



The AAHP family at the Executive Committee's COVID-19 Testing Event

## **AAHP MONTHLY REPORT December 2020**



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# **AAHP MONTHLY REPORT**

## **December 2020**

### **I. INTRODUCTION**

In December, the African American Health Program (AAHP) emphasized goal setting and the development of performance standards with an emphasis on health improvement outcomes for each AAHP focus area. While continuing to implement the fifth year of the contract with the Montgomery County Department of Health and Human Services (DHHS) to reduce health disparities and individual and family health risks to Black Montgomery County residents, the staff provided outstanding public health education programs and services despite the public health challenges presented by a once-in-a-generation pandemic. Throughout December, AAHP continued to offer health promotion, prevention, and wellness services to County residents largely through social media, teleconferencing technology, remote patient monitoring, and videos. In-person activities included biometric testing services, information distribution and dissemination services performed per Centers for Disease Control and Prevention (CDC) and health department recommended safety precautions and protocols that included social distancing and using personal protective equipment such as masks, gloves, and face shields. Thus far, not a single case of COVID-19 infection has been reported among AAHP staff, and with the Federal Drug Administration (FDA) approval of two COVID-19 vaccines for widespread distribution in December, there is hope on the horizon that more County residents will be spared as well. But the challenges and delays associated with turning vaccines into vaccinations are emblematic of the challenges and delays AAHP staff faced daily to connect clients to state and county service providers.

In December, the morning standup meetings included cross-training and development opportunities to provide staff with information and tools to help achieve expected goals and objectives. For example, a community health worker demonstrated how to use a new software application, Care Simple, a remote patient monitoring system, to enable the staff to better explain the benefits of biometric measurements to potential clients and referral partners. Similarly, Dr. Barnes conducted a webinar on the benefits of adding LinkedIn to the current social media marketing strategy to recruit strategic referral partners in the healthcare industry.

During the month, this new knowledge was used to increase case referrals and enrollments. For example, the AAHP data coordinator and social worker connected two clients with Black mental health providers in the County. Similarly, the SMILE team connected an African American doula who wanted to contribute her many years of experience in assisting pregnant women to the program with a SMILE client who was looking for a doula. And these connections are mutually beneficial because these health care practitioners and social workers become aware of AAHP's programs, and referrals to AAHP.

## II. AAHP PROGRAM ACTIVITIES

### A. SMILE Program (Start More Infants Living Equally healthy)

#### SMILE Mom Example Client

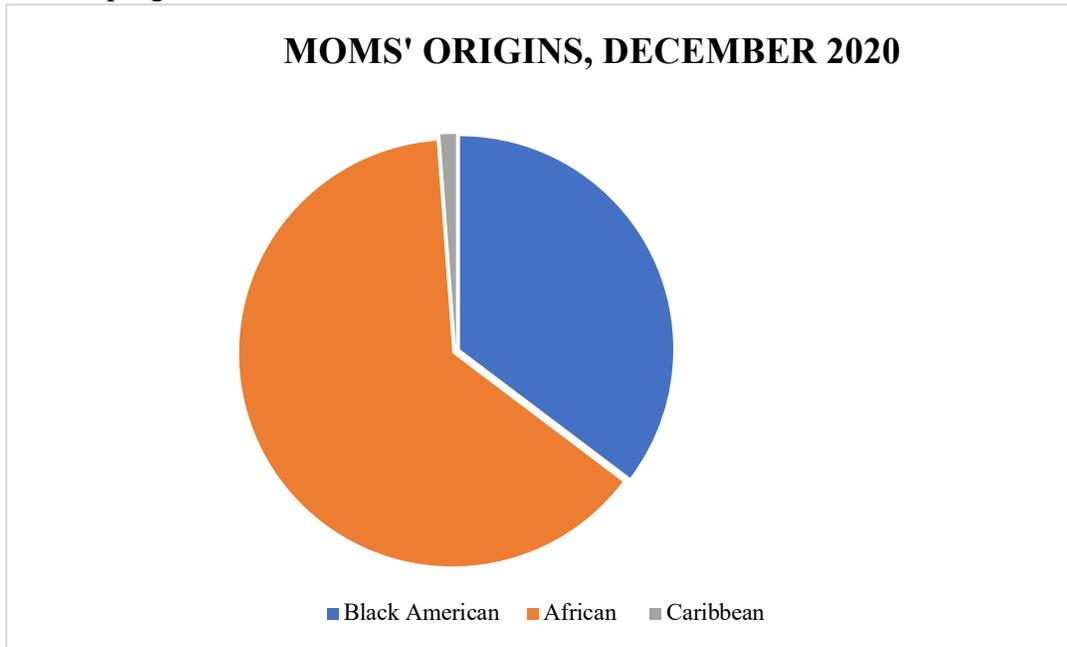
*J.S., a 29-year-old, unmarried, African American pre-school teacher, is 10 weeks pregnant with her first child. She is happy about her pregnancy because she did not think she could get pregnant and is living with the father of her baby. J.S. is also hypertensive and morbidly obese at 5'1" and 330 lbs. Although she started working again in September, after losing her previous job due to the pandemic, her current employer offers no health insurance. She is enrolled in the Supplemental Nutrition Assistance Program (SNAP) and has applied for Medicaid. J.S. is a referral from a former SMILE nurse and her current SMILE nurse enrolled her in AAHP's Remote Patient Monitoring and Chronic Disease Management and Prevention (CDMP) programs. On 12/30, J.S. texted her SMILE nurse that she received her blood pressure monitor from Care Simple and that her blood pressure reading was 189/100. She was immediately counseled to go to the Emergency Room where she was given medication. Her SMILE nurse will continue to follow up with J.S. regarding her diet, medication, walking for exercise, and prenatal education.*

In December, the efforts of the entire AAHP staff to raise awareness about the SMILE program began to yield results by delivering the best performance of the program in the fiscal year 2021. December was the third consecutive monthly increase in the caseload which reached 142: 57 infants and 85 mothers. Among the 85 mothers, 28 cases were prenatal, and 57 cases were postpartum. Five babies were born into the program in December. All five were born healthy and at a normal weight. The nurses arranged for the distribution of car seats and cribs for the three new moms. Five new prenatal moms were enrolled during the month.

At the end of December, 9 of the 85 mothers were classified high-risk because of medical issues, 13 were classified as high-risk due to social issues, and only 4 cases presented with both high medical and social risks. High-risk medical conditions included gestational diabetes, pre-eclampsia, a history of multiple past miscarriages, and advanced maternal age. The five new prenatal cases and five postpartum moms were screened for depression using the Edinburgh Postnatal Depression Scale. Three mothers scored above the normal range and were referred for further evaluation and care. As in previous months, frequently cited social needs included housing concerns, help with utility bills, transportation to medical appointments, food insecurity, and concerns about personal safety. Social risks included low self-esteem, unemployment, low educational attainment, unclear immigration status, language barriers, and inadequate family support. Staff addressed these issues through appropriate referrals. Other social work-related issues included providing emotional support and stress management counseling for SMILE clients experiencing anxiety and stress due to feelings of isolation and disconnectedness.

The overall percentage of mothers breastfeeding was 78%, and the percentage of mothers breastfeeding up to six months was 84%. Both breastfeeding indicators match or exceed the national rates reported by the CDC. Comparative data presented by the CDC shows that the percentage of African American women who ever breastfed was 64.3%, and of that number, only 20% breastfed exclusively for six months after delivery. As shown in the

graph presented below, the ethnic origin representation of mothers participating in the SMILE program showed 64% African, 35% Black American, and 1% Caribbean.



