



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

November 26, 2024

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) #25-35
Department of Health and Human Services (DHHS) Infrastructure Positions

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #25-35 Department of Health and Human Services (DHHS) Infrastructure Positions resulted has the potential to advance racial equity and social justice in Montgomery County. While it is possible that increased efficiency in Medicaid and other federal funding billing could help to improve DHHS' services in the community, several questions remain about the extent to which those efficiencies will translate into reductions in racial disparities and inequities in healthcare access and outcomes.
- II. **BACKGROUND:** The purpose of Supplemental Appropriation #25-35 Department of Health and Human Services (DHHS) Infrastructure Positions is to allocate \$189,087 in General Fund: Undesignated Reserves to DHHS' FY25 operating budget for hiring 11 positions to help enhance the County's ability to bill Medicaid and other Federal revenue for certain services. According to a November 12, 2024 memo from County Executive Marc Elrich to Montgomery County Council President Andrew Friedson, DHHS' budget has increased more than 40% in the last three years and that without additional infrastructure, the department will face more staff burnout and turn over, greater audit and other financial risks, increased complaints from non-profit partners and clients, and may be unable to effectively administer grants or perform necessary data analysis. This supplemental appropriation requests 11 positions be filled to meet these needs.

III. In addition to increases in the department budget, the department is also likely experiencing the effects of the nationwide Medicaid “Unwinding” process which marked the end of pandemic-related continuous coverage¹ and the consequence of increased poverty rates following the expiration of pandemic era benefits². These two factors alone are likely to have created additional demand on the Medicaid system and other programs administered by DHHS. There may be other factors ORESJ is not aware of and that were not reported on within available supplemental appropriation materials—in particular, the changes in DHHS’ internal and external operating context that prompted the request for additional positions.

IV. **ANALYSIS:** We can infer from available information and increased demand on existing systems that the addition of 11 positions could help boost efficiency, which could in turn translate into improved services and outcomes for current clients and residents seeking services. These residents, based on racial disparities in poverty³ and insurance coverage⁴ in Montgomery County, are more likely to be people of color. This would suggest that this supplemental could help reduce racial disparities and inequities related to access to healthcare. However, several questions remain which could have an affect on the impact of this supplemental appropriation:

- What services and client outcomes are most likely impacted by the addition of 11 positions?
- In what ways will these 11 positions help to reach residents who may be eligible for Medicaid but have not renewed and/or lost coverage?
- How will greater efficiency, created by these 11 positions, directly translate into better and faster client experience (and related healthcare access and outcomes)?
- What metrics or data will these positions collect to track and evaluate healthcare access and outcomes by race and gender?
- Addressing these questions will help clarify the ways in which the supplemental appropriation request can help to reduce racial disparities and inequities in healthcare access and outcomes.

¹ <https://www.cbpp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end> and <https://www.cbpp.org/research/health/resource-lists/end-of-the-pandemic-era-medicaid-continuous-coverage-requirement> and <https://www.kff.org/policy-watch/three-questions-about-medicaid-unwinding-what-we-know-and-what-to-expect/>

² <https://www.cbpp.org/research/poverty-and-inequality/expiration-of-pandemic-relief-led-to-record-increases-in-poverty> and <https://www.kff.org/medicaid/issue-brief/recent-trends-in-childrens-poverty-and-health-insurance-as-pandemic-era-programs-expire/>

³ U.S. Census Bureau. "Poverty Status in the Past 12 Months." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701, 2022, <https://data.census.gov/table/ACSST5Y2022.S1701?t=Income and Poverty&g=050XX00US24031>. Accessed on November 25, 2024.

⁴ Page 41 “No Health Insurance”. Racial Equity Profile Update Montgomery County, Maryland. Available at: <https://www.montgomerycountymd.gov/ORE/Resources/Files/JUPITERRACIALEQUITYPROFILE.pdf>

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