend Food program and its expansion in MCPS
- Manna Food Center, Inc., which distributes food to hungry and low-income residents of the County through programs such as 'Manny' the Mobile kitchen that teaches and provides pop-up pantries in the community, Weekend Smart Sacks Program, Farm to Food center program which brings locally grown produce to county residents experiencing hunger and to recover produce from local farmers markets
- Montgomery County Muslim Foundation, to support a food program for needy County residents, focusing on the senior population
- Women Who Care Ministries, which provides for the Helping Kids Eat Weekend program and its expansion which is part of the weekend Food program and the Montgomery Village Food Center.

Staff monitored and provided technical assistances to the eight contract partners. The Montgomery County Food Council provides a platform of diverse representation to improve environmental, economic, social and nutritional health of the County, through the creation of a robust local sustainable food system. A member of the MCCA staff is a Food Council Board member and in the Food Recovery and Access Working Group that is working on the recommendations' and goals of the 5-year food security plan.

Three of the food service providers are funded to run the Weekend bag program: Manna Food Center, Kids In Need Distributors and Women Who Care Ministries. They were provided with additional funding, appropriated by the County Council for the 2016-2017 school year, with the shared goal of increasing the number of elementary school students receiving weekend bags by at least 20% of the 4,624 presently being served, which will result in approximately 5,580 students served. This will translate to roughly 960 more students served over the course of the school year. The program provides food to the elementary school children on Fridays with food to supplement what these families have. These three providers served an additional 1,055 in FY17. Community Action Agency meets with these three partners together with MCPS to ensure the program is running efficiently within the schools access the program. As part of the recommended actions of the Food Security Plan, DHHS, the MCCA, the Montgomery County Food Council and Maryland Hunger Solutions put together a Senior Hunger and SNAP Outreach program. Volunteers were recruited and received SNAP training with the purpose of helping eligible senior residents access benefits and access to nutritious food. The program continued the work of the Volunteer Income Tax Assistance (VITA) Food Navigator Program, that provided resource assistance to the VITA customers. The SNAP Outreach program, in addition meet seniors where they were, such as at senior housing sites and senior congregate meal locations in order to enroll them into SNAP and provide information about other helpful resources that may be available in the County.

The Montgomery Food Council in collaboration with Montgomery DHHS, CountyStat, Manna Food Center and Capital Area Food Bank lunched FoodStat in 2018. It

<sup>81</sup> Food Assistance Resource Directory <https://mocofoodcouncil.org/foodassistance/>

is a comprehensive, regularly updated, visual food insecurity data mapping tool with a list of over 80 data sets for residents of Montgomery County. It provides context for and further supplements the Feeding America data on the level of food insecurity in the County. The data categories include:

- Vulnerable populations - children, seniors, foreign born and disabled residents
- Benefits program participation statistics - e.g. FARMS, SNAP, WIC, FMNP
- Race and ethnicity, employment status, income level, housing
- Food Assistance Resource Directory data
- Food access - food retail mapping and transportation analysis
- Location data - Zip code, census tract, school district, constituency

FoodStat was put together to highlight the needs, high priority zones and potential service delivery gaps that will lead to public policies and local strategies to inform priorities, drive collective impact and ultimately reduce food insecurity in Montgomery County.

#### **Programs at the TESS Community Action Center:**

The TESS Community Action Center has been a key player in achieving the goals in the 5-year Food security plan. The TESS site was one of the three sites where listening sessions were held to receive feedback from caregivers of children under 5 with regards to food insecurity and food choices. There were 9 focus groups and 54 participants. They were able to have the sessions in English, Spanish and Amharic. Findings included:

- The need for more culturally appropriate food
- More clarity about food assistance resources and benefits
- Higher benefit amounts to reflect high cost of living
- More efficient and cost-effective transportation options

The MCPS Summer Meals program is hosted at the TESS Center in collaboration with the Montgomery County Public Schools as the lead agent. It provides a daily meal and snacks to children ages 18 and under during the Summer months when school is out. This

assists families that access to the weekend bag program during the school year. In Summer 2017-2018 TESS served 1,890 lunches. They also provided a space for students to volunteer in the program.

The TESS Center also oversees the Groceries-to-Go program in Partnership with the Capital Area Food Bank in D.C. This is a federal program that provides food to seniors on a monthly basis. The TESS Center can accommodate 30 seniors in the program and their numbers fluctuate between 22 and 26 participants per session. In FY18 they served 26 seniors. The program is looking into transportation for the seniors due to the weight of the boxes provided.

#### **CAB Advocacy:**

Food security is a longstanding priority issue for the Community Action Board. The Board has been active in the County's efforts to reduce food insecurity and has advocated for numerous programs and policies that would reduce food insecurity for children, seniors, and other vulnerable populations. The programs include school meals, SNAP benefits, and summer food security programs. Specific examples of the Board's advocacy to address this issue include:

- Submitting testimony to eliminate the "reduced price" category for school meals
- Calling members of Congress to express the Board's opposition to the House Farm Bill, which would result in cuts to SNAP
- Adding its name to testimony submitted Maryland Senators and Delegates supporting Summer SNAP for Children
- Submitting testimony in support of the Summer SNAP for Children Act, which would increase SNAP benefits to families during the winter and summer months
- Submitting comments opposing a proposed rule change for SNAP, which would cut-off SNAP for Able-Bodied Adults Without Dependents, and
- Supporting the "No Shame at School Act", which would prohibit schools from addressing school meals debt in ways that shame or stigmatize students.

## FINANCIAL NEEDS

### Efforts to Address This Issue:

#### Delivering free tax help

- MCCA has developed flyers in 6 languages to serve all residents seeking free tax help throughout Montgomery County, with all partners participating, aligning marketing with Ride-On and the County's PIO. United Way of the National Capital Area is seeking to develop a regional marketing effort.
- No show rates impact performance, especially during the off-season. Although we have developed a model for 'Drop-Off' VITA, the model does not lend itself to the complexities facing people with tax challenges, requiring amended and multi-year returns during the off-season.
- MCCA seems to have maximized the number of people who may be served during the season with the current service delivery model during the tax season. Funding from partners is limited. Staff often work beyond scheduled hours, increasing comp time, which reduces their availability later in the year. We may restructure services to assign one merit staff and a site coordinator per site.
- Currently, we do not have good documentation to understand the extent that VITA services are utilized by our partners from TESS, Head Start/PreK, or through our nonprofit partners, as the respective data systems are not integrated. The data is not captured by a question on the survey asking how people have heard of our services.

#### Bank On Montgomery

- Working with the County's Department of Finance, DHCA and DHHS, and with Bank On Gaithersburg, there is an interest in broadening the Bank On model across the County. The workgroup is developing a survey to better understand needs; the survey (in draft) is highly focused on banking and is targeting DHHS and DHCA staff and their contracted providers.

#### Financial Education, Counseling and Coaching

Financial coaching is considered a best practice in models of two-generation approaches to reducing poverty, engaging young parents of children under 5 to help them progress toward their economic goals. CAA's 2Gen model in development at TESS will seek to pilot financial coaching within the Long Branch community.

#### CAB Advocacy:

VITA services, the Earned Income Tax Credit, financial education, and other programs/services aimed at helping residents move towards self-sufficiency have been key priorities for the Community Action Board. The Board has advocated in recent years for expansion of the state's EITC, full funding for VITA programs, and for personnel changes to support the agency's own VITA program. Examples of the Board's advocacy to address financial needs of residents include:

- Advocating for the transition of one of the agency's VITA contractor positions to a full-time County employee position
- Submitting testimony in support of increasing the state's EITC for single adults without dependents
- Supporting the Refund to Rainy Day Savings Act, which would allow tax filers to defer a portion of their refunds for 6 months
- Supporting legislation which would increase the income guidelines for the Child and Dependent Care Tax Credit, and
- Contacted members of Congress to request support for \$30 million in the budget for VITA matching grants programs.

## TWO-GEN/WHOLE FAMILY APPROACHES

### Efforts to Address This Issue:

In November of 2018, Community Action managers and partners from DHHS Office of Eligibility and Support Services and NON attended MCAPs 2Gen Training. That spring, Maureen Larenas-Rivas, TESS Manager, and Sharon Strauss, MCCA Executive Director, participated in the Community Action Partnership's national Whole Family Approach Institute in Crystal City, VA, where they received feedback on an MCCA theory of change, as well as advice from practitioners to advance the 2Gen work in Long Branch or the TESS community.

The Agency plans to launch a 2Gen Pilot at TESS to serve families in the Long Branch community, leveraging resources made available through the Maryland Two-Generation initiative funding which was committed to Maryland Community Action Partnership this year through the Maryland Department of Human Services through legislation. Components under consideration include:

1. Building a coalition (integrating with DHHS' other 2Gen efforts) including 2Gen training
2. Reviewing service delivery to better align resources and strengthen services delivery
3. Improving formal data sharing to promote better outcomes for children and families; and,
4. Increasing volunteerism at TESS to increase family supports, improve nutrition, and increasing financial capability of families the Long Branch community.

Key partners proposed to join a consultant to support planning and implementation will include DHHS, the MCPS Judy Center, and Linkages to Learning, the Maryland Community Action Partnership, the National Community Action Partnership, Maryland's new 2Gen officer, as well as Maryland's DHCD and DHS.

The Silver Spring Judy Center serves children and families who live in the Rolling Terrace Elementary School area, offering Literacy Play and Learn sessions for children through four years old with their parent/guardian, or caregiver. Linkages to Learning provides comprehensive school-based prevention and intervention through its partnerships with MCPS and public, private, and

community agencies. Linkages to accessible health, mental health, social and educational support services are designed to improve the well-being of children and their families.

TESS, the Judy Center, Head Start, and Linkages to Learning occasionally serve the same families, but while strong personal relationships exist among the professionals who serve them, they lack strong formal systems to jointly plan or to share information. The three MCPS programs have commonalities—strong partnerships with DHHS, a commitment to meet the needs of both children and parent and to deliver culturally appropriate services. Each employs resource sharing, service coordination, family literacy, and parent support and education as a strategy. An MOU has been signed by MCPS and HHS to facilitate data sharing, but it has not been fully operationalized.

### CAB Advocacy:

The Community Action Board has advocated for two-generation approaches to address poverty, pointing to this strategy as a best practice. The Board has included 2Gen work in its testimony to state-level representatives, requesting funding in the Maryland budget to support two-gen efforts. Board members also joined staff for in-person advocacy meetings with state delegates and state senators as part of the Maryland Community Action Partnership's Legislative Action Day. These meetings focused on the need for specific funding for 2Gen work and explained why Community Action Agencies were the ideal organizations to implement these programs. These advocacy efforts resulted in statewide-funding for 2Gen efforts, with CAAs across the state receiving funding to support their programs.

Section VI:

# Next Steps



## Next Steps

### FY20 CAB priorities

The Community Action Board met on August 13, 2019 for its annual retreat and began the planning process for FY20. The Board members engaged in activities to assess their progress in meeting FY19 goals and to plan for the year ahead. Although the planning process is still underway, the Board will continue work on several of its previous priorities and will continue to advocate for its historic priority issues. The Board's priorities include the following:

- Working with County Councilmembers to highlight the Board's role as the voice of lower-income residents and to advocate for the agency's needs with regard to its flatlined grant funding
- Working with the Head Start Parents Policy Council, MCPS, DHHS, and other partners to ensure compliance with the Head Start Performance Standards and to advocate for expansion of high-quality early care and education in the County, and
- Addressing the Board's historic advocacy issues through testimony, meetings, and letter-writing. These advocacy issues include: Head Start/PreK, EITC expansion, food and nutrition programs, work supports/wages, debt reduction, affordable housing, safety-net services, a complete Census county, and utilization of the Self-Sufficiency Standard.

### Recommendations

- Increase the number of high-quality early care and education programs available to lower-income families.
- Assist childcare providers with training and other requirements of the licensing process.
- Provide the same comprehensive services to children in PreK that children and families in Head Start currently receive.
- Increase EITC outreach and VITA services so that more eligible filers will receive this credit, the Working Families Income Supplement, and Child Tax Credits.
- Increase financial education programs to help increase self-sufficiency and assets for county residents.
- Expand services to immigrant families, including legal services, English classes, job training, and mental health services.
- Increase food and nutrition programs, including school meals, summer meals, weekend food bag programs, SNAP benefits, and senior nutrition programs in order to reduce food insecurity county-wide.
- Develop 2Gen coordinating group to align resources and strengthen service delivery among CAA and other county programs serving young children and their parents, promoting best practices and enhancing data sharing systems.

*\*Please note that the list above is unranked.*

The MCCA staff has been working with the Board, the Maryland Community Action Partnership and its agency leaders, DHHS colleagues, and consultants to advance the pilot at TESS this year, and to consider opportunities to align training, technical assistance and best practices with the Kresge funded initiatives. While the funding has not yet been received, 2020 CSBG funding will support an AmeriCorps Member through Volunteer Maryland to volunteer-supported initiatives will strengthen service integration at TESS to ensure that families are guided to the services that are responsive to

## Next Steps

their needs and aspirations, and best assist them as they lift themselves and their children out of poverty through the 2Gen model, while allowing the participants to develop social capital, agency and leadership skills. Proposed volunteer or partner opportunities will strengthen current efforts and address new priorities identified by those we serve, the Board, as well as the public and nonprofit partners who participated in February's Long Branch Partners' meeting.

Special attention will be required to assure that this is not a top down, but a bottom up approach, to be sure the proposed logic model and design elements work from the family's point of view, and that efforts to make changes in practice are workable, equitable, and monitored for effectiveness. Since the most impactful work in the 2Gen field has been done with parents and children under 5, we will especially reach out to MCPS Linkages to Learning, Head Start, and the Judy Center, as well as the early childhood and community stakeholders involved in making recommendations and implementing the early learning initiative, and our Office of Community Affairs colleagues, nonprofit partners Early Head Start, and DHHS public health colleagues involved in home visiting.

Part of the work will involve exploring further opportunities to consider blending and braiding funding to better align work and sustain it, and to build in capacity for reporting and evaluation. Addressing data sharing and developing systems to understand the impact will be challenging, as within CAA, only TESS enters data through DHHS Enterprise Integrated Case Management System (eICM), the integrated health and human services information system. Although Linkages to Learning uses the eICM, the Judy Center, Head Start, and our agency partners have other reporting systems.

In-depth training, ongoing coaching, and cross training will be important to increase understanding about the 2Gen approach, and work through the implementation. Creating a Guiding Coalition that includes not only Long Branch partners and family members, but also stakeholders involved in the other 2Gen efforts within the County, and experts in the field will promote best practice, help to maintain focus, and cultivate a local learning hub.



# APPENDIX I

## Community Profile FY 2020

- Please provide the following information related to your community. If your agency serves more than one county, please complete this form for each county. Baltimore City is one jurisdiction.

Eligible Entity	Montgomery County Community Action Agency
County (or Jurisdiction)	Montgomery County
Total Population	1,058,810
Urban Population	
Rural Population	
Total Number of Households	373,219

\*2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

- Please indicate the number of individuals and families experiencing poverty at the following poverty levels:

Poverty Level	Individuals	Families
75%	52,258	9,085
100%	72,961	13,231
125%	102,646	19,366

\*2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

- Please provide the percentage of persons below 125% of poverty for the following categories:

Caucasian/White	5.3%	Native American	6.3%
African American/Black	16%	At or Over 65	10%
Asian/Pacific Islander	8.7%	Under 25	13.5%
Hispanic/Latino	16.5%	Female Headed Households	22.3%

\* 2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

- B1

Individuals Unemployed	37,757
Unemployment Rate	4.5% of individuals age 16 and older
Households Receiving SNAP (Food Stamps)	23,073/6.2% of households
Individuals Receiving TANF (total)	4,046 households receiving income assistance
Adults Receiving TANF	
Children Receiving TANF	

\*2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

- Provide the percentage of youth dropping out of school: 6%
- Montgomery County Public Schools At-A-Glance  
<https://www.montgomeryschoolsmd.org/departments/regulatoryaccountability/glance/currentyear/SAAG2018.pdf>
- Provide the estimated number of substandard housing units:
  - Lacking complete plumbing facilities – 373
  - Lacking telephone service – 2,239
  - Lacking complete kitchen facilities – 1,493

\*2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

- Substandard housing units as a percentage of total housing:
  - Lacking complete plumbing facilities – .1%
  - Lacking telephone service – .6%
  - Lacking complete kitchen facilities – .4%

\*2017 American Community Survey - <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?#>

## Faces of Poverty 2019

Montgomery County, MD  
The Montgomery County Community Action Board

The Community Action Board (CAB), the County's federally designated antipoverty group, advises the County about poverty and the needs of low-income people. CAB provides oversight for the Community Action Agency's federal grants and the agency's services.

### Montgomery County at a Glance

- County population is over 1 million people (ACS)  
The highest population density in the state behind Baltimore City (MDP)
- Between 2010 and 2013, the County saw the largest increase in overall population in Maryland (an increase of 44,900 residents) (MDP)

### Demographics

- The County's population is 18.6% African American, 15.2% Asian, 19.6% Hispanic or Latino (all races), and 43.3% white (non-Hispanic or Latino) (ACS)
- 41.5% of County residents age 5 and older speak a language other than English and 34.4% of these residents say they speak English "less than very well" (ACS)
- 39% of the of the 920,418 Maryland residents who speak a language other than English live in Montgomery County (CountyStat)
- 31.9% of residents were born outside of the United States (ACS)

### Poverty in Montgomery County

- 6.9% of the population (72,961 people) lives below the Federal Poverty Line (ACS)
- 18.4% of the population (192,907 people) lives below 200% of the Federal Poverty Line (ACS)
- Female-headed households comprise 20.3% of families with children under 18, living in poverty (ACS)
- While 4% of White County residents live below the Federal Poverty Line, 5.8% of Asian residents, 11.2% of Black residents, and 11.1% of Latino residents live in poverty (REP)
- 55.6% of residents living in poverty (age 5 or older) speak a language other than English at home (ACS)

### Children

- The poverty rate for children in the County is 9.4% or 23,001 children (ACS)  
31,549 children under age 6 (40.5%) live below 300% of the Federal Poverty Level (ACS)
- 54,730 children in Montgomery County Public Schools (approximately 33.4% of students) qualify for the Free and Reduced Meals Program and over 80% of those students qualify for free meals (MSDE)
- 3.4% of White children, 5.8% of Asian children, and 18.7% of Black children, and 15.8% of Latino children fall below the Federal Poverty Level (REP)

### Seniors

- The number of seniors (age 65+) is projected to more than double between 2010 and 2040, from 120,000 to 244,000 (Aging)
- 28.5% of seniors (age 65+) live below 300% of the poverty level (ACS)
- 60.4% of senior renters (age 65+) and 28.2% of senior homeowners (age 65+) are "housing burdened" – spending 30% or more on income on housing costs (ACS)

### Self-Sufficiency in Montgomery County

- According to the 2016 Self-Sufficiency Standard, it costs about \$91,200 for a four-person family with two working parents, a preschooler and a school-age child, to afford the basic necessities in the County, over three times the Federal Poverty Level (SSS)
- The Montgomery County Self-Sufficiency wage is the highest in the state and also higher than in large metropolitan areas such as San Francisco, Los Angeles, and Philadelphia (SSS)

### Poverty vs. Self-Sufficiency

- The Federal Poverty guidelines are based on the total number of people in a household, regardless of age, while the Self-Sufficiency Standard takes into account the number of adults and children in a household and the age of the household members (USDHHS and SSS)
- The Federal Poverty Level is the same for all 48 contiguous states. The Self-Sufficiency Standard is based on the cost of living in a specific area (USDHHS and SSS)

	<b>1 adult (annual household income)</b>	<b>1 adult + 1 infant + 1 preschooler (annual household income)</b>	<b>2 adults + 1 preschooler + 1 school-age child (annual household income)</b>	<b>2 adults + 1 infant + 1 preschooler + 1 teenager (annual household income)</b>
<b>2019 Federal Poverty Level</b>	\$12,490	\$21,330	\$25,750	\$30,170
<b>New County Minimum Wage*</b>	\$26,400	\$26,400	\$52,800	\$52,800
<b>2016 Self-Sufficiency Standard</b>	\$37,807	\$103,322	\$91,252	\$120,068

*\*The County's minimum wage increased to \$12.50/hour on July 1, 2019 for employers with 50 or fewer employees. The annual income here is based on a work year consisting of 2,112 hours (the number used to calculate annual income in the SSS).*

### Earned Income Tax Credit

- 55,526 County households received the Federal Earned Income Tax Credit in TY 2013 totaling over \$122 million in EITC (Brookings)
- It is estimated that in Montgomery County, between \$13.5 million and \$34.5 million in federal and Maryland EITC remain unclaimed (MD CASH)
- Approximately 33,914 EITC filers used paid tax preparers in TY 2013 (MD CASH)

### Household Wealth & Financial Access

- Asset poverty: 18.2% of Montgomery households are without sufficient net worth to subsist at the poverty level for three months in the absence of income (PN)
- Liquid Asset Poverty: 24.1% of households are without sufficient liquid assets to subsist at the poverty level for three months in the absence of income (PN)
- Zero Net Worth: 13% of households have zero or negative net worth (PN)
- Underbanked: 16.1% of households with a checking and/or a savings account have used alternative financial services in the past 12 months (PN)

### Food/Hunger

- 6.1% of the County's population, including 12.9% of children, are food insecure (FSP)
- 9,078 of the 52,433 seniors in Maryland who qualify for food assistance but are not receiving it live in Montgomery County. After Baltimore City, Montgomery County has the most seniors who are eligible but not enrolled in the Food Supplement Program. (MHS)
- As of April 2017, there were 29,660 SNAP recipients in the County (County DHHS)



## **Housing**

Housing burden:

- 23.3% of homeowners spend 30% or more of their income on housing (ASC)
- 49.5% of renters spend 30% or more of their income on housing (ASC)
- 81.2% of County households with incomes less than \$35,000 spend more than 30% of their income on housing alone (ASC)
- 44.7% of White renters, 42.7% of Asian renters, 54.5% of Black renters, and 62.2% of Latino renters are housing burdened (REP)
- According to the 2019 Point-In-Time Survey, 647 people were “literally homeless” in the County (MWCOG)
- In February 2018, 164 households received Emergency Services grants to prevent eviction or homelessness and 24 families were served in family shelters and 77 families were on the waiting list (County DHHS)

## **Child Care**

- Child care costs in the County are the highest in the state. In Montgomery County:
  - The average annual cost for infant care is \$17,713 (MDFN)
  - The average annual cost for preschooler is \$15,007 (MDFN)
- For a family of four with two parents, one infant and one preschooler, 25.9% of median income is spent on child care costs on average (MDFN)

## **The Montgomery County Community Action Agency**

Department of Health and Human Services, Office of Community Affairs

The Montgomery County Community Action Agency seeks to reduce poverty and improve the self-sufficiency of low-income residents. Community Action manages \$5 million in federal and state Head Start and Community Services Block Grant funding. The agency provides comprehensive early childhood services through Head Start, delivers social services at the Takoma-East Silver Spring (TESS) Community Action Center, and increases asset development through its Volunteer Income Tax Assistance (VITA) partnership. Throughout the County, nonprofits with contracts monitored by CAA staff – totaling over \$4 million – deliver emergency food, clothing, and social services; legal assistance; employment training; and education to Montgomery County’s diverse low-income residents and facilitate community engagement.