Throughout the month, the SMILE team held weekly meetings to review individual cases and plan for comprehensive home visits and staffing. These meetings included in-depth reviews of difficult cases in consultation with the AAHP social worker, the nurse supervisor, and the clinical director. In December, the SMILE team also welcomed a special guest from Morgan State University who serves as the Principal Investigator for the CDC-sponsored “Safe Sleep Research Project.” This study focuses on the reluctance of mothers to follow safe sleep messaging and seeks to develop a state-wide blueprint for a more effective safe sleep message for the Maryland Department of Health.. The research team request for SMILE client participation was referred to the County Program Manager for consideration.

The SMILE team continued to record high-quality videos on various topics to educate SMILE moms. The team held one educational session focused on COVID-19. The participating audience of 14 found the session informative. A link to a recording of the session was emailed to mothers who were unable to attend.

Whether due to the COVID-19 pandemic, the holiday season, state and local budget cuts, telework schedules, or some combination thereof, the month of December proved to be one of the most challenging for connecting SMILE clients to their caseworkers and other program support in the County. Each week that a SMILE program mom, nurse, or case manager was unable to reach a County program office was another week that AAHP stood in the gap to ensure that care delayed would not become care denied, endangering the life of another Black mother and her child drawing ever closer to her due date.

Despite an increasingly challenging environment, AAHP’s signature program continues to offer culturally competent support to pregnant women of African descent and their infants.

And the program continued to receive referrals from other health care providers, current and former SMILE nurse case managers, and former and current SMILE moms like JP, a 36-year-old married mother of four who is pregnant with triplets. Despite homeschooling the two oldest children, she has taken in her pregnant friend, the mother of a 9 and 5-year-old and a new SMILE enrollee, as well as her husband. This means there are three adults and six children in the home with three more due March 4th and another April 30th.

AAHP staff has donated Snuggles, a mini-refrigerator, and three baby bouncers in addition to the three-car seats, Pac & Plays, and gift bags for the upcoming virtual baby shower, and the nurse case managers have spent hours locating local organizations to help throughout the pregnancy and after the pregnancy.

The table and charts below present an overview of the SMILE cumulative data for December 2020 compared to the performance in the calendar year 2019.

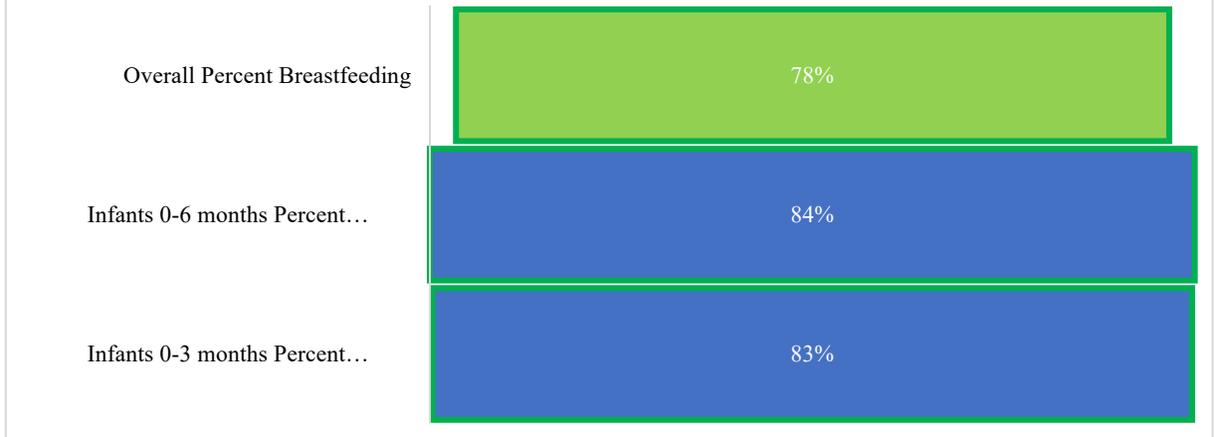
	<b>PROFILES AND SERVICES</b>	<b>*Monthly Average in Calendar Year 2019</b>	<b>December 2020</b>	<b>Comments</b>
1	<b><i>A) Currently Active Moms</i></b>	<b>88</b>	85	
2	Prenatal (still pregnant)	<b>30</b>	28	
3	Postpartum (moms who have delivered)	<b>57</b>	57	
4	<b><i>B) All Infants</i></b>	<b>57</b>	57	
5	Single Births	<b>53</b>	57	
6	Multiples	<b>4</b>	0	
7	<b>Case Load (A+B)</b>	<b>147</b>	142	
	<b>MOM'S ETHNICITY</b>			
8	African American	<b>39</b>	30	
9	African	<b>46</b>	54	
10	Caribbean	<b>3</b>	1	
	<b>REFERRALS</b>			
11	HHS Prenatal Referrals Received	<b>7</b>	1	
12	Referrals from Other Sources	<b>4</b>	5	
13	<b>Total Prenatal Referrals</b>	<b>11</b>	6	
	<b>NEW ENROLLMENTS</b>			
14	Prenatal Moms Newly Enrolled	<b>8</b>	6	
15	Infants Newly Enrolled	<b>5</b>	5	
16	<b>All New Enrollments</b>	<b>13</b>	11	
	<b>DISCHARGES</b>			
16	Prenatal Discharges	<b>1</b>	1	
17	Infant Discharges	<b>5</b>	2	
18	<b>Total Discharges</b>	<b>6</b>	3	
	<b>DELIVERIES</b>			

	19	Term Deliveries	5	5	
	20	Preterm Deliveries	1	0	
<b>al Deli T</b>		<b>al D Total Deliveries</b>	<b>6</b>	<b>5</b>	
		<b>BIRTH OUTCOMES</b>			
	22	% Healthy Birth Weight (% of Total Deliveries)	95%	100%	
	23	Number of Low Birth Weight	0	0	
	24	Number of Very Low Birth Weight	0	0	
	25	Infant Deaths (includes Stillbirths)	0	0	
	26	Unfavorable Birth Outcomes (Congenital Anomaly, Fetal Demise, Miscarriage)	0	0	
	27	Total Home Visits	78	2	Trips to deliver needed supplies
	28	Telephonic Consultations	8	185	Includes 12 by SW and 3 by CHW
	29	Community Referrals Made	15	21	
	30	Classes/Presentations Completed	4	9	

