



Committee: HHS
Committee Review: N/A
Staff: Tara Clemons Johnson, Legislative Analyst
Purpose: To receive testimony/final action - vote expected
Keywords: #HHS #EndingHIVEpidemicGrant

AGENDA ITEM #17
June 13, 2023
Public Hearing/Action

SUBJECT

Supplemental Appropriation #23-106 to the Fiscal Year 2023 Operating Budget Montgomery County Government, Department of Health and Human Services, Implement Ending the HIV Epidemic Grant, \$967,349 (Source of Funds: State Grant)

EXPECTED ATTENDEES

None.

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- This supplemental appropriation was introduced on May 25, 2023.
- No Committee recommendation. Action is scheduled immediately after the public hearing.

DESCRIPTION/ISSUE

In February 2019, Montgomery County was named as one of the priority jurisdictions included in the federal initiative, Ending the HIV Epidemic: A Plan for America. This identification is based upon evidence that Montgomery County, along with 57 other geographic focus areas, contribute 50% of the new HIV cases in the U.S. each year. As a result, DHHS has been implementing the plan to end HIV with the resources and support from this national initiative to reach the overarching goal of reducing new HIV infections by 90% by 2030.

SUMMARY OF KEY DISCUSSION POINTS

- On May 18, 2023, the County Executive transmitted Supplemental Appropriation #23-106 for consideration to the County Council.
- This appropriation will support HIV related marketing/outreach advertising, staffing and management consultants involved in education, outreach, testing, and case management. The priority populations at the highest risk of acquiring HIV include non-Hispanic Black and Hispanic residents, as well as LGBTQ+ residents of color
- **Racial Equity Impact Assessment (REIA).** The REIA finds that this appropriation advances racial equity and social justice in the County based on how it attempts to address the structural inequities and racial disparities that shape incidence and prevalence of HIV, as well as the barriers to testing and treatment that disproportionately harm populations experiencing racial, gender, and other forms of identity-based oppression.

This report contains:

County Executive transmittal memo

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OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

MEMORANDUM

May 18, 2023

TO: Evan Glass, President
Montgomery County Council

FROM: Marc Elrich, County Executive 

SUBJECT: Supplemental Appropriation #23-106 to the Fiscal Year 2023 Operating Budget
Montgomery County Government
Department of Health and Human Services
Implement Ending the HIV Epidemic Grant, \$967,349

I am recommending a supplemental appropriation to the FY23 Operating Budget, for the Department of Health and Human Services (DHHS) in the amount of \$967,349 for the Implement Ending the Human Immunodeficiency Virus (HIV) Epidemic Grant. This grant will support activities of education, outreach, testing, and linkage to care for residents of Montgomery County infected with HIV.

This increase is needed because DHHS received grant funds from the Maryland Department of Health (MDH) Implement Ending the HIV Epidemic grant. The funding will be spent on marketing/outreach advertising, employees and management consultants involved in education, outreach, testing, and case management. Priority populations at the highest risk of acquiring HIV include non-Hispanic Black and Hispanic residents, and LGBTQ+ residents of color. The funding will also support increased awareness for the general population and the healthcare community to promote and provide access to sexual health services. County resources to expand testing and prevention activities are designed to support vulnerable populations who are uninsured, underinsured, or with Medicaid through the provision of clinical and outreach services. The goal is to reduce new HIV infections by 90 percent by 2030. The source of funding is a State Grant from the Maryland Department of Health, Implement Ending the HIV Epidemic Grant.

Supplemental Appropriation #23-106 to the Fiscal Year 2023 Operating Budget

May 18, 2023

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I recommend that the County Council approve this supplemental appropriation in the amount of \$967,349 and specify the source of funds as a State Grant.

Thank you for your consideration of this action.

