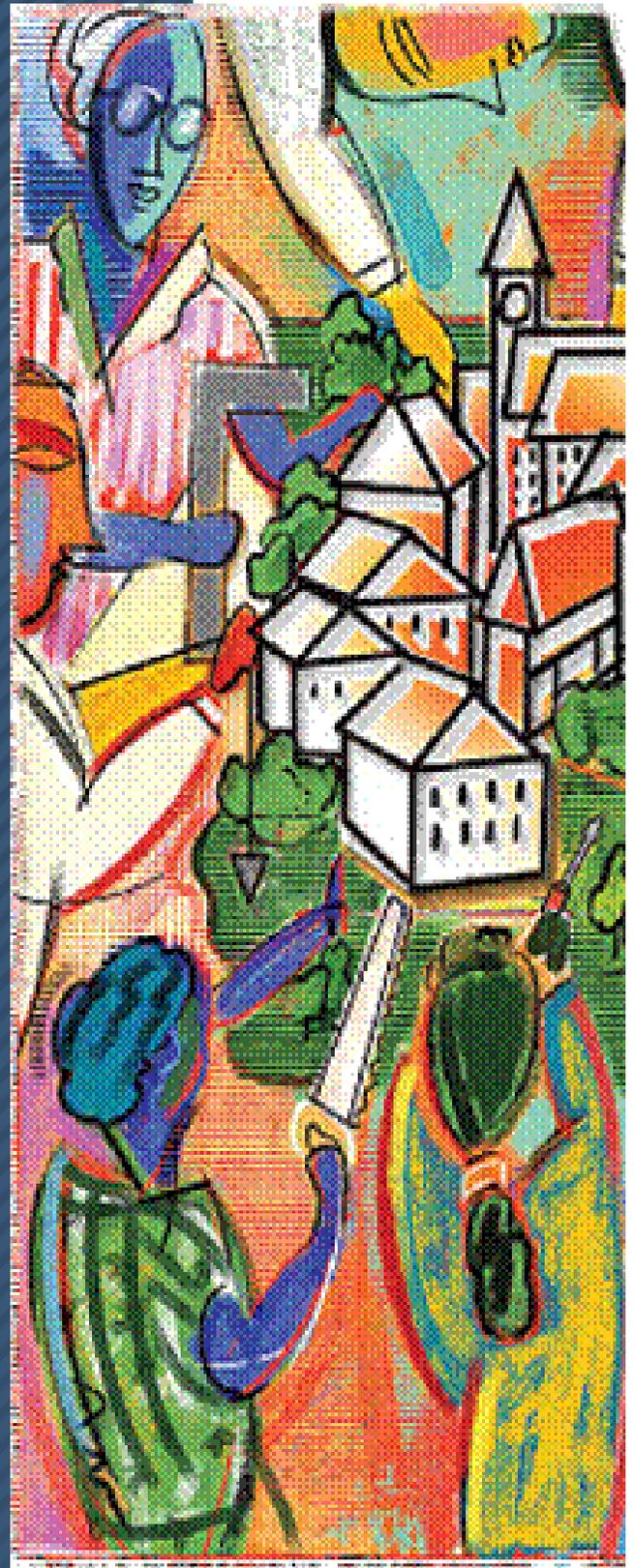


MONTGOMERY COUNTY
COMMUNITY ACTION AGENCY

OFFICE OF
COMMUNITY AFFAIRS

DEPARTMENT OF HEALTH
AND HUMAN SERVICES

2022-2025
**COMMUNITY
NEEDS
ASSESSMENT**



1401 Rockville Pike, Suite 320
Rockville, MD 20852 • 240-777-1697
montgomerycountymd.gov/communityaction



Table of Contents

PROLOGUE	3
FORWARD	4
EXECUTIVE DIRECTOR LETTER	5
BACKGROUND	6
Goals for the needs assessment	6
SECTION 1. MONTGOMERY COUNTY COMMUNITY CHARACTERISTICS	7
Description of service area	7
Household composition	8
Race, ethnicity, and nativity	9
Inequalities in income, educational attainment, and poverty	12
Poverty	15
Children, youth, and families living under the federal poverty level	18
Food assistance, security, and environment	19
Supplemental Nutrition Assistance Program (SNAP)	19
Food environment	21
Housing security and people experiencing homelessness	21
People experiencing homelessness in CAA Service Area	23
Community health	23
Health insurance	23
Clinical care, health outcomes and behaviors	25
Crime	27
Summary of community characteristics	28
Key findings in community characteristics	29
SECTION 2. CAA PROGRAMS, PARTNERS, AND IMPACT	30
CAA mission, principles, and values	30
Mission	30
Guiding Principles	30
Values	31
Overview of CAA programs and partners	32
Takoma-East Silver Spring Community Action Center (TESS)	33
Whole-Family/Two Gen Approach	34
Volunteer Income Tax Assistance (VITA)	38
Programs for children, youth, and families	40
County-wide regulated early childhood programs and education	40
Head Start/Early Head Start	41
Judith P. Hoyer Centers Early Child Care and Family Education Centers	41
Early Childhood Coordinating Council	42
Montgomery County Early Care and Education Initiative	42
The Early Care and Education Coordinating Entity	43
Immigrant and refugee populations programs	43
Programs for seniors	45
Food assistance and security	47

Housing	48
Community health	50
Minority health initiatives	51
Equity and leadership	58
Montgomery County Government staff training programs	58
Community Advocacy Institute (CAI)	60
Contract partners working towards equity	62
CAA Community Action Board perspectives	64
Summary of CAA programs, partners, and impact	67
Key findings from CAA programs, partners, and impacts	67
SECTION 3. CAA PRIORITY EMERGING NEEDS AND ACTIONS	70
Interview findings from CAA program participants	70
Community assets	70
The TESS Community Action Center and Volunteer Income Tax Assistance	71
Community Advocacy Institute (CAI) and housing assistance	73
Recommendations from interviewees	75
Survey findings from CAA program participants	75
Anticipating current and emerging community needs	75
Current community needs and equity gaps	75
Emerging and growing needs	77
Strategic Planning and Community Action Plan	84
Key Themes	85
REFERENCES	89
APPENDIX: METHODOLOGY	93
Community needs categories and domains	93
Goals of needs assessment	93
Data collection and analysis	93
Primary data sources	93
Secondary and administrative data sources	94
Primary data analysis	95
Interview guides, consent forms, and Community Action Board member organizational standards survey	95
JG Research and Evaluation interview guide	95
2022 Community Action Board member organizational standards survey	98
APPENDIX B. ADVOCACY EFFORTS BY YEAR –	
COMMUNITY ACTION BOARD	103
CAB Advocacy in FY20	103
CAB Advocacy in FY21	106
CAB Advocacy in County FY22	108

* The Community Needs Assessment was approved by the Community Action Board on January 24, 2023.

* Genevieve Cox, PhD, Brandn Green, PhD, and Sue Myers, MA, of JG Research and Evaluation led data analysis and writing for this report and facilitated a process with the CAA to define areas of need and opportunity.

Prologue

The Montgomery County Community Action Board is excited to share the Community Action Agency's 2022-2025 Community Needs Assessment. This report provides a helpful snapshot of the County's demographics and needs. The report also includes information about many of the board's longstanding priorities, including early care and education, affordable housing, food and nutrition programs, and tax credits.

We hope that CAA partners, colleagues within County government, and elected officials will find this report to be a helpful tool in understanding the needs of our community. Our board also views this assessment as an advocacy tool in that it highlights many of the issues impacting residents that require additional funding and/or policy changes. The report includes specific recommendations from our board for ways to address the issues outlined here and the board's current advocacy priorities for FY23 are included at the end of the assessment.

The Board thanks the Community Action Agency staff who have worked so hard to develop this detailed report. We also thank the Community Action Board members who have been involved in reviewing the report and will continue to be involved in developing an executive summary and sharing this critical information with the community.

Sincerely,



A handwritten signature in black ink that reads "Jeffery Johnson".

Dr. Jeffery Johnson,
Community Action Board Chair



A handwritten signature in black ink that reads "Z. Wafer-Jones".

Zelda Wafer-Jones,
Community Action Board Vice Chair

FORWARD



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

December 23, 2022

Dear Community Members:

The Montgomery County Department of Health and Human Services is thrilled to present the Community Action Agency's 2022-2025 Community Needs Assessment (CNA). This report provides a detailed overview of both the needs of residents and available County services. Many of the 120+ DHHS programs, along with nonprofit partners' programs, are highlighted here, providing a useful snapshot of County services. We believe that this helpful resource may guide nonprofit and public programs, residents, elected officials, researchers, and others.

We applaud the work of the Community Action Agency staff, who spent several months completing this report. The report touches on a wide range of community issues, and a great deal of research and analysis went into compiling it. We encourage all readers to explore the CNA in full, and to take some extra time to review the numerous reports referenced here, along with the policy recommendations included at the end of the document.

Thank you to the Community Action Agency, Community Action Board, the JG Research team, and DHHS colleagues who supported this project. The Department is excited to use this report in the years to come as we develop new programs and seek to address emerging needs.

Sincerely,

Handwritten signature of Raymond Crowel in blue ink.

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

Handwritten signature of Betty Lam in blue ink.

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

Office of Community Affairs Community Action Agency

1401 Rockville Pike, 3rd Floor • Rockville, Maryland 20852 • 240-777-1697 • 240-777-3295 FAX
www.montgomerycountymd.gov/communityaction

Executive Director letter

Dear Friends:

As part of the Montgomery County, Maryland's Department of Health and Human Services, Office of Community Affairs, our Agency is among the nation's public Community Action Partnerships which follow 50 national Community Service Block Grant (CSBG) Organizational Standards to address three categories: Maximum Feasible Participation, Vision and Direction, and Operations and Accountability. Conducting this Community Needs Assessment assures our compliance with the Organizational Standards and provides a robust overview of the challenges and emerging trends facing people who live in poverty, as well as those striving towards meeting self-sufficiency.

This Community Needs Assessment (CNA) aims to serve as a framework that 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 our national performance system. This report has been generated through internal processes, including primary sources—surveys, focus groups, client interviews, and feedback from partners, colleagues, and Board members. We have chosen to specifically focus on the status of the people most impacted by the services we provide, while reflecting key priorities for our Community Action Board. Similarly, to better tell the story of who is poor and who is living below the Self-Sufficiency Standard, we have reviewed a rich and extensive array of primary and secondary reports.

It's worth noting that our Agency is small, with 18 County merit positions, and 8 to 12 contractors. I would like to give my thanks to all of my colleagues from the Community Action Agency who contributed to the writing of this report: Melissa E. Ferguson, Leah Goldfine, Charlene Muhammad, and Aizat Oladapo, to our consulting team from JG Research and Evaluation, and to our colleagues from VITA and TESS. I am particularly indebted to the dedicated Community Action Board members who provide ongoing advocacy and who have volunteered their time to offer input and direction in shaping the findings and recommendations of this report, particularly its leadership, Dr. Jeffery Johnson, the chair of CAB, and Zeldia Wafer-Jones, vice-chair. Finally, appreciation to our director, Dr. Raymond Crowel, who has been a wise and steadfast leader of our Department through the pandemic, to Betty Lam, the chief of the Office of Community Affairs, and to our minority health partners who have contributed significantly to this report.

On behalf of the staff, and members of the Community Action Board, we are pleased to share this report, 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', written over a horizontal line.

Sharon Strauss, Executive Director
Montgomery County Community Action Agency

BACKGROUND

This community needs assessment was conducted to meet the Office of the Administration for Children & Families, Office of Community Services, Community Services Block Grant program requirements and inform the Montgomery County Community Action Agency (CAA) as it plans for future programs and community engagement. The overall approach of this assessment is to examine the intersection of documented community needs and CAA strengths, while also identifying areas of need that are currently growing. Section 1 of the assessment provides a description of the demographics of the population in the CAA's service area and identifies particular areas of need. In Section 2, we give an overview of the CAA, and its programs, partnerships, and community engagement strategies by reporting on outcomes, indicators, and measures of CAA program participants. We also integrate the perspectives of the CAA Community Action Board members. The needs assessment is concluded with Section 3, a discussion of emerging community needs, plans for strategic planning and action steps, and a set of recommendations for how the CAA can strengthen efforts to support the residents of Montgomery County, Maryland.

GOALS FOR THE NEEDS ASSESSMENT

- Conduct a local assessment of needs within the service area of the Montgomery County Community Action Agency by compiling primary, administrative, and secondary data to portray characteristics of county residents and CAA program participants.
- Collect and analyze primary and administrative data including community feedback surveys, an organizational survey of the Board of Directors, stakeholder interviews, and reported program outcome data of CAA program partners and their participants to understand perceptions of CAA activity impacts.
- Collect and analyze secondary data by researching national, state, and local data sets that document the characteristics and needs of residents in Montgomery County.
- Utilize program participant outcome measures from existing community partner reports to understand perspectives of CAA activities among those who participate in agency programs.
- Facilitate an analysis process that identifies priority areas of needs for those in the CAA service area and informs future strategic planning and recommendations.

SECTION 1

Montgomery County Community Characteristics

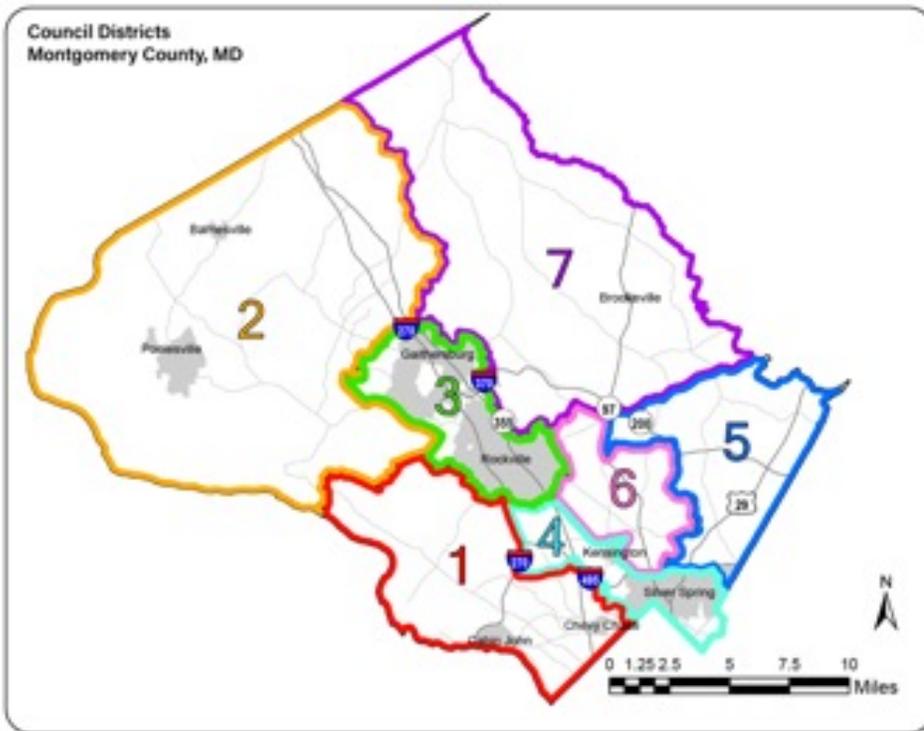
DESCRIPTION OF SERVICE AREA

Montgomery County, Maryland is home to several dense suburban communities within commuting distance to Washington, DC, as well as the largest agricultural reserve east of the Mississippi River in the northwestern area of the County. With a population of 1.05 million residents¹, Montgomery County is Maryland's most populous county. Between 2010 and 2020, the population of Montgomery County increased by 9.29% (90,287 individuals). This is a higher rate of growth than in Maryland

overall, at 6.99%². Young people under the age of 18 represent 23.0% of the county's population and adults over the age of 65 represent about 17% of the county's population³. See Figure 1 for a redistricted map for Council Districts beginning in 2023.