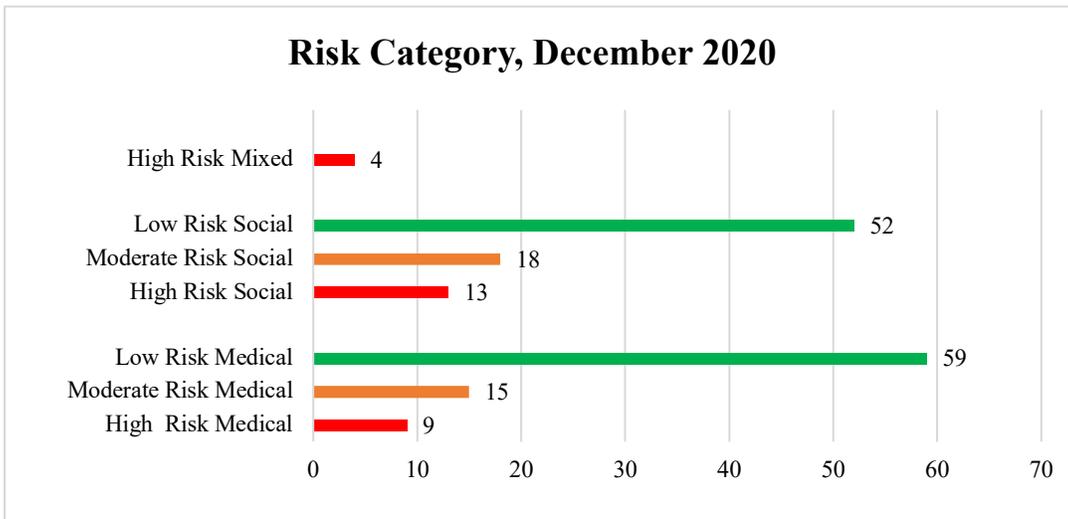
		<b>BREASTFEEDING MOMS</b>			
	31	Percent Clients Breastfeeding Infants 0-3 months	92%	83%	
	32	Overall Breastfeeding Percent	73%	78%	
		<b>INSURANCE</b>			
	33	Clients with Private Insurance**	24	25	
	34	Clients with Medicaid Insurance**	62	60	
	35	Clients without Insurance	n/a	0	

*Averages are rounded up to the next integer
** A client may have multiple insurances
Increase above reference year
Level with reference year
The decrease from reference year
Untoward Outcome
Desired Outcome

## PERCENT MOMS BREASTFEEDING, DECEMBER 2020



## Risk Category, December 2020



## **B. Chronic Disease Management and Prevention (CDMP) Program**

### **1. CDMP and DPP Virtual Health Education Webinars**

#### **CDMP Program Example Client**

*Mrs. JW is an African American senior who began attending CDMP classes at Leisure World and now attends virtually. Her two-year journey began with an A1C that stagnated at 6.2 % and a BMI in the overweight range. Since then, she has attended CDMP classes regularly and immersed herself in health education by discovering the value of a plant-based diet in promoting good health. As a result, she converted to a vegan lifestyle 7 months ago, walks 10,000 steps 5 days a week in a Fitbit competition, takes aerobics and Zumba classes twice a week, and yoga once a week. During a recent appointment with her primary care physician, her A1C had decreased to 6.0 % and she had lost 14 lbs. Mrs. JW credits the lifestyle changes in diet, exercise, and relaxation through AAHP's programs for her progress toward achieving her health goals. She continues to participate in weekly CDMP classes where she serves as a peer coach to guide and encourage others. She also markets the CDMP program within her circle and has brought in several new participants.*

In December, the CDMP team conducted four classes weekly on different evidence-based topics to help participants improve their overall health and/or management of chronic diseases. The month's theme was Hypertension and Heart Health. The classes included a combination of health education webinars. The focus for the month was an overview of the human heart and how it works to supply blood and oxygen to the body and the importance of our vasculature system. The curriculum also covered hypertension: the prevalence, risk factors, complications, treatment, and prevention. The CDMP team helped participants adopt lifestyle behaviors that are consistent with the content of the curriculum.

Evidence-based health education sessions were the highlights of the Kick Start Your Health (KSYH) I & II series on Wednesday and Thursday evenings in December. At the beginning of the month, the class schedule was emailed to all CDMP registrants. Every Wednesday, slides, handouts, and links to the online CDMP classes were sent out to all registrants. Before each Thursday session, blood pressure and blood glucose readings of participants who are not enrolled in the Remote Patient Monitoring (RPM) program were collected. Most of the participants' blood pressure ranged between 134/80 mmHg and 140/85 mmHg and their pre-prandial and postprandial blood glucose levels were within the normal ranges (< 130 mg/dL and < 180 mg/dL). Based on the data, the CDMP classes were improving the health outcome measures of participants. They stated that they are now making more healthy food choices and learning how to record and monitor their BP and BG daily.

The CDMP program report for December 2020 is below and includes the following:

- Coordinated class and outreach activities
- The number of participants in each class, duration of attendance, topics covered, and poll/quiz results

- The number of participants provided individual or group education

### December 2020 CDMP Program CLASS Activities

ACTIVITY	HOURS	DATA REQUESTED	TOPICS COVERED
<p>Health and Fitness on-line Webinar</p> <p>ZUMBA: December 1st, 8th, 15th</p> <p>YOGA: December 2nd, 9th, 16th</p>	<p>11 am – 12 pm</p> <p>10 am – 11 am</p>	<p>Class and Height, Weight, BP, BMI, %BF, Glucose, Cholesterol Screenings</p>	<p>This month was focused on guided fun exercises of Yoga and Zumba by trained exercise professionals and AAHP staff. Participants enjoy the sessions from the comfort of their own home. The objective of the teaching is to promote movement. Participants learned how fitness can help prevent, manage, and reverse the risk of Hypertension and Heart Disease.</p> <p>Participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes in exercise and diet.</p>
<p>Kick Start Your Health II (Hypertension and Heart Health)</p> <p>December 2nd, 9th, 16th</p>	<p>6 pm – 8 pm</p>	<p>Class and Height, Weight, BP, BMI, %BF, Blood pressure, cholesterol</p>	<p>This month's class topic focused on Hypertension and Heart Health and the ways to improve heart health through education, nutrition, diet, and stress management. Lessons also centered on how to prevent hypertension and heart disease through diet, exercise, and stress management. <b>NOTABLY:</b> In the month, AAHP conducted a poll assessing participants' health goals. Of the 14 respondents, 100% were aware of the BP, 50% BMI, 78% A1C, 57% Cholesterol measures, and 100% are interested in learning about healthy eating. Other areas of high interest included being more active, reducing health risks, and medication information. All participants continue to maintain or improve their HEDIS measures and make positive behavioral changes in exercise and diet.</p>
<p>Health and Nutrition (Online Webinar)</p> <p>December 3rd, 10th, 17th</p>	<p>1pm - 3pm</p>	<p>Weight, BP, BMI, %BF, Glucose, Cholesterol screenings</p>	<p>The focus of the December class was helping participants navigate healthy eating choices and learn different categories of foods that reduce or increase risks of chronic conditions. The class included healthy cooking demonstrations along with education on how foods can prevent, manage, and reverse the risk of cardiovascular</p>

			diseases. AAHP’s nutritionist continues to teach the plant-based diet/healthy cooking and meal tasting portion of the class.  <b>NOTABLY: In one class we had 54 participants.</b> Participants continue to maintain or improve their HEDIS measures and make positive behavioral changes in exercise and diet.
Kick Start Your Health II (On-line Webinar)  December 3rd,10th, 17th	6 pm – 8 pm	Weight, BP, BMI, %BF, Cholesterol screenings	This month, the class covered the topics of Cholesterol, Nutrition, Obesity, and Fitness to how to prevent, manage, and possibly reverse hypertension. <b>NOTABLY: In the month, we had more participants turn on their cameras and engage in conversation and questions. ??</b> Participants continue to maintain or improve their HEDIS measures and adapt and make positive behavioral changes about exercise and diet.
Diabetes Prevention Program (DPP)  December 8th &15th	6 pm–7 pm	Weight, BMI, and Minutes of Exercise	This month, the two sessions focused on the presentation of the curriculum, goal setting, and expectations. There are 28 participants.