ME:es

Enclosure: Supplemental Appropriation #23-106

cc: Earl Stoddard, Assistant Chief Administrative Officer, Office of the County Executive
James C. Bridgers, Acting Director, Department of Health and Human Services
Jennifer Bryant, Director, Office of Management and Budget

Resolution: _____
Introduced: _____
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

By: Council President at the Request of the County Executive

SUBJECT: Supplemental Appropriation #23-106 to the FY23 Operating Budget
Montgomery County Government
Department of Health and Human Services
Implement Ending the HIV Epidemic Grant, \$967,349

Background

1. Section 307 of the Montgomery County Charter provides that any supplemental appropriation shall be recommended by the County Executive who shall specify the source of funds to finance it. The Council shall hold a public hearing on each proposed supplemental appropriation after at least one week's notice. A supplemental appropriation that would comply with, avail the County of, or put into effect a grant or a Federal, State or County law or regulation, or one that is approved after January 1 of any fiscal year, requires an affirmative vote of six Councilmembers. A supplemental appropriation for any other purpose that is approved before January 1 of any fiscal year requires an affirmative vote of seven Councilmembers. The Council may, in a single action, approve more than one supplemental appropriation. The Executive may disapprove or reduce a supplemental appropriation, and the Council may reapprove the appropriation, as if it were an item in the annual budget.
2. The County Executive has requested the following FY23 Operating Budget appropriation increases for the Department of Health and Human Services.

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$308,374	\$658,975	\$0	\$967,349	State Grants

3. This increase is needed because Department of Health and Human Services received grant funds from the Maryland Department of Health (MDH) Implement Ending the HIV Epidemic grant. The funding will be spent on marketing/outreach advertising, employees and management consultants involved in education, outreach, testing, and case management. Priority populations at highest risk of acquiring HIV include non-Hispanic Black and Hispanic residents, and LGBTQ+ residents of color. This funding will also support increased awareness for the general population and the health care community to promote and provide access to sexual health services. County resources to expand testing and prevention activities are designed to support vulnerable populations who are uninsured, underinsured or with Medicaid through the provision of clinical and outreach services. The goal is to reduce new HIV infections by 90 percent by 2030.
4. The County Executive has requested a supplemental appropriation to the FY23 Operating Budget in the amount of \$967,349 for the Implement Ending the HIV Epidemic grant and specifies that the source of funds will be a State Grant.
5. The public was notified by a news release.

Action

The County Council for Montgomery County, Maryland, approves the following actions:

1. A supplemental appropriation to the FY23 Operating Budget of the Department of Health and Human Services is approved as follows:

<u>Personnel Services</u>	<u>Operating Expenses</u>	<u>Capital Outlay</u>	<u>Total</u>	<u>Source of Funds</u>
\$308,374	\$658,975	\$0	\$967,349	State Grant

This is a correct copy of Council action.

Sara R. Tenenbaum
Clerk of the Council



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

June 5, 2023

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) Supplemental Appropriation (SA) #23-106 and #23-107 (Combined) Ending the HIV Epidemic (EHE)

On April 20, 2022, the Office of Racial Equity and Social Justice submitted to the Office of Management and Budget (OMB) a Racial Equity Impact Assessment (REIA) for supplemental appropriation #22-68 Ending the HIV Epidemic. Available information about Supplemental #23-106 Implement Ending the HIV Epidemic Grant (\$967,349) and #23-107 Ending the HIV Epidemic in Sexually Transmitted Disease (STD) Clinics Grant (\$450,000) indicates that the funding will be used to continue and scale up HIV education, outreach, prevention, testing, treatment, and related services in the County. Because there are no significant differences in the ways these supplemental appropriations target services to populations facing disproportionate risk, and no additional data or details about implementation partners or strategies, ORESJ's finding statement and analysis remain unchanged. ORESJ, therefore, recommends that those considering supplemental appropriations #23-106 and #23-107 do so by reviewing the REIA that ORESJ submitted for Supplemental Appropriation #22-68 (copied below).

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- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds Supplemental Appropriation #22-68 Ending the HIV Epidemic (EHE) is likely to advance racial equity and social justice in the County based on how it attempts to address the structural inequities and racial disparities that shape incidence and prevalence of HIV as well as the barriers to testing and treatment that disproportionately harm populations experiencing racial, gender, and other forms of identity-based oppression. While the specific details related to each funded activity are not yet available, the (EHE) Plan outlines many of the

barriers and challenges that need to be addressed in order to reduce new HIV infections in the County. To the extent that these activities leverage insights from the Plan, build a more collaborative and coordinated system, and continue to center the humanity and dignity of people impacted by the epidemic, gaps in HIV infections and outcomes are likely to shrink.