## References

2017 American Community Survey (ACS)

<http://www.census.gov/programs-surveys/acs/>

Brookings Earned Income Tax Credit Information (Brookings)

<http://www.brookings.edu/>

Montgomery County Food Security Strategic Plan (FSP)

[https://gallery.mailchimp.com/94db16f73c96fb3b92c6494f0/files/147eachba-59de-4e28-a7a7-15de04237baa/FSP\\_Update\\_Handout\\_June\\_2019.pdf](https://gallery.mailchimp.com/94db16f73c96fb3b92c6494f0/files/147eachba-59de-4e28-a7a7-15de04237baa/FSP_Update_Handout_June_2019.pdf)

Maryland CASH Campaign (MD CASH)

<http://mdcash.org/>

Maryland Department of Planning 2013 Statistical Handbook (MDP) [http://www.mdp.state.md.us/msdc/md\\_statistical\\_handbook13.pdf](http://www.mdp.state.md.us/msdc/md_statistical_handbook13.pdf)

Maryland Family Network Child Care Demographics 2017 for Montgomery County (MDFN) <http://www.marylandfamilynetwork.org/wp-content/uploads/2019/04/Montgomery.pdf>

Maryland Hunger Solutions (MHS)

<http://www.mdhungersolutions.org/>

Maryland Self-Sufficiency Standard (SSS)

<http://www.selfsufficiencystandard.org/>

Maryland State Department of Education (MSDE) Free and Reduced-Priced Meal Statistics

<http://marylandpublicschools.org/programs/pages/school-community-nutrition/freereducedpricemealstatistics.aspx>

Metropolitan Washington Council of Governments Report on 2016 Point-In-Time Count (MWCOG)

<https://www.mwcog.org/documents/2016/05/11/homelessness-in-metropolitan-washington-results-and-analysis-from-the-annual-point-in-time-pit-count-of-homeless-persons-homelessness/>

Report: Summit on Aging – December 3, 2015 (Aging)

[http://www.montgomerycountymd.gov/senior/Resources/Files/Summit\\_On\\_Aging\\_report-2015.pdf](http://www.montgomerycountymd.gov/senior/Resources/Files/Summit_On_Aging_report-2015.pdf)

Montgomery County Department of Health and Human Services Statistics (County DHHS)

<http://www.montgomerycountymd.gov/hhs/>

Montgomery County Stat (CountyStat)

<https://reports.data.montgomerycountymd.gov/countystat>

Office of Legislative Oversight Report, Child Care in Montgomery County (OLO)

[http://www.montgomerycountymd.gov/OLO/Resources/Files/2015\\_Reports/Report2016-3ChildCare.pdf](http://www.montgomerycountymd.gov/OLO/Resources/Files/2015_Reports/Report2016-3ChildCare.pdf)

Prosperity Now Scorecard (PN)

<http://scorecard.prosperitynow.org/>

Office of Legislative Oversight Racial Equity Profile Montgomery County (REP)

<https://www.montgomerycountymd.gov/OLO/Resources/Files/2019%20Reports/RevisedOLO2019-7.pdf>

United States Department of Health and Human Services Federal Poverty Guidelines (USDHHS)

<https://aspe.hhs.gov/2019-poverty-guidelines>



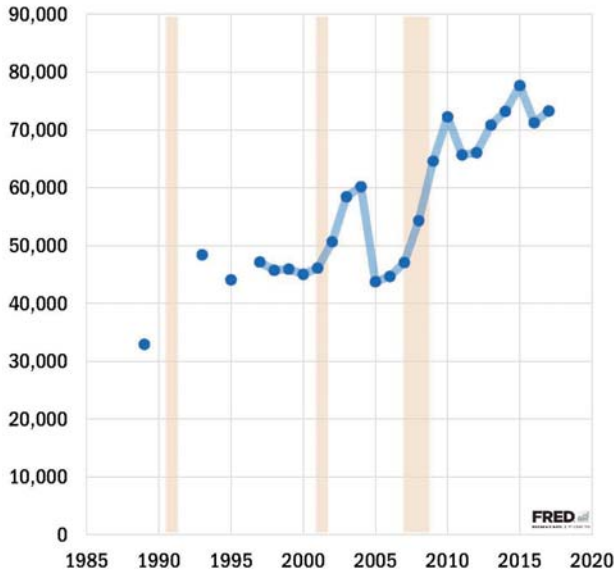
# Community Trends

Telling our story through data, including by tracking indicators of vulnerable across time and space

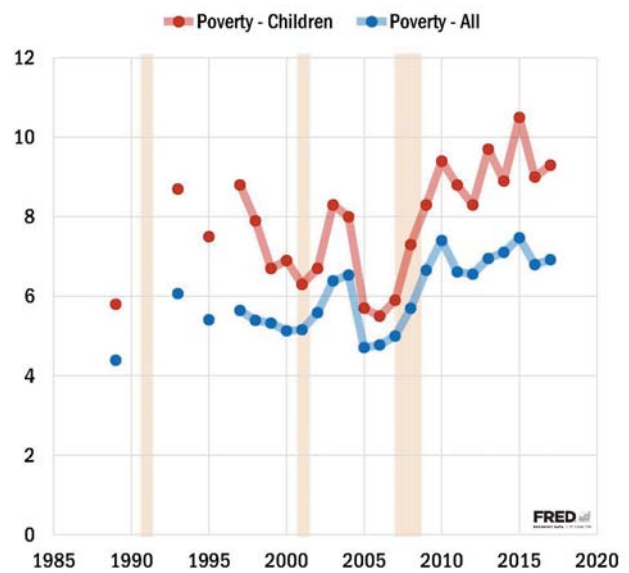


# Poverty in Montgomery County

### Residents Living in Poverty

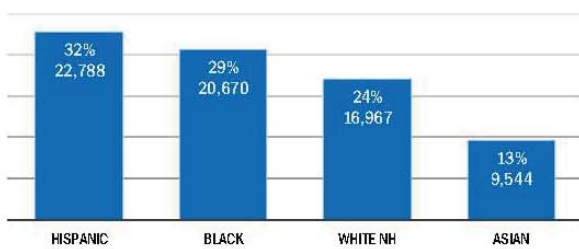


### Poverty Rate

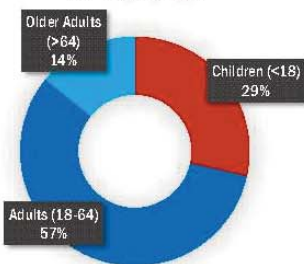


# Poverty in Montgomery County

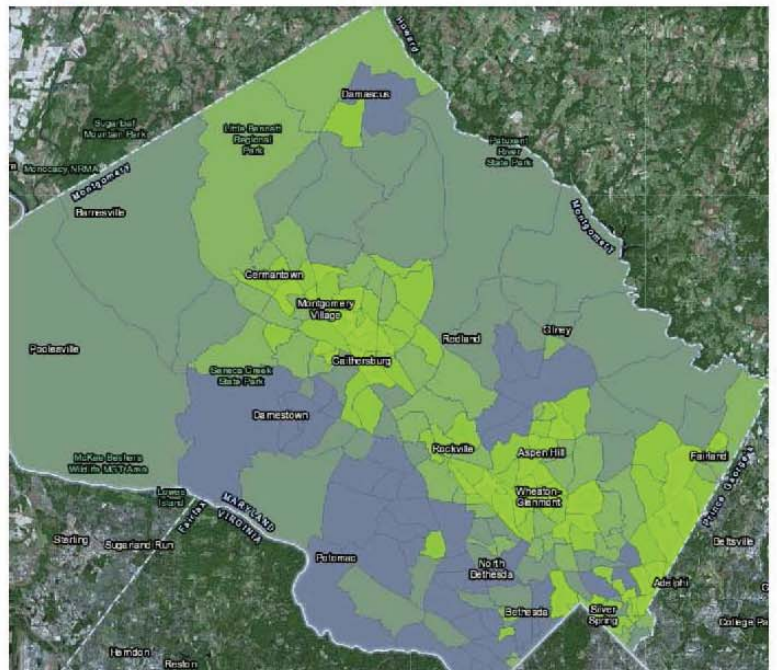
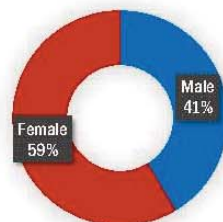
### Residents Living in Poverty (% = Share of All Residents Living In Poverty)



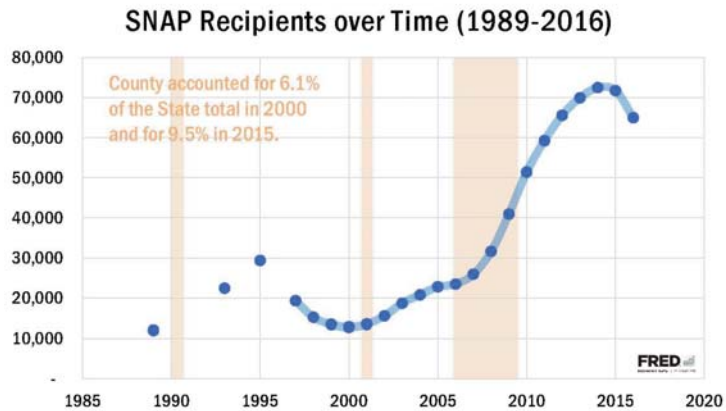
### Poverty by Age



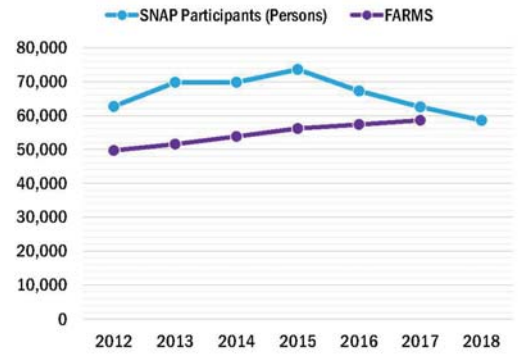
### Poverty by Gender



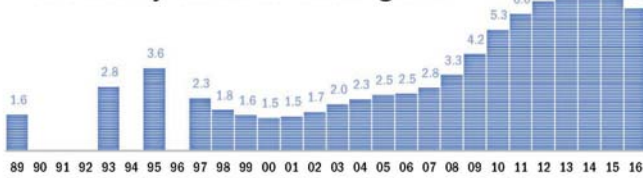
# SNAP in Montgomery County



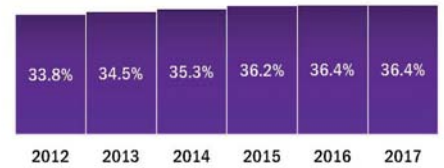
### SNAP and FARMS Participants



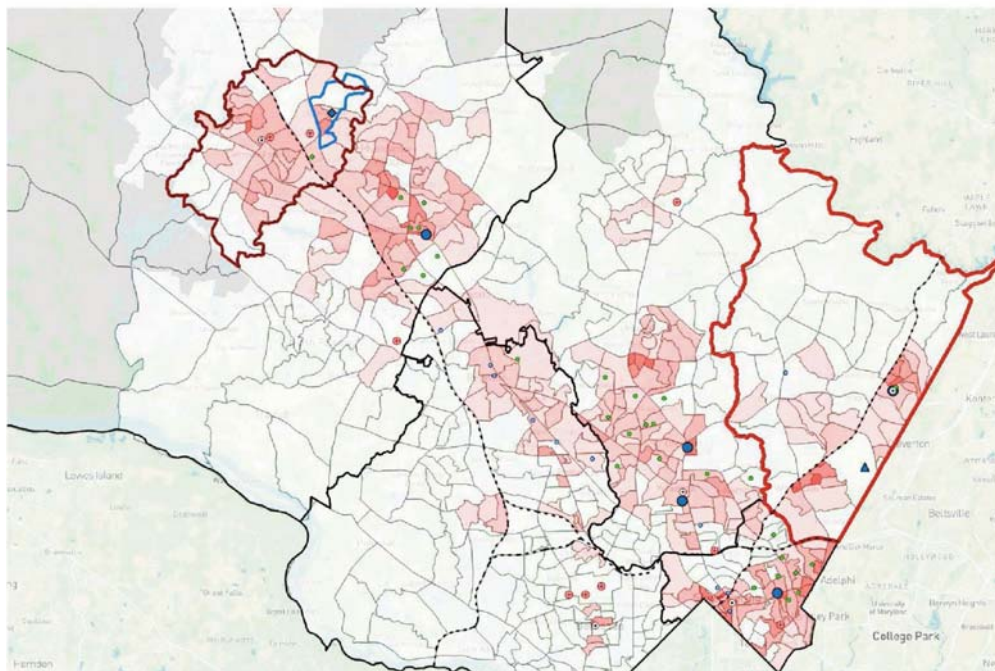
### % of County Residents Receiving SNAP



### % of MCPS Students on FARMS



## Density of SNAP Households at Block Group Level

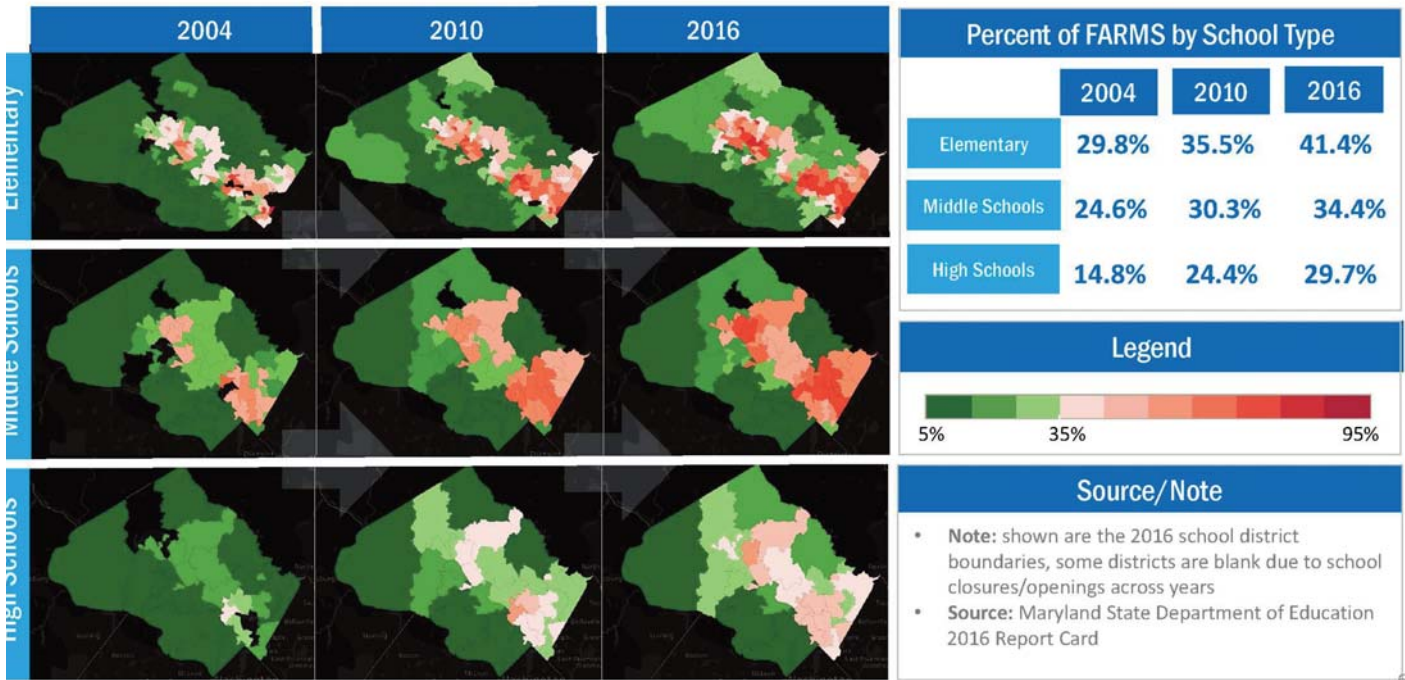


**LEGEND**

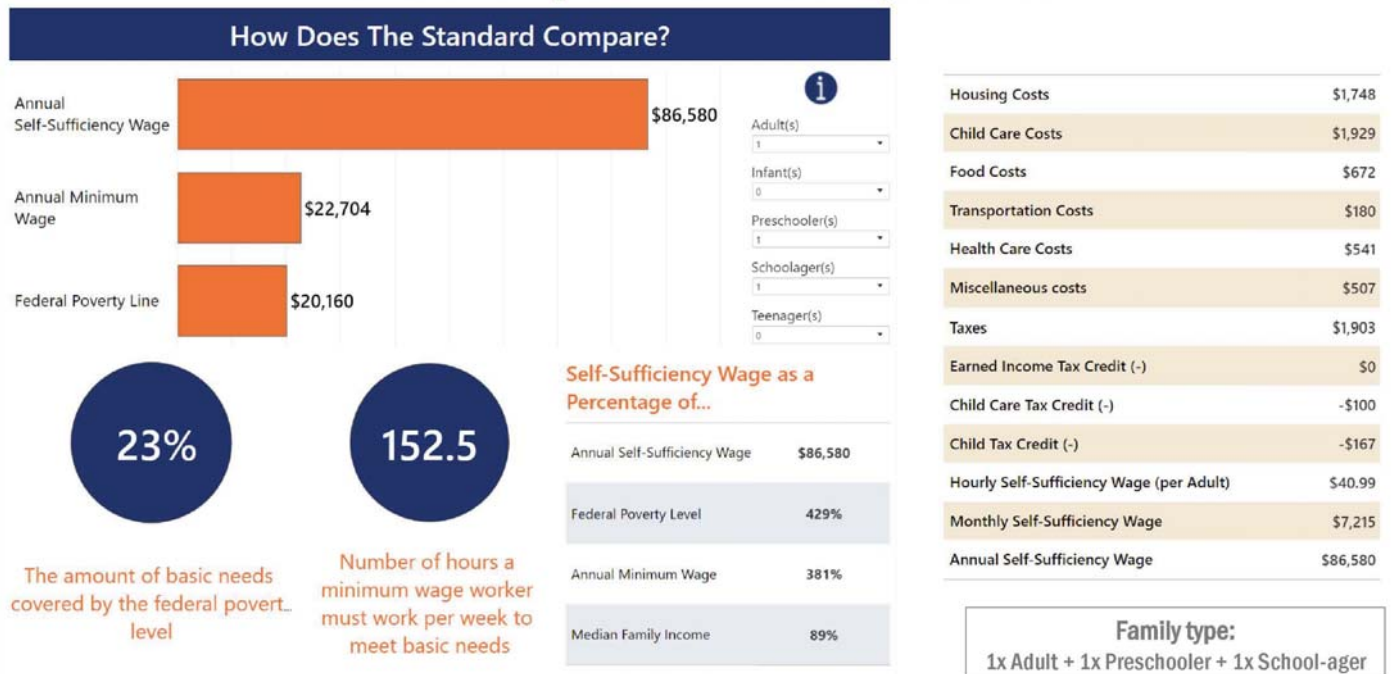
- Red boundary (left): Germantown CDP
- Red boundary (right): East County RSC Area
- Blue boundary: Daly Elementary
- Green dots: Linkages to Learning sites
- Large blue dots: NON sites
- Small blue dots: Other DHHS facilities
- Red crosses: Hospitals