**December 2020 Weekly Virtual Webinar Attendance Metrics**

	Health and Fitness 11 am – 12 pm			KSYH I 6pm – 7:15pm			Health and Nutrition 1pm – 2:15pm			KSYH II 6pm – 7:15pm			DPP 6pm – 7:15pm	
Date(s)	12/1 & 12/2	12/8 & 12/9	12/15 & 12/16	12/2	12/9	12/16	12/3	12/10	12/17	12/3	12/10	12/17	12/8	12/15
Class Size	44	41	36	24	28	27	49	46	54	25	20	26	15	13
TOTAL	121			79			149			71			28	
Avg.	40.3			26.3			49.6			23.6			14	
Natl. Avg.	4-6 (For weekly classes)			4-6 (For weekly classes)			4-6 (For weekly classes)			4-6 (For weekly classes)			4-6 (For weekly classes)	

### December 2020 CDMP Participant Self-Monitoring Clinical Measures

Participants	Health and Fitness: Zumba/YOGA	KSYH I (Diabetes)	Health and Nutrition: Vegan	KSYH I (Diabetes-related)	DPP	Total
<i>Male</i>	8	10	14	10	6	<b>48</b>
<i>Female</i>	113	69	135	61	22	<b>400</b>
<i>Total</i>	121	79	149	71	28	<b>448</b>
<i>% African American</i>		100%	100%	100%	100%	100%
<b>Health Profile</b>						
<i>Average Systolic</i>	129 mmHg	128.3 mmHg	129.8 mmHg	131 mmHg	N/A	
<i>Average Diastolic</i>	76 mmHg	81 mmHg	72 mmHg	78 mmHg	N/A	
<i>Average HB A1C</i>	N/A	N/A	N/A	N/A	N/A	
<i>Average Glucose</i>	N/A	120 mg/dL	N/A	118 mg/dL	N/A	
<b>Diabetes</b>						
<i>Pre-diabetes cases</i>	3	3	4	2	14	<b>26</b>
<i>Diabetes cases</i>	2	5	3	2	0	<b>12</b>
<b>Hypertension</b>						
<i>Pre-hypertension cases</i>	2	7	3	4	0	<b>16</b>
<i>Hypertension cases</i>	4	7	4	5	0	<b>20</b>
<i>Uncontrolled hypertension</i>	0	0	0	0	0	<b>0</b>
<b>Elevated Values</b>	<b>11</b>	<b>22</b>	<b>14</b>	<b>13</b>	<b>14</b>	<b>74</b>

### December 2020 CDMP Team Consultation, Follow-up, and Outreach Efforts

CHW Consultations (Telephone): Approximately <b>240</b>	# Given Self-Monitoring devices (BP or Glucose meters): <b>3</b>
Nutritionist Consultations (Virtual Telehealth): <b>5</b>	# Taught to use Self-Monitoring devices (BP or Glucose): <b>6</b>
Pharmacist Consultations (Virtual Telehealth): <b>2</b>	

### December 2020 Planning and Administrative Activities

DATE	ACTIVITY	ACTION/NEXT STEPS
Continuously	Made contact to establish a Physician referral network, Pharmacies to drop off referral and order forms to offices. Creating a physician referral network for patients. System for tracking referrals.	Contacted Dr. Kelley, Dr. Jean Welsh, Dr. Ayim Djamsson, Dr. Ball (psychologist)
Implement a Strategic Action Plan (SAP)	Assign roles within the organization to both Outcomes and Marketing SAPs.	Continue Monthly reporting
Plan to conduct monthly in-service for AAHP staff	Monthly in-service to give insight into the Chronic Disease Program to aid staff in the promotion of the program. Processes, procedures, Paperwork, oversight.	Continuous.
DPP, AHA, ADA, and AADE meetings and Accreditation and consulting	Continuing status of AAHP accreditation as a stand-alone AADE/ADA program and billing. Strategized program goals for future projects. Schedule AAHP Advisory board.	DEAP Annual Report <b>due February 1, 2021</b> . Continuous chart maintenance and documentation.  Advisory Board Meeting scheduled for TBD in January 2021.

### FUTURE PLANS, RECOMMENDATIONS, AND LESSONS LEARNED

1. Refine online classes and processes for the collection of data and self-management values.
2. Build and continue collaborations with different healthcare professionals, such as Five Medicine and Manna Food Bank.
3. Secure the designated links for Zoom meetings.
4. Continue to facilitate the development of outreach programs with physician offices and a more robust network.

## 2. dMeetings

In December, dMeetings had a total of 154 enrollees. There were nine new enrollments and five participants completed the course and received their transcripts and certificates. Between January 3, 2020, and December 31, 2020, 91 enrollees have received their certificates of completion.

A reminder to complete the course is sent out every week to current enrollees.

### dMeetings Enrollment

	02/20	03/20	04/20	05/20	06/20	07/20	08/20	09/20	10/20	11/20	12/20	Total
<b>Number of Enrollees</b>	28	9	9	15	10	8	23	10	10	23	9	154
<b>Number receiving a certification of completion</b>	16	6	8	6	6	4	15	3	4	18	5	91

## 3. Diabetes Prevention Program (DPP)

AAHP started a new Diabetes Prevention Program (DPP) in December. The program is for African Americans who are pre-diabetic or have an elevated risk of developing Type 2 diabetes. The curriculum teaches participants the skills needed to make lasting changes. These include learning to eat healthily and adding physical activity to daily life, learning to manage stress, staying motivated, and solving problems that can get in the way of healthy lifestyle changes.

Remote patient monitoring is being used to measure whether DPP participants are reaching their goals of losing 5% of their baseline weight and reducing their A1C level. Every participant will get a midpoint A1C measurement in March and another measurement at the termination of the 6-month program.

## 4. Weight Management

### Weight Management Example Client

*67-year-old BM, an African American female, has lost 23.4 lbs. (15.1% weight loss) with a BMI change from 26.6 to 22.6, a normal BMI. Since joining the weight management program in mid-August, BM reports sleeping better and having more energy throughout the day. She has not noted any change in her blood pressure (BP) but is hopeful that the weight loss will improve it. She has 1.6 pounds to lose before she reaches her goal weight of 130.*

Current enrollment in the AAHP Weight Management program is as follows:

	Enrollment	Discharged	Total Participants
<b>July</b>	2	0	2
<b>August</b>	5	0	7
<b>September</b>	4	0	11
<b>October</b>	9	0	20
<b>November</b>	3	2	21
<b>December</b>	0	1	20

Of the 20 participants, 17 are female and three are male (one male’s goal was to gain five lbs. and to date, he has gained 6.4 lbs. and still maintains a normal BMI of 23.6). Eleven (11) participants came from AAHP’s CDMP classes; one is a former SMILE participant postpartum, and seven participants came from AAHP’s food distribution site recruitment efforts. One is from a staff referral.

Three (3) participants had 1 pound weight loss or no weight change. Sixteen (16) of the clients have lost weight ranging from 23.4 to 2.5 lbs. with the median weight loss being 8.0 pounds and the average loss for those losing weight is 9.1. The average weight loss for all clients enrolled through December is 7.7.

The first 30 days of the program focused on becoming aware of what you eat (food logging on paper or by smartphone app “My Fitness Pal”), how much you exercise, and adopting the right mindset to commit to the weight loss journey. The program stresses losing 1-2 lbs. a week to encourage maintenance and lifestyle changes.

The Weight Management support group session launched on Friday, December 18th, and will continue to meet every other Friday starting January 8th. The group session will last from 30 to 45 minutes and begin with a short 10- to 15-minute lecture. Then participants will share their successes and roadblocks to support one another.