II. **BACKGROUND:** The purpose of Supplemental Appropriation #22-68 is to fund HIV program staff and services to meet the goals of the federal Ending the HIV Epidemic Initiative to reduce new HIV infections by 90 percent by 2030. In December 2020, the Department of Health and Human Services (DHHS) released a plan for how the County would expand its existing HIV/STI prevention and treatment infrastructure to diagnose, treat, prevent, and respond to the epidemic, focusing on the following goals:

- By 2025, 95% of people living with HIV in Montgomery County know their HIV status.
- Treat people with HIV rapidly and effectively to reach and sustain viral suppression. (95% of people diagnosed will receive medical care within a month of diagnosis. 95% of People Living with HIV retained in care will achieve viral suppression (<200 copies/mL))
- Reduce new HIV infections by 75%; by 2030, reduce new HIV infections by 90%+
- Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

The plan pairs local disaggregated quantitative data about prevalence and infection rates with insights from focus groups and interviews with those most impacted by the epidemic. There is also evidence throughout the plan that a racial equity lens was applied—emphasizing the importance of community engagement—to understand the different experiences, and complex structural barriers residents living with or at risk of HIV encounter in accessing information, preventative care, and long-term treatment. More specifically, the report highlights that on 23 health indicators in the County, there were racial disparities between Black and White residents on 17 and between Hispanic and White residents on 15¹. The Plan names these disparities in health and healthcare access as impediments to reducing and eliminating disparities in HIV. The Plan also highlights the inequities leading to these disparate outcomes. Researchers and advocates have identified similar patterns at the national level, explaining:

*“The racial HIV gap and the racial health gap, in general, is strongly correlated with the racial wealth gap, which in turn is the direct outcome of both historical and contemporary processes of segregation in housing, education, employment, and health care as well as racially skewed mass incarceration.”*²

¹ Montgomery County, MD Department of Health and Human Services. A Plan to End HIV in Montgomery County, MD. December 2020. Available at: <https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/PHSDocs/HIV/MC-EHE-Plan-2020.pdf>

² Russell Robinson, et. al. and Aisha C. Moodie-Mills. The Center for American Progress and Berkley Law University of California. “HIV/AIDS Inequality: Structural Barriers to Prevention, Treatment, and Care in Communities of Color Why

Based on what is known about racial disparities³ in housing, education, and employment in Montgomery County, it is perhaps unsurprising (albeit equally unacceptable) that there are persistent racial gaps in HIV in the County. As a result of these disparities, the following communities are identified as focus populations for targeted activities and resources:

- Gay, Bisexual, and Other Men Who Have Sex with Men (MSM)
- Black and Latina Women
- Youth, with a Focus on Black and Latino/a/x LGBTQ youth
- People Who Inject Drugs (IDU)

With context about the depth and scale of the epidemic, who is most impacted, and an understanding of root causes, the plan offers strategies and activities, and most notably identifies barriers as well as strategies for overcoming them. Major activities funded under this supplemental request include:

- health equity community events and an HIV awareness ad campaign;
- expanding testing and treatment access for those at risk and living with HIV; and
- supporting a satellite clinic in Germantown to improve access to prevention and care services for residents living in the northern part of the County.

To assess the extent to which this supplemental request will advance racial equity and social justice in the County, we looked at the information available about each funded activity and the extent to which it addresses the barriers hindering effectiveness identified in the report and/or inequities contributing to the epidemic. This assessment will not involve a review of the entire EHE initiative or plan, as it is beyond the scope of this funding request.

Health Equity community events and HIV awareness campaign

The EHE Plan identifies a lack of education and awareness as key barriers to meeting the county's goal of diagnosing at least 95% of all HIV infections. Because many residents and people in the region are not aware of the scale of the HIV epidemic in the County (or related risk factors), they may not be aware of their or a loved one's risks, and/or the importance of testing, particularly given persistent stigma and discrimination surrounding HIV. It is estimated that these stigmas and other barriers have resulted in 13% of people living with HIV without knowing it. Compounding this lack of awareness and the risks it carries, is a lack of widespread information about prevention and treatment options, and often structural barriers in access (even with greater awareness). **For community events and awareness**

We Need a Holistic Approach to Eliminate Racial Disparities in HIV/AIDS". July 27, 2012. Available at:

https://cdn.americanprogress.org/wp-content/uploads/issues/2012/07/pdf/hiv_community_of_color.pdf?_ga=2.137391216.1145365699.1647528060-1072828102.1643905655.