## % of Students Receiving Free and Reduced Meals within MCPS

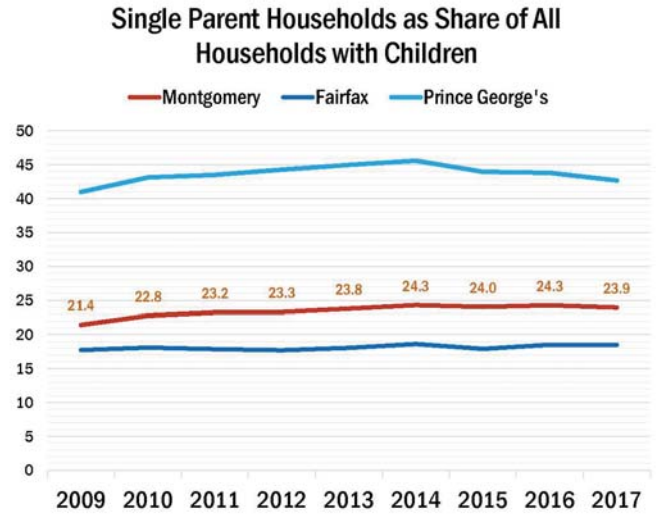
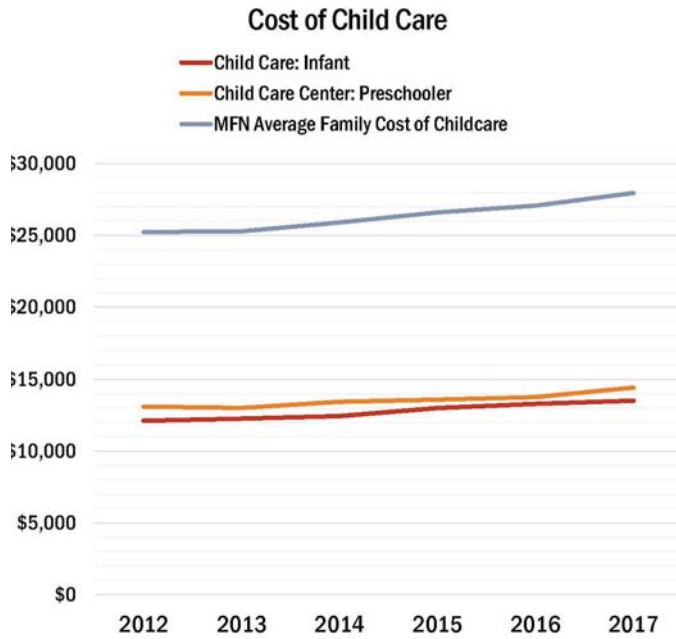


## 2016 County Self-Sufficiency Standard



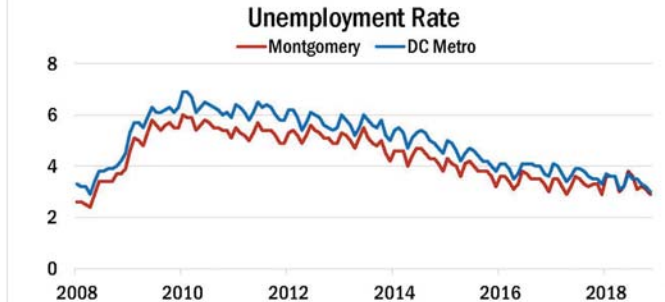
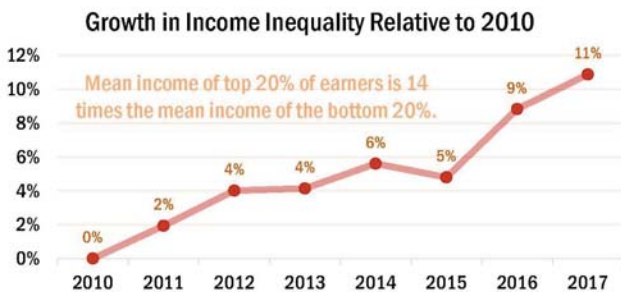
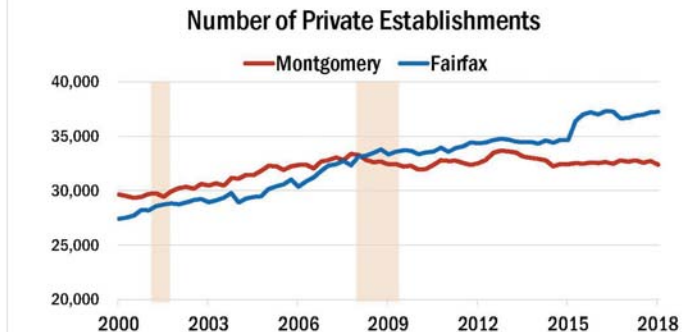
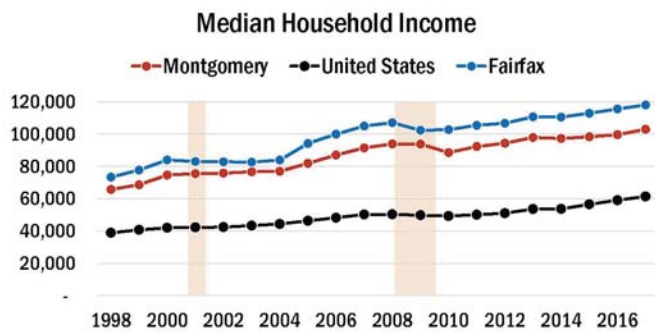


## Families and Child Care

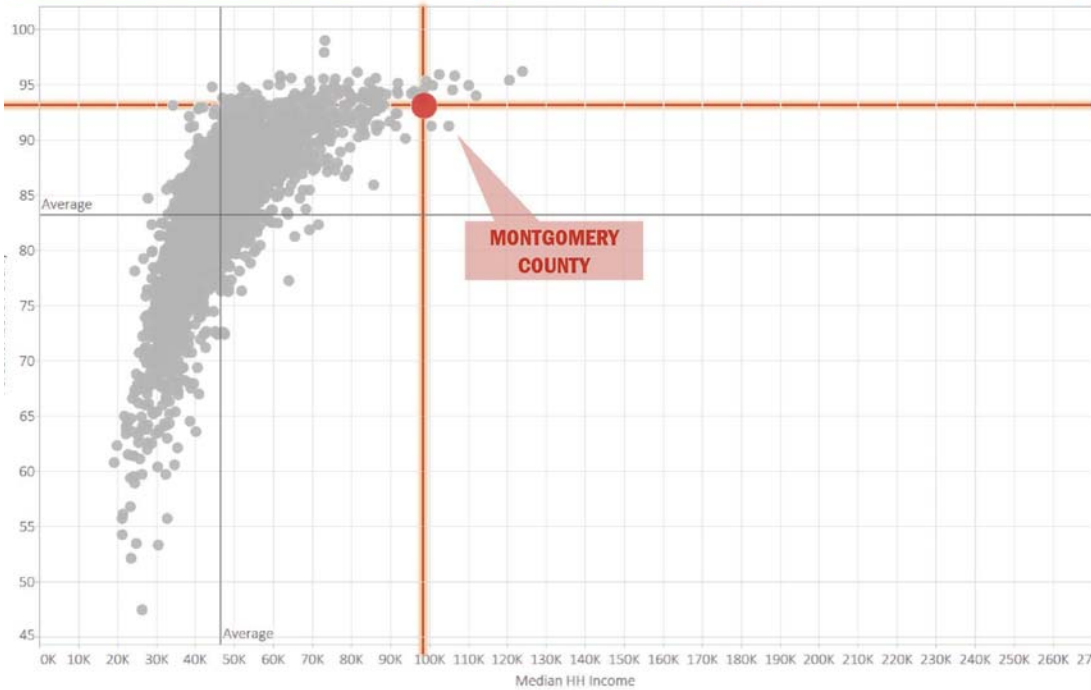


2% of married couple families with children under 5 live in poverty, compared to 30% of single mothers with children under 5.

## Economic Trends



## Hidden Hardships: Montgomery County vs. All Counties (1/3)



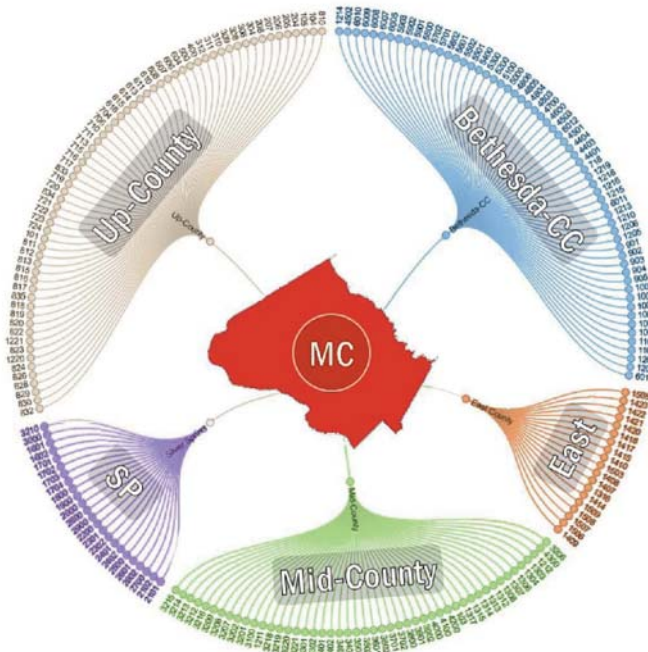
THIS CHART MAPS OUT MEAN HOUSEHOLD INCOME VS. THE POVERTY RATE FOR ALL COUNTIES IN THE USA. (MONTGOMERY COUNTY IS IN RED).

NOTE THAT MONTGOMERY COUNTY HAS AN INCOME LEVEL THAT IS AMONG THE VERY HIGHEST IN THE NATION, WHILE OUR POVERTY RATE IS RELATIVELY LOW.

...BUT IT IS IMPORTANT TO REMEMBER THAT THESE NUMBERS ARE COUNTY-WIDE AVERAGES THAT DISGUISE TREMENDOUS DIVERSITY IN INCOME AND POVERTY IN THE COUNTY.

SOURCE: CENSUS  
ACS 2010-2014

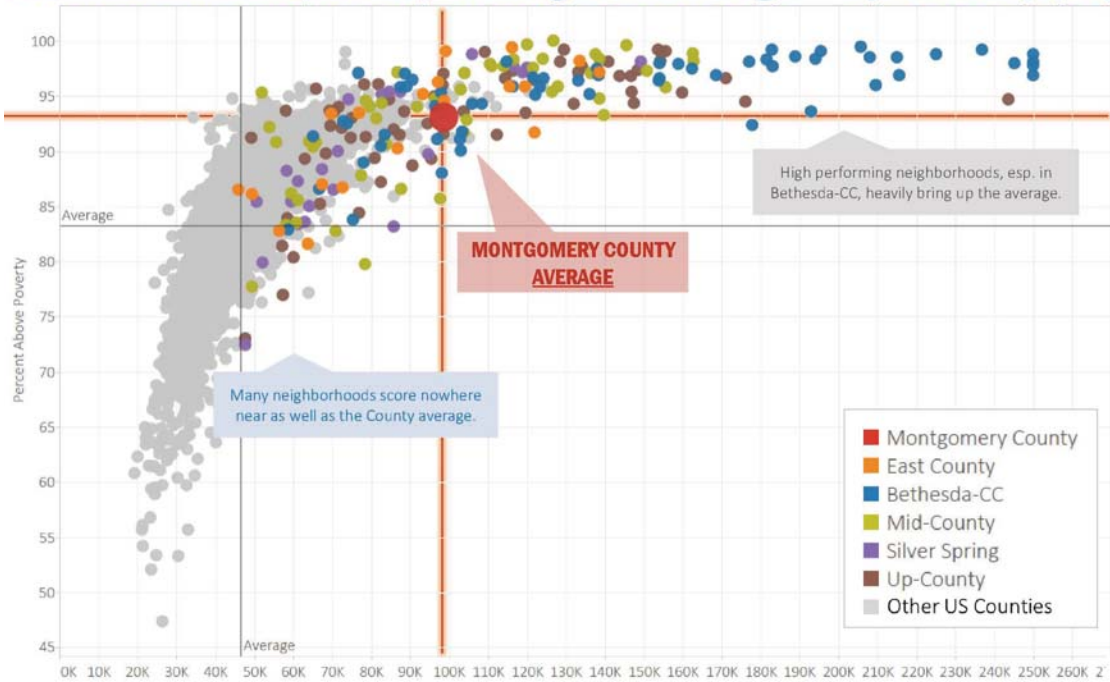
## Hidden Hardships: Unpacking the Average – by Tracts (2/3)



Census breaks down Montgomery County into 215 Neighborhoods

- Montgomery County
- East County
- Bethesda-CC
- Mid-County
- Silver Spring
- Up-County

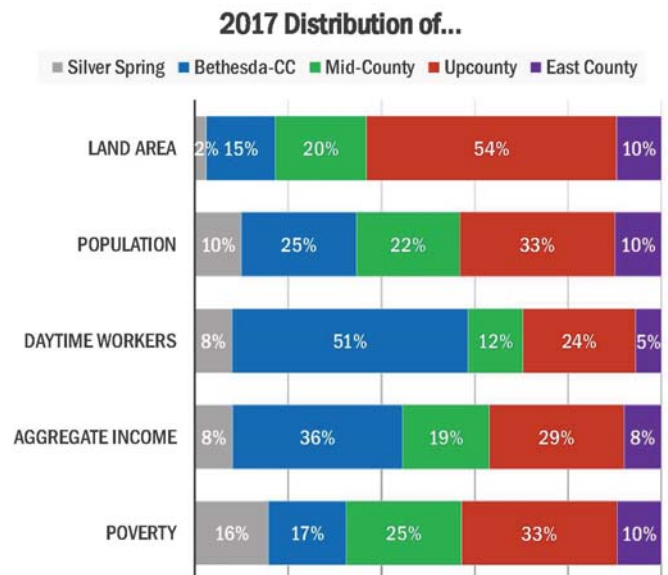
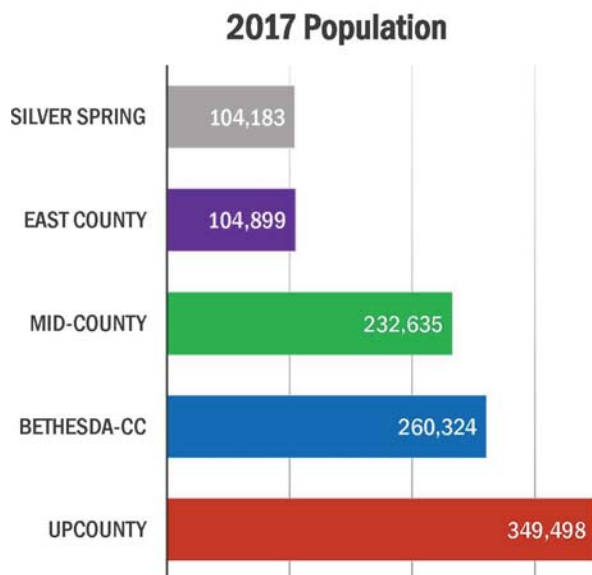
## Hidden Hardships: Unpacking the Average – by Tracts (3/3)



This chart “unpacks” the diversity in income and poverty in the county by adding a dot for each of the 215 neighborhoods (“census tract”) in the county and then color codes them by county region.

SOURCE: CENSUS ACS 2010-2014

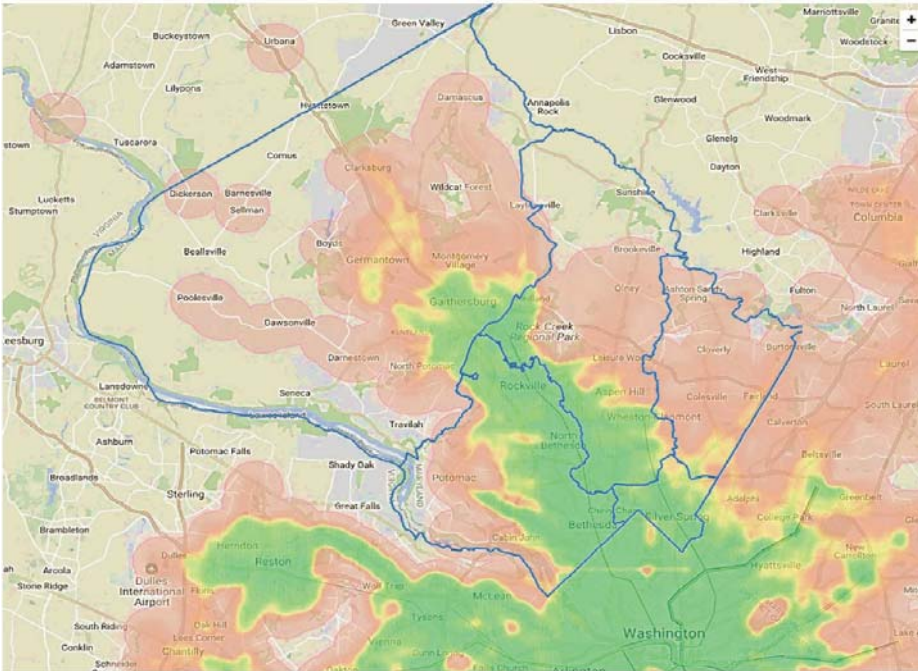
## Distributions by RSC Areas



SOURCE: ESRI + COUNTYSTAT CALCULATIONS



## Accessibility: Job “Opportunity Score”



This score quantifies how many jobs a given location has access to within a 30 minute travel time using public transit and walking (i.e. without a car). Green areas have high accessibility; red areas have low accessibility. The score ranges from 0 (low) to 100 (high).

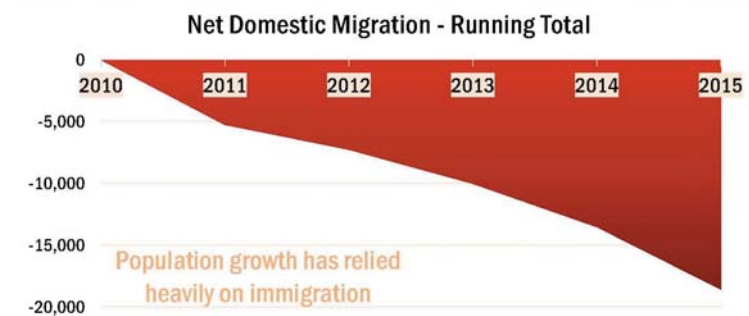
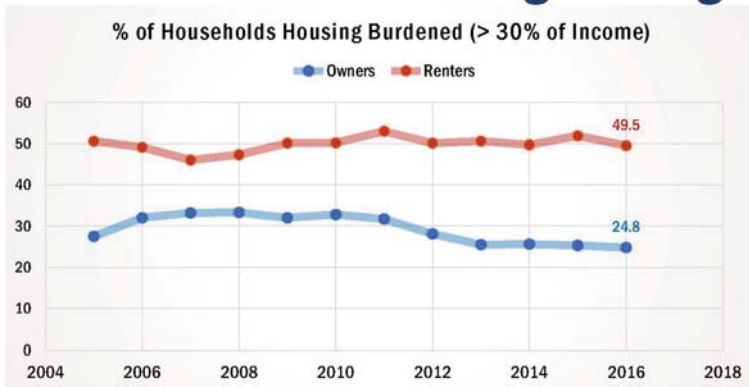
This score was developed by RedFin as a contribution to the White House Opportunity Project.