The demand for the weight management program remains high so the program will be modified as follows: All existing participants will be given 6 weekly sessions starting the week of January 4th. Weekly sessions will continue until the existing participants reach 12 to 18 weeks of weekly coaching. Going forward all *new* participants will be scheduled as follows:

- 1st Quarter – participants will meet with a health coach weekly for 12 weeks
- 2nd Quarter – participants will meet with the health coach biweekly for 12 weeks
- 3rd Quarter – participants will meet with the health coach monthly for 12 weeks

All participants will continue to send their weekly weights by text or email. Finally, an “AAHP Weight Management Inspiration” email is sent every weekday morning between 8:00 and 9:00 am EST. The second weight management note was emailed on

December 16th. Participants are learning how to coach themselves and are learning how what they eat impacts their health and their weight.

#### **5. Remote Patient Monitoring Program**

A total of 29 participants over 30 years of age were enrolled in the program during December. Among the 29 participants, one has pending devices, 17 are hypertensive and have received blood pressure monitors, two have Type II diabetes and have received glucometers, and 21 have received weight scales (of the 21, 17 are enrolled in the DPP program). Participants were instructed to measure their blood pressure, blood glucose, and weight for a minimum of 16 days at the same time each day. They were instructed on the proper intake of their medications, as well as maintenance of the usual healthy lifestyle modifications of their dietary and exercise habits. Routine contact was made with participants every week via the Care Simple App and/ or by phone. Also, participants were contacted in the following cases:

- When the measured blood pressure was  $\geq 140/90$  mm Hg;
- When the pre-prandial blood glucose was  $\geq 130$  mg/dL and the postprandial blood glucose was  $\geq 180$  mg/dL;
- When participants did not measure their blood pressure, blood glucose, weight for 48 hours and had less than 16 active days.

The Care Simple App is very helpful for improving participants' engagement and compliance. It can be used to provide education, send secure messages, and to provide feedback regarding the participants' data. Also, participants who have smartphones were able to download their reports, which helped their primary care physicians make more informed decisions regarding their health.

When compared with the baseline measurements, the data show that participants' metrics are improving (although it is too early to determine the effectiveness of the RPM program): they are losing weight, their fasting blood glucose levels are below 130 mg/dL, and the majority of hypertensive participants have reached the target blood pressure ( $<140/90$  mm Hg ), except three participants (one is a SMILE mom) whose blood pressure is constantly above 160/100 mmHg (they are under the care of their doctors).

The RPM program is improving participants' self-efficacy, self-monitoring, and self-management of blood pressure, blood glucose, and weight.

### **C. Social Work Services**

#### **1. Mental Health Screenings**

In December, AAHP's mental health screening tools have completed a total of 11 times. The link has accessed a total of 23 times, with a 48% completion rate. All screenings were completed either via desktop or phone devices as Montgomery County residents are continuously encouraged to utilize the tool at home (8 screenings via desktop; 3 screenings via phone). AAHP's social worker connected with AAHP's marketing consultant to brainstorm strategies to be implemented on AAHP's website and social media platforms to increase mental health screening utilization. The mental health screenings in December were in the following categories:

- 2 Wellbeing Screening
- 3 Generalized Anxiety
- 2 HANDS Depression
- 1 Bipolar
- 1 Alcohol Misuse Disorder
- 2 Adolescent Depression

## **2. Mental Health Support**

In December, the social worker provided mental health support to five county residents on an ongoing basis. Of these, two clients were interested in and sought a mental health provider for long-term support and one inquired about the availability of services for her children, both younger than 10-years-old. The social worker was able to provide emotional support, psychoeducation on symptom management, and resource assistance to these individuals, as well as follow up service. These clients continue to receive support for follow up care.

## **3. Community Outreach/ Collaboration**

Social work also continued to work with the American Muslim Senior Society (AMSS) every Monday to prepare and plan for the upcoming Equity and Social Justice event. Representing AAHP, the social worker met with the AMSS stakeholder group for the online forum now scheduled for February 23, 2021. The goal of this collaboration is to expand the reach of AAHP services to diverse African/African American groups in Montgomery County.

Also, the social worker followed up on an outreach initiative to the Ethiopian Community Center, working closely with an AAHP intern. Further planning is set in the new year to develop a promotional video in Amharic which can be used as a marketing tool to expand the AAHP outreach to residents of Ethiopian descent.

### **Simmonds, Martin & Helmbrecht OBGYN group**

The social worker also collaborated with the clinical social worker, Adrienne Londeree, from the Simmonds, Marth & Helmbrecht OBGYN practice to assist the social worker team in providing social supports and resources. The social worker used this opportunity to encourage referrals to the SMILE program by sharing referral forms and SMILE flyers with the team.

### **Presentation on Holiday Blues & Stress Management**

On December 11th, the social worker presented to a group of approximately 25+ members of the Mount Jezreel Baptist Church Healthy Temples Ministry in Silver Spring, MD. This is a continuation of previous partnerships with members of this group of older adult African Americans to educate and connect them to local resources. The topic, "Holiday Blues & Stress Management," was chosen by members of the group. Participants were educated on stress-inducing factors associated with the holiday season (a time when mental health needs are heightened), signs and symptoms of

Seasonal Affective Disorder (psychoeducation), and resources for support. The social worker also provided information about AAHP's mental wellness screenings during this online event. The information was well received and produced conversation around stress reduction methods, ways others are managing stress due to COVID-19, the impact of loneliness during the holiday season, etc. Participants also received handouts and reminders on how to proactively manage their mental wellness.

### **Presentation: Holiday Blues & Stress Management**

On December 17th, the social worker presented a similar presentation to the Thursday night CDMP class. Following the presentation, participants completed a brief quiz to test their knowledge gained. Class participants scored 100% on the three-question quiz. To close out the presentation, participants engaged in meditative mindfulness practice and participated in a brief discussion on the overall topic of holiday blues and stress management. This presentation was well received as clients were engaged and active throughout.

### **Teen Mental Health Event Planning with Silver Spring Links, Inc**

On December 21st, the social worker met with organizers from the Links, Inc. Silver Spring Chapter to prepare for a virtual youth mental health event and to brainstorm future collaborations. The social worker has agreed to serve as a mental health consultant during the youth event and to provide local resources, including links and information about AAHP mental health screening tools.

## **4. SMILE**

The social worker received five referrals from SMILE nurses for clients and completed a total of 12 telephonic visits with clients in December. A number of these consults were completed to address or follow up on mental health, crisis assistance, and housing needs. Clients were reached through their preferred virtual methods (e.g., telephone or Facetime). All initial phone contacts consisted of the completion of the Health-Related Social Needs screening tool developed by CMS. Other contacts included providing follow up support and monitoring goal progress for clients with individual/family goal plans. This process involves identifying and modifying the goal as needed, identifying obstacles and barriers to goal fulfillment, and assisting with problem-solving strategies. This has worked well with clients who find it difficult to create and manage goals alone, as well as for those who have little to no support in their personal lives.

Clients continue to express frustration and concern regarding the difficulty in connecting with County resources and/or County caseworkers for various programs. The social worker has worked on several occasions to assist clients in connecting to appropriate resources, utilizing the County email directory when other means of communication have not been effective.