³ Jupiter Independent Research Group. Montgomery County Maryland Office of Legislative Oversight. Racial Equity Profile Montgomery County. Report No. 2019-17. July 15, 2019.

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

campaigns to be effective they must address gaps in communication that prevent easy access to important information. First, this involves developing a deep understanding of the racialized and intersectional experiences of those living with and at risk of HIV in the County and region. This means that all aspects of awareness and education-building must be geared toward these realities. Doing so will likely require event organizers and campaign leaders (and leaders across systems) to spend time and resources strategizing and thinking about solutions in new ways. It will also require building collaborative relationships with community stakeholders to plan and coordinate for the greatest impact. Organizations and leaders, many of whom have lived experiences, established, and trusted networks, and cultural and linguistic competencies, are critical to this effort. **These connections are crucial for the two-way exchange of information—not just in the delivery of information but in the receipt of feedback and insights from the experiences of people engaging with systems intended to serve them.** In addition to the influence of trusted messengers, the location, frequency, and relevancy of these events and campaigns are also important. This includes the availability of information (at a minimum) in multiple languages, multiple digital platforms, and spaces where people who are impacted feel most safe.

Expanding testing and treatment access for those at risk and living with HIV

In the US, research suggests that 38% of all new HIV transmissions occur from those who are undiagnosed⁴. Presuming this pattern is also true in Montgomery County, a more robust and accessible testing regime is critical in reducing the number of new infections by 2030. Yet testing remains elusive for far too many in the County. As with strengthening education and awareness, strategies addressing barriers to testing access must respond to the unique experiences of people with and at risk of HIV in the County. Strategies for example should address barriers based on age, immigration status, gender, and race that complicate (and often prevent) access to healthcare, particularly the type of healthcare that helps to achieve viral suppression. The EHE Plan⁵ identifies a number of barriers to testing:

- weak or nonexistent connections between healthcare providers and Partner Services, which affects the timeliness of new case reporting;
- testing fees;
- fear of what a positive diagnosis may entail—the cost of care and stigma. For immigrants, especially those who are undocumented, fears also include how a positive test and contact tracing may affect their immigration status; and
- lack of LGBTQ-affirming health and service providers, fewer options for LGBTQ communities of color, and environments that are culturally in tune with the needs of various immigrant communities.

⁴ Kaiser Family Foundation. The HIV/AIDS Epidemic in the United States: The Basics. Jun 7, 2021. Available at: <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>

⁵ Montgomery County, MD Department of Health and Human Services

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The barriers to treatment are very similar. However, given the long-term nature of the care required to reach and sustain viral suppression, a more expansive look is necessary to consider how treatment barriers, that are structural in nature, such as transportation, housing, food access, and affordability can be addressed.

Supporting a satellite clinic in Germantown to improve access to prevention and care services for residents living in the northern part of the County

Data about the geographic burden of HIV in the County show that the areas of Germantown, Gaithersburg, and Rockville make up about half of new and living cases of HIV⁶. As discussed throughout this assessment, many barriers impacting HIV prevention, testing, treatment, and care are structural in nature. Given persistent racial disparities in the County and how those disparities affect where people live and work, the placement of services in Germantown (based on available data) has the potential to reduce barriers and enable better long-term care outcomes.

Racial Equity Best Practices

While specific details regarding the design and delivery of some of these activities are not yet available, there are several factors, known to advance racial equity across issue areas, that should be considered:

1. Strengthen data collection, analysis, and monitoring capabilities to enable education and care that is appropriately targeted. Disaggregate data by race and other relevant characteristics. For example, given the particular risks immigrant and non-binary people experience, it is important to monitor prevention, diagnosis, and treatment for these sub-populations by race.
2. Consider systems-level changes that allow these disparate activities to work in harmony and center human experiences—building a shared understanding of who and how different communities are impacted (which has started within the EHE Plan); developing a multidisciplinary response that recognizes health disparities and epidemiological risk factors; and centering the dignity and humanity of residents at every stage of the HIV continuum (this includes not just in the delivery of services but in the development of feedback loops that facilitate change).
3. Build accountability and public transparency into the design and implementation of activities in ways that build public trust.

cc: Dr. James Bridgers, Acting Director, Department of Health and Human Services
Ken Hartman, Director, Strategic Partnerships, Office of the County Executive

⁶ Montgomery County, MD Department of Health and Human Services