SOURCE:

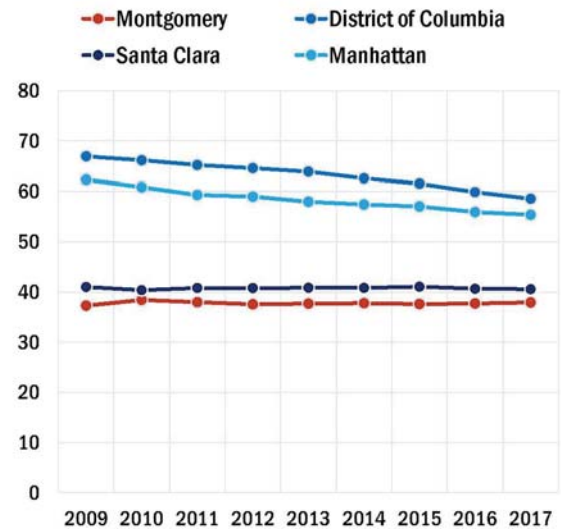
**REDFIN**

<https://labs.redfin.com/opportunity-score>

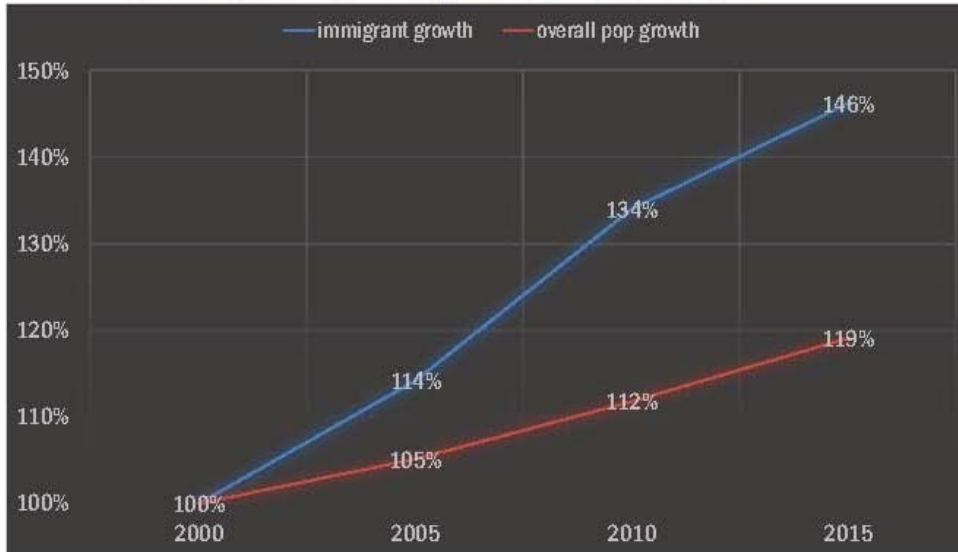
## Housing and Migration Trends



Segregation: % of White Residents that Would Need to Move to a Different Tract to Equalize Racial Distribution



## Growth in Immigrant Population



**+7,200**  
Average annual increase in the number of immigrant residents

**46% > 19%**  
Relative growth rate of immigrants vs. the general population (2000-2015)

**65%**  
The percent of overall population growth attributed to immigrants

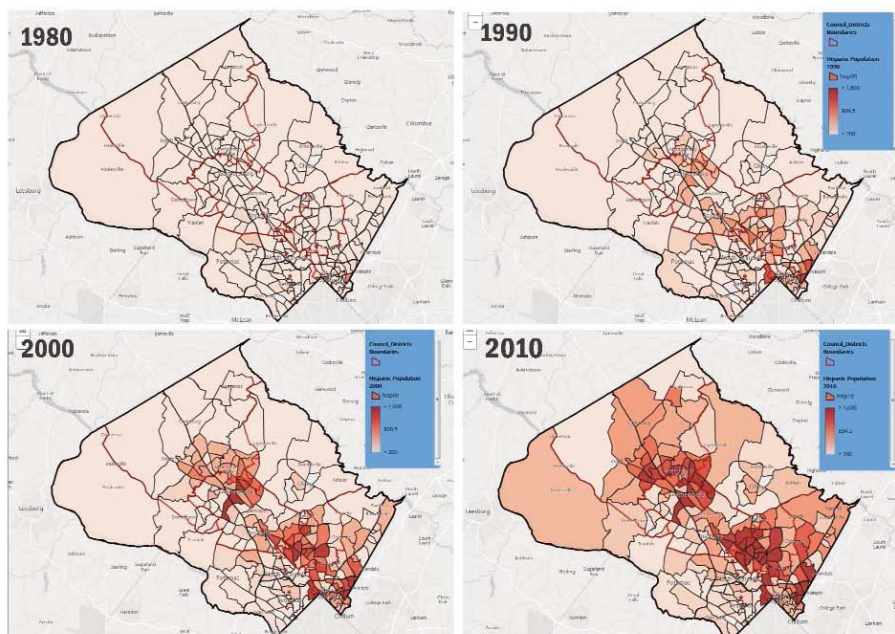
In 1970, Montgomery County counted 35,000 immigrants among its 500,000 residents (7%). Today, this number has grown almost ten-fold, with a total of 330,000 residents (33%) having been born outside of the United States.

An additional 10% of County residents are US-born children living with immigrant parent(s).

Among adults (25+), immigrants account for 43% of the County's population, outnumbering residents born in Maryland or DC by a factor of 2:1.

The County is today home to more residents from El Salvador than from nearby Pennsylvania and more residents from India than from neighboring Virginia.

## Time Machine: Hispanic Residents from 1980+

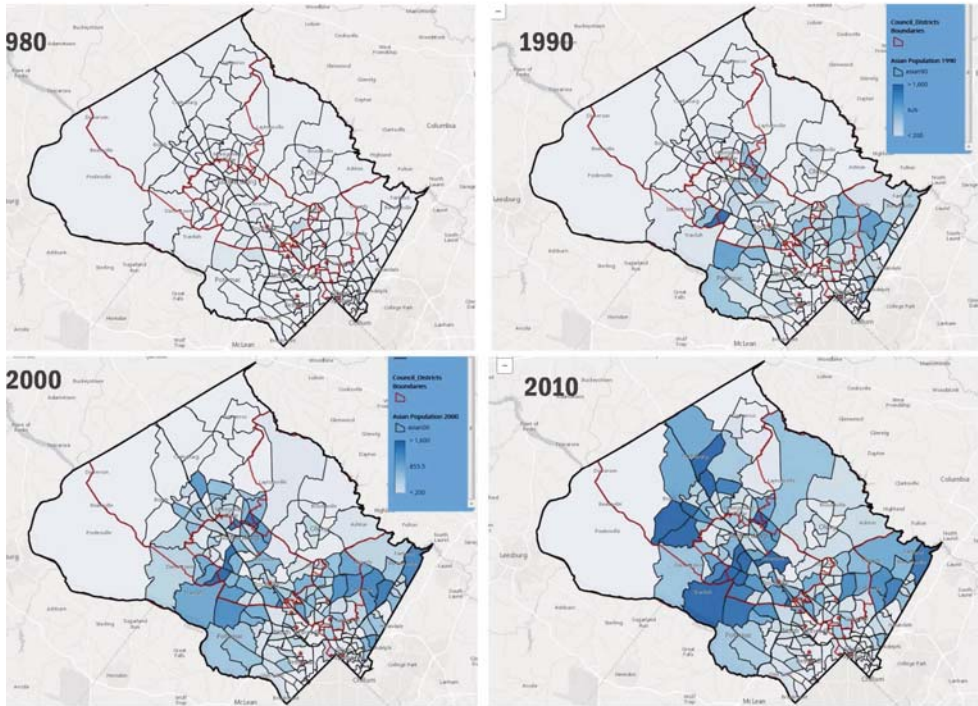


Using Census data (processed by Brown University), we can step back in time to examine the rapid growth in population within specific communities. This map shows the County's past Hispanic population.

Source:  
US Census (via Brown Univ S4) & ArcGIS.com



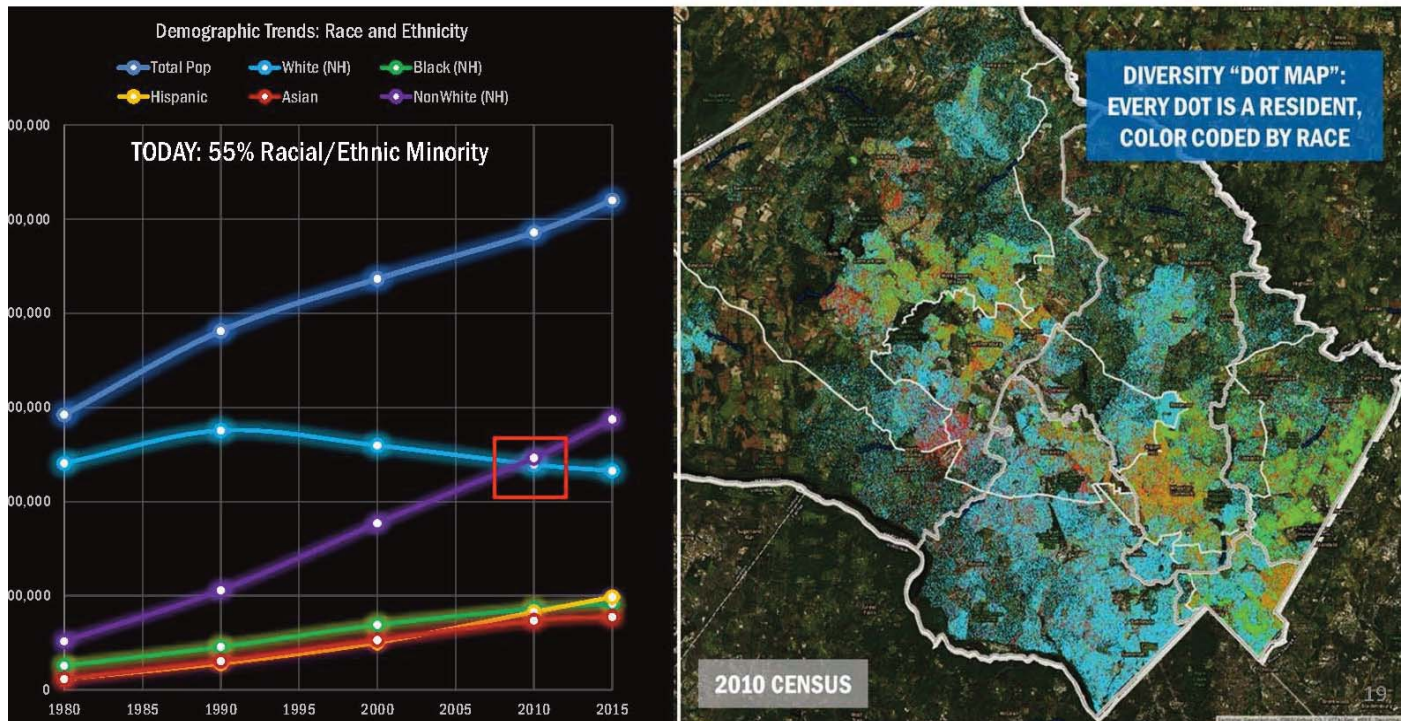
## Time Machine: Asian Residents from 1980+



The growth in the County's Asian residents started in about 1980 from a very low base.

Source:  
US Census (via Brown Univ S4) & ArcGIS.com

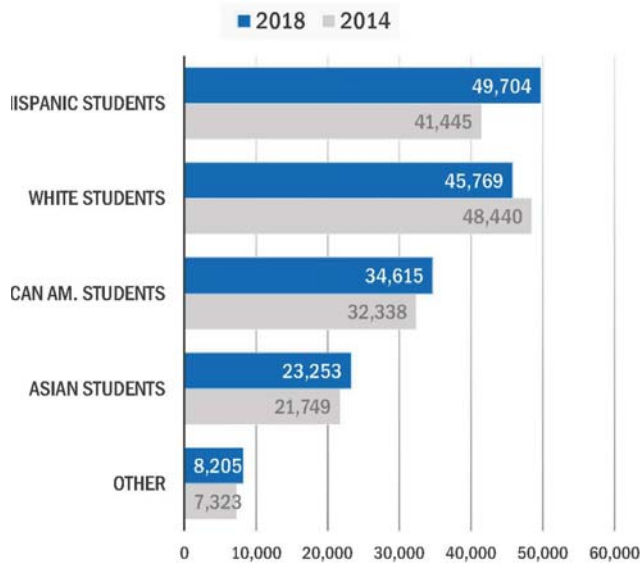
## 2010 Milestone: Majority-Minority Status





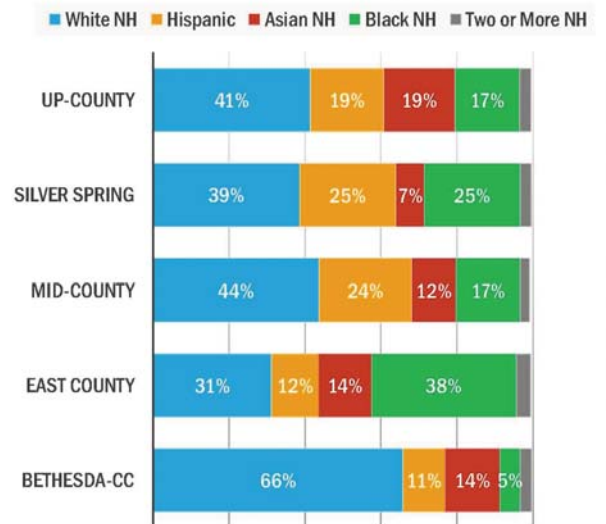
# Diversity in Montgomery County

**MCPS Enrollment**



According to the NY Times, Montgomery County's demographics represent the United States of 2049

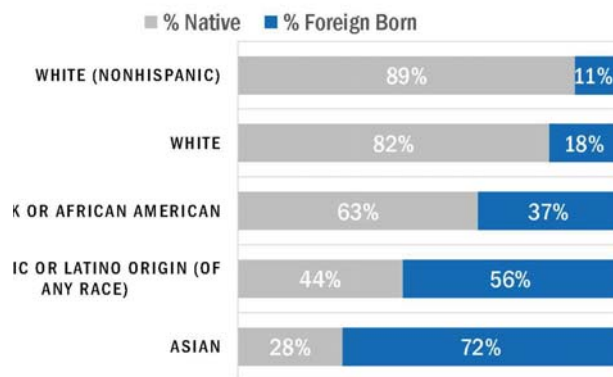
**2015 Race / Ethnicity by RSC**



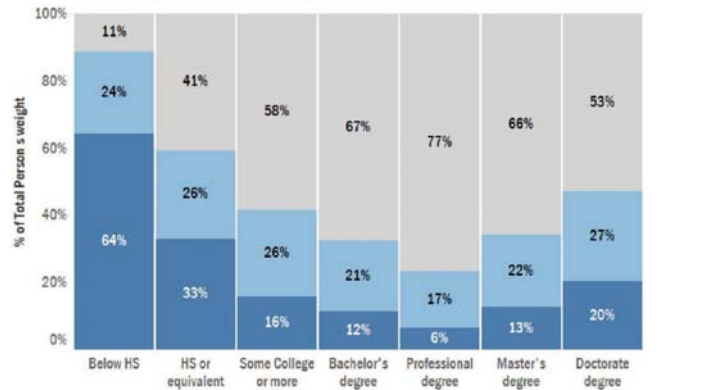
Montgomery County is home to 4 of the top 10 "most culturally diverse cities" in the United States according to WalletHub: Germantown (#2), Gaithersburg (#3), Silver Spring (#4), and Rockville (#9). Jersey City NJ is #1.

## Immigrant Status by Race and Education

**Immigrant Status by Race/Ethnicity**



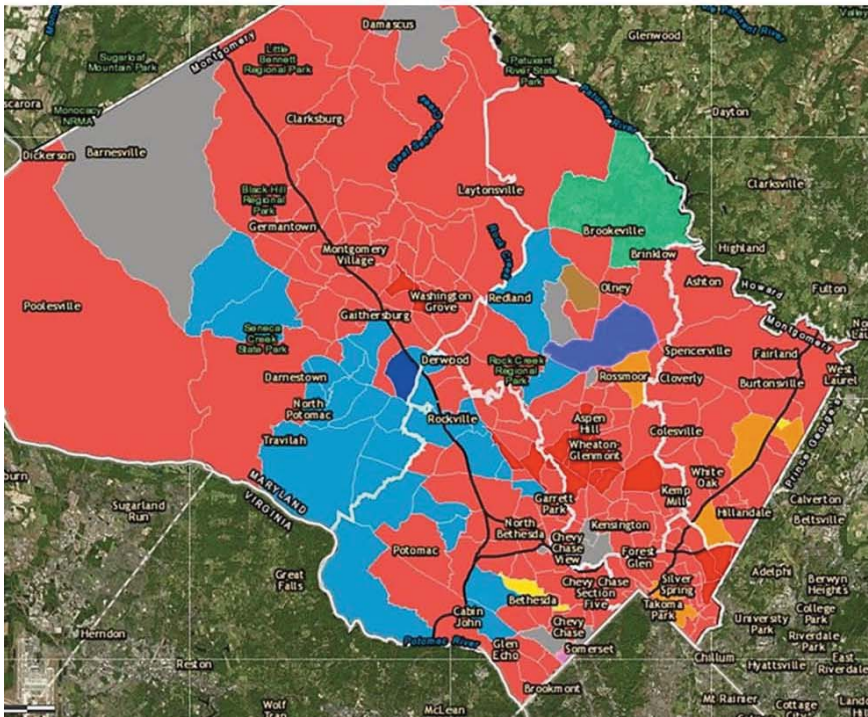
**Immigrant Status by Education**



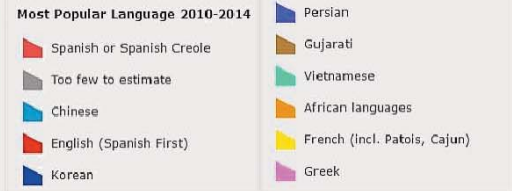
## Share of Residents in Poverty - Who Were Born Outside of the United States



# Most Common Non-English Language Spoken at Home by Tract



394,000 residents (or 40%) speak a language other than English at home. 138,000 residents have limited English proficiency—and 26,000 households (or 7%) are “language isolated.”



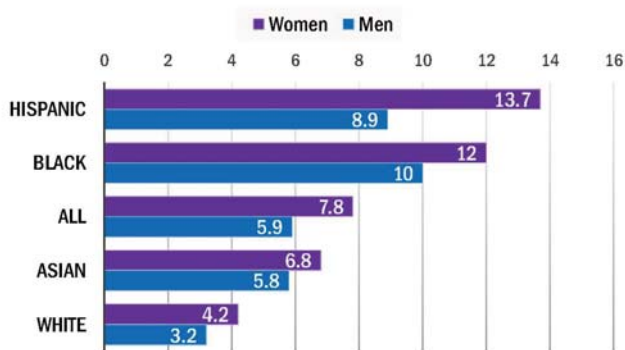
## Speak English Less than Very Well

Spanish	Top 3 Lang	Top 5 Lang	Top 10 Lang	Top 15 Lang
48%	65%	76%	86%	93%

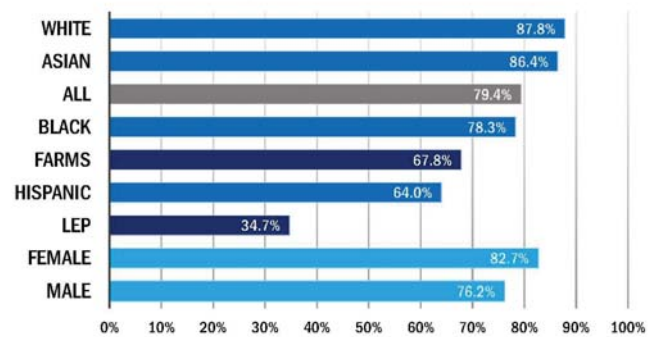
“Longtail” challenge

# Disparities

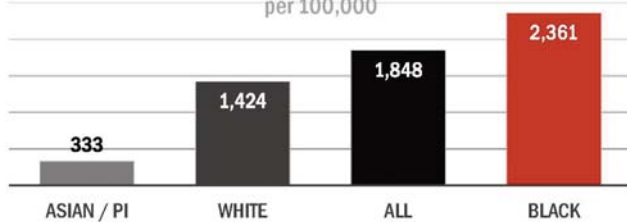
Poverty Rates by Gender and Race/Eth



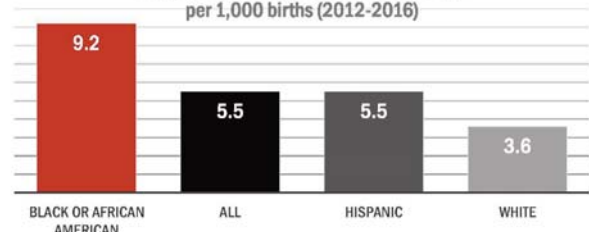
College 24 Months Past HS



Age-Adjusted ER Rate Related to Behavioral Health Conditions (2013-15)  
per 100,000

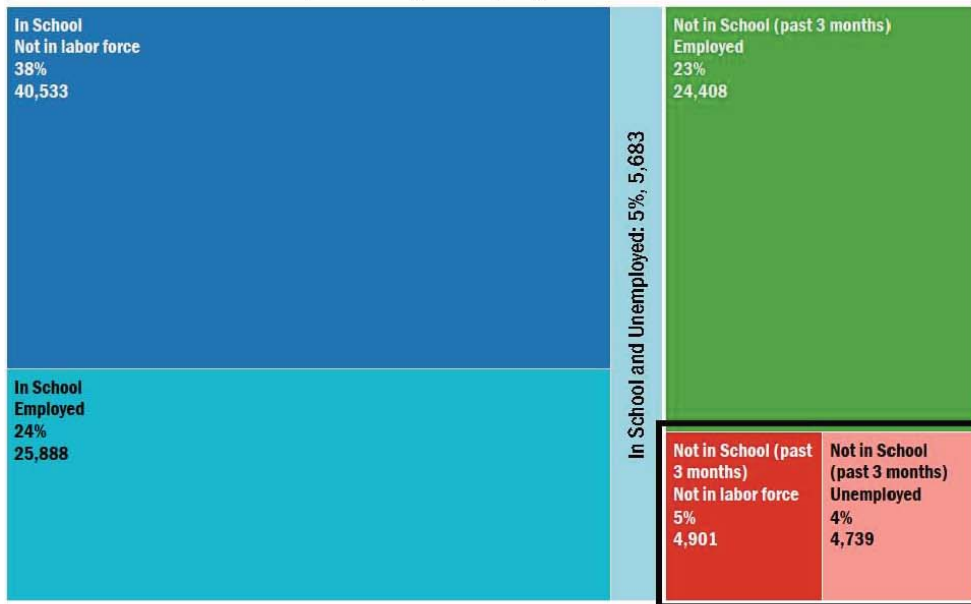


Infant Mortality Rate by Ethnicity  
per 1,000 births (2012-2016)



# Disconnected Youth

Youth Participation By Category For 16-24 Year Olds



**9,600 (9%)**  
Disconnected youth (16-24)

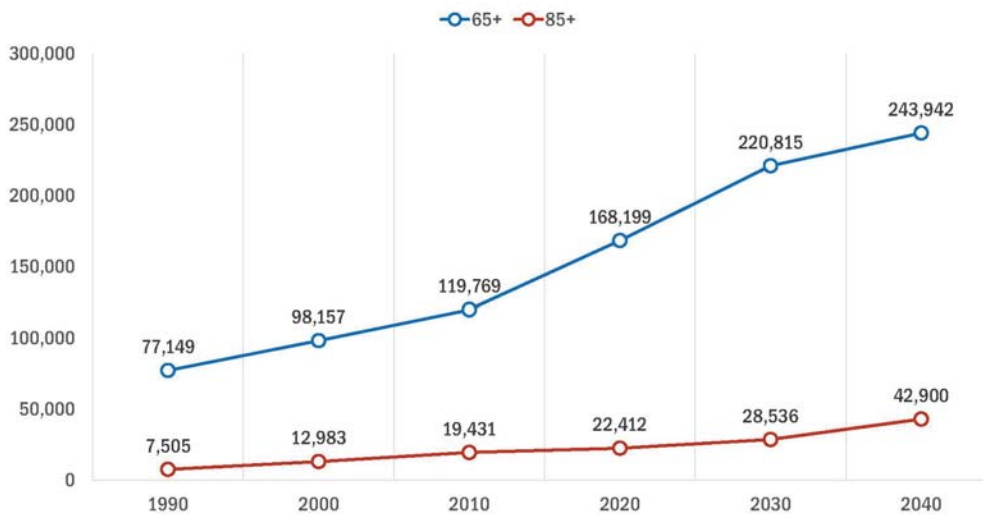
The “treemap” shows the occupation of youth with regards to both school attendance and employment status.