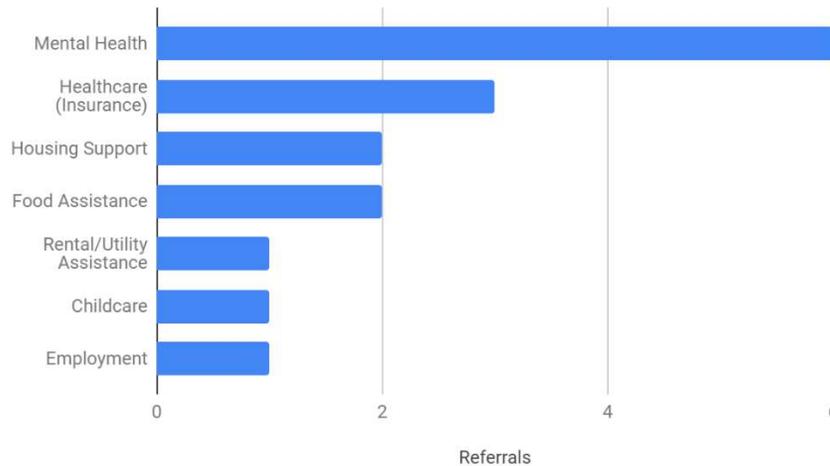
The social worker observed an increase in requests for mental health support among SMILE clients in December. In total, five SMILE clients needed either an official

referral, phone conference, or emotional support for their mental health needs. Most expressed stress around holiday gatherings, feelings of guilt about not being able to give the same number of gifts as in previous years, and overall concerns with their children’s needs.

Additionally, SMILE clients received the third edition of the SMILE note in December. This month’s topic provided tips and techniques on “Finding Balance” as a new mom.

**5. Patient Referrals**

The graph below categorizes the 16 Social Work referrals in December 2020 for clients across all AAHP programs.



**D. HIV/STI/AIDS**

**1. HIV Screenings**

Despite the challenges posed by the pandemic, AAHP’s community health workers continued to safely provide health screening services to detect and monitor HIV/STI among Black residents. AAHP staff continues testing HIV at the Dennis Avenue Health Center on Mondays each week from 1 pm-3 pm. A total of 23 HIV tests were performed in December: 18 at the men’s shelter, 3 at the County Health Department on Dennis Avenue in Silver Spring, and 2 at the AAHP office in Rockville. All results were negative. The table below documents the number of tests and participants.

**African- American Health Program**

Age Group	Male	Female	
1947 -1969	7	2	
1970 -1989	5	1	
1990+	1	2	
<b>Total</b>	<b>13</b>	<b>5</b>	<b>18</b>

## All Others

	Male	Female	
1947 -1969	1	0	
1970 -1989	2	1	
1990+	1	0	
Total	4	1	5

**GRAND TOTAL** **23**

### 2. Sexual Health/HIV Education

AAHP's HIV Navigator continued collaborative meetings with the DHHS Program Manager aimed at Ending the HIV Epidemic (EHE) in Montgomery County by implementing the EHE vision of barrier-free access for people living with HIV. The objective of the program is to provide culturally informed, judgment-free HIV prevention/care by sharing information with communities, being culturally humble, and working toward ending inequity. The County's Health Officer launched the Montgomery County EHE project during World AIDS Day via webinar on December 2.

#### Sexual Health Program for Young and Young Adults Team Weekly meeting

Ms. Adrienne Barksdale, Sexual health consultant worked on the final PowerPoint presentation for the Adult Training during December; the sexual health team will review them after the holiday before the start of the taping. Once the taping is finalized, the Montgomery County Youth Development Program will review for approval.

## II. COMMUNITY OUTREACH

### A. AAHP Executive Committee COVID-19 Testing Sites

AAHP contract staff supported AAHP Executive Committee COVID-19 testing at Ken Garr and the Mount Jezreel Baptist churches by distributing information about AAHP SMILE, DPP, and RPM programs, CDMP classes, and HIV testing.

Staff supported the effort by fielding calls from residents who had not received their COVID-19 test results promptly. AAHP staff consistently reassured the clients that there is a backlog of tests at the Maryland State COVID-19 testing labs and that the organization was working hard to provide test results as soon as possible. Staff also provided clients with the number to reach the COVID-19 response team so that they could answer any other questions.

**B. Homeless Shelters**

The community health worker and the HIV navigator completed 21 screenings for HIV, Blood Pressure, Glucose, 7 A1C screenings, and 1 cholesterol at the Men’s Shelter. Participants with elevated results were referred to Dr. Kelly and received followed up calls from Dr. Nkongolo who provided counseling on the importance of BP and BG self-management.

Due to COVID, screenings were suspended at Progress Place, but for the holiday the HIV Navigator set up a table with snacks and refreshments donated by Manna Food and distributed health information, including 50 condoms, 60 pamphlets on Sexual Health and Diabetes management and prevention.

**C. County Food Distribution Sites**

In December, AAHP continued community outreach at food distribution sites by providing gift bags and information about AAHP programs and services to Black residents as they waited in their cars at the People’s Community Baptist Church, and Kings and Priest International Church. A total of 200 bags with information on Diabetes, Weight Management, HIV, Nutrition, Hypertension, SMILE, Sexual Health, Cancer in men and women, as well as hand sanitizer and condoms were distributed. The table below is a list of the items distributed at two church food distribution sites.

	<b>Peoples Church</b>	<b>Kings &amp; Priest</b>
Hand Sanitizers	25	25
HIV Epidemic	50	50
Condoms	50	50
HIV Testing Flyers	25	25
Smile Brochure	50	50
PrEP is for you Pamphlet	50	50
HIV treatment Work Cards	50	50
Diabetes	40	40
STD Facts for teen Pamphlet	50	50
Colorectal Cancer Booklet	10	10
Mammogram Booklet	20	20
Cancer Pamphlets (Men)	15	15
Cancer Pamphlets Women	10	10
HIV- Get Tested	50	50
Diabetes Pamphlets	50	20
Cholesterol Pamphlets	20	20
Youth and Sexual	50	50
Weight Management	25	25
AAHP Card	50	50
<b>African American Bags Given</b>	<b>65</b>	<b>85</b>

Others (Hispanics, Asians, Caucasians)	20	30
<b>Total of number bags given:</b>	<b>85</b>	<b>115</b>

AAHP staff continued to track encounters with individuals at food distribution sites to provide follow up calls and make referrals to AAHP and other County-supported programs.

### III. Planning and Administrative Activities

#### A. Meetings

AAHP staff continued to facilitate the execution of the monthly AAHP Executive Committee and Executive Coalition meetings by setting up Zoom functionality and transmitting announcements and links in advance of the meeting.

#### B. Videoconferencing System Use and Training

AAHP staff continued to host short sessions after each CDMP class to welcome new members and answer any questions, provide next steps to facilitate discussion, walk through the chat features, resource navigation, outreach, referral, and data collection to ease communication and initiate follow up. Educational materials were emailed, and the ZOOM Share Screen and chatbox features were explained; (a thank you note was sent out to all participants after class); announcements were made, and class participants were encouraged to register for the next classes.

#### C. Management Information System

This month the developer of the management information system released an updated version of the system software. The updated version contains an increase in the number of characters in the comment field in the mother enrollment form, allowing the nurses to report more details about their clients. It also removed a duplicate HPTN checkbox on the mother enrollment form and changed the label of the “Estimated Pregnancy Date (based on Sonogram)” field to “Expected Date of Confinement” on the Post-Partum Assessment form. The latest update also corrects issues in the SMILE Three-Month Dashboard Report, SMILE Annual Report, and Chronic Disease Annual Report. The data coordinator and system developer are working closely to ensure that the reports generated by the management information system are the same as the reports that the nurses generate manually.