Montgomery County has many social infrastructure assets⁵, including libraries (21 physical branches⁶); a relatively high voter participation rate (80.5% of the voting age population in the county versus 70.9% in Maryland⁷); high community access to high-speed Internet⁸; county and municipal planning that recognizes important investments in social connectedness, walking, biking, environmental sustainability, and arts and culture⁹; and a wide variety of enrichment programs for adults, youth, and children¹⁰. According to an asset report from WorkSource Montgomery (2022), this workforce development organization offers enrichment programs, including mentoring services for youth; GED programs; crisis intervention programs; childcare; resettlement and refugee assistance; and career counseling and development services. In addition to activities undertaken by these community groups, the Montgomery County CAA serve residents through programs and partnerships.

FIGURE 1: MONTGOMERY COUNTY DISTRICTS⁴



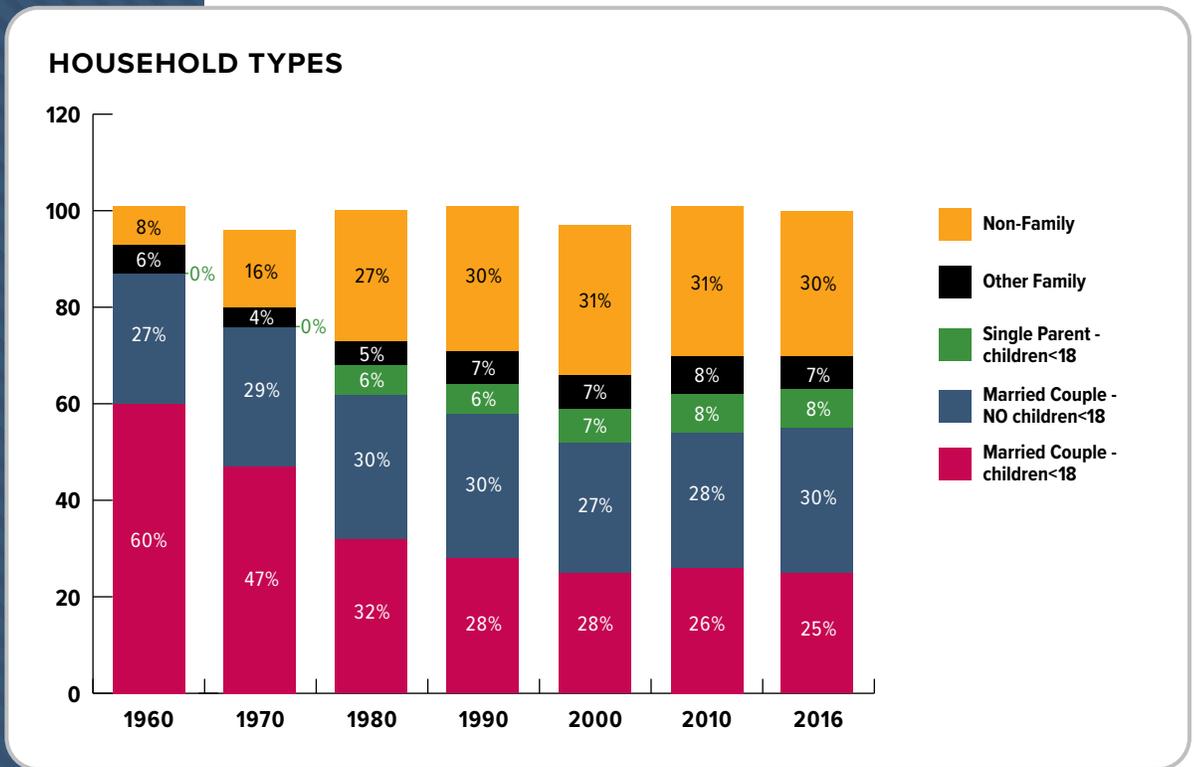
- 1 American Community Survey, 5-Year estimates 2016-2020
- 2 U.S. Census Bureau Decennial Census 2010 and 2020 via University Missouri CARES CHNA tool
- 3 U.S. Census, Accessed 7/14/22
- 4 Montgomery County (2022) <https://www.montgomerycountymd.gov/COUNCIL/BCC/redistricting/>
- 5 Klinenberg (2018)
- 6 Montgomery County Public Libraries (2022)
- 7 Townhall.com Election results (2020)
- 8 National Broadband Map (2020)
- 9 PHED Draft of Thrive Montgomery 2050 (2021)
- 10 WorkSource Montgomery (2022)

HOUSEHOLD COMPOSITION

The seven districts in Montgomery County range in average household size from 2.4 to 3.1¹¹. There has been a continued shift in recent years from the “traditional” married-couple male/female households to single parent and “other family” types as displayed in Figure 2. The other family category indicates a person with no spouse present maintaining a household with other family members (i.e. siblings); single-parent households are reported separately. Between 1990 and 2016, the number of single-parent households with children under age 18 has increased by 11,900 households, a 72% jump¹².

As displayed in Figure 2, the share of married couples with children under age 18 has steadily decreased, while single-parent and “other” family household types have increased in Montgomery County. The proportion of married couple families with no children has remained relatively constant. Changing household types is an important statistic to consider when identifying needs in the area, as single-parent households may have a more difficult time meeting their financial obligations with only one income. Moreover, single-parent households are more likely to be headed by a woman. This becomes important when considering the gender wage gap, in which women make less money than men

FIGURE 2: HOUSEHOLD TYPES IN MONTGOMERY COUNTY¹³



11 Montgomery County (2022)

12 Montgomery County (2019)

13 Montgomery County (2019) and 1960-2010 Census, 2016 American Community Survey, 1-year estimates, U.S. Census Bureau

on average. Thus, the changing demographic in households and shifts to single-parent female-headed households may lead to families requiring more help and assistance from organizations like the CAA to meet their basic needs.

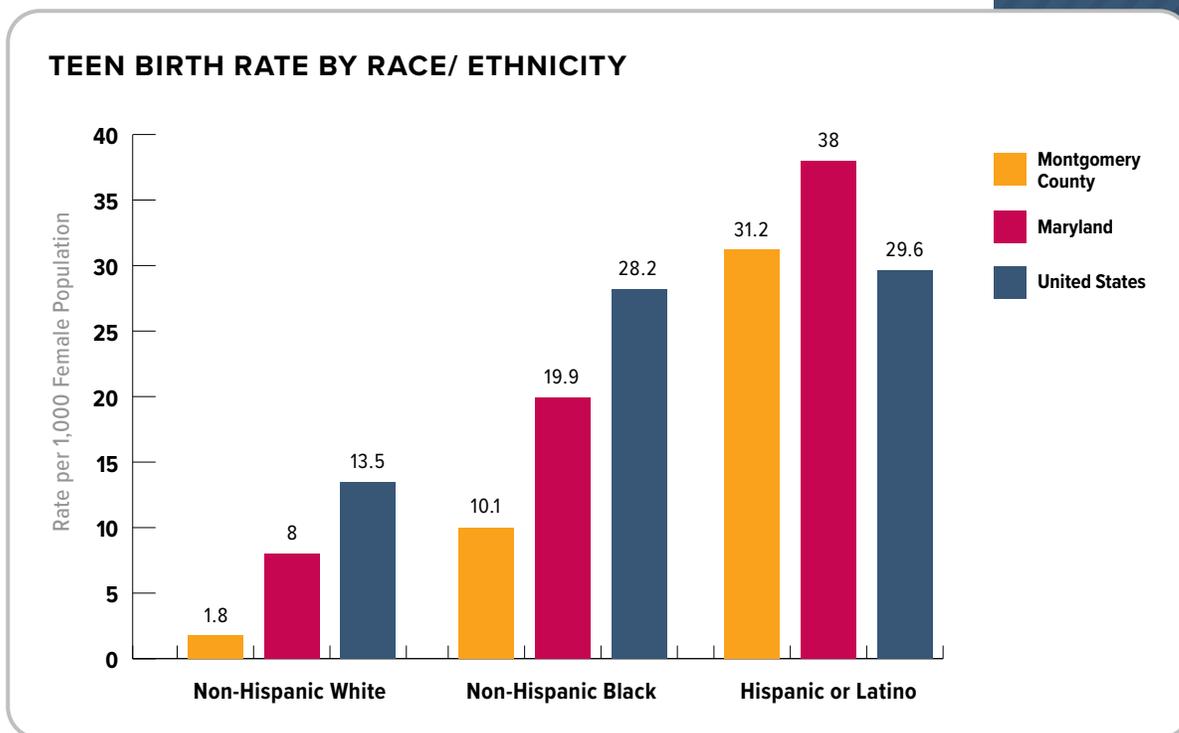
The teen birth rate is another key indicator for understanding needs in the county and how they are reflected in household demographics. Depicted in Figure 3 below, the indicator demonstrates the seven-year average number of births per 1,000 female population ages 15-19. Although the overall teen birth rate in the county is relatively low at 10.3 per 1,000 individuals compared to the state (15.2)¹⁴, this rate also varies considerably by race and ethnicity.

For example, non-Hispanic whites have a teen birth rate of 1.8 while those who are Hispanic or Latino have a teen birth rate of 31.2. In all racial categories, Montgomery County rates of teen births are lower than the rate in Maryland.

RACE, ETHNICITY, AND NATIVITY

People of color, including those who identify as Hispanic, Latino or racially non-White, account for the majority of residents (57%) in Montgomery County. The county non-White demographic composition is 20.4% Black or African American, 0.8% American Indian and Alaska Native, 16% Asian, 0.1% Native Hawaiian or Other Pacific Islander, 3.6% identifying as two or more

FIGURE 3: TEEN BIRTH RATE PER 1,000 POPULATION AGE 15-19 BY RACE AND ETHNICITY¹⁵



14 National Center for Health Statistics- Natality files (2014-2020)

15 National Center for Health Statistics- Natality files (2014-2020)

racers, 59% White, and 20% Hispanic or Latino¹⁶. Racial and ethnic groups are also not geographically distributed evenly throughout the county, as below shown in Figure 4. The highest percentage of Black or African American residents reside in District 5 (37.7%). District 2 has the highest proportion of Asian residents (24.3%), and District 6 has the highest percentage of Hispanic residents (35.2%)¹⁷.

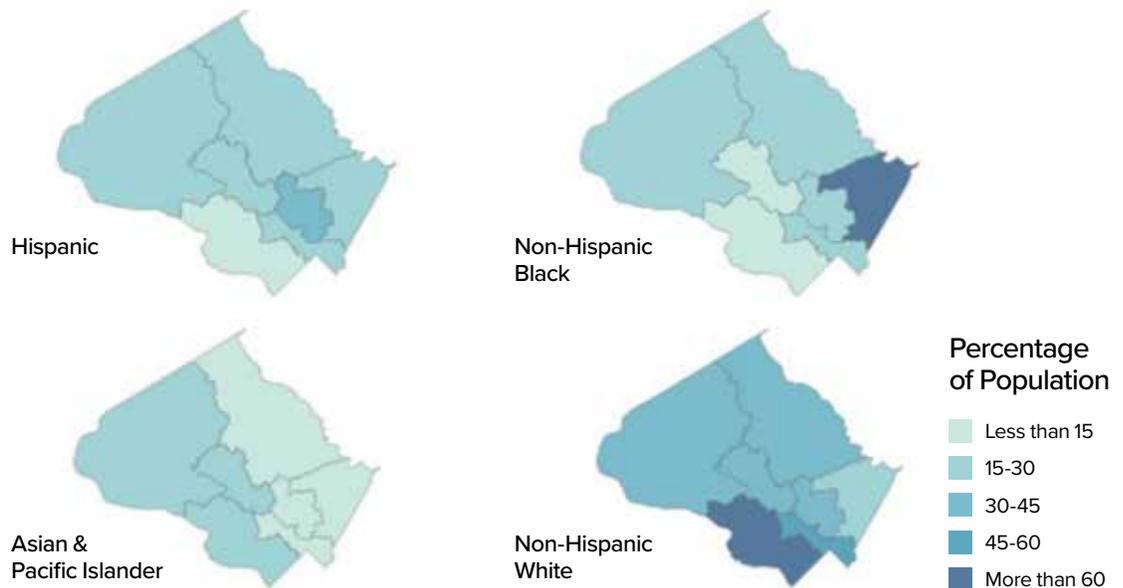
The districts in Montgomery County are a diverse mixture of individuals, households, and families, with a large percentage of those residing in the county (32.2%) being foreign born, which is a significantly higher proportion than the 15.17% in Maryland

and 13.51% in the United States.¹⁹ The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island area (such as Guam), or abroad of American parents. Fully 14% of the residents of Montgomery County are not native U.S. citizens, compared to 7.1% for Maryland and 6.64% of the United States²⁰.

Figure 5 displays the percent of foreign-born individuals in Montgomery County for 2020. The largest foreign-born group hail from El Salvador (44,162 individuals or 12.9% of the foreign-born population), followed by India (27,018 or 7.9%), and China (24,539 or 7.2%).