Two-thirds of 16-24 year-olds are enrolled in school.

Nearly half are employed—and another 10% are active in the labor force but unemployed (these numbers include those who are simultaneously attending school).

Source: Census ACS PUMS 2011-2015

# Rapid Aging

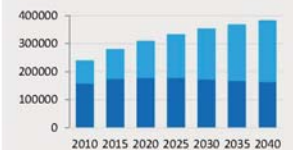


Share of Pop **9%** → **12%** → **20%**

The senior population is projected to double in 30 years (2010 to 40) -- 124,000 more residents 65+, raising their share of the population by +8%.

Minorities: % of residents 55+

34% → 57%



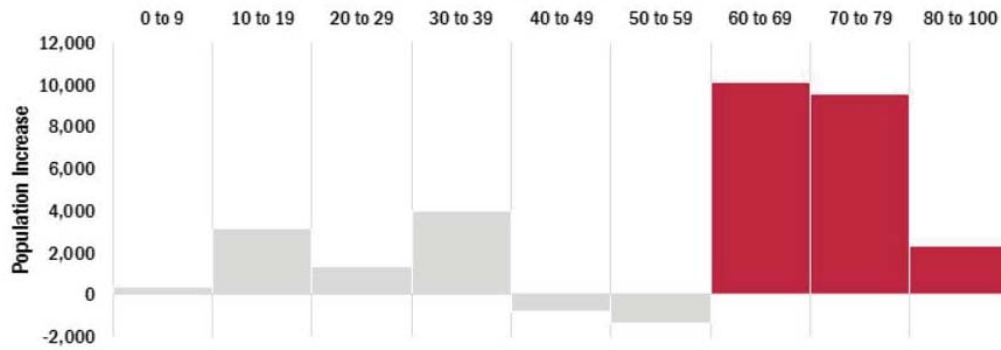
Source / notes

Maryland Planning



# Population Growth by Age Group Since Launch of Age-Friendly Montgomery

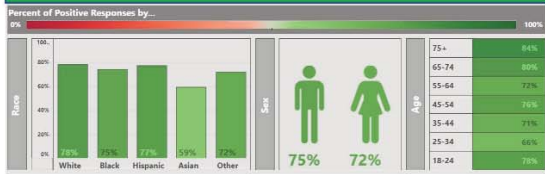
Increase in Population by Age Ranges - Last Three Years



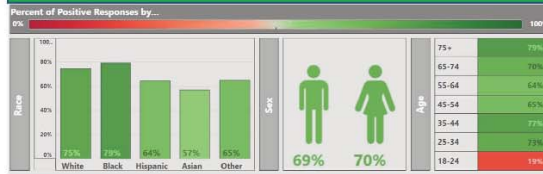
Source: 2014-2017 annual population estimates from US Census Bureau.

## Resident Survey Results (2017)

### Quality of Health Services



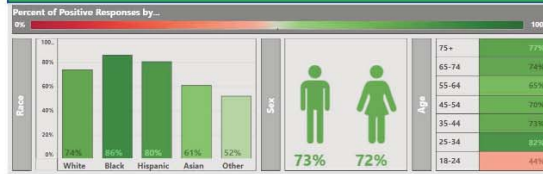
### Quality of Services for Youth



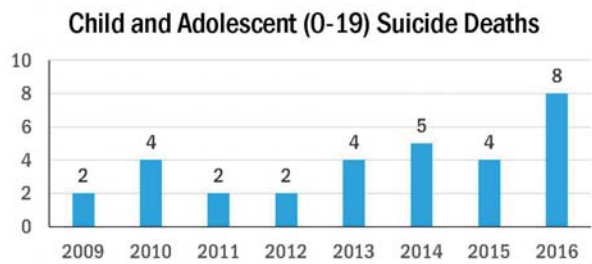
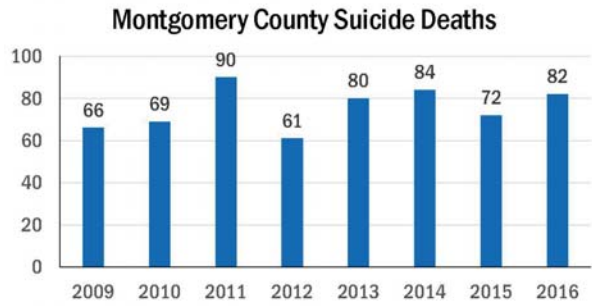
### In Good Health



### Quality of Services for Seniors

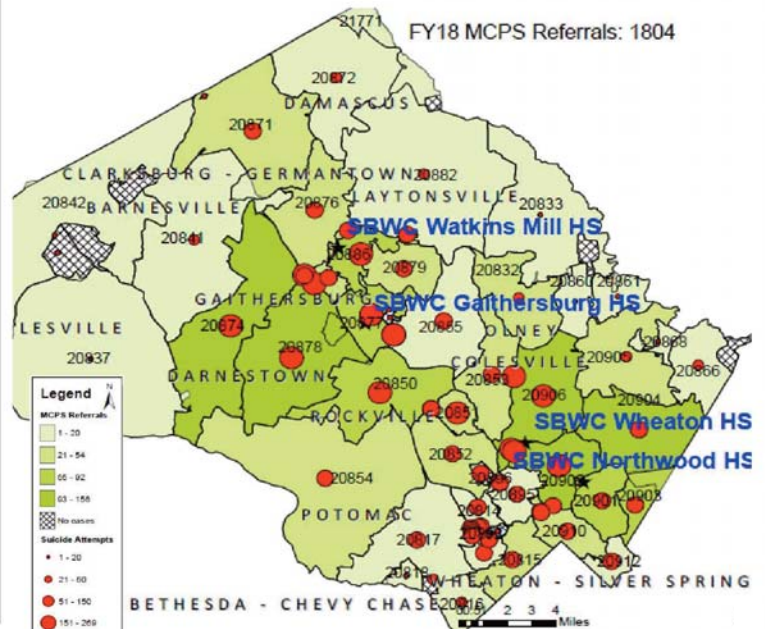


## Suicides in Montgomery County

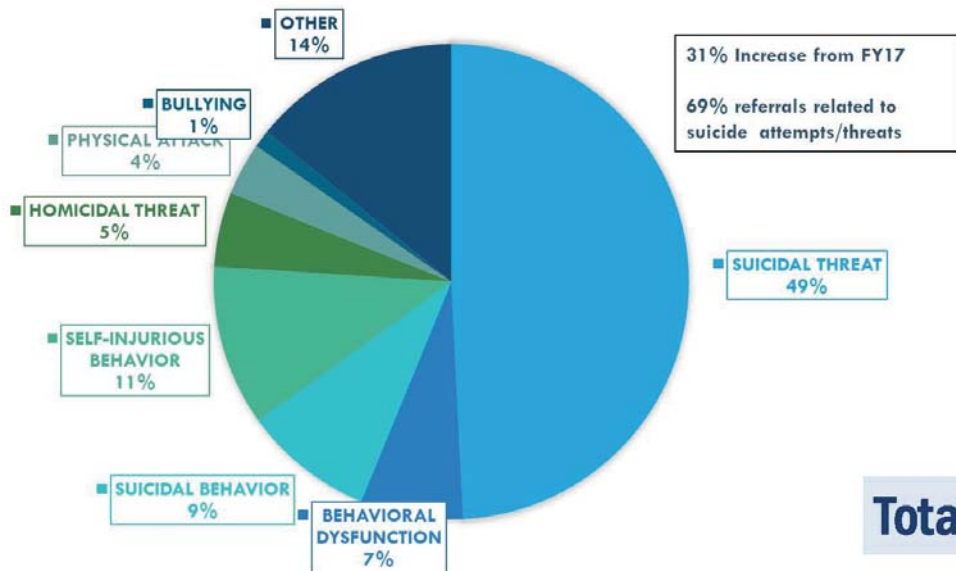


**6,260** Suicide or Self-Injury Related ER Visits btw. Jul 1 2017 and Oct 5 2018.

**FY2018 MCPS Referrals to BHCS Crisis Center vs. ER Visits Related to Suicide Attempts**

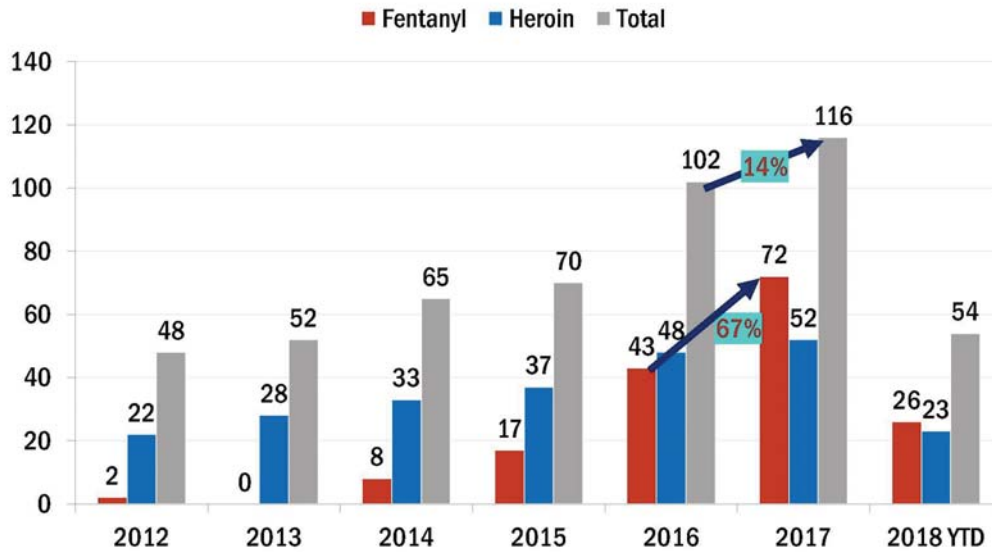


## School Year 2017-18 MCPS Referrals to HHS Behavioral Health & Crisis Services Crisis Center

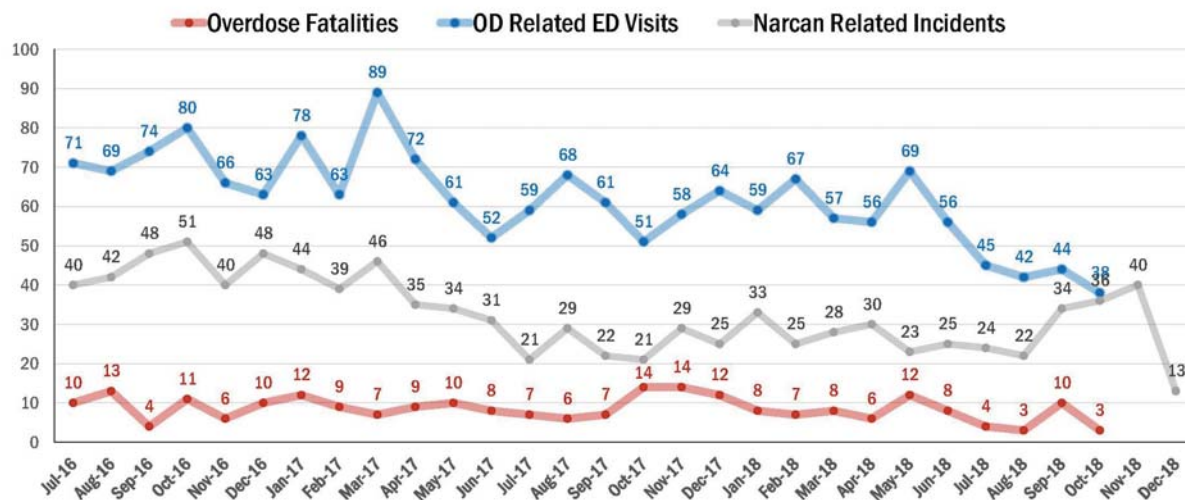


**Total: 1,804**

## Trend of Intoxication Deaths by Selected Substances 2012-2018 YTD (2nd Quarter)



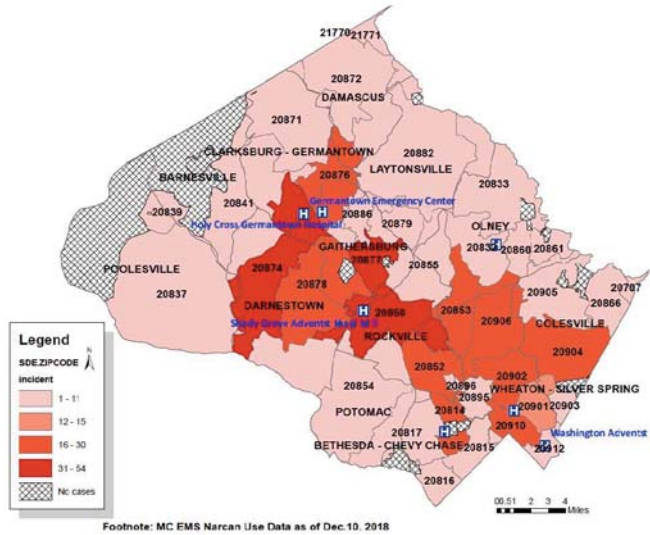
## Trend of Drug/Alcohol Overdose Fatalities, EMS Narcan Incidents vs. Drug/Alcohol Overdose Related ED Visits Since July 2016





# Narcan Use and Acute Opiate Poisoning Cases

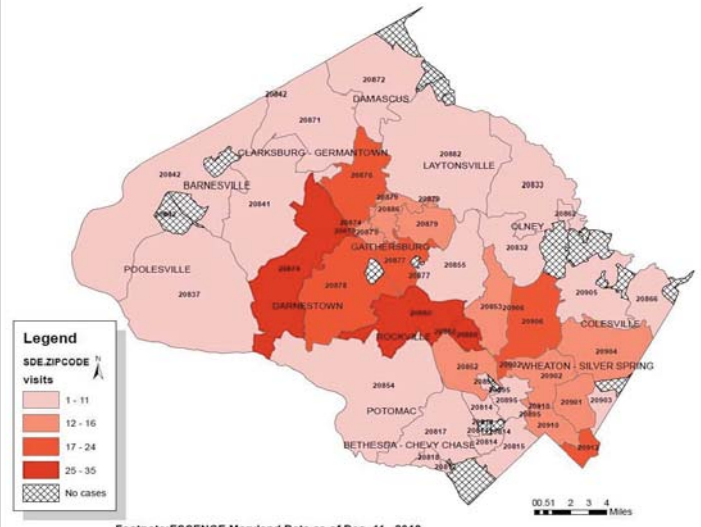
FY2018-19 YTD Narcan Use Reported by MCFRS



Footnote: MC EMS Narcan Use Data as of Dec. 10, 2018

**480 Total Narcan Related Incidents**

FY2018-19 YTD Acute Opiate Poisoning Cases (ESSENCE System)



Footnote: ESSENCE Maryland Data as of Dec. 11, 2018

**420 ER Visits Due to Acute Opiate Poisoning**

## Identifying “Vulnerability” – Single Measures

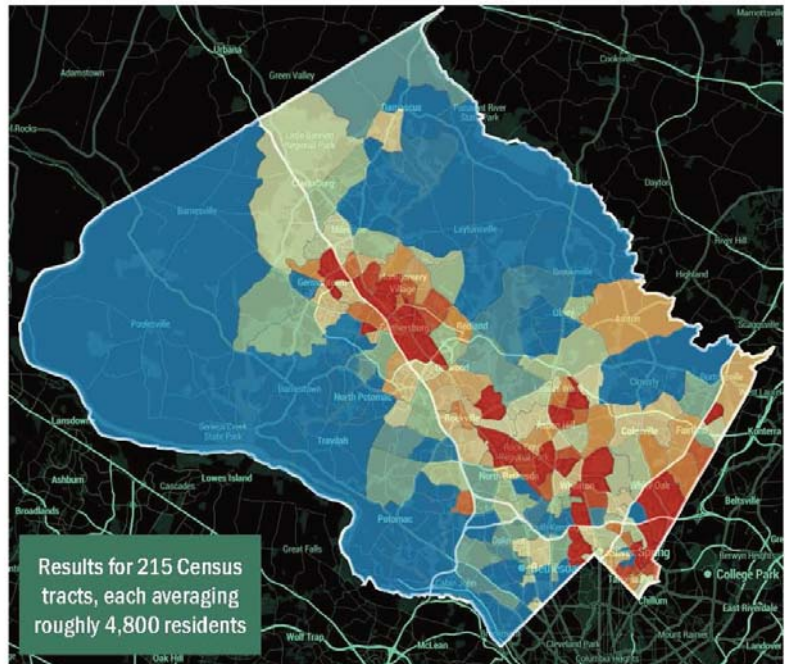
How do we define need: one measure, a balance of multiple, etc.

200% Poverty (Census)	Free and Reduced Meals (MCPS)	SNAP Recipient Households (State)
<p><b>TRACT-LEVEL (215)</b></p> <p>Common metric of vulnerability is the % of residents living in poverty, reported by the Census American Community Survey. The County’s high cost of living may increase poverty support using a 200% poverty level.</p>	<p><b>ELEMENTARY SCHOOL DISTRICTS (127)</b></p> <p>A commonly used indicator for vulnerable families and children is to look at the free and reduced meals (FARMS) statistics for public school students. Elementary districts provide the lowest granularity.</p>	<p><b>BLOCK GROUP LEVEL (614)</b></p> <p>Data from public assistance programs, such as SNAP (i.e. food stamps) provide a more real-time measure of need at the address level (here rolled up to Census block groups). Some in need may not be eligible or may not be enrolled.</p>

# Identifying “Vulnerability” – Composite Index

2016 CDC Social Vulnerability Index

- 1: SOCIO-ECONOMIC STATUS**
  - Below poverty
  - Unemployed
  - Per Capita Income
  - No High School Diploma
- 2: HOUSEHOLD COMP & DISABILITY**
  - Aged 65 or Older
  - Aged 17 or Younger
  - Civilian with a Disability
  - Single-Parent Households
- 3: MINORITY STATUS & LANGUAGE**
  - Minority
  - Speak English “Less than Very Well”
- 4: HOUSING & TRANSPORTATION**
  - Multi-unit Structures
  - Mobile Homes
  - Crowding
  - No Vehicle
  - Group Quarters

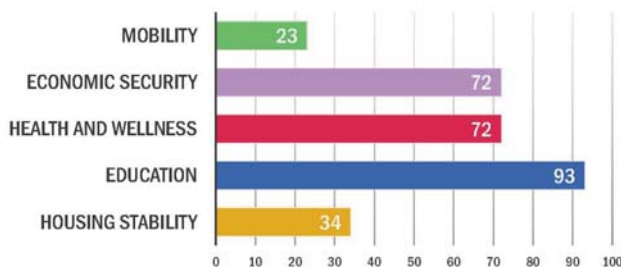


## Composite Index: Opportunity360 by Enterprise (Kresge Funded)

Combines both public and commercial data sources into a single opportunity outcomes index



401 Hungerford Census Tract



**Housing Stability**

- Home Ownership
- Housing Cost Burden
- Housing Affordability

**Education**

- High School Completion
- Higher Education Attainment

**Health and Well-Being**

- Access and affordability of health care
- Health status

**Economic Security**

- Income, Wealth, and Savings
- Poverty Rate
- Employment

**Mobility**

- Transit and Vehicle Access
- Commute Time





# Identifying “Vulnerability”—Specific Populations

How do we define need: one measure, a balance of multiple, etc.

### Aging and Vulnerability Score (CountyStat)

CountyStat developed the Aging and Vulnerability Score to help inform the Age Friendly Montgomery Initiative. The Score synthesizes 11 indicators of vulnerability across 5 categories: poverty and assistance, diversity, housing and transport, old age and disability, and education.