## IV. APPENDIX A

### Social Media Report

AAHP Health Notes - Distributed: Saturday, December 9, 4:08pm

#### December Campaign Metrics

	December	November
General List Recipients:	1620	1643
Successful deliveries:	1261	1277
Open rate:	19%	15%
Click rate	7.1%	9.4%
Unsubscribed because of this message	2	1

AAHP's December Health Notes was titled "Holiday Health Edition." With December 1 as World AIDS Day, the feature article was devoted to "Taking a Stand Against HIV/AIDS" and presented appropriate statistics on the disproportionate impact of HIV on African Americans in Montgomery County and highlighted AAHP's work to reduce those disparities. An advertisement for AAHP's HIV testing services followed. The next article highlighted two popular organizations, GirlTrek and Black Girls RUN!, and their work to combat obesity and promote physical and mental wellness through physical activity. The concurrence of the flu season and the COVID-19 pandemic warranted an offering of insights on the flu vaccine and presented data on the disproportionate impact of the flu on the general health and wellness of the African American community. The article acknowledged the historical events that shaped the attitudes many African Americans have about taking the flu or COVID-19 vaccine but encouraged readers to examine the facts about these vaccines. "Makin' it Through the Holidays-2020 Edition" discussed the tremendous toll taken on mental and emotional health amid the holidays in a challenging year and offered tips on keeping the mind and body in good shape. The Health Hint encouraged readers to get a head start on their New Year's Resolutions to make the healthiest decisions possible throughout the holidays. The featured video was an animation of what happens to your brain when sugar hits your tongue. The featured recipe was vegan sweet potato pie.

December's Health Notes was opened by 240 readers, which represents a remarkable increase of 47 readers. The open rate of 19% was higher than last month's open rate of 15%, on par with AAHP's average and 4% higher than the industry average. December's click rate of 7% was 2% lower than last month's and slightly lower than the industry average. The bounce rate also remained the same. There were two unsubscribes.

#### Facebook

AAHP's Facebook page performed better than November, increasing the engagement rate. The number of followers increased as well as the number of posts. The recipes post continue to

perform well. A post about the AAHP cookbook was the most popular, followed by the free HIV testing and counseling event.

**Facebook Metrics – December ‘20**

	Followers	Posts	Likes/Love	Comments	Shares	Impressions	Engagement Rate
Total	695	21	28	4	11	1281	43
Change from last month	+2	+5	-1	-4	-3	-36.58%	+48.28%

**Twitter**

While this month Twitter’s Twitter performance was similar to last month’s, the number of profile visits increased significantly.

**Twitter Metrics – December ‘20**

	Followers	New Followers	Tweets	Profile Visits	Retweets	Mentions	Tweet Impressions
Total	348	1	12	324	1	20	1731
Change from last month		+1	-1	+158	+1	same	-587

**Instagram**

AAHP’s Instagram channel continued to perform well, with similar numbers compared to November. The most popular posts were for the AAHP cookbook, the Merry Christmas posts, and a post about food that protects your heart.

**Instagram Metrics – December ‘20**

	Followers	Post Likes	Engagement Rate	Impressions	Reach
Total	<b>161</b>	78	2.6%	727	15
Change from last month	+5	-55	+3%	same	+2

V. APPENDIX B  
Health Notes

  
**AAHP HEALTH NOTES**

The newsletter of the African American Health Program of Montgomery County, MD DECEMBER 2020

[www.aahpmontgomerycounty.org](http://www.aahpmontgomerycounty.org)    



**Taking a Stand Against HIV/AIDS**

Data from the 2018 Montgomery County Annual HIV Epidemiological Profile reveals that African Americans in Montgomery County are disproportionately impacted by HIV and in 2018 made up 61% of new diagnoses as 17% of the County population. To address this disparity, AAHP offers HIV/AIDS education, testing, and other sexual health resources for African Americans in Montgomery County. AAHP also provides counseling for people who test positive for HIV to delay the onset of AIDS and prevent some life-threatening conditions from emerging.

Each year, AAHP observes World AIDS Day on December 1 to highlight the progress made in building an HIV-free future for Montgomery County. It is also a day of celebration and support for the millions of people living with HIV/AIDS and those working to eradicate it. While AAHP did not host a World AIDS Day event this year due to the COVID-19 pandemic, AAHP continued to promote sexual health awareness and encouraged County Black residents to get tested.

If you do not know your HIV status, make an appointment to get tested. And tell your loved ones about AAHP's HIV testing and sexual health resources. Visit [www.aahpmontgomerycounty.org](http://www.aahpmontgomerycounty.org) for more info.

Source: [www.phpa.health.maryland.gov](http://www.phpa.health.maryland.gov)



**FREE HIV TESTING AND COUNSELING AT THE FOLLOWING LOCATIONS:**

African American Health Program  
1401 Rockville Pike  
Silver Spring, MD 20852  
**BY APPOINTMENT ONLY**

Dennis Avenue Health Center  
2000 Dennis Ave.  
Silver Spring, MD 20902  
**1PM - 3PM EVERY DAY**



For more info or to RSVP, call 240-777-3806 or 301-233-9668



**AAHP Salutes GirlTrek and Black Girls RUN!**

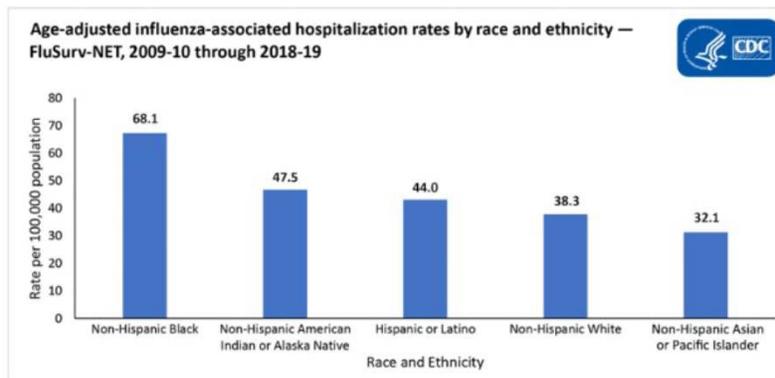
Black women are unstoppable. From the highest levels of government, as entrepreneurs, in communities and households in Montgomery County and nationwide, Black women **SHOW UP** and do the work to build capacity and resources for empowerment. In the spirit of recognizing the indomitable force of Black womanhood, AAHP celebrates the work of two outstanding organizations making real differences in the lives of African American women across the country: [GirlTrek](#) and [Black Girls RUN!](#)

"When black women walk, things change," say T. Morgan Dixon and Vanessa Garrison, GirlTrek's enterprising founders. Longtime friends, Garrison and Dixon formed GirlTrek in 2010 to mobilize Black women to come together and walk for health and healing in our bodies, homes, and communities. GirlTrek is the largest health nonprofit for women and girls. The organization recently reached a milestone: one million women and girls have pledged to walk with GirlTrek in the direction of their healthiest, most fulfilled lives. Watch this inspiring [video](#) to hear Ms. Dixon's powerful testimony of how she beat depression by walking.