FIGURE 4: COUNTY DISTRICTS BY PERCENTAGE RACIAL COMPOSITION¹⁸

SPACIAL DISTRIBUTION AND ETHNIC GROUPS IN MONTGOMERY COUNTY



16 U.S. Census (2020)

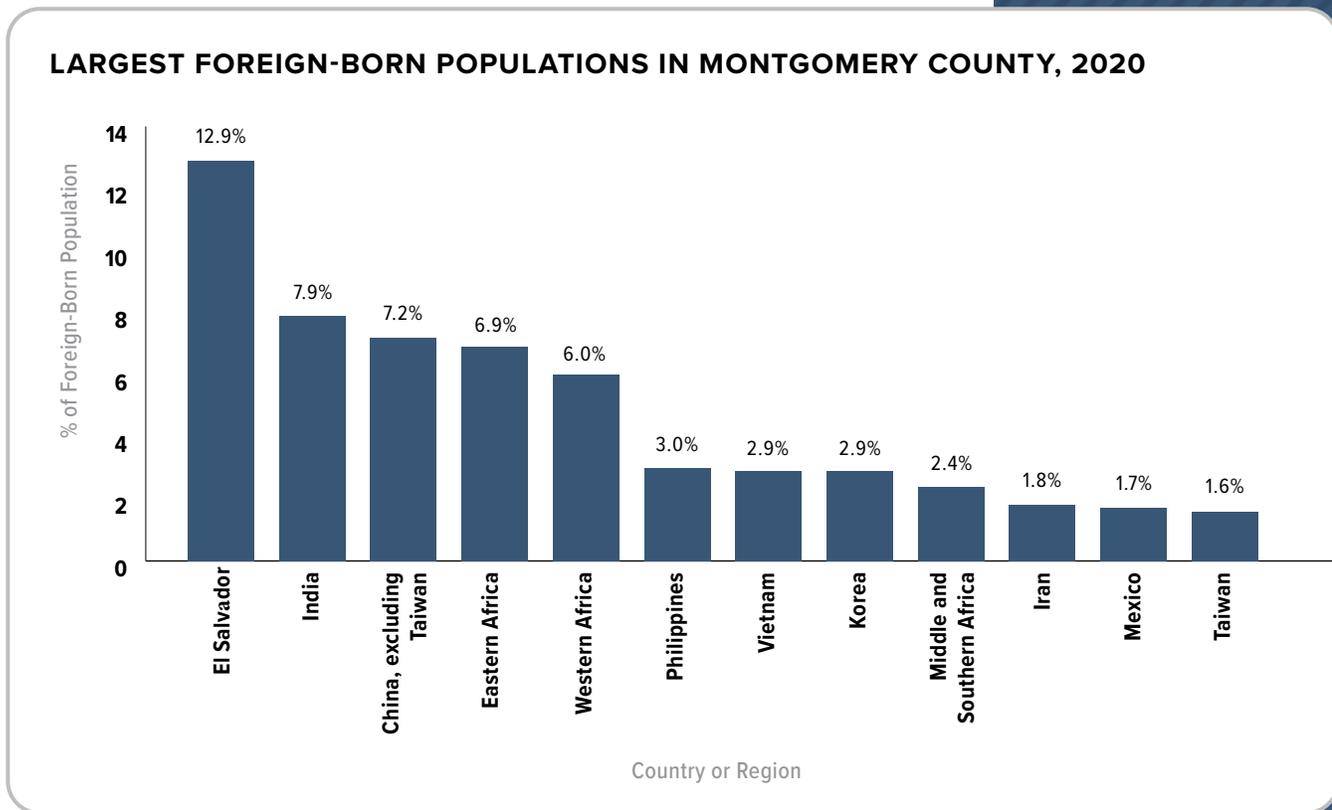
17 Montgomery County (2022)

18 American Community survey (2011-2016) via the Urban Institute (2017)

19 American Community Survey estimates (2016-2020) via the University Missouri CARE CHNA tool

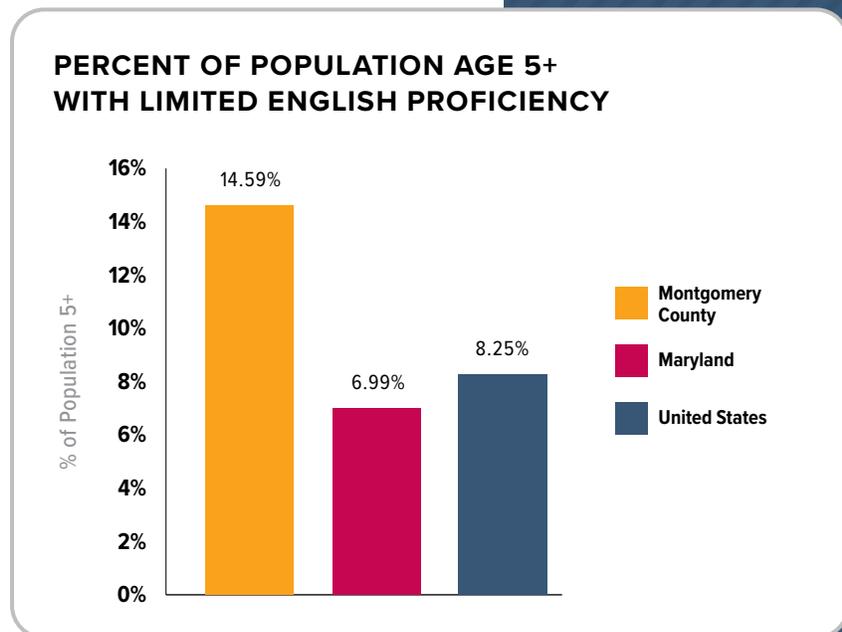
20 American Community Survey (2016-2020)

FIGURE 5: LARGEST FOREIGN-BORN POPULATIONS²¹



In addition to the large foreign-born population in the County, 14.59% of those ages 5+ in Montgomery County have limited English proficiency compared to 6.99% of Maryland²². Figure 6, below, demonstrates how the population of those with limited English proficiency compared to the state of Maryland and the United States. About 41% of the county’s residents speak a language other than English at home, compared to 19% for all those in Maryland. Other than English, the most spoken languages at home include Spanish (17.4%), another Indo-European language (10.4%), an Asian and/or Pacific Islander language (9.0%), or a language that is not listed (4.9%)²³.

FIGURE 6: POPULATION 5+ WITH LIMITED ENGLISH PROFICIENCY²⁴



21 American Community Survey (2016-2020) via the University Missouri CARES CHNA tool
 22 American Community Survey estimates (2016-2020) via the University Missouri CARE CHNA tool
 23 U.S. Census, Accessed 7/14/22
 24 American Community Survey estimates (2016-2020) via the University Missouri CARE CHNA tool

Of all U.S. counties, 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 Salvadoran immigrants²⁵.

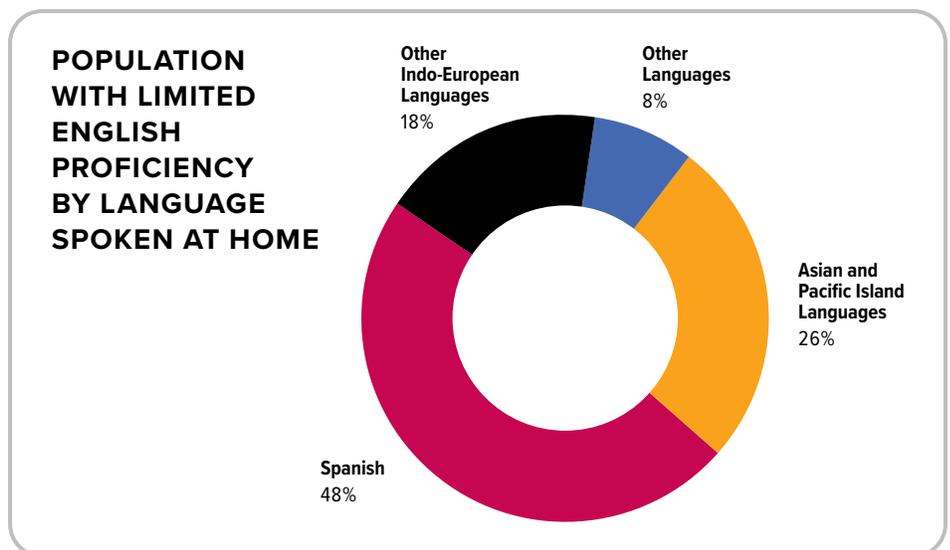
Figure 7, below, represents the percentage of the population in Montgomery County with limited English proficiency mapped by Census Tract using data from the American Community Survey (2016-2020). With fully 32% of county residents being foreign-born (compared to 15.17% in Maryland or 13.51% of the United States²⁶) and 41% of county residents not speaking English at home²⁷, there is a large need for community-based services specific to immigrant and English-as-a-second-language communities in the area.

The share of people of color in Montgomery County is expected to continue to grow assuming that sustained migration patterns of racially and ethnically diverse populations and current birth rates continue. The Maryland Department of Planning projects that that Montgomery County's non-White population will grow by 21%, rising to 63% of the population by 2025²⁸. These changing demographics indicate that additional resources will be required.

INEQUALITIES IN INCOME, EDUCATIONAL ATTAINMENT, AND POVERTY

Montgomery County is the most affluent county in Maryland, with a median household income of \$111,812 as compared to \$87,063 for Maryland

FIGURE 7: POPULATION OF MONTGOMERY COUNTY WITH LIMITED ENGLISH PROFICIENCY BY LANGUAGE SPOKEN AT HOME²⁹



25 Montgomery County (2019)

26 American Community Survey 2016-2020 via University Missouri CARES CHNA tool

27 U.S. Census, Accessed 7/14/22

28 Montgomery County (2019)

29 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

as a whole³⁰. Districts 2-7 all have average incomes between \$116,000 and \$144,595, with District 1 having an average income of \$265,145. The overall employment rate in the county averages about 70.5%³¹. Yet not all races and ethnicities share equally in the high incomes. As shown in Figure 69, Black and Hispanic households are more likely to have incomes under \$50,000 than above \$100,000 when compared to Asian or non-Hispanic White households.

Additionally, trends in income gains have not been equally experienced across racial groups in the county. Non-Hispanic White households have seen the largest income gains between 1989 and 2016, gaining \$13,400 per household after adjusting for inflation. At the same time, the

FIGURE 8: PERCENTAGE POPULATION WITH LIMITED ENGLISH PROFICIENCY BY CENSUS TRACT³²

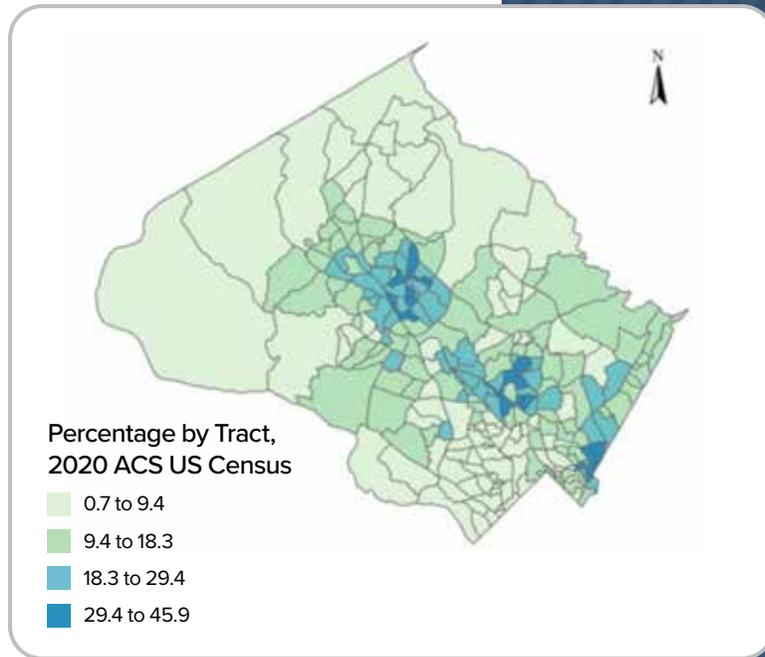
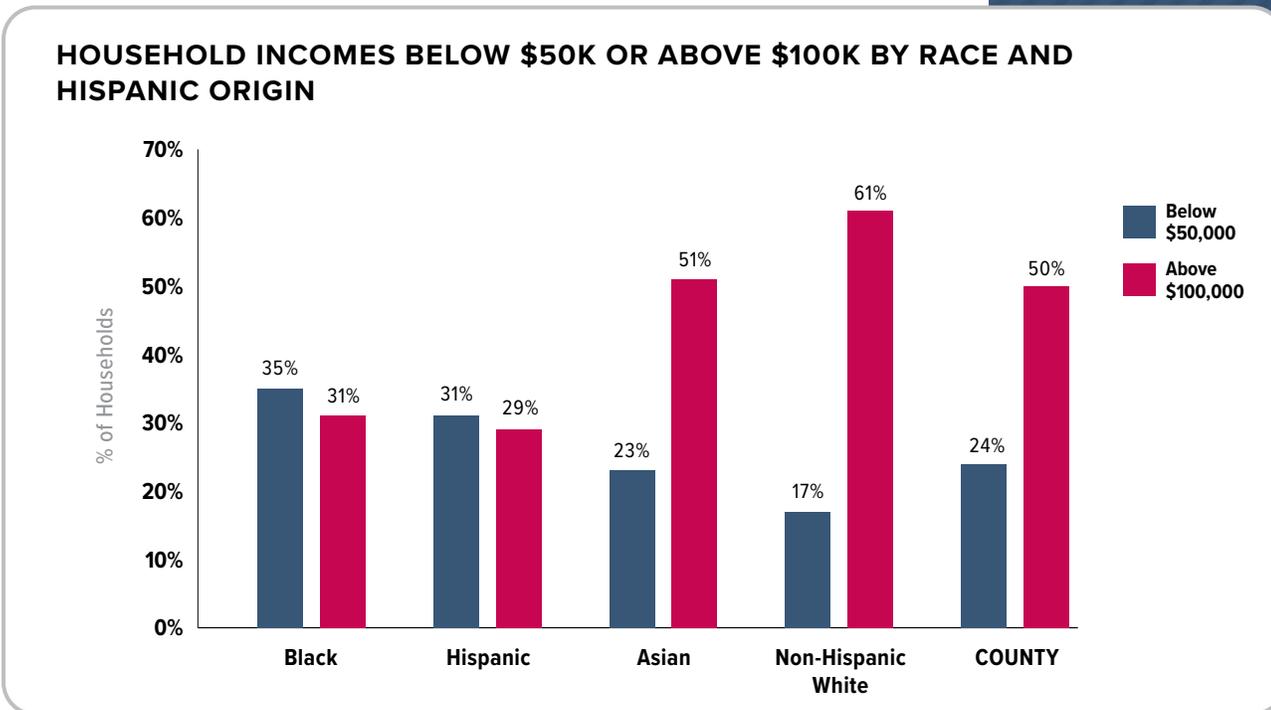


FIGURE 9: INCOMES BELOW \$50,000 AND ABOVE \$100,000 BY RACE AND ETHNICITY³³



30 U.S. Census, Accessed 7/14/22

31 American Community Survey, 5-Year estimates 2016-2020

32 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

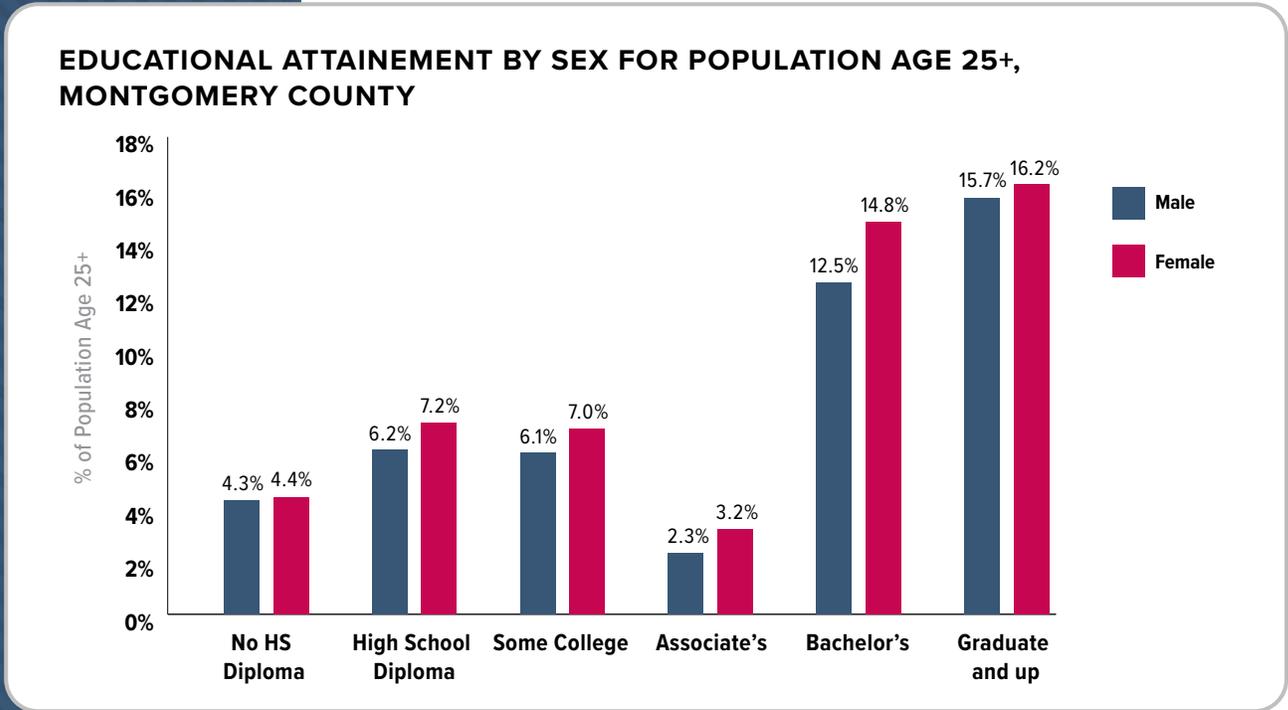
33 Montgomery County (2019)

median income of other groups has declined. Hispanic households lost 3.1% in household income or \$2,219, and Black households lost 5.5% or \$4,043 per household after adjusting for inflation³⁴.