### Child Opportunity Index (OSU Kirwin Inst)

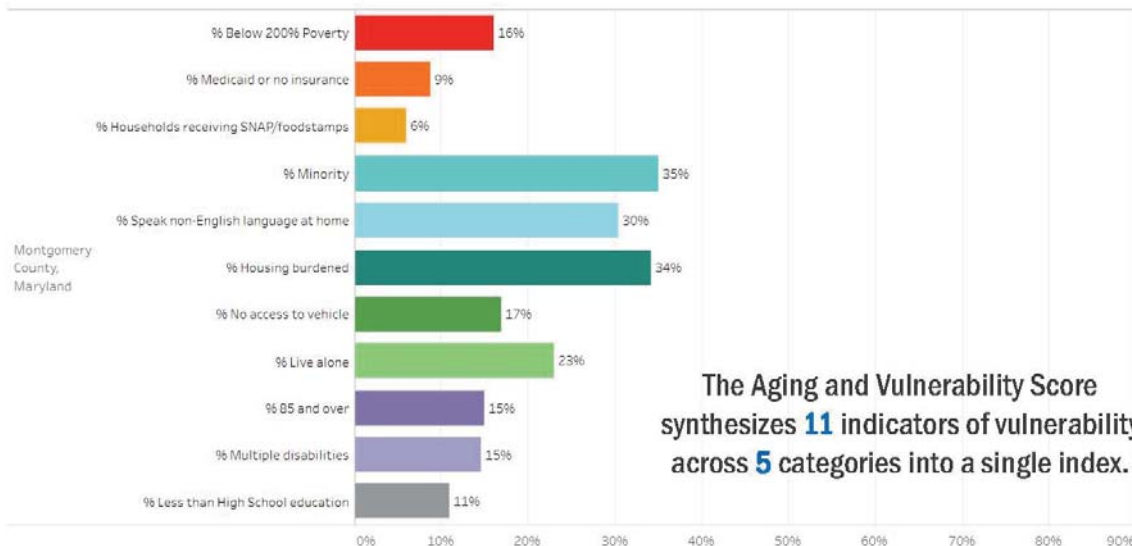
The Child Opportunity Index is a measure of relative opportunity across a metropolitan area calculated based on indicators of Educational Opportunity, Health and Environmental Opportunity, and Social and Economic Opportunity.

### Status of Women Report (Com for Women)

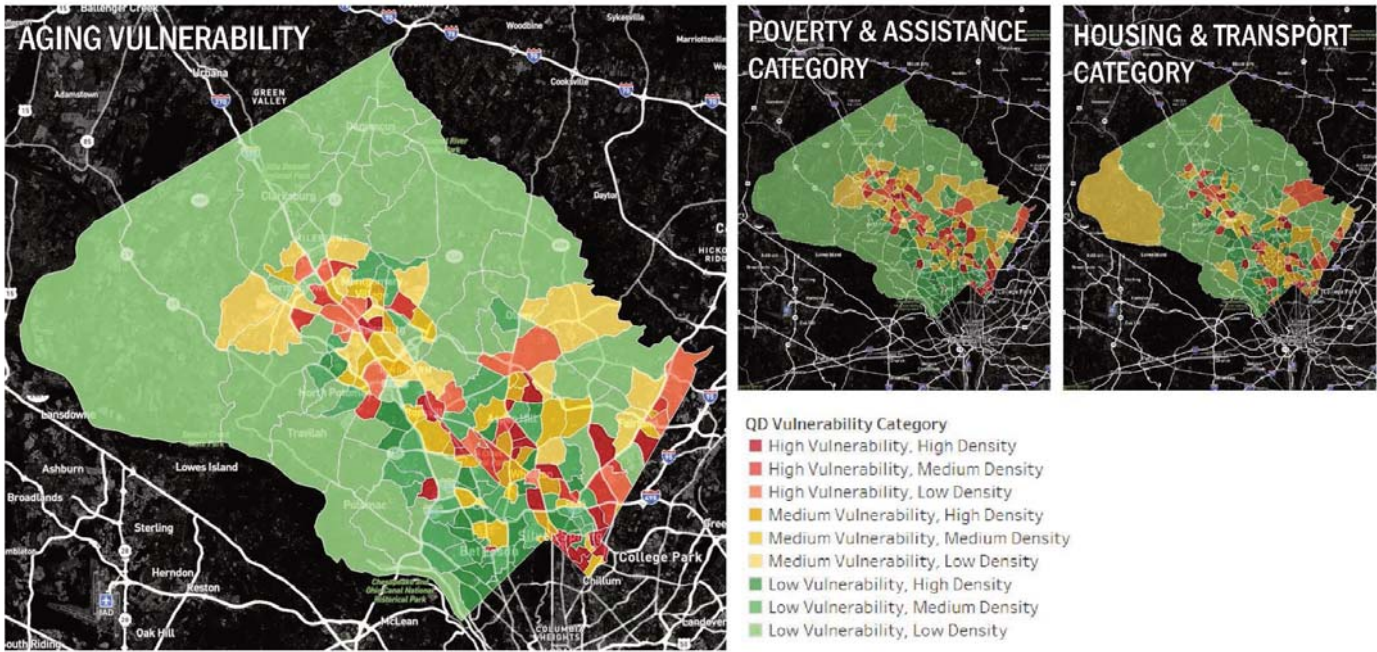
The Status of Women report, conducted once a decade, tracks the status and progress of women in Montgomery County, covering such areas as the economy, education, health, public safety, politics, quality of life, and poverty.

## Aging and Vulnerability Score

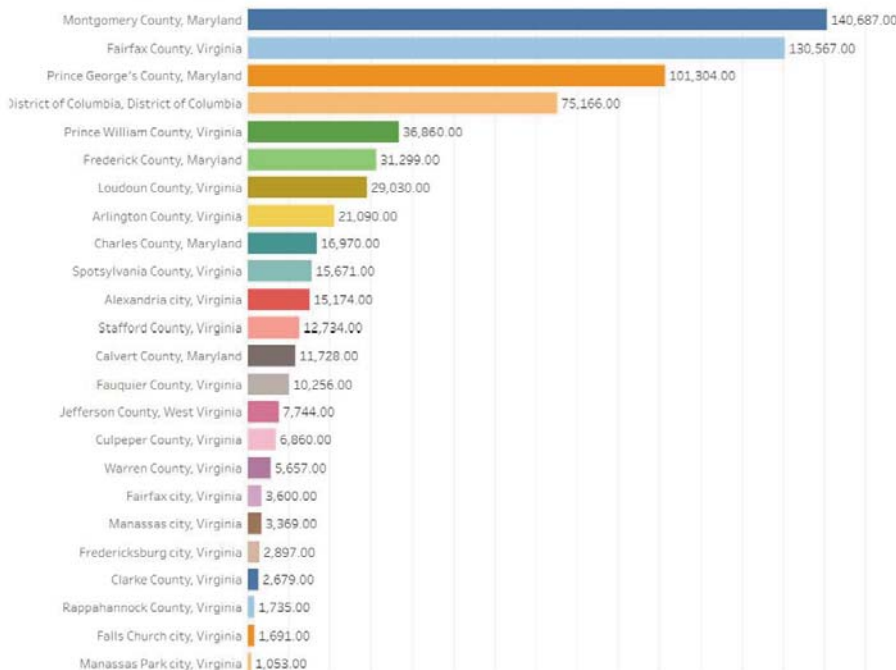
# of Residents 65+ **140,687**      % of Residents 65+ **13.7%**      % of Residents 65+ Living in Poverty **6.6%**



# Aging and Vulnerability Scores for Montgomery County



# Aging and Vulnerability Dashboards: Benchmarking



ABOUT: This dashboard enables the user to compare their community to the other communities in the Washington Metropolitan Area on nearly 40 different indicators. Use the dropdown below to select the communities you wish to compare. Then select the indicator on which you would like to benchmark your community.

Communities to Show

(All)

Benchmark: Indicator Selection

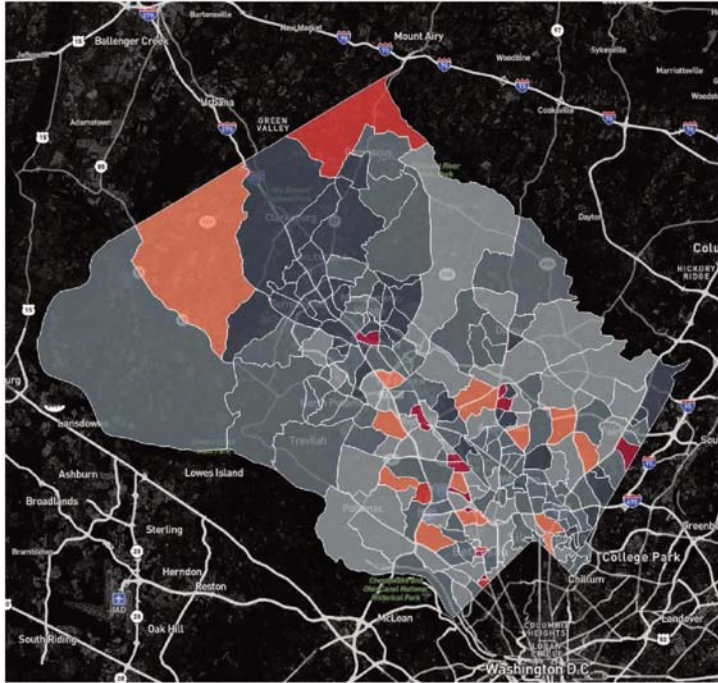
- 0a. 65+ Population
- 0a. 65+ as a share of the population
- 0a. 65+ led households
- 0b. Median age (whole population)
- 0c. Median household income for 65+
- 1a. % Below 200% poverty
- 1a. # Below 200% poverty
- 1a. # Below 100% poverty
- 1a. # Below 100% poverty
- 1b. Medicaid enrollment or no insurance
- 1c. % SNAP / Foodstamp recipient 60+
- 2a. % Minority
- 2a. # Minority
- 2a. % Asian
- 2a. % Black or African American
- 2a. % Hispanic
- 2b. % Do not speak English at home
- 2b. % Limited english proficient
- 2b. % Immigrant

Legend: Community

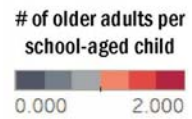
- Montgomery C...
- Fairfax County...
- Prince George'...
- District of Colu...
- Prince William ...
- Frederick Coun...
- Loudoun Count...
- Arlington Coun...
- Charles County...
- Spotsylvania C...
- Alexandria city...
- Stafford Count...



## Aging and Vulnerability Dashboards: Ratio of Old to School-Aged



This measure identifies neighborhoods (in red) which have more older adults (65+) than school-aged children (under 18).





# Defining Areas of Need

Place-based analytics of high-need neighborhoods





# CDC Social Vulnerability Index (2016–Latest)

National standard for defining vulnerability created by the Centers for Disease Control

The Index considers the following:

### 1: SOCIO-ECONOMIC STATUS

- Below poverty
- Unemployed
- Per Capita Income
- No High School Diploma

### 2: HOUSEHOLD COMP & DISABILITY

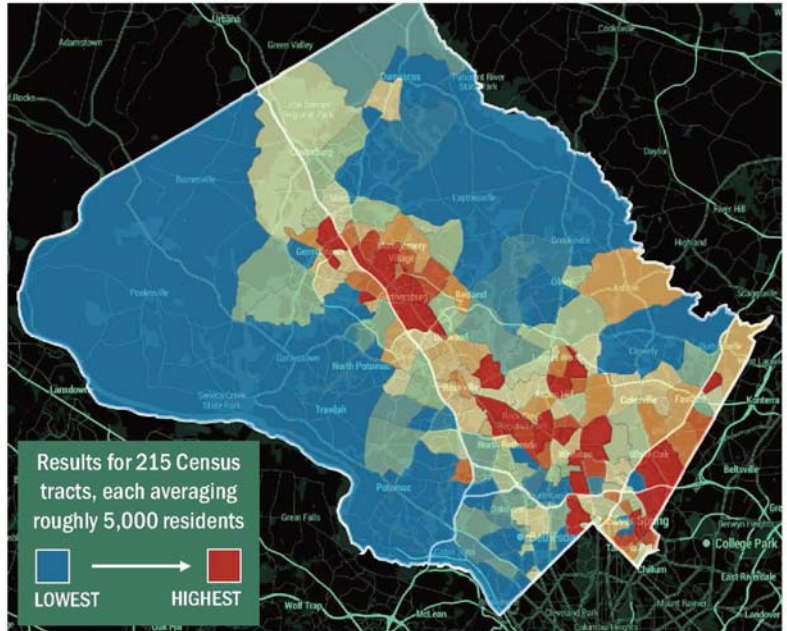
- Aged 65 or Older
- Aged 17 or Younger
- Civilian with a Disability
- Single-Parent Households

### 3: MINORITY STATUS & LANGUAGE

- Minority
- Speak English "Less than Very Well"

### 4: HOUSING & TRANSPORTATION

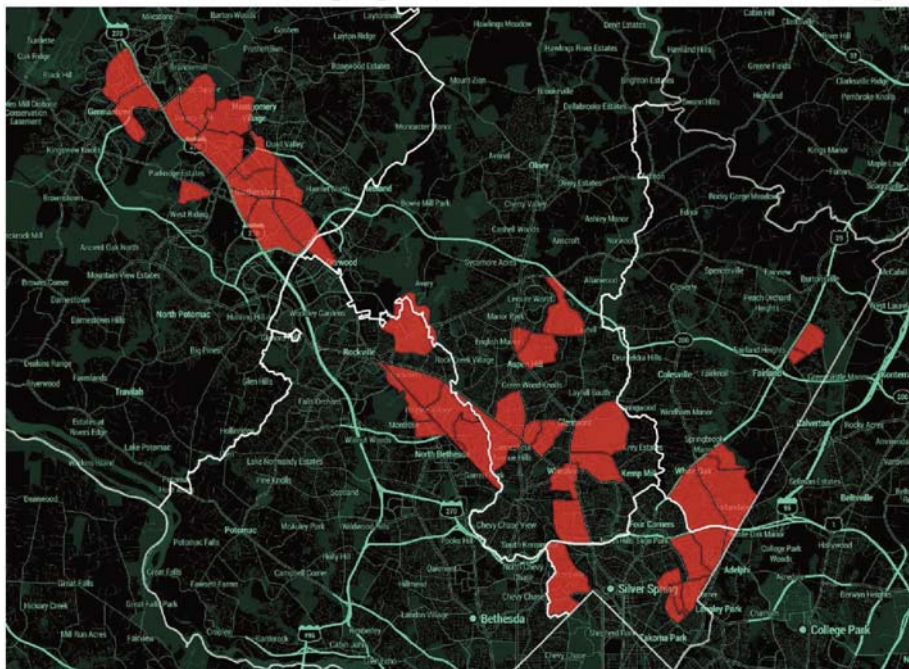
- Multi-unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters



For an interactive version, please visit: [bit.ly/mc-svi](http://bit.ly/mc-svi)

# CDC Social Vulnerability Index—Top Quintile

This map highlights the 20% of Census tracts with the highest social vulnerability



White lines represent the Regional Service Areas

- Top quintile (20%) covers 43 Census tracts (out of 215).
- Account for 42% of county poverty, 21% of county population, and 6% of land.
- Account for 9 of 14 state-designated opportunity zones in the County.
- Represent a poverty rate of 14%, double the County's 7% rate.



## CDC Social Vulnerability Index—Top Quintile

This map highlights the 20% of Census tracts with the highest social vulnerability



- Top quintile (20%) covers 43 Census tracts (out of 215).
- Account for 42% of county poverty, 21% of county population, and 6% of land.
- Account for 9 of 14 state-designated opportunity zones in the County.
- Represent a poverty rate of 14%, double the County's 7% rate.

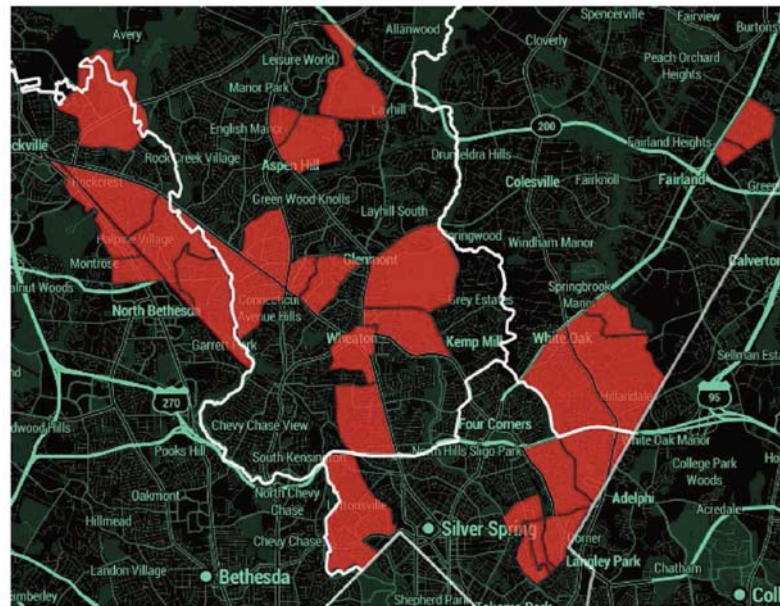
## CDC Social Vulnerability Index—Top Quintile (Zoomed In)

This map highlights the 20% of Census tracts with the highest social vulnerability

### Upcounty



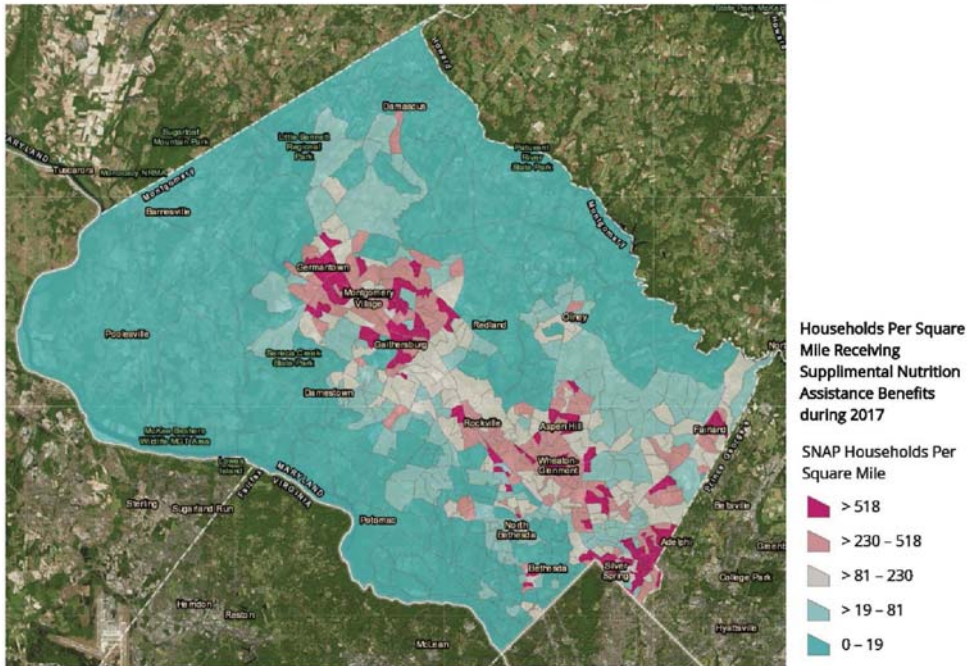
### Down, Mid, and East County





## Density of SNAP Households at Block Group Level

The density of SNAP households helps highlight hotspots of need at the most granular level



## Service Areas for Elementary Schools with > 60% Free / Reduced Meals

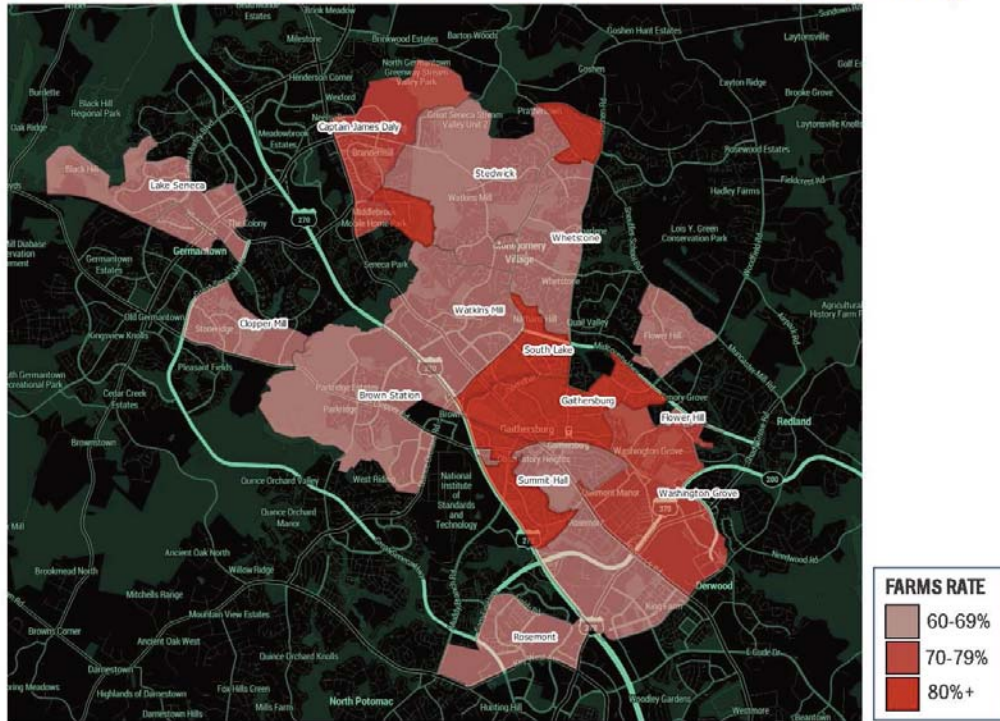


% of Students Receiving Free and Reduced Meals

Broad Acres	94%	Bel Pre	71%
NH Estates	93%	Flower Hill	70%
Harmony Hills	88%	Twinbrook	70%
South Lake	86%	Burnt Mills	69%
Gaithersburg	84%	Greencastle	69%
Highland	83%	Brown Station	68%
Kemp Mill	83%	Cannon Road	68%
Wheaton Woods	82%	Clopper Mill	66%
Sargent Shriver	81%	Strathmore	66%
Arcola	80%	Whetstone	66%
Summit Hall	80%	Glenallan	64%
Roscoe R Nix	78%	Montg. Knolls	64%
Jackson Road	77%	Fairland	63%
Washington Grove	77%	Watkins Mill	63%
Weller Road	77%	Galway	61%
Oak View	76%	Glen Haven	61%
Crethaven	75%	Lake Seneca	61%
James E. Daly	74%	Stedwick	61%
Georgian Forest	73%	Viers Mill	61%
Rolling Terrace	73%	Rosemont	60%
Brookhaven	72%		