Black Girls RUN! (BGR!) was founded in 2009 to address the obesity epidemic in the African American community and to encourage Black women to maintain an active and healthy lifestyle. BGR! hosts runs, walks, and other fitness-related events and offers support and resources to new and veteran runners. With over 250,000 members nationwide, BGR! provides a community where Black women bond over love of fitness. Watch this [feature from NBC News](#) to see BGR! in action.



Amid the COVID-19 pandemic, a severe flu season could be devastating. Each year, flu causes tens of millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths in the United States. A CDC study of 10 flu seasons from 2009-2010 through 2018-2019 showed that African Americans had the highest flu-related hospitalization rates. An annual flu shot is generally recommended for everyone six months or older. Increased risk of hospitalization makes getting a flu shot especially important for African Americans.



Unfortunately, due to incidents like the Tuskegee Experiment, many African Americans harbor deep mistrust of the American medical establishment, which hinders many from getting a flu shot. But it's important to examine the facts about flu vaccination and heavily consider the real consequences. Getting sick from flu means missing school or work, and time away from loved ones for about a week or longer. Getting a flu shot is one safe and simple act we all can do to protect ourselves, our families and our communities. It also helps save medical resources and protects health workers so they can continue caring for people with COVID-19.

Doctors' offices and pharmacies are taking steps to ensure vaccines can be provided safely during the COVID-19 pandemic. For more information, including where to find a flu shot near you, visit [GetMyFluShot.org](https://www.getmyflushot.org). Updates on Montgomery County's flu vaccination clinics can be found [here](#).

Visit [www.AAHCovid.com](https://www.AAHCovid.com) to be tested for COVID-19. Remember Don't Stress. Take the Test!

**Sources:**

- [www.cdc.gov/flu/highrisk/disparities-racial-ethnic-minority-groups](https://www.cdc.gov/flu/highrisk/disparities-racial-ethnic-minority-groups)
- [www.cdc.gov/flu/prevent/keyfacts](https://www.cdc.gov/flu/prevent/keyfacts)



Makin' it Through the Holidays—2020 Edition

While any holiday season can take a toll on our emotional and mental health, this holiday season unleashed a wave of loneliness, depression and anxiety that has been far more unbearable for many. But now is the time to really focus on mental and physical health. Be mindful that elevated stress levels may cause you to eat poorly, overeat, not eat enough, drink in excess, or engage in other unhealthy behaviors, so make special efforts not to do so.

Keep your mind and body in good shape with exercise and good stress management practices. Exercise is one of the best ways to lower stress. Prayer and meditation are also linked to lowered depression and anxiety symptoms. Talking about your feelings—with friends, family, or a professional—can help you through this exceptionally difficult holiday season.

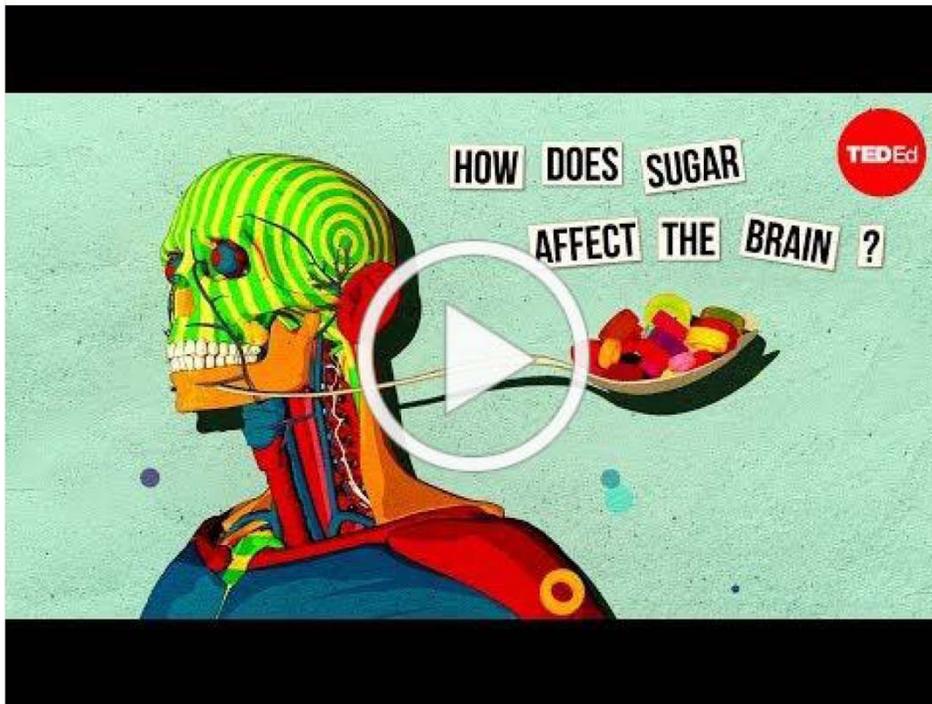
Let's do our best to stay hopeful and healthy. If you are in need of mental health services or resources, please reach out to AAHP's social worker at 301-562-5309 or [Shauniqua.key@montgomerycountymd.gov](mailto:Shauniqua.key@montgomerycountymd.gov).

### Health Hint

Why wait until January 1st to start your diet or your exercise regimen? If you're serious about accomplishing your New Year's Resolutions, why not start now? If your goal is to lose weight, if you focus on building healthy habits now, it will become easier to make good decisions as the holidays progress. You can get help from the AAHP Weight Management Program by contacting Regina Barnes at (240)777-1833.

## Featured Video

In this animated video, TED-Ed explains what happens to your brain when sugar hits your tongue.



## Featured Recipe: Vegan Sweet Potato Pie



### Ingredients

#### Crust

- Cooking spray

- 1 1/2 c. pecans
- 1/2 c. old fashioned oats
- 1/2 c. dark brown sugar
- 1/2 tsp. ground cinnamon
- 1/4 tsp. kosher salt
- 1/2 c. melted coconut oil

#### Filling

- 1 (15-oz.) can sweet potato purée
- 1 cup almond milk
- 3/4 cup dark brown sugar
- 2 tbsp. cornstarch
- 1 tsp. pure vanilla extract
- 1 tsp. ground cinnamon
- 1/2 tsp. kosher salt
- 1/4 tsp. nutmeg
- 1/4 tsp. ground ginger

#### Topping

- 1 (13.5-oz.) full fat coconut cream, refrigerated (Taste of Thai works best)
- 3 tbsp. powdered sugar
- Pinch kosher salt

#### **Instructions:**

1. Preheat oven to 375° and grease a 9" pie plate with cooking spray. In a food processor, add pecans, oats, brown sugar, cinnamon, and salt and pulse until coarsely chopped. Add coconut oil and pulse until well combined and dough starts to stick together. Press into prepared dish. Bake until golden, 15 minutes. Let cool. [baked 30 min total, weighted for 15 min, unweighted for 15 min]
2. Make filling: In a large bowl, whisk together filling ingredients then pour over crust and bake until only slightly jiggly in the center, 60 to 65 minutes. Cover crust with foil if it starts to get too dark. Let cool completely.
3. Make topping: Open can of coconut milk and scoop out hardened cream on top. In a large bowl, using a hand mixer, beat coconut cream, powdered sugar, and salt together until stiff peaks form.
4. Serve pie with whipped coconut cream.

Source: [www.delish.com](http://www.delish.com)

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African American Health Program  
(240) 777-1833 | [www.aahpmontgomerycounty.org](http://www.aahpmontgomerycounty.org)



The African American Health Program is funded and administered by the Montgomery County Department of Health and Human Services and implemented by McFarland & Associates, Inc.