The overall educational attainment in the county is high, with 59.2% of county residents ages 25 and older holding a bachelor's degree. In District 1, 85.7% of residents age 25+ have a bachelor's degree³⁵. The relatively high levels of education in the county as total of population may mask inequalities across race and sex. For example, as a group, whites have higher levels of educational attainment than other races and ethnicities. Figure 10 and Figure 11 show levels of education in the

county by sex and by race and ethnicity. A study by the Urban Institute³⁶ found that to achieve equity in educational attainment for all of Montgomery County, an estimated 64,800 more immigrants, 46,500 more Hispanics, 17,400 more Blacks, and 7,300 more Asians or Pacific Islanders would need to have some college education to reach parity with White levels of educational attainment. Levels of education are important indicators of equity, as earnings and unemployment rates are correlated with levels of educational attainment. In the United States, those with the lowest levels of education have the lowest median weekly earnings and the highest levels of unemployment³⁷.

FIGURE 10: POPULATION SERVED BY CAA, BY LEVEL OF EDUCATION AND SEX³⁸



34 Montgomery County (2019)

35 Montgomery County (2022)

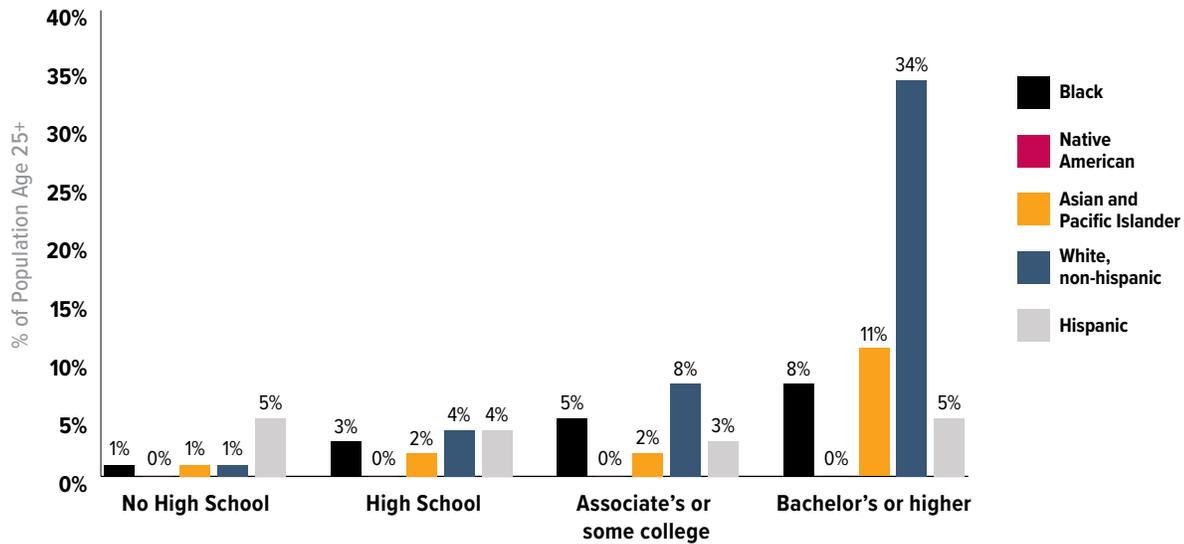
36 Urban Institute (2017)

37 U.S. Bureau of Labor Statistics (2021)

38 Montgomery County (2022)

FIGURE 11: POPULATION SERVED BY CAA, BY LEVEL OF EDUCATION AND RACE AND ETHNICITY³⁹

EDUCATIONAL ATTAINMENT BY RACE AND ETHNICITY FOR POPULATION AGE 25+, MONTGOMERY COUNTY

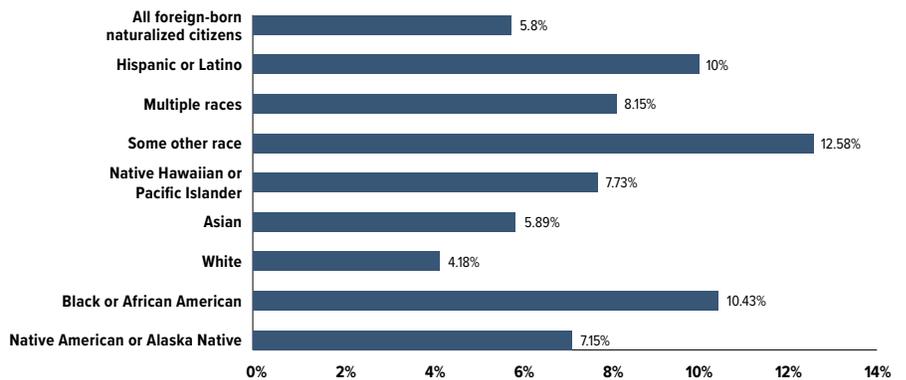


Poverty

The poverty rate in Montgomery County in 2019 was 7.4%, with 8.6% of those under age 18 experiencing poverty and 6.8% of the 65 and older population experiencing poverty⁴⁰. Using five-year estimates from the American Community Survey (2016-2020), the male poverty rate was 5.69%, while the female poverty rate was 7.43%. In Montgomery County, foreign-born non-citizens had a poverty rate that was 65% greater than the overall County poverty rate and almost 82% higher than the native-born poverty rate⁴¹. Poverty rates also differ by race and ethnicity. Figure 12 shows the percentage of population living in poverty in Montgomery County by race, ethnicity, and nativity.

FIGURE 12: POPULATION SERVED BY CAA LIVING IN POVERTY BY RACE, ETHNICITY, AND FOREIGN-BORN STATUS⁴²

RACE, ETHNICITY, AND POVERTY IN MONTGOMERY COUNTY



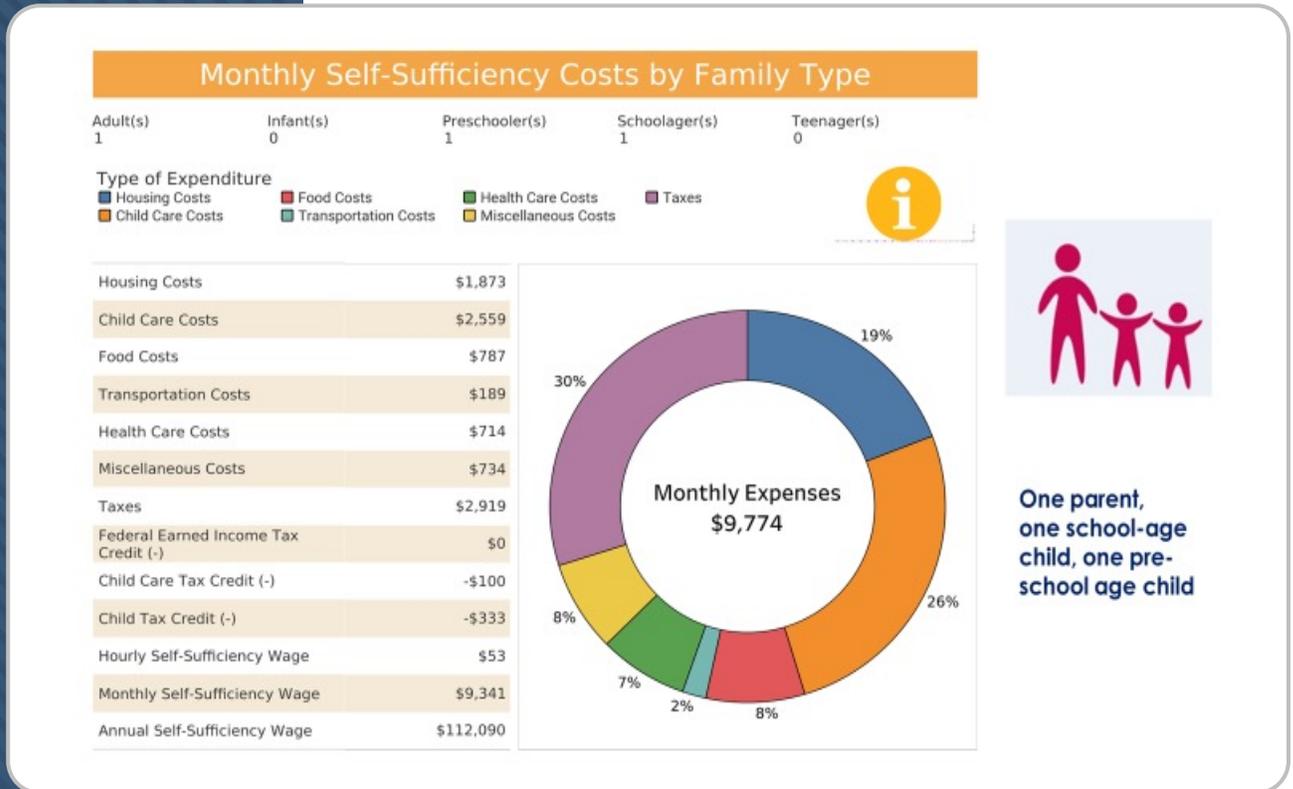
39 Montgomery County (2022)

40 U.S. Census (2020)

41 Montgomery County (2019)

42 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

FIGURE 13: THE 2022 SELF-SUFFICIENCY STANDARD FOR A FAMILY WITH ONE ADULT, ONE PRESCHOOLER, AND ONE SCHOOL-AGE CHILD



The Self-Sufficiency Standard defines the amount of income necessary to meet the basic needs of families. It assumes the full cost of six basic needs, including housing, childcare, food, transportation, health care, miscellaneous expenses such as clothing or household items, plus taxes and tax credits without help from public subsidies or informal assistance. In 2022, for a household with one adult in Montgomery County with two school-age children, the Self-Sufficiency Standard is \$100,000⁴³. Yet, 43% of all County households have a median income less than \$100,000, with clear racial and ethnic inequities⁴⁴.

Sixty percent of Black households had an annual income of less than \$100,000, while only 35% of White households had incomes below that level⁴⁵. Figure 13 Shows the monthly Self-Sufficiency Costs for a family of three with one adult, one preschooler, and one school-age child. Figure 14 Compares the Self-Sufficiency Standard for this same family structure with the Montgomery County Minimum Wage and the Federal Poverty Level.

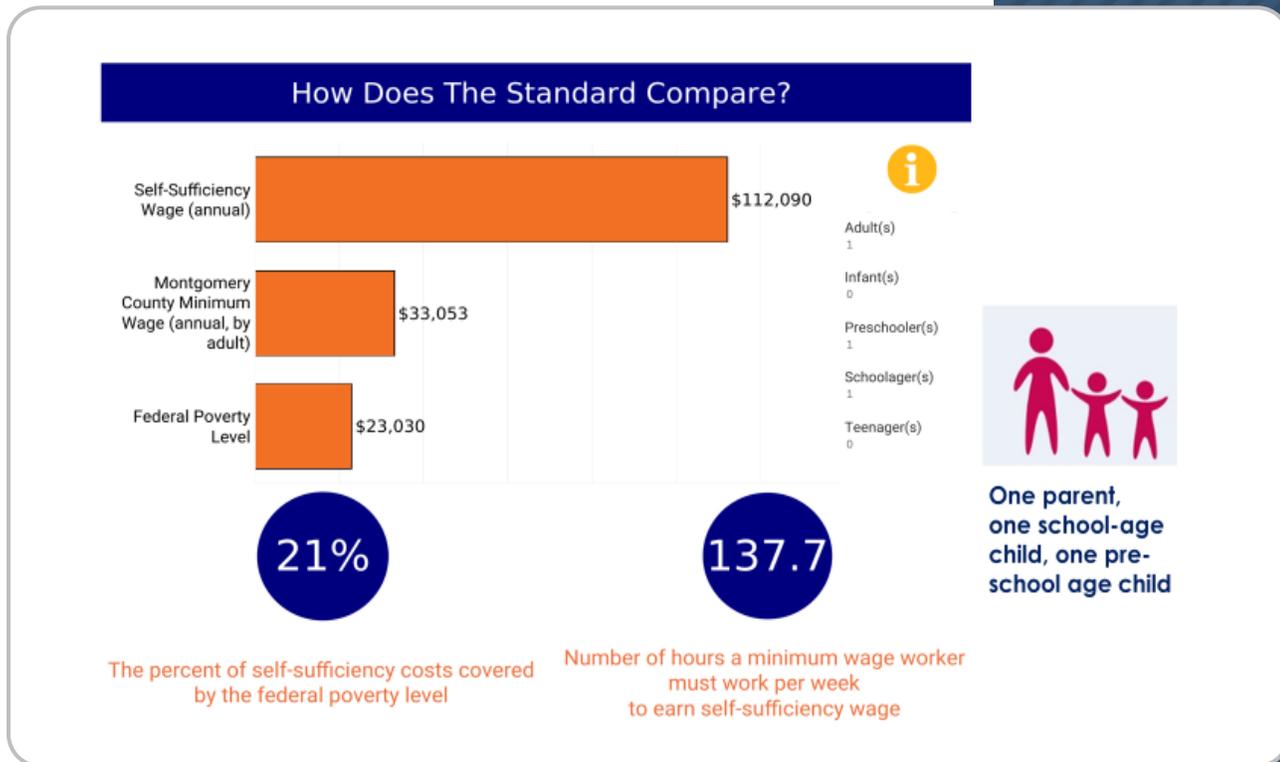
For updated data, please see the [Maryland Self-Sufficiency Standard Calculator](#).