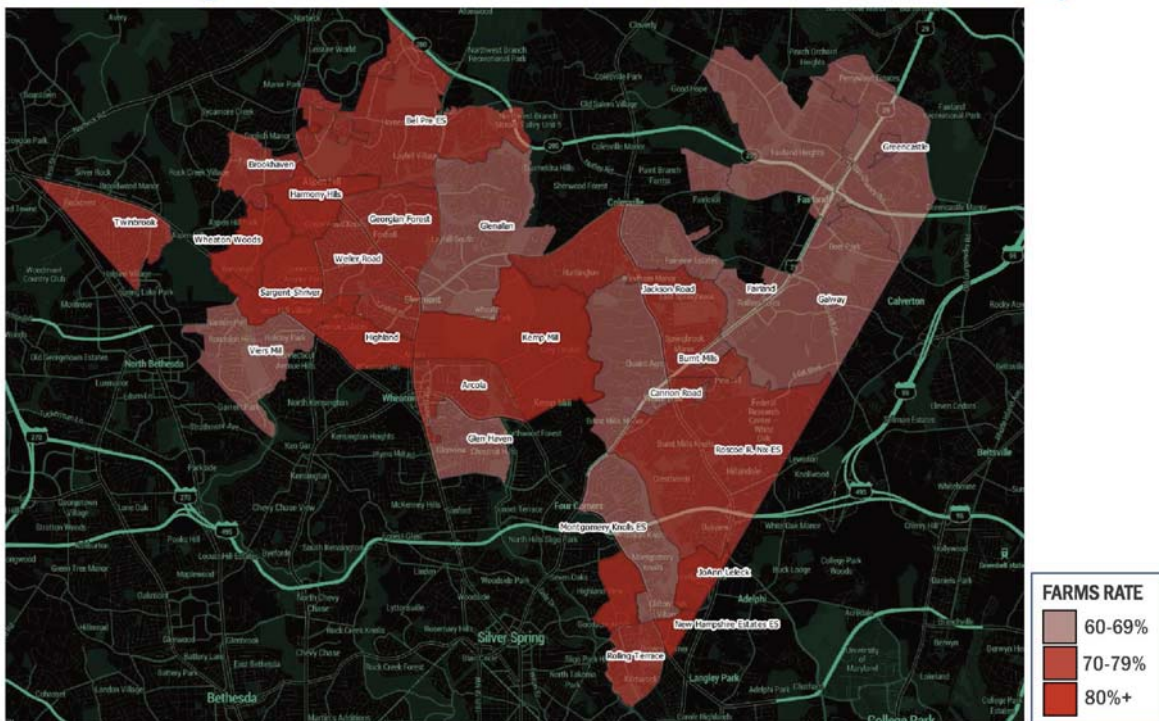


## Elementary Schools with > 60% FARMS: Up-County



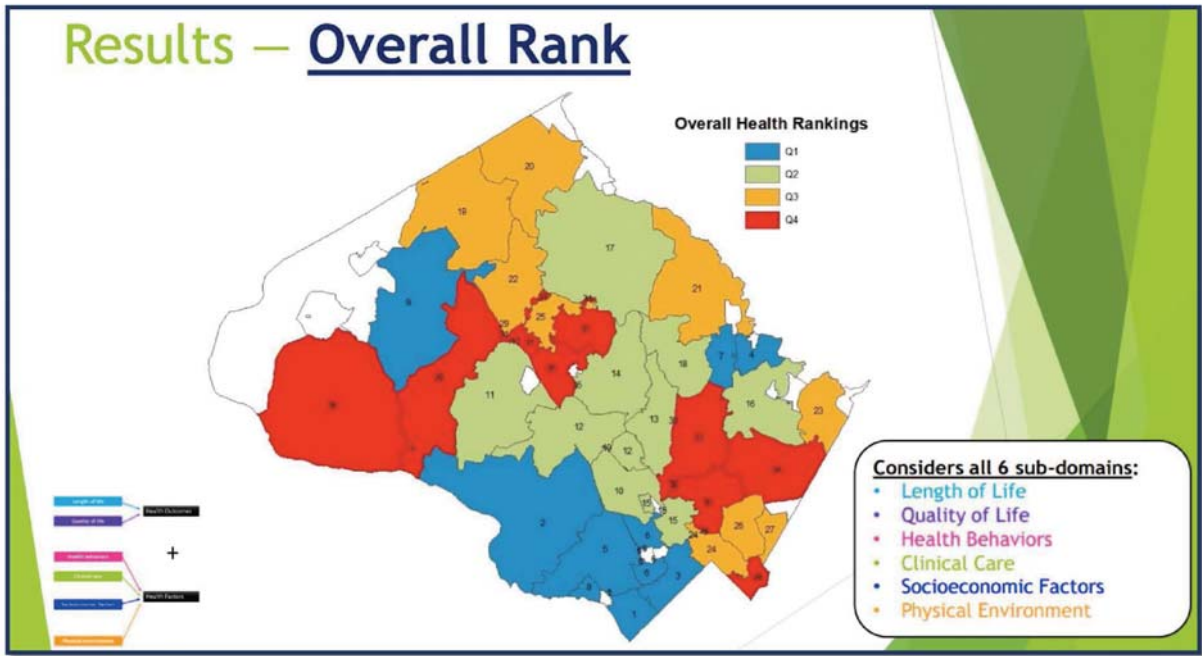
7

## Elementary Schools with > 60% FARMS: Down-County



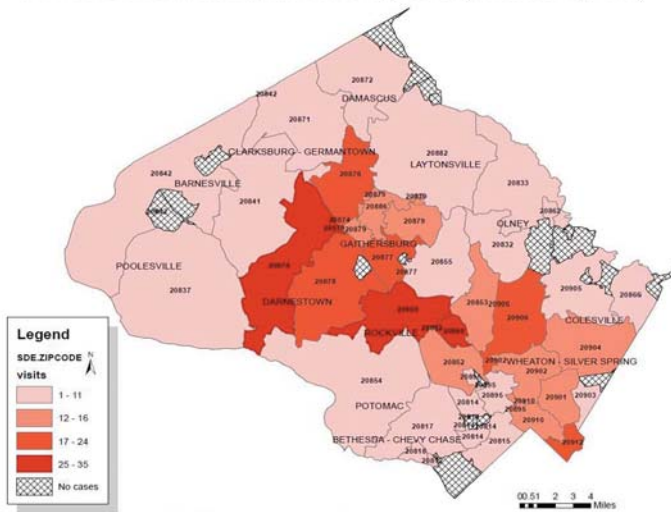
# Zipcode Health Ranking Project (by Public Health Services)

Please see the full study at: [montgomerycountymd.gov/HHS/Resources/Files/Reports/Zipcode%20Ranking%20Final%20Results.pdf](http://montgomerycountymd.gov/HHS/Resources/Files/Reports/Zipcode%20Ranking%20Final%20Results.pdf)



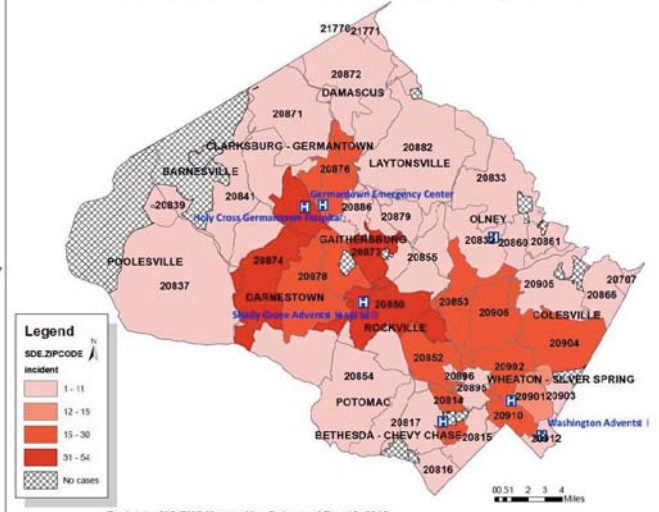
## Acute Opiate Poisoning Cases and Narcan Use Maps (by Behavioral Health and Crisis Services)

FY2018-19 YTD Acute Opiate Poisoning Cases (ESSENCE System)



**420 ER Visits Due to Acute Opiate Poisoning**

FY2018-19 YTD Narcan Use Reported by MCFRS

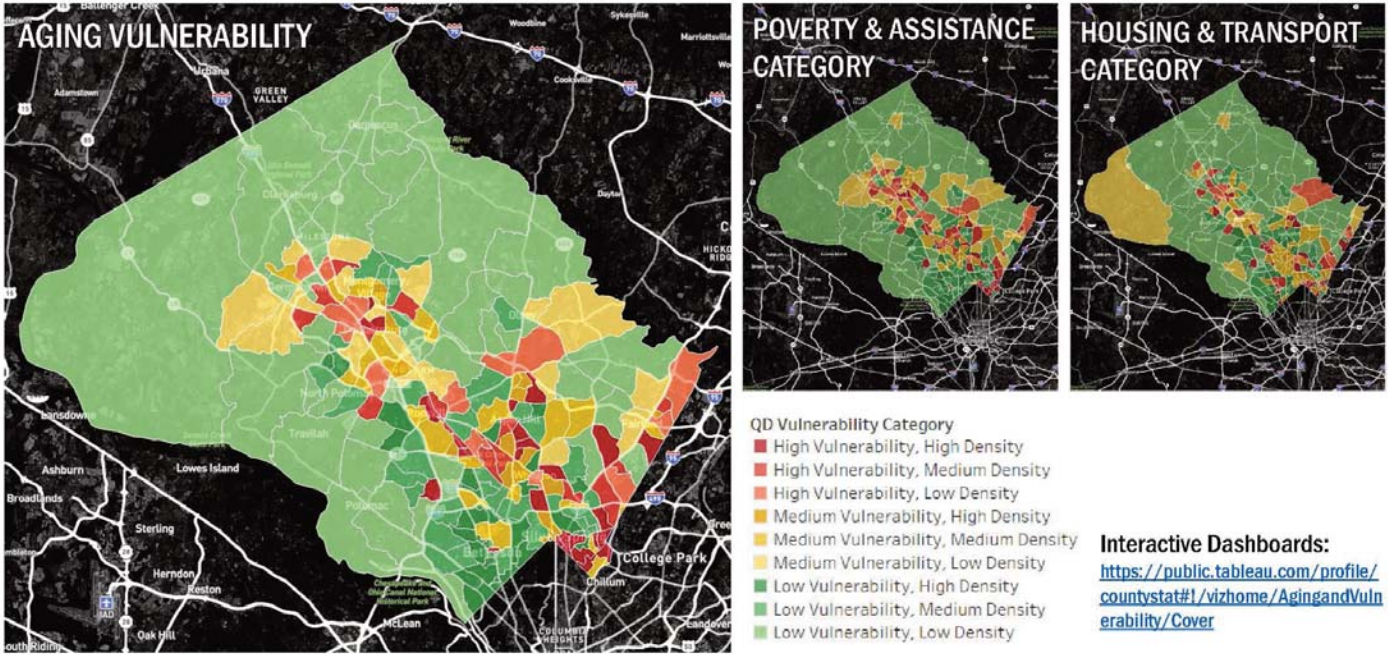


**480 Total Narcan Related Incidents**

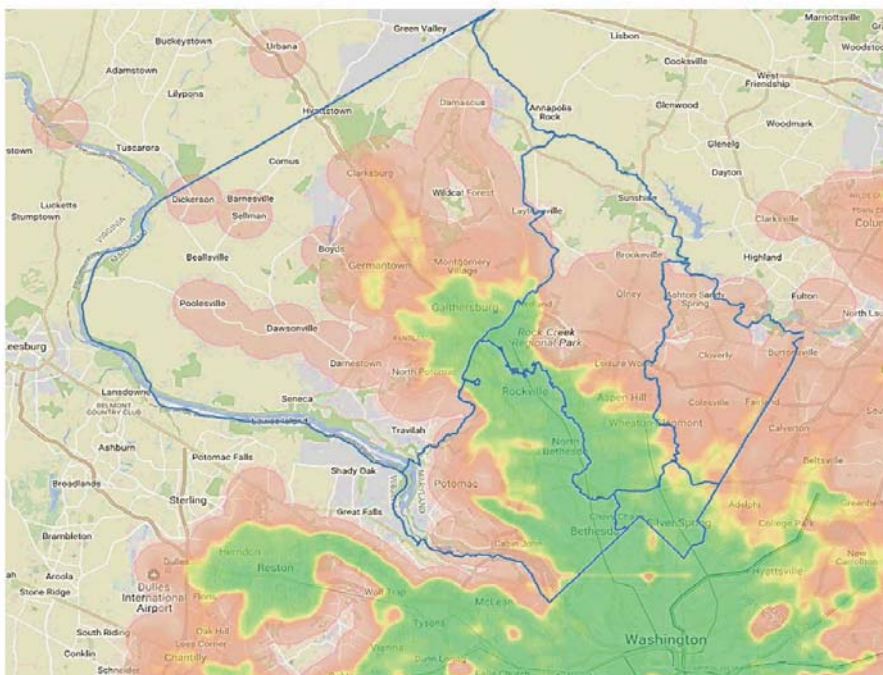


# Aging and Vulnerability Neighborhood Scores (2012-16 data)

The Aging and Vulnerability Dashboards were developed for the WHO/AARP Age-Friendly Montgomery initiative



# Accessibility—Job “Opportunity Score”



This score quantifies how many jobs a given location has access to within a 30 minute travel time using public transit and walking (i.e. without a car). Green areas have high accessibility; red areas have low accessibility. The score ranges from 0 (low) to 100 (high).

This score was developed by RedFin as a contribution to the White House Opportunity Project.

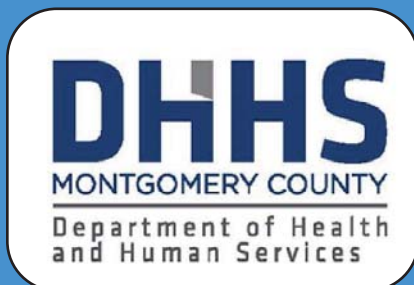
SOURCE:  
**REDFIN**

<https://labs.redfin.com/opportunity-score>



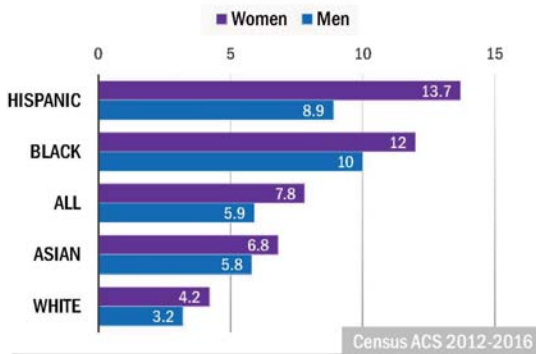
# Defining Areas of Need

County-wide statistics on vulnerability

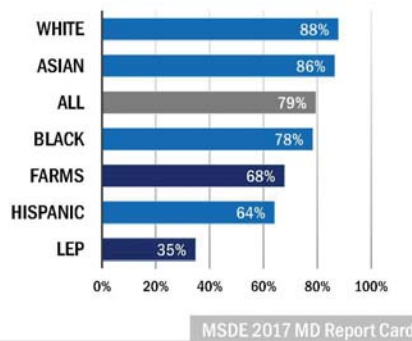


# Disparities in Montgomery County—a Look at the Data

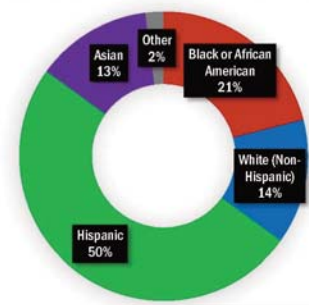
Poverty Rates by Gender and Race/Eth



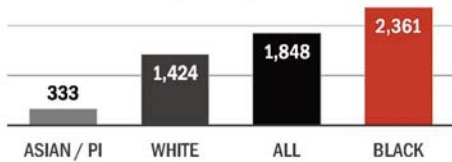
College 24 Months Past HS



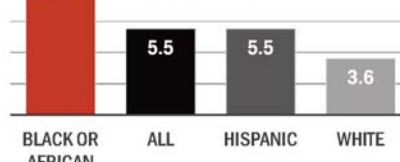
Residents without Health Insurance



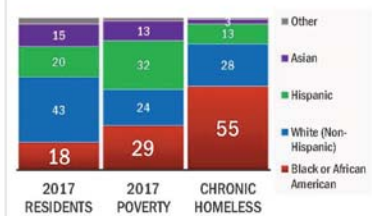
Age-Adjusted ER Rate Related to Behavioral Health Conditions (2013-15) per 100,000