43 <https://selfsufficiencystandard.org/>

44 S1901 Income in the Past 12 Months (in 2021 Inflation-Adjusted Dollars)

45 B19001B Median Household Income in the Past 12 Months (in 2021-Inflation-Adjusted Dollars) (Black or African American Alone Householder) and B19001A Household Income in the Past 12 Months (in 2021-Inflation-Adjusted Dollars) (White Alone Householder)

FIGURE 14: COMPARISON OF THE 2022 SELF-SUFFICIENCY STANDARD TO THE MONTGOMERY COUNTY MINIMUM WAGE AND FEDERAL POVERTY LEVEL



Racial inequalities and inequalities between people born in the U.S., naturalized citizens, and immigrant groups are clear in the key economic measures of rents, unemployment, housing security, involvement with the criminal justice system, and health insurance coverage. When compared to White residents of Montgomery County, Black and Latino residents experience gross rents that exceed 30% of their household income, higher levels of unemployment and arrests, and are more likely to not have health insurance than their White counterparts⁴⁶. As a group, Whites also have the highest average household income in Montgomery County compared to Black, Hispanic,

or Asian or Pacific Islanders⁴⁷, and as a group, non-Hispanic White households have seen the largest income gains, while Black and Hispanic households have lost income as a group⁴⁸. Rates of poverty are highest for those identifying as “Some Other Race” (15.22%) and lowest for non-Hispanic White households (1.92%)⁴⁹.

People of color are projected to rise to 63% of the total Montgomery County population by 2025. By 2045, the people of color population is forecasted to make up 73% of the county’s population⁵⁰. These projections suggest that active efforts may need to be made to ensure that

46 Jupiter Independent Research Group (2019) (analysis of American Community Survey data)
 47 Urban Institute (2017)
 48 Montgomery County (2019)
 49 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
 50 Montgomery County (2019)

existing patterns of inequality will not grow in parallel with increasing population totals of people of color in the county.

Children, youth, and families living under the federal poverty level

Poverty creates barriers to accessing healthy food, community health services, and other necessities that can negatively impact development and future life outcomes for children⁵¹. Thus, measuring overall poverty rates and child poverty remains an important indicator for understanding the need for CAA-led

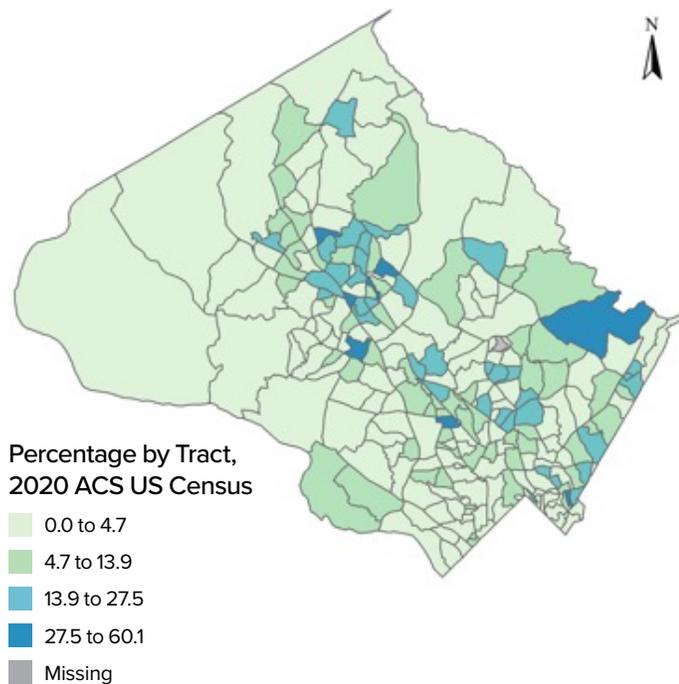
programs that are designed to meet these needs for children and families.

In Montgomery County, 7.9% of children (or 19,013 individuals) under the age of 18 live in households below 100% of the Federal Poverty Level⁵² (FPL). Figure 15 shows the percentage of children living below the Federal Poverty Level in Montgomery County by Census tract, using data from the American Community Survey (2020).

There are racial differences and inequalities for children living in poverty. Figure 16, below, demonstrates the percentage of children under age 18 in poverty by race and compares these percentages to the state of Maryland and the United States. Non-Hispanic White children in Montgomery County have the lowest level of poverty for any group (1.92%), while children from “some other race” have the highest level of poverty (15.22%).

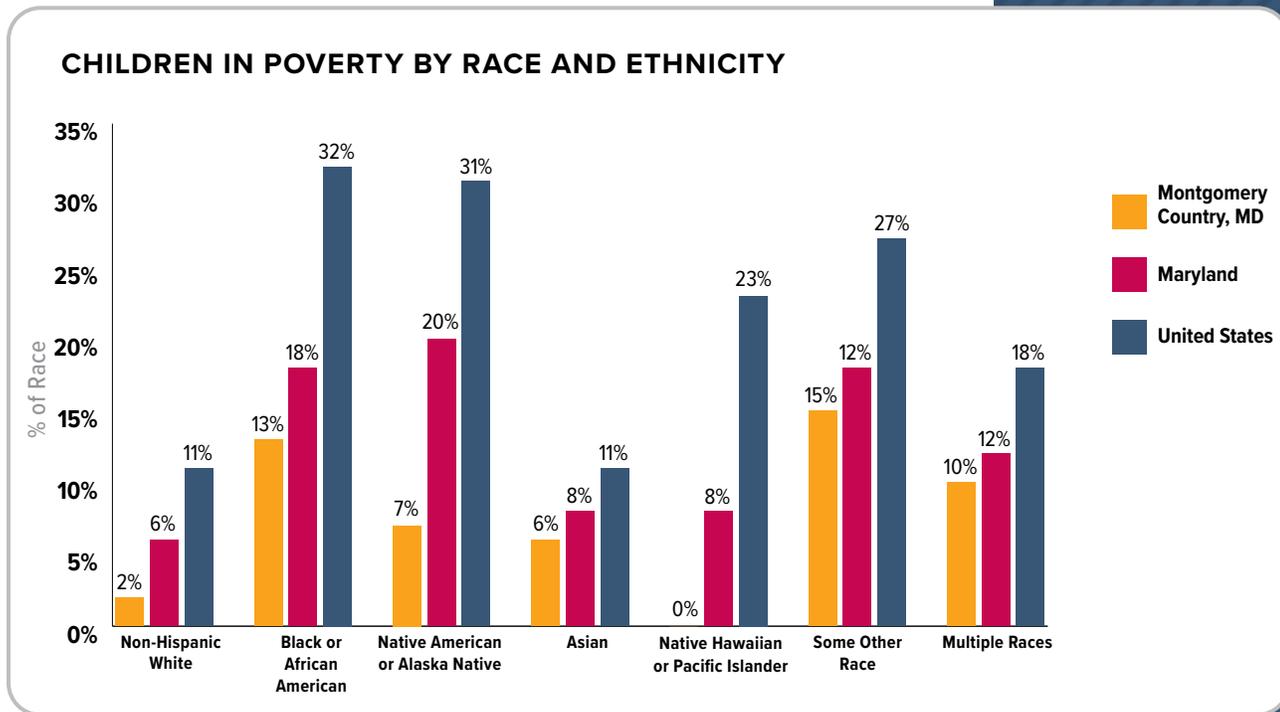
Poverty may translate to a deficit in secure access to food for children. One useful indicator signifying a lack of food security includes the number of public-school students who are eligible for free or reduced-price lunch in an area. Free or reduced-price lunches are served to qualifying students in families with incomes under 185% (reduced price) and under 130% (free lunch) of the FPL as part of the National School Lunch Program (NSLP).

FIGURE 15: PERCENTAGE CHILDREN BELOW THE FEDERAL POVERTY LINE BY CENSUS TRACT, AMERICAN COMMUNITY SURVEY (2016-2020)⁵³



51 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
52 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
53 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

FIGURE 16: CHILD POVERTY BY RACE AND ETHNICITY (2016-2020)⁵⁴



FOOD ASSISTANCE, SECURITY, AND ENVIRONMENT

In Montgomery County between 2016 and 2020, out of the over 160,564 total students in public schools, 60,085 (or 37.42% of public-school students) were eligible for Free/Reduced Price Lunch⁵⁵. Free or reduced-price lunches are an important indicator measure to understand relationships between household income, food security, and well-being of families and children. As shown in Figure 17, below, the proportion of children qualifying for free or reduced-price lunch has been steadily growing in Montgomery County. In the 2012-2013 school year, 33.2% of children qualified for

these programs, and in the 2020-2021 school year, 37.4% of all public-school students qualified for free or reduced-price lunch⁵⁶. This trend indicates increasing food insecurity for Montgomery County families

Supplemental Nutrition Assistance Program (SNAP)

In 2020, there were approximately 63,892 participants (6.1% of all households) enrolled per month in the Supplemental Nutrition Assistance Program (SNAP) in Montgomery County⁵⁷. The proportion of the population receiving SNAP benefits has varied since 2007, as shown in Figure 18. However, not all those eligible for SNAP are enrolled in the program.

54 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
 55 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
 56 American Community Survey (2016-2020) via University Missouri CARES CHNA tool
 57 Maryland Hunger Solutions (2021)

FIGURE 17: CHILDREN ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH BY SCHOOL YEAR, 2012-13 THROUGH 2020-21⁵⁸

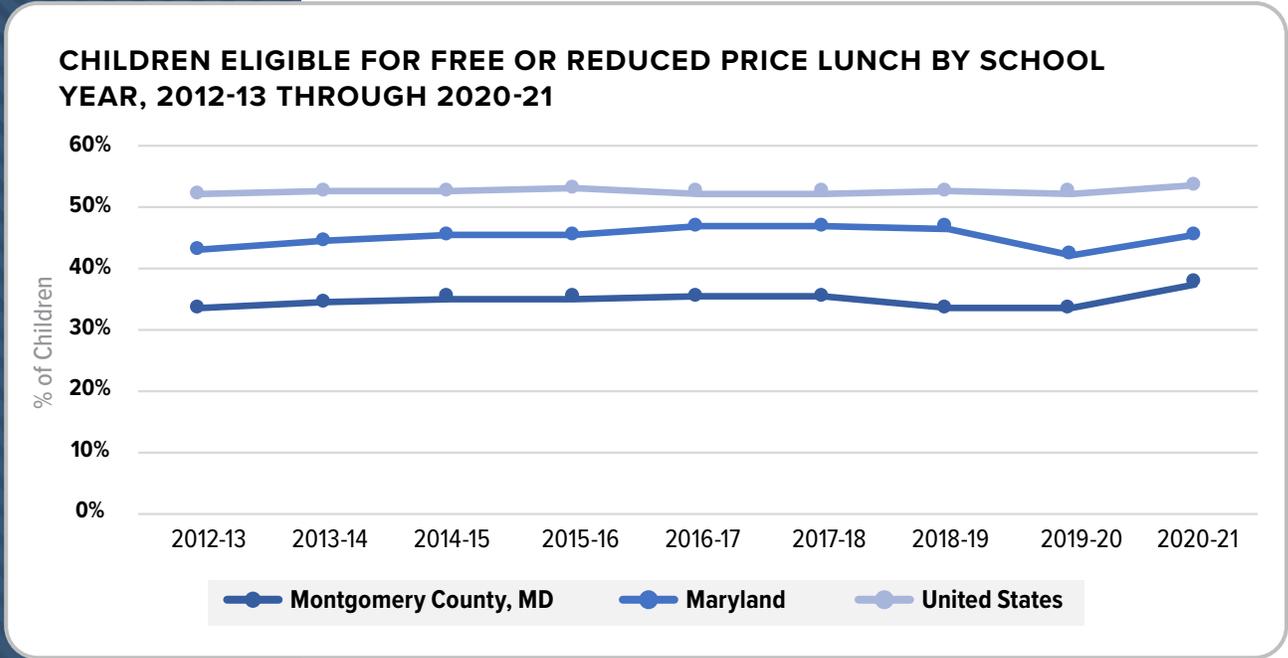
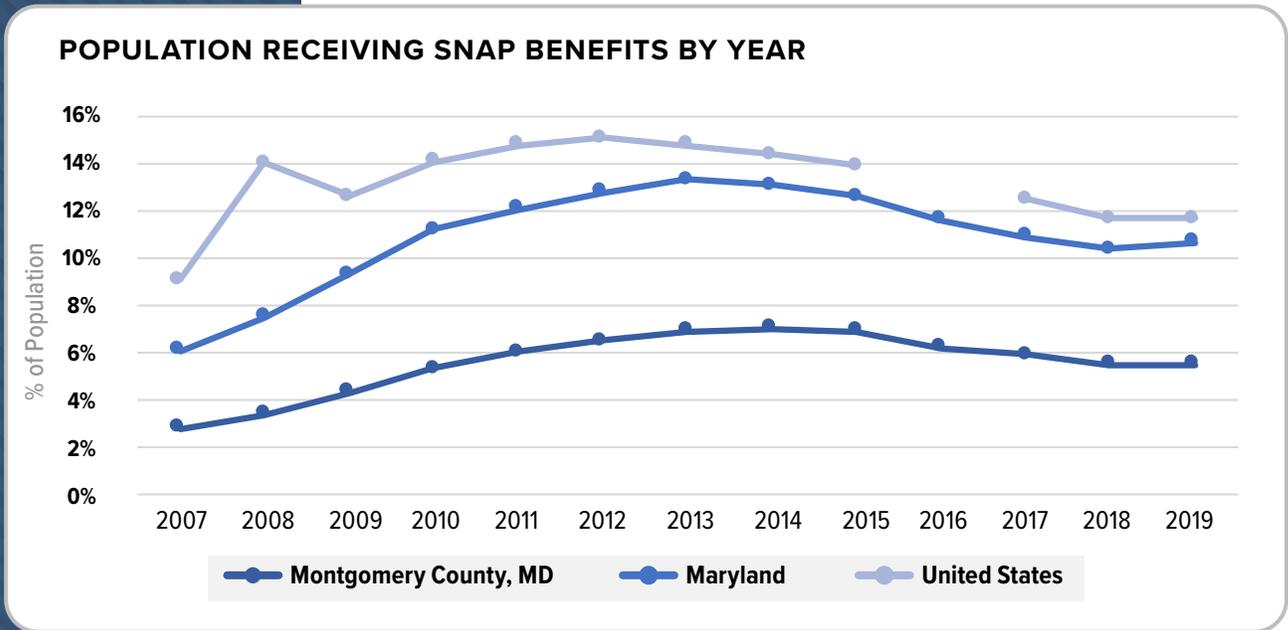


FIGURE 18: POPULATION RECEIVING SNAP BENEFITS BY YEAR, 2007 THROUGH 2019, AMERICAN COMMUNITY SURVEY (2016-2020)



58 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

Sixty-four percent of residents in Montgomery County who were at 185% of the FPL were not enrolled. Barriers to participation include both the stigma about receiving these benefits and the governmental policies that restrict access to benefits for Able-Bodied Adults Without Dependents, those aged 18-49 without a disability, and immigrants⁵⁹. This implies the actual need for food assistance for families in the County is higher than present participation suggests.

Food environment

The USDA Food Access Research Atlas (2019) defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, and/or vehicle access. Montgomery County has a population of 16,110 people living in food deserts in three Census tracts classified as food deserts by the USDA⁶⁰.

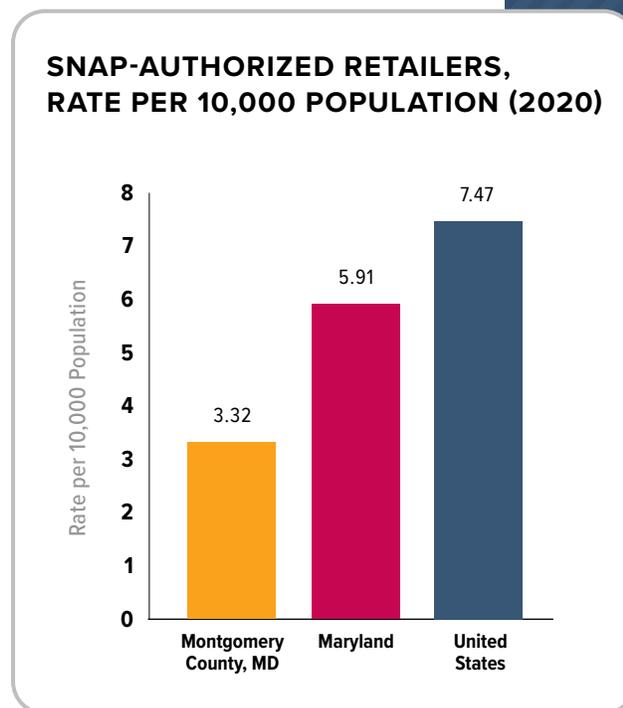
Healthy dietary behaviors are supported by access to healthy foods. Grocery stores are a major provider of healthy foods in comparison to convenience stores. Montgomery County has 19.11 establishments (including grocery stores and delicatessen-type establishments) per 100,000, which is higher than the national average of 18.79 establishments per 100,000 population⁶¹. However, people have fewer options close to their homes where benefits can be used compared to others in Maryland or in

the United States, as shown in Figure 19⁶². For Montgomery County, there are only 3.32 SNAP-authorized retailers per 10,000 people versus 7.47 in the United States.

HOUSING SECURITY AND PEOPLE EXPERIENCING HOMELESSNESS

In the last 25 years, nearly 20% of all public housing units in the United States have been eliminated⁶³, leaving a sizable gap in the availability of affordable housing across the country. In 2017, over half of Americans spent at least 30% of their income

FIGURE 19: SNAP AUTHORIZED RETAILERS, RATE PER 10,000 POPULATION (2020)⁶⁴



59 Maryland Hunger Solutions (2019)

60 US Department of Agriculture, Economic Research Services, USDA Food Access Research Atlas (2019)

61 U.S. Census Bureau, County Business Patterns (2020)

62 U.S. Department of Agriculture, Food and Nutrition Service

63 HUD (2010)

64 U.S. Department of Agriculture, Food and Nutrition Service

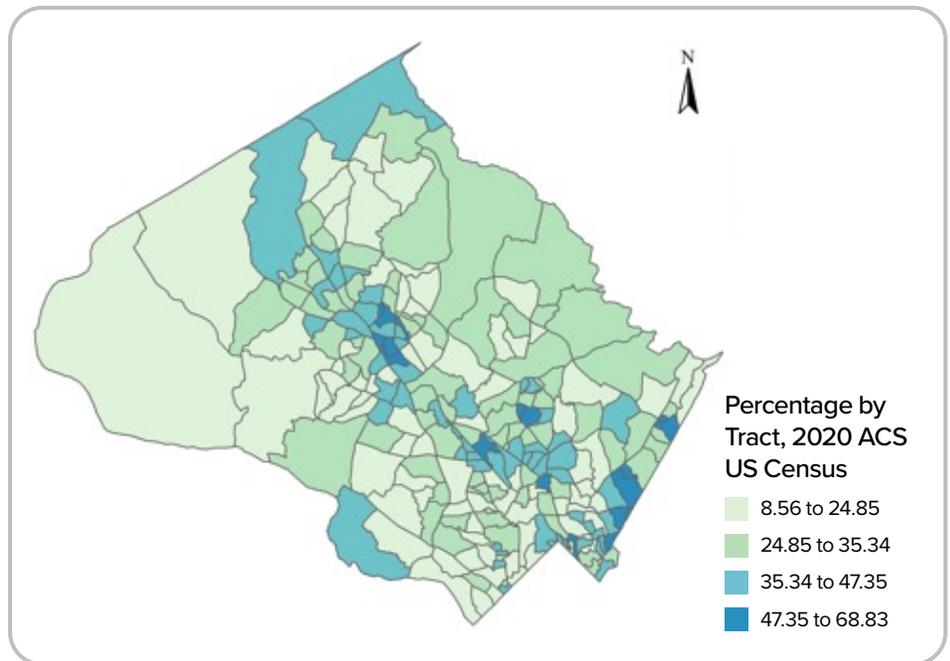
on rent⁶⁵. Although nearly 66% of Montgomery County households are owner-occupied⁶⁶, which implies greater levels of housing security, inequality remains present for those population groups with less access to affordable housing within the service area of the Montgomery County CAA. For example, in 2017, the Black homeownership rate of owner-occupied units was 58.1% of the White homeownership rate, and the Latino homeownership rate was 67.1% of the White homeownership rate⁶⁷.

The structure, condition, and quality of housing, including issues such as overcrowding, evictions, and affordability have been linked to multiple health and life outcomes. In

Montgomery County, 48.31% of all rental households are cost-burdened, while 26.87% of owner-occupied households with mortgages are cost-burdened⁶⁸.

Cost-burdened households are defined as those who spend more than 30% of their household income on housing costs. Figure 20 indicates the percentage of the households where housing costs are 30% or more of the total household income within each census tract, which assists in identifying geographic areas with needs linked to housing affordability and shelter costs in an area. These data can be used to inform programmatic efforts to develop housing programs focused on

FIGURE 20: COST-BURDENED HOUSEHOLDS, MONTGOMERY COUNTY BY CENSUS TRACT⁶⁹



65 Joint Center for Housing Studies (2019)

66 Montgomery County (2022)

67 Jupiter Independent Research Group (2019) (analysis of American Community Survey data)

68 American Community Survey (2016-2020) 5-year estimates

69 American Community Survey (2016-2020) 5-year estimates

supporting needs in these given areas of the county.

Of the 372,825 total households in Montgomery portrayed in Figure 19, 31.73% live in cost-burdened households. Since 1990, the percentage of households in the county that are spending at least 35% of their income on housing costs has continued to grow while the affordable housing inventory has steadily decreased. It is becoming more difficult to buy a house in Montgomery County⁷⁰.

Quality of housing also matters when considering disparities in life outcomes or quality of life for communities. In Montgomery County, of the 372,825 total occupied housing units, 32.23% have been identified to have one or more substandard condition⁷¹.

People experiencing homelessness in CAA Service Area

The population of Montgomery County experiencing homelessness has been steadily decreasing since 2017. Only 480 distinct individuals and 29 families were identified as experiencing homelessness in the point of time count in 2021⁷². However, there are significant disparities in those experiencing homelessness. Black or African Americans in Montgomery County with children under the age of 18 make up 67.6% of the population experiencing homelessness, and Black or African Americans without children make up 56.0% of the population

experiencing homelessness in Montgomery County, despite the fact that Black or African Americans make up 18.6% of the County⁷³.

COMMUNITY HEALTH

The social determinants of health are the conditions in the environment where people are born, learn, live, play, work, worship, and age that impact a wide range of quality-of-life outcomes⁷⁴ and health. Throughout this needs assessment, several important indicators of community health and the overall status of a community include health outcomes and behaviors, clinical care and screening, the food environment in the service area, and other indicators such as crime statistics. As a whole, Montgomery County has a high vaccination rate for COVID-19. The percent of adults fully vaccinated for COVID-19 as of July 13, 2022 was 95% versus 73.84% in the United States⁷⁵.

Health insurance

Lack of health insurance is a useful metric for understanding key drivers of health status within a community. In Montgomery County, the percentage of uninsured civilian non-institutionalized population is 6.77%, which is greater than the Maryland average of 5.93%. People of color make up the majority of those who are uninsured in Montgomery County, as shown in Figure 21 and Figure 22⁷⁶. Figure 21 demonstrates those who are uninsured by race, while

70 Montgomery County (2019)

71 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

72 Montgomery County Planning (2022b)

73 Montgomery County Planning (2022b)

74 U.S. DHHS Healthy People 2030

75 Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-GRASP (2022) via the University of Missouri CARES CHNA tool

76 American Community Survey (2016-2020) via University of Missouri CARES CHNA tool

FIGURE 21: UNINSURED MONTGOMERY COUNTY RESIDENTS BY RACE⁷⁷

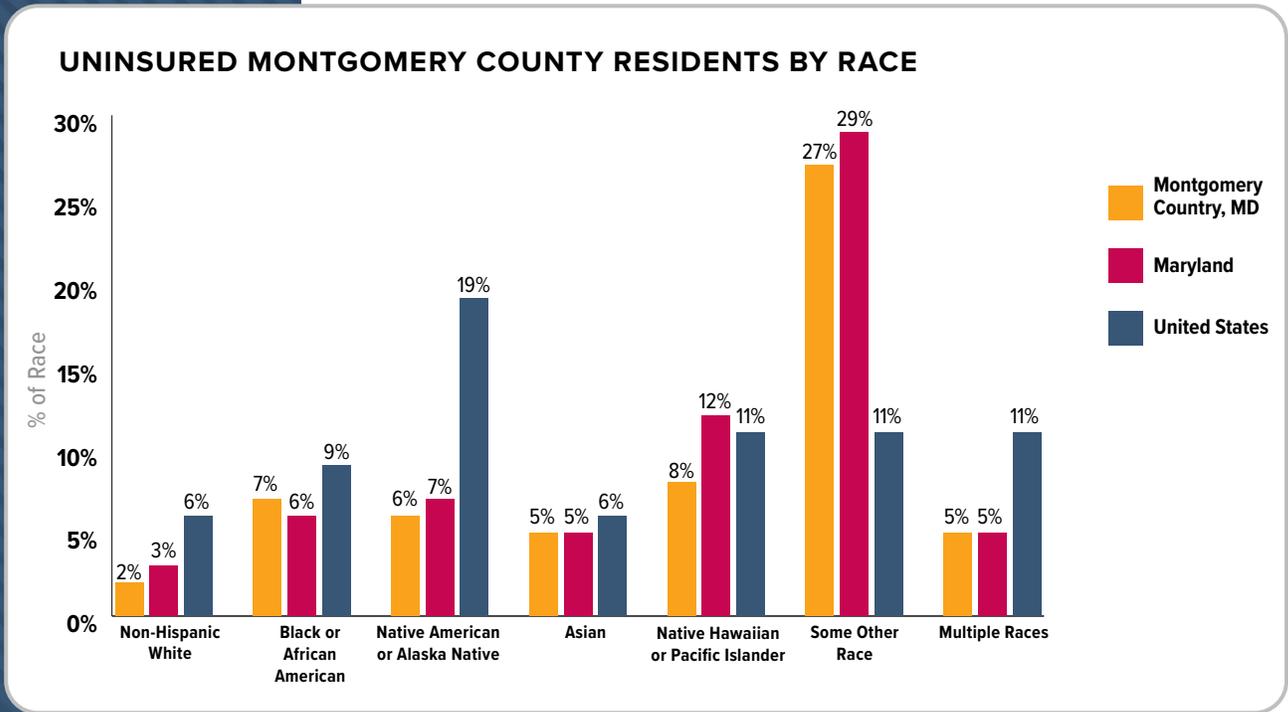


FIGURE 22: UNINSURED MONTGOMERY COUNTY RESIDENTS BY ETHNICITY⁷⁸

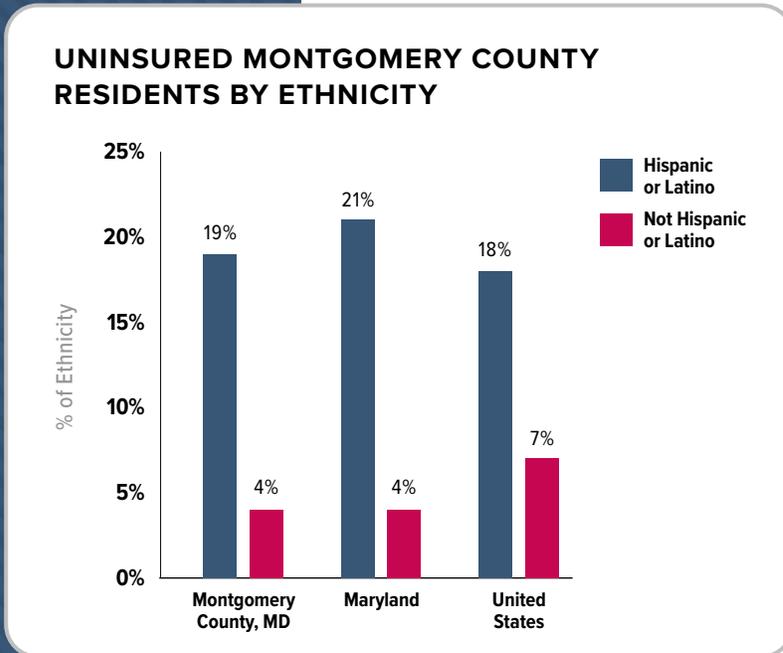


Figure 22 portrays these same data grouped by ethnicity.

Almost one in five Hispanic or Latino community members are uninsured versus 3.69% of the White population in Montgomery County. A higher percentage of men (7.62%) are uninsured than women (5.99%). In 2019, there were 137,326 Medicare beneficiaries in the county⁸⁰. The preventable hospitalization rate among Medicare beneficiaries was 1,516 per 100,000 beneficiaries (versus Maryland 2,517) for conditions including diabetes with and without complications, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infections⁸¹. Moreover, as shown in Figure 23, estimates for the

77 American Community Survey (2016-2020) via University of Missouri CARES CHNA tool

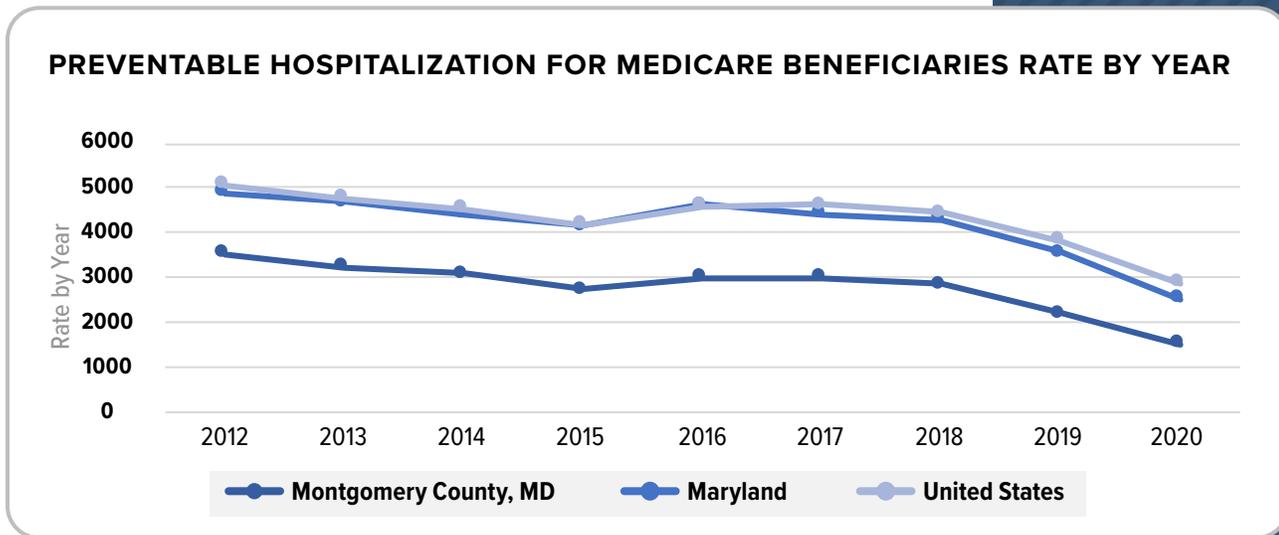
78 American Community Survey (2016-2020)

79 American Community Survey (2016-2020)

80 Centers for Medicare and Medicaid Services

81 Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019

FIGURE 23: PREVENTABLE HOSPITALIZATIONS BY YEAR (2012-2020)⁸²



preventable hospital rate among Medicare beneficiaries has steadily declined within the county between 2012 and 2020.

Clinical care, health outcomes and behaviors

Barriers like financial hardship, transportation barriers, or the cultural competency of providers can affect access to clinical care. Lack of access to preventative and clinical care can create significant challenges for the health of individuals, families, and the greater community. Rates of morbidity, mortality, and emergency hospitalizations can be reduced with access to screenings, vaccinations, and routine tests⁸³.

Cancer incidence; percentage of those with heart disease; indicators of chronic conditions, such as asthma, high blood pressure, or diabetes; and sexually transmitted infections (STI) rates help paint

the picture of health care needs in a community. Measuring morbidity and mortality rates helps assess the links between the social determinants of health and outcomes, which helps to better understand how certain community health needs may be addressed. Adults aged 18 years or older in the County who report fair or poor health was 13.5% versus 16.11% for Maryland⁸⁴.

Behaviors such as tobacco use, substance abuse, and a poor diet can contribute to poor health status. The percentage of adults ages 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days is 8.9% versus Maryland's rate of 14.22%⁸⁵. The drug-induced mortality age-adjusted rates from 2010 to 2018 was 10 in 2018, while the substance abuse emergency room visit age-adjusted rate was 638.7 in 2018.

82 Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019

83 University of Missouri CARES CHNA tool

84 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal (2019) via the University of Missouri CARES CHNA tool

85 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, accessed via the PLACES Data Portal, 2019 via the University of Missouri CARES CHNA tool

The rate of those who visited an emergency room for a mental health related visit has increase from 727.4 per 100,000 population in 2010 to 1376.4 in 2018⁸⁶. The age-adjusted death by suicide per 100,000 population was 7.4 versus the United States rate of 13.8⁸⁷.

Cancer, heart disease, and chronic conditions: The age-adjusted incidence rate (cases per 100,000 population per year) of all sites of cancer is 380.6 for every 100,000 total of the population in the county. In 2019, 32% of Medicare beneficiaries ages 35 or older had a mammogram in the past year, lower than the state rate of 34% during the same time period⁸⁸. The five most commonly diagnosed cancers include breast (125.7), prostate (113.4), lung & bronchus (30.5), colon & rectum (30.2), and melanoma of the skin (19)⁸⁹. Slightly less than 5% of the Medicare fee-for-service beneficiaries in the county have asthma (4.8%) versus 5.4% in Maryland, which has

continued to grow over the last decade⁹⁰.

There are 64,549 adults ages 20 and older with diabetes or 7.2% compared to 9.7% of Maryland⁹¹. Slightly more than twenty-three percent of the Medicare fee-for-service beneficiaries in the county have ischemic heart disease (23.4%) and 54.9% have hypertension (high blood pressure)⁹². The percentage of obese adults with a body mass index greater than 30.0 was 23.5% versus 31.6% overall⁹³.

The 2016-2020 five-year average rate of death due to malignant neoplasm (or cancer) per 100,000 people was 111.3, or 7,178 deaths due to cancer with 122.5 male deaths and 104.1 female deaths per 100,000 people. The age-adjusted death rate for coronary heart disease is 52.2⁹⁴.

Sexually transmitted infections: The rate per 100,000 population for chlamydia was 416.51 (versus 586.27 for Maryland). However, as shown in Figure 24, the incidence of chlamydia has been steadily increasing since 2005, a trend that aligns with patterns in both the state and country⁹⁵.

86 Health Montgomery (2022)

87 Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2016-2020 via the University of Missouri CHNA tool

88 Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019

89 State Cancer Profiles, 2014-2018 via the University of Missouri CARES CHNA tool

90 Centers for Medicare and Medicaid Services, CMS-Chronic Conditions Warehouse (2018) via the University of Missouri CARES CHNA tool

91 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2019) via the University of Missouri CARES CNHA tool

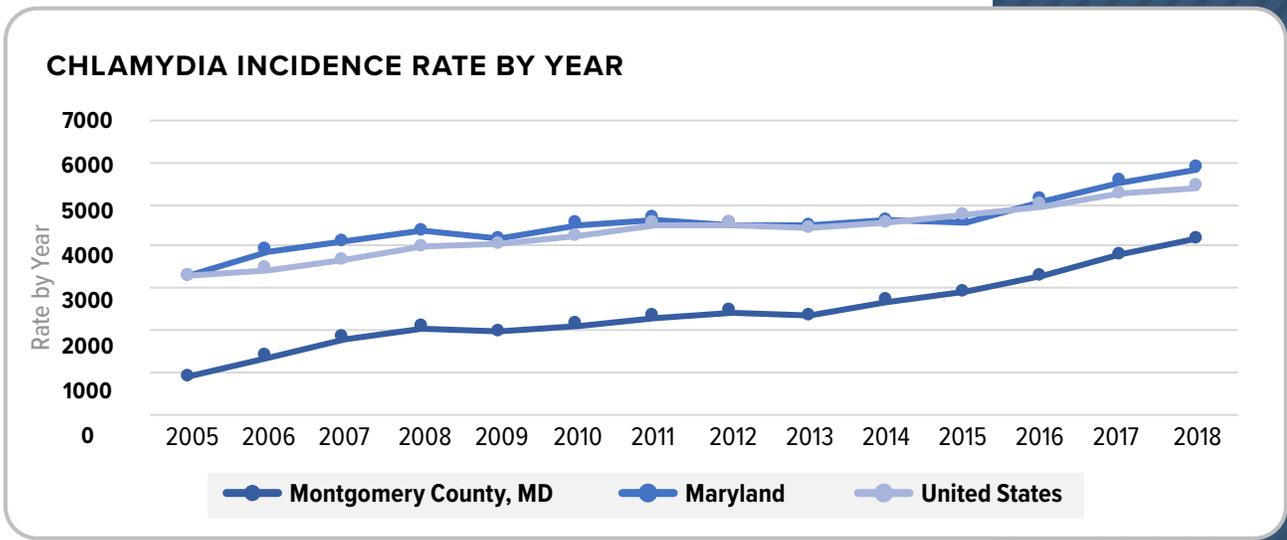
92 Centers for Medicare and Medicaid Services, CMS-Chronic Conditions Warehouse (2018) via the University of Missouri CARES CHNA tool

93 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2019) via the University of Missouri CARES CNHA tool

94 Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2016-2020 via the University of Missouri CHNA tool

95 Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2018) via the University of Missouri CARES CHNA tool

FIGURE 24: CHLAMYDIA INCIDENCE RATE BY YEAR (2005-2018)⁹⁶



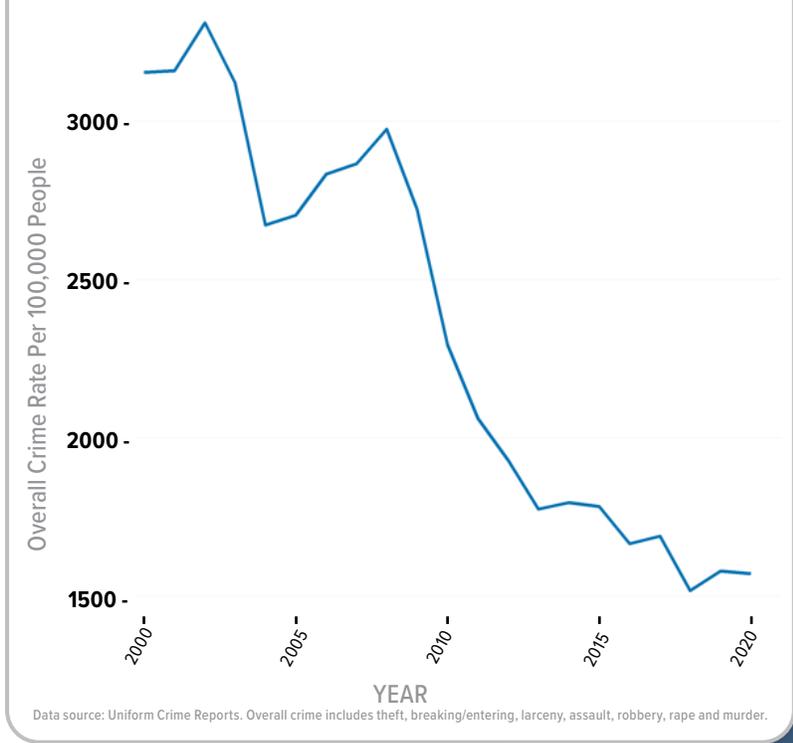
Although the rate of chlamydia for the county is lower than the state as a whole, the steady increase in cases suggests that this may be a growing need for sexual education and health care. The same is true for gonorrhea. The incidence of gonorrhea in the county is 62.3 per 100,000 (versus Maryland’s rate of 170.3), but the rate has steadily been increasing since 11.8 in 2005.⁹⁷

Crime

The overall crime rate in Montgomery County has been steadily decreasing for the last twenty years. The figure below shows that the overall crime rate, which includes theft, breaking/entering, assault, robbery, rape, and murder, has decreased from since 2000.

Serious violent crime and property crime has also been steadily

FIGURE 25: OVERALL CRIME RATE IN MONTGOMERY COUNTY, 2000-2020⁹⁸



96 Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2018) via the University of Missouri CARES CHNA tool

97 Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2018) via the University of Missouri CARES CHNA tool

98 Uniform Crime Reports (2022)

decreasing. Violent crime includes homicide, rape, robbery, and aggravated assault. Within the county, the three-year (2014-2016) total of reported violent crimes was 6,683, which equates to an annual rate of 188.0 crimes per 100,000 people, lower than the statewide rate of 467.3. Property crime is also relatively low at 1,563.6 crimes per year (average of 2014 and 2016) compared to the state average of 2,420.4 crimes per year⁹⁹.

SUMMARY OF COMMUNITY CHARACTERISTICS

With over a million residents, a majority of which are people of color (57%)¹⁰⁰ and a high percentage of foreign-born population (32.2%)¹⁰¹, Montgomery County is a richly diverse community. It is the most affluent county in Maryland, with a median household income of \$111,812 versus \$87,063 for Maryland as a whole¹⁰² and a relatively low poverty rate (7.4%)¹⁰³. However, not all community members share equally in the affluence which creates different neighborhoods of high need. For example, foreign-born non-citizens had a poverty rate that was 65% greater than the overall county poverty rate and almost 82% higher than the native-born poverty rate¹⁰⁴. Poverty rates also vary widely by race and ethnicity. Rates vary from 4.18% for whites to 12.58% for “some other race”¹⁰⁵.

Both the primary and secondary data sources the American Community Survey utilized here have limitations and might not be fully representative for the communities sampled in the County. For example, limitations may exist in collecting data from refugee and immigrant populations who may be hesitant to share information with governmental sources or who may have cultural reasons for not participating in programs such as SNAP. In other words, the needs in the County are likely greater than the raw data reveal.

Areas of need exist within the rich tapestry of Montgomery County that the Community Action Agency seeks to address. In the County, 7.9% of children below the age of 18 live below the Federal Poverty Level. Moreover, in 2020 in Montgomery County, 5,518 out of 372,825 households utilized public assistance income in the previous year¹⁰⁶. Some of the most pressing County needs identified include reducing inequalities and mitigating health disparities; food assistance for communities impacted by poverty; programs for New Americans, youth, and the elderly; housing assistance; and programs that seek to address disparities in community health.

99 Federal Bureau of Investigation, FBI Uniform Crime Reports and the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research 2014-2016

100 U.S. Census (2020)

101 American Community Survey 5-year estimates (2016-2020) via the University Missouri CARE CHNA tool

102 U.S. Census (2020)

103 U.S. Census (2020)

104 Montgomery County (2019)

105 American Community Survey estimates (2016-2020)

106 American Community Survey (2020)

KEY FINDINGS IN COMMUNITY CHARACTERISTICS

- In the last ten years, the rate of population growth of Montgomery County (9.29%) has exceeded that of the state of Maryland (6.99%)¹⁰⁷, with the non-White population rising to 63% of the overall population by 2025¹⁰⁸.
- Large variations in poverty by race and ethnicity exist. Poverty rates vary from 4.18% for whites to 12.58% for “some other race.” Foreign-born non-citizens in the county had a poverty rate almost 82% higher than the native-born poverty rate¹⁰⁹.
- 14.59% of Montgomery County residents ages 5+ have limited English Proficiency¹¹⁰.
- In Montgomery County, 7.9% of children (or 19,013 individuals) under the age of 18 live in households below 100% of the Federal Poverty Level (FPL). The percentage of girls under age 18 living in poverty is 8.13% and for boys the percentage is 7.68%¹¹¹.
- Although nearly 66% of Montgomery County households are owner-occupied¹¹² which implies greater levels of housing security, inequality remains present for population groups with less access to affordable and secure housing within the service area of the Montgomery County CAA. For example, the Black and African

American homeownership rate in 2017 (of owner-occupied units) was 58.1% of White homeownership, and the Latino homeownership rate was 67.1% of White homeownership¹¹³.

- In 2020, there were approximately 63,892 participants (6.1% of all households) enrolled per month in the Supplemental Nutrition Assistance Program (SNAP) in Montgomery County¹¹⁴.
- Almost 1 in 5 Hispanic or Latino community members are uninsured versus 3.69% of the White population in Montgomery County.

In summary, Montgomery County is a very diverse county with high levels of income and educational attainment. However, these larger county characteristics may misrepresent the existence of inequalities that exist within the community associated with educational attainment and income. Following this assessment of community needs, the next section examines the current impact of the Montgomery County Community Action Agency (CAA) programs and engagement within the larger community. The CAA works with partner organizations to build strong and engaged communities in the County on a variety of initiatives including programs for immigrants and refugees, programs for vulnerable families, youth, and the elderly, food assistance, housing, and community health.

107 U.S. Census Bureau Decennial Census 2010 and 2020 via University Missouri CARES CHNA tool

108 Montgomery County (2019)

109 Montgomery County (2019)

110 American Community Survey estimates (2016-2020) via the University Missouri CARE CHNA tool

111 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

112 Montgomery County (2022)

113 Jupiter Independent Research Group (2019) (analysis of American Community Survey data)

114 Maryland Hunger Solutions (2021)

SECTION 2

CAA Programs, Partners, and Impact

In Section 1 of this assessment, current population-level data were used to depict the overall demographic picture of Montgomery County and determine community needs. We provided an overview of existing inequalities in Montgomery County utilizing a secondary analysis of publicly available data sources, including data compiled by the U.S. Census Bureau in the American Community Survey. Secondary data sources such as the Centers for Medicare and Medicaid Services and the U.S. Department of Housing and Urban Development were also used to identify community needs and to provide an overview of the social conditions and determinants of health that influence population outcomes in the County by examining the state of food security, housing needs, and community health in the county.

Following our assessment of community needs in Section 1, here we provide an overview of the CAA programs and partners working to address these current needs. We portray the impact of CAA programs and engagement within the larger community by reviewing administrative data of performance measures and partner reports and analyzing primary data from surveys completed by CAA. Survey results in this needs assessment include the Volunteer Income Tax Assistance (VITA) program client survey, the Community Advocacy Institute (CAI) pre- and post-program surveys, and the Board Member organizational standards survey.

CAA MISSION, PRINCIPLES, AND VALUES

The Montgomery County Community Action Agency (CAA) has served the residents of Montgomery County for over fifty years. When the Montgomery County Council appointed 29 members to serve on the Community Action Committee in 1966, the County was 97% White¹¹⁵. Since that time, the community has doubled in size and transformed into a diverse community with 57% of the residents being people of color¹¹⁶. These changes have precipitated the need for programs that address changing needs of community members and creative strategies of community engagement. The CAA is part of the Montgomery County Department of Health and Human Services (DHHS). Below, we discuss the current mission, principles, and values of the agency and then provide a quick overview of some of the programs and services the CAA directly provides or facilitates in partnership with other organizations.

Mission

The mission of the CAA is to advance social and economic mobility among communities and neighbors through services, partnerships, and advocacy using an equity lens.

Guiding Principles

- We will provide services that build on the strengths of our customers and the community.
- We will be responsive to the changing needs of our community.

115 www.montgomerycountymd.gov/HHS-Program/Resources/Files/CAA%20History%20Booklet_2019_WEB.pdf

116 U.S. Census, Accessed 7/14/22

- We will recruit and maintain competent, customer service-oriented staff.
- We will make operational a “no wrong door” approach to services delivery.
- We are committed to the highest quality customer service for all those seeking services, and we hold our staff accountable to demonstrate respect, professionalism, timeliness and fairness.
- We value the skill and dedication of our staff and will provide them with adequate support, resources, and training to serve our customers well.

Values

The CAA is guided by a commitment to equity and three other core values: trust, service, and partnership.

Equity refers to fair policies, decisions, and actions by the Montgomery County DHHS when impacting the lives of people. Equity is a value of fairness that guides the way that Montgomery County DHHS works with customers, staff, and community to promote health, safety, well-being and self-sufficiency.

Our Equity Principles address five major areas:

- **Dignity:** We believe that all individuals should be treated with dignity and respect.
- **Elimination of Disparities:** We believe in preventing and eliminating social and health disparities to achieve optimal health and wellbeing.
- **Access:** We believe in ensuring access to effective and high-quality services that meet people’s needs, when they need them, delivered by a professional workforce which

is competent to provide those services in a caring and respectful manner.

- **Distribution of Resources:** We believe that the resources of the Department should be distributed in a manner that maximizes the health, safety, well-being, and self-sufficiency of the community as a whole.
- **Community Engagement and Participation:** We believe that our diverse communities should be meaningfully engaged in providing input and feedback on policies, practices, and services.

In addition to these equity principles, DHHS activity areas are informed by three key values:

- **Trust** as a value is the confidence or reliance one has in the integrity, strength, and ability in a product, service, or person. Trust includes the following behaviors:
 - Communicate consistently, honestly, and openly
 - Treat others as we would like to be treated
 - Demonstrate behavior that is consistent with what has been communicated
 - Demonstrate integrity in all aspects of work
- **Service** is the action of doing work or providing assistance to someone.
- **Partnership** is a state of working together in partnership. Service in Partnership is a value that impacts the following areas:
 - Provide services that build on the strengths of our customers and the community
 - Create a seamless system of care within the Department, with public partners and public/private partners

- We will be responsive to the changing needs of our community for improved outcomes, enhanced client experience, and efficient use of resources¹¹⁷

OVERVIEW OF CAA PROGRAMS AND PARTNERS

The CAA meets the needs of residents in Montgomery County each day through both direct services and by supporting partner organizations. All of the CAA's programs aim to help County residents move toward self-sufficiency. Staff are diverse in backgrounds and this diversity is reflected in a sampling of languages spoken by CAA staff, including Spanish, Amharic, Arabic, Yoruba, and Portuguese. It has been important to ensure diversity in CAA staff to ensure that staffing reflects the characteristics of the community being served.

The CAA has 31 nonprofit contract partners, 29 of which received funding across 50 contracts. These partners serve the low-income community, delivering food, clothing, and social services. These non-profits also provide legal assistance, employment training, education, and work toward community engagement. Contract funding is allocated from the County Executive's base budget and County Council. DHHS leadership assigns contracts to the CAA based on safety net services for low-income residents. These contract partners work directly to serve low-income residents in the county. The contract monitors monitor the program and services scopes, budget spending, and provide

technical assistance. Nonprofits provide monthly reports that highlight outputs/outcomes, stories, challenges, and customer feedback. Montgomery County Government staff and partners have ongoing programming and training focused on reducing inequalities in the county¹¹⁸.

In addition to activities undertaken by the CAA nonprofit contract partners, there are several CAA-directed programs that are important to highlight in the context of this needs assessment, including the TESS Community Action Center, Head Start, Community Advocacy Institute, and Volunteer Income Tax Assistance (VITA) program.

- The Takoma-East Silver Spring (TESS) Community Action Center (described below) serves over 2,000 County residents each year; connecting clients with critical services and supports.
- Head Start provides high-quality early care and education to 648 children and their families each year. The agency continues to be at the forefront of utilizing the whole family approach to address the needs of residents, incorporating a navigation model where highly trained staff connect residents with a variety of services and guide them through the process.
- Over 100 community members have received advocacy training through the Community Advocacy Institute (CAI, described below), many of whom have gone on to serve on County advisory groups, nonprofit boards, and in other advocacy groups in the County.

¹¹⁷ <https://www.montgomerycountymd.gov/HHS/AboutHHS/Mission.html>

¹¹⁸ Please note that some sections where indicated have been copied verbatim from County reports

including the Office of Racial Equity and Social Justice Overview website and the Blueprint for Latino Health in Montgomery County, Maryland: 2017-2026

- With the support of 24 volunteers, the agency’s Volunteer Income Tax Assistance (VITA) program (described below) prepared over 1,400 tax returns in FY22 through in-person and virtual appointments.

As noted, the agency monitors more than 50 contracts at 30 nonprofit organizations that provide a wide range of emergency supports, education, and other services to residents. In short, the CAA provides many unique and important services while connecting community members to each other.

There are existing inequalities and community needs that the CAA seeks to address through their programs and partnerships with other organizations. Below, we provide an overview of the TESS Community Action Center, the CAA’s Whole Family Approach, and VITA.

Takoma-East Silver Spring Community Action Center (TESS)

The TESS Community Action Center is a walk-in site serving Montgomery County residents. Working with partners, the Center offers information and referrals, interpretation and translation, education programs, free tax assistance, and legal services. TESS has served residents of the Long Branch community of Silver Spring for over 60 years, incorporating the Whole-Family/Two Generation (2 Gen) model—described in detail below—that helps to ensure the needs of the entire family are met.

When the COVID-19 pandemic caused offices to close to the public in FY20, TESS staff and contractors were able to successfully switch to a virtual model of service delivery.

Through FY21, TESS continued to serve community members by telephone, email, and virtual meetings, connecting residents with numerous services, including pandemic assistance programs for those who were directly impacted by COVID-19. Since the summer of 2021, TESS has operated on a hybrid model with appointment, walk-in, and remote service hours. The TESS team has played a significant role in assisting community members throughout the pandemic at a time when many county residents were struggling to pay for basic necessities. In addition to linking clients with COVID-19 testing, when vaccines became available to the public, TESS also assisted clients with the challenging process of securing an appointment to receive a vaccine.

Since responding to the needs associated with a 2016 fire and explosion in the Long Branch neighborhood, the TESS team has frequently been tasked with case management for community emergencies across the County. From 2020 to date, the TESS team has been among highly valued responders to nine emergencies, from flooded apartments to fires in senior housing complexes. TESS staff respond to these emergencies alongside the American Red Cross and Montgomery County Department of Health and Human Services Mass Care teams, day and night, to assist with interpretation, emergent needs, and continuing with case management services through families’ relocation or their homes’ restoration.

Based upon the increasing frequency of emergency response needs, the TESS team has been expanded with CARES Act funding and added



TESS Holiday Giving program.

several service navigators who can be deployed to disaster sites and to the food distribution hubs that have grown from service partnerships developed by DHHS and community-based organizations in response to the COVID-19 pandemic, in addition to fulfilling their other responsibilities.

Whole-Family/Two Gen Approach

The Montgomery County Community Action Agency (CAA) has been at the forefront of holistically addressing the needs of vulnerable children and adults of low-income families to improve their well-being for nearly 60 years. CAA supports families as they identify needs and address service barriers such as language, literacy, and lack of experience with systems. This approach to services is called a “two generation” or a “**whole family approach**”. The Whole Family Approach (WFA) navigates between silos of existing social services and puts equal priority on the needs of adults and children. WFA enables seamless collaboration among multiple organizations to support a family’s plans. This approach supports upward mobility through services at the Takoma-East Silver Spring (TESS) Community Action Center (TESS), as well as through the Montgomery County Department of

Health and Human Services (DHHS) Kresge Foundation projects, and is also practiced through Head Start, Linkages to Learning, and a range of home-visiting programs. Starting in 2020, our agency’s Whole Family Approach was refined as part of a Maryland Community Action Partnership initiative funded by the Maryland Department of Human Services, which provided an annual grant of \$50,000 to each of the state’s 17 community action agencies. Through this initiative, our agency’s staff have been deeply engaged to develop the model throughout its practice, with MCAP and nationally acclaimed consultants providing intensive training and guidance to staff and HHS leadership to advance the practice.

CAA’S ROLES IN WFA

CAA provides critical intake and navigation services in support of WFA. Staff assures that families are aware and have access to the federal, state, and local public benefits they may wish to receive as well as resources available through private and nonprofit organizations.

TESS is strategically located in the Long Branch community, a neighborhood with concentrations of “new Americans” who are mostly recent immigrants living in deep poverty. TESS staff are well known for their ability to gain the trust of the community and to effectively meet their needs. The TESS staff, including dedicated Navigators, are trained in and utilize MD THINK and the eICM, the DHHS integrated client management system, to access centralized client records, communicate with DHHS colleagues, link residents to access a range

of services, and to follow up with eligibility and access issues in connecting people with services.

Deep service demands were sparked by the COVID-19 pandemic. TESS added a multilingual MCAP/DHS-funded staff member added capacity by joining with county and CSBG-funded staff. Together with CARES-funded navigators, delivery of services with guidance from other programs within Montgomery County DHHS were enhanced. The navigation approach centers on training staff to develop a working knowledge of services delivered by public and private partners, shadowing highly skilled staff to learn how to actively listen to those served, gathering information to fully understand families' needs, and warmly connecting families with appropriate services.

In addition, starting in the fall of 2022, the agency moved forward with its plan to replicate the "Whole Family" model in place at many of the Maryland and national community action programs, as well as the Kresge sites. They hired an opportunity coach to provide more intensive coordination of services and case management support to a cohort of families, primarily Spanish or Amharic speaking. The opportunity coach seeks to foster greater independence among participating families through life-skills development and by supporting the parent/caregivers actions as they advance with their individual plan. After recruiting families identified by staff and key partners, the coach works with team members to help parents/caregivers achieve their short- and long-term goals to reach their full

potential. In collaboration with DHHS and with community-based nonprofit partners, the opportunity coach engages parents/caregivers to advance toward their short and long-term goals, helping to assure that they and their children receive the services and support they need to reach their full potential. Gaps in service needs are met as staff from all of the Department's services interact with TESS to support early intervention and access to child care (Early Childhood Services/Head Start/MCPS); prevention and community education (Child Welfare Services, Linkages to Learning, Victim Assistance and Sexual Assault Program, Adult Protective Services, Adult and Child Behavioral Health, Aging and Disability Services); access to health care (Public Health, the minority health initiatives); access to affordable housing (Services to End and Prevent Homelessness and the Housing Opportunities Commission); and access to food and nutrition (Office of Eligibility and Support Services, Public Health, and Aging and Disability Services). In addition to providing resources to address gaps, Department staff come to the TESS Center from various service areas to meet clients' needs and to develop new initiatives.

CAA INTEGRATION AND SYSTEMS IMPROVEMENT

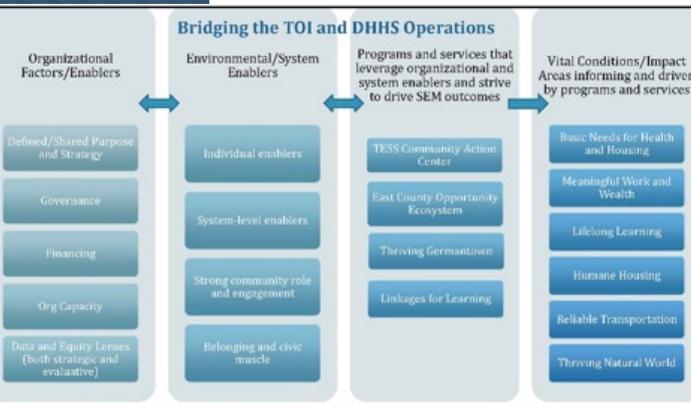