Infant Mortality Rate by Ethnicity (2012-2016) per 1,000 births

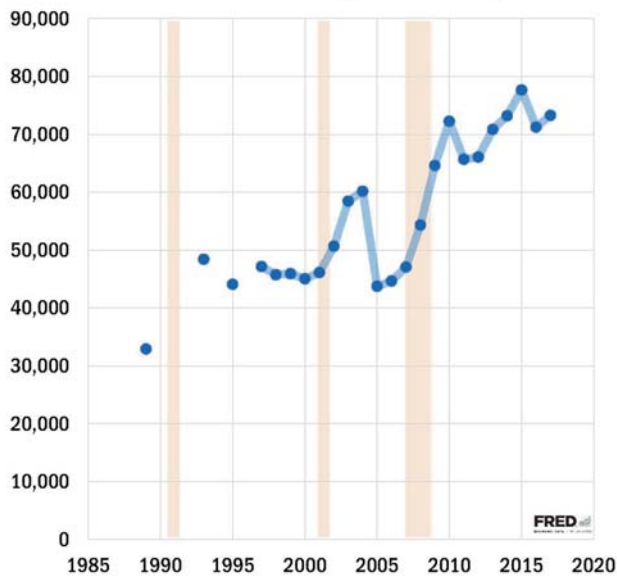


Chronic Homeless vs. Population

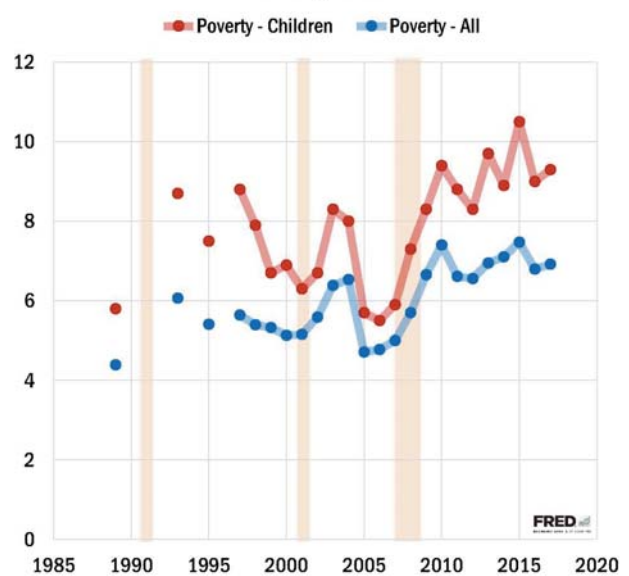


## Poverty in Montgomery County

Residents Living in Poverty

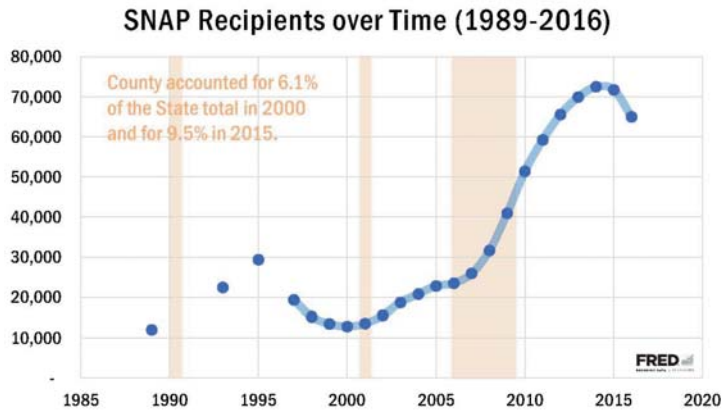


Poverty Rate

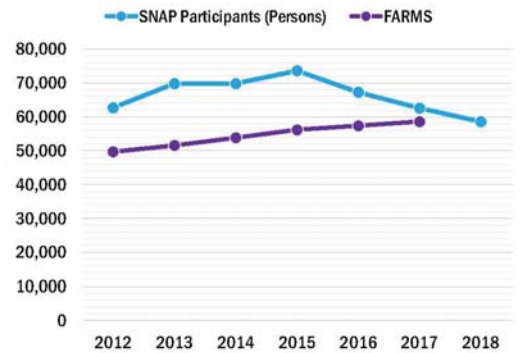




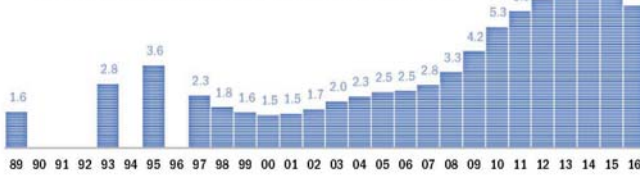
# SNAP in Montgomery County



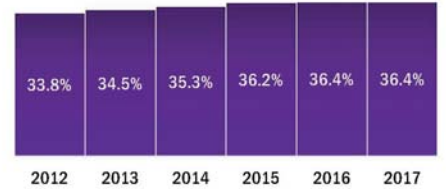
### SNAP and FARMs Participants



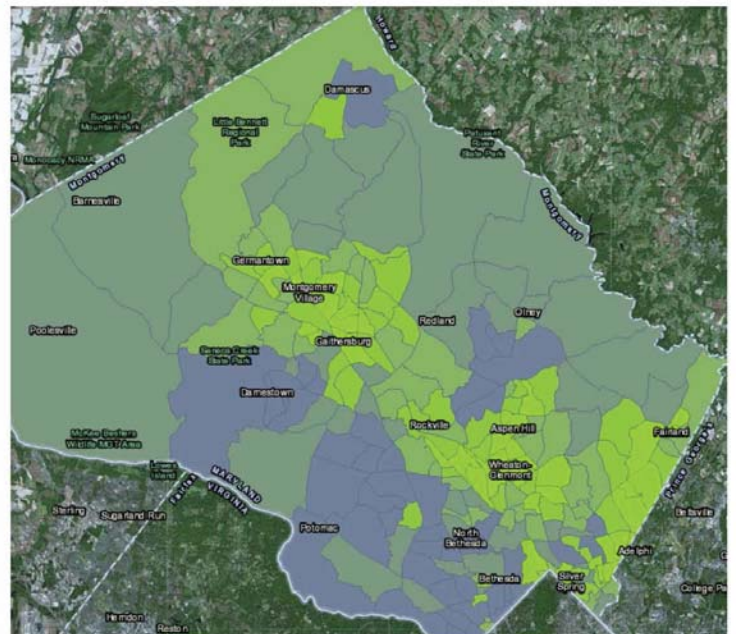
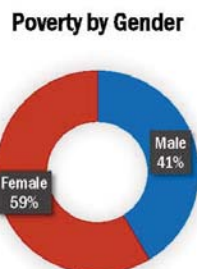
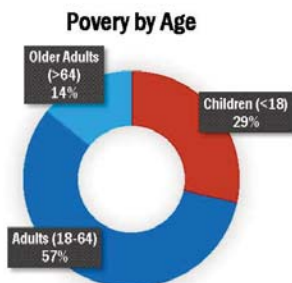
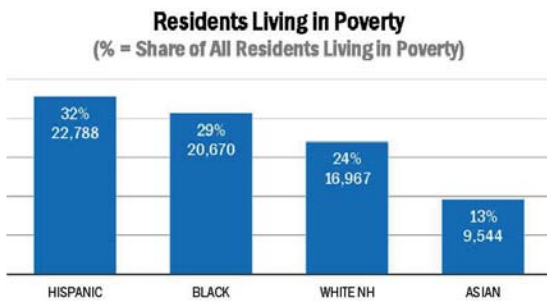
### % of County Residents Receiving SNAP



### % of MCPS Students on FARMs

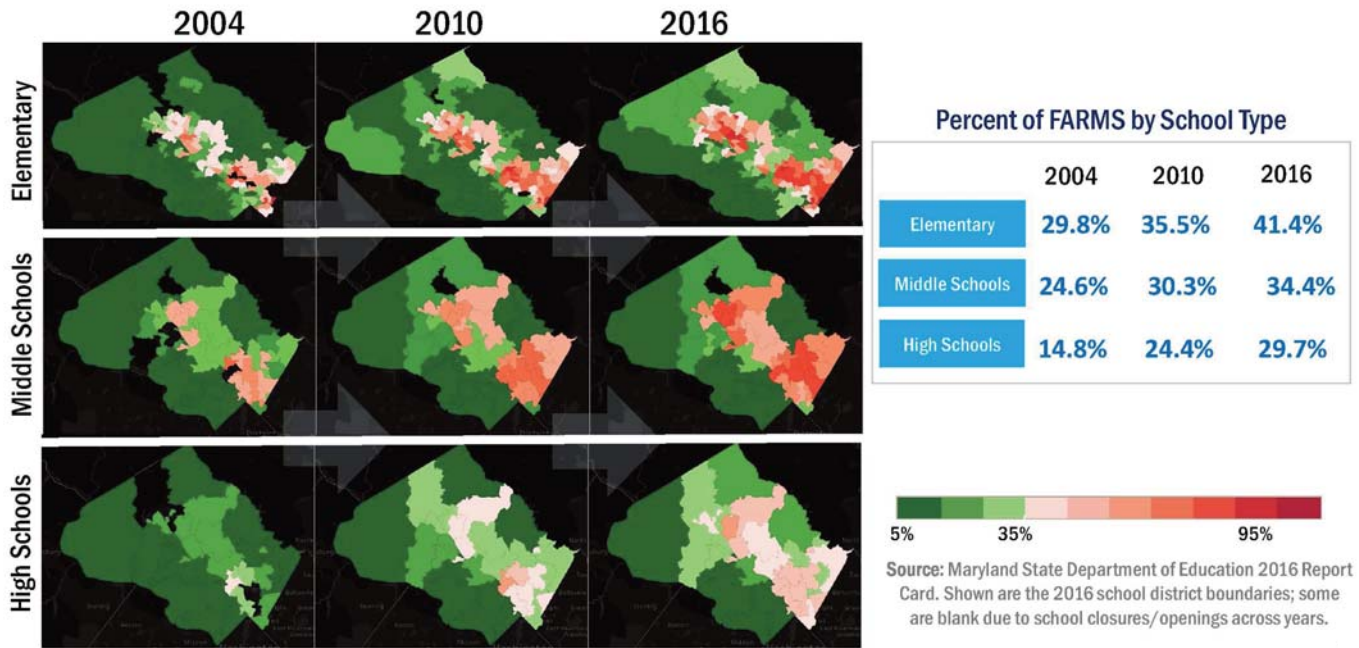


# Poverty in Montgomery County (Census ACS 2013-2017)



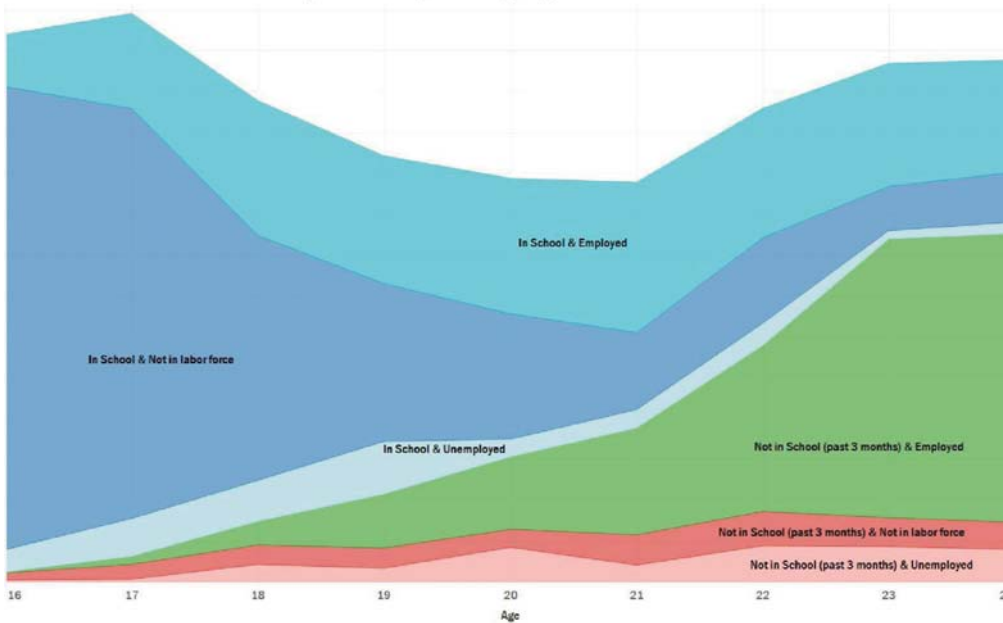


## % of Students Receiving Free and Reduced Meals within MCPS (by CountyStat)



## Disconnected Youth

### Youth Participation By Category For 16-24 Year Olds



**9,600 (9%)**

Disconnected youth (16-24)

The chart shows the occupation of youth with regards to both school attendance and employment status. Two-thirds of 16-24 year-olds are enrolled in school.

Nearly half are employed—and another 10% are active in the labor force but unemployed (these numbers include those who are simultaneously attending school).

Source: Census ACS PUMS 2011-2015

**Disconnected**



## LOCAL OUTCOME REPORT MONTGOMERY COUNTY, MD

## PROSPERITY NOW SCORECARD

The *Prosperity Now Scorecard* equips advocates, policymakers, practitioners and others with data on how residents in states, counties and cities are faring when it comes to their financial health and whether opportunities to prosper are equitable. These data jump-start a conversation about solutions and policies to put all households on stronger financial footing.

### Financial Assets & Income

OUTCOME MEASURE	PLACE DATA	STATE DATA	US DATA
Income Poverty Rate	4.8%	8.9%	12.7%
Liquid Asset Poverty Rate	24.5%	22.3%	36.9%
Asset Poverty Rate	18.1%	19.9%	24.1%
Households with Zero Net Worth	13.2%	16.2%	15.7%
Unbanked Households	1.8%	2.5%	6.5%
Underbanked Households	16.0%	19.7%	18.7%
Income Inequality	4.4x as high for top 20%		

### Businesses & Jobs

OUTCOME MEASURE	PLACE DATA	STATE DATA	US DATA
Unemployment Rate	4.5%	3.6%	3.7%
Business Value by Race	\$941,645	\$413,514	\$440,190
Business Value by Gender	-	3.5x as high for men	3x as high for men

### Homeownership & Housing

OUTCOME MEASURE	PLACE DATA	STATE DATA	US DATA
Homeownership Rate	65.6%	66.9%	63.9%
Affordability of Homes	4.5x higher than median income		
Housing Cost Burden - Renters	51.1%	49.8%	49.7%
Housing Cost Burden - Homeowners	28.4%	27.0%	27.7%

### Health Care

OUTCOME MEASURE	PLACE DATA	STATE DATA	US DATA
Uninsured Rate	9.5%	6.9%	10.4%
Uninsured Low-Income Children	6.3%	5.7%	7.1%
Employer Provided Insurance Coverage	67.7%	65.3%	59.5%

### Education

OUTCOME MEASURE	PLACE DATA	STATE DATA	US DATA
Early Childhood Education Enrollment	55.2%	47.6%	48.2%
Four-Year College Degree	58.3%	40.8%	32.6%

In order to generate more robust estimates at the local level, specifically estimates disaggregated by race, many local estimates are derived using five-year data averages. For more information on how local estimates are calculated, [visit scorecard.prosperitynow.org/methodology](https://scorecard.prosperitynow.org/methodology).



# MONTGOMERY COUNTY, MD

## OUTCOMES BY RACE & ETHNICITY

Racial economic inequality limits a household's ability to achieve prosperity, and it is important to explore the impact that race and ethnicity have on outcomes. See the table below for the available data by race and ethnicity on key Scorecard outcomes in your community. The acknowledgement of disparities between populations and their origins make our data clearer and our policy and programmatic solutions stronger.

### Financial Assets & Income

OUTCOME MEASURE	OVERALL	WHITE, NH*	PEOPLE OF COLOR	BLACK	AMERICAN INDIAN	ASIAN	NHPI**	LATINO
Income Poverty Rate	4.8%	1.9%	8.1%	8.7%	6.2%	4.8%	-	9.5%
Liquid Asset Poverty Rate	24.5%	13.0%	38.1%	41.8%	-	19.6%	-	52.1%
Asset Poverty Rate	18.1%	11.5%	26.8%	33.4%	-	10.6%	-	34.6%
Households with Zero Net Worth	13.2%	9.4%	17.9%	23.8%	-	7.0%	-	21.4%
Unbanked Households	1.8%	13.0%	38.1%	41.8%	-	19.6%	-	52.1%
Underbanked Households	16.0%	10.7%	22.2%	28.6%	-	14.0%	-	22.4%

### Businesses & Jobs

OUTCOME MEASURE	OVERALL	WHITE, NH*	PEOPLE OF COLOR	BLACK	AMERICAN INDIAN	ASIAN	NHPI**	LATINO
Unemployment Rate	4.5%	3.3%	5.5%	7.5%	-	3.3%	-	5.0%
Business Value by Race	\$941,645	\$531,434	\$169,810	\$110,661	\$160,418	\$286,019	-	\$95,901

### Homeownership & Housing

OUTCOME MEASURE	OVERALL	WHITE, NH*	PEOPLE OF COLOR	BLACK	AMERICAN INDIAN	ASIAN	NHPI**	LATINO
Homeownership Rate	65.6%	75.4%	54.5%	42.5%	61.0%	74.3%	-	49.1%
Affordability of Homes	4.53 : 1	3.74 : 1	-	6.44 : 1	6.15 : 1	4.28 : 1	5.33 : 1	6.51 : 1

### Health Care

OUTCOME MEASURE	OVERALL	WHITE, NH*	PEOPLE OF COLOR	BLACK	AMERICAN INDIAN	ASIAN	NHPI**	LATINO
Uninsured Rate	9.5%	3.1%	16.1%	10.6%	10.6%	8.0%	24.5%	22.8%

### Education

OUTCOME MEASURE	OVERALL	WHITE, NH*	PEOPLE OF COLOR	BLACK	AMERICAN INDIAN	ASIAN	NHPI**	LATINO
Four-Year College Degree	58.3%	71.3%	46.0%	43.8%	24.1%	68.0%	40.3%	25.1%

\* White, Non-Hispanic \*\* Native Hawaiian or Other Pacific Islander

### Limitations of Scorecard Data by Race & Ethnicity

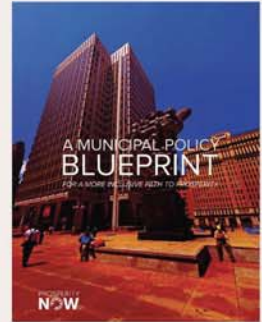
Where possible, the Scorecard disaggregates measures for racial and ethnic groups within communities, but as our sources are primarily national surveys, there are limitations to the data we publish. For each population, we use the data for people identifying only as that racial or ethnic group and have a minimum threshold for the number of observations available to produce an estimate. The result is significant amount of missing data for populations of color, particularly outside of states and the largest local areas. In addition, we use aggregate definitions of populations (e.g., "Asian," "Latino") which group people with ancestry from a variety of countries and varying backgrounds, concealing diversity and economic disparity within groups.

The Scorecard data offer a starting place for understanding financial health in your community, but you may want to dig deeper. More detailed data may exist in state or local data sources not included in the Scorecard, or you may want to collection information directly from community members.

# LOCAL POLICY RECOMMENDATIONS

## A MUNICIPAL POLICY BLUEPRINT FOR A MORE INCLUSIVE PATH TO PROSPERITY

Though the Scorecard does not assess localities on local-level policy measures, Prosperity Now has assembled resources into a guide for municipal policymakers and advocates that may be used to enact policies that can have positive impacts on the Scorecard’s local outcome measures—A Municipal Blueprint for a More Inclusive Path to Prosperity. This Municipal Blueprint presents meaningful, manageable and moveable policy solutions seen below in four key areas that can be tailored to fit distinct local contexts and build financial security within communities of color while also highlighting approaches and strategies designed to strengthen efforts toward enacting and implementing these solutions.



### Income Boosts

- Raise the minimum wage in line with the local cost of living
- Promote and provide access to safe and affordable banking products
- Promote free and low-cost tax prep services and tax credits



### Consumer Protections and Debt Management

- Inventory and reform municipal fines and fees
- Enact responsible banking ordinances
- Regulate predatory small-dollar lending and products



### Support Affordable Housing and Homeownership

- Keep residents in their homes by helping avoid evictions, prohibiting source of income discrimination for low-income renters, and providing mortgage foreclosure and property tax diversion programs for homeowners
- Support programs to make homeownership more affordable



### Right-Side Up Tax

- Encourage saving for college through a Children’s Saving Account program
- Prioritize entrepreneurs of color for procurement and contracting
- Ease financial barriers to obtaining citizenship

## ABOUT LOCAL POLICY AT PROSPERITY NOW

These policies are not silver bullets, nor will they be equally successful in every city. When adapting these policies, cities should fit these solutions to their specific local contexts to address and evaluate potential policies’ impacts on racial wealth equity. Contact us at [policy@prosperitynow.org](mailto:policy@prosperitynow.org) for more information on how we can support your state and local financial security policy agendas.

The Municipal Policy Blueprint is also available at [prosperitynow.org/resources/municipal-policy-blueprint-more-inclusive-path-prosperity](https://prosperitynow.org/resources/municipal-policy-blueprint-more-inclusive-path-prosperity).



# MONTGOMERY COUNTY

## DEMOGRAPHICS



**POPULATION**  
**1,039,198**



**HOUSEHOLDS**  
**369,242**

## HOUSEHOLD INCOME QUINTILES

Lowest Quintile	\$0 to \$45,489
2nd Quintile	\$45,490 to \$82,488
3rd Quintile	\$82,489 to \$125,986
4th Quintile	\$125,987 to \$199,125
Highest Quintile	Over \$199,125

**MEDIAN HOUSEHOLD INCOME** **\$103,178**

White	\$125,078
Black	\$72,587
Asian	\$109,147
Latino	\$71,847
Native	\$76,076
NHPI	n/a
Two or More	\$88,299
Other	\$63,414

## RACE AND ETHNICITY (% OF POPULATION)

White	45.0%
Black	17.6%
Asian	14.7%
Latino	19.0%
Native	0.1%
NHPI	n/a
Two or More	3.1%
Other	0.5%

## AGE (% OF THE POPULATION)

Under 18	23.4%
18 to 24	7.9%
25 to 44	27.1%
45 to 64	27.5%
65 and Over	14.1%

**PEOPLE WITH A DISABILITY** **8.0%**

# PROSPERITY NOW COMMUNITY

Prosperity Now is committed to continuing our support of and partnerships with our movement of committed advocates and practitioners seeking to create a clear path to financial stability, wealth and prosperity. The Prosperity Now Community expands our reach, creates strong connections between those in our community and mobilizes advocates to create lasting social change.

The Prosperity Now Community facilitates learning, creates connections and inspires action to create and improve programs and policies that foster opportunity, especially for those who have not had it before. Our unwavering commitment to creating prosperity includes efforts on a wide range of issues, such as consumer protections, equity in the tax code, increasing affordable housing and removing barriers to saving and building wealth.

To Join the Community, visit [prosperitynow.org/get-involved](https://prosperitynow.org/get-involved)

## COMMUNITY CHAMPIONS IN MARYLAND

C.A.F.E. Montgomery — Germantown, MD

CASH Campaign of Maryland — Baltimore, MD

Prince George's CASH Campaign — Largo, MD

## ABOUT PROSPERITY NOW

# PROSPERITY NOW

Prosperity Now (formerly CFED) believes that everyone deserves a chance to prosper. Since 1979, we have helped make it possible for millions of people, especially people of color and those of limited incomes, to achieve financial security, stability and, ultimately, prosperity. We offer a unique combination of scalable practical solutions, in-depth research and proven policy solutions, all aimed at building wealth for those who need it most.





Montgomery County Community Action Agency  
1401 Rockville Pike, 3rd Floor  
Rockville, MD 20852  
Phone: 240-777-1697

Montgomery County Takoma-East Silver Spring (TESS)  
Community Action Center  
8513 Piney Branch Road  
Silver Spring, MD 20901  
Phone: 240-773-8260

The full Montgomery County Community Action Agency's  
Community Needs Assessment, including its appendices, may be downloaded at  
[montgomerycountymd.gov/communityaction](http://montgomerycountymd.gov/communityaction)

Alternative formats of this report are available upon request;  
please call 240-777-1697. Maryland Relay (711).

*The Montgomery County Department of Health and Human Services does not discriminate in services or employment on the basis of disability status, race, color, national origin, religion, age, sex, sexual orientation or political affiliation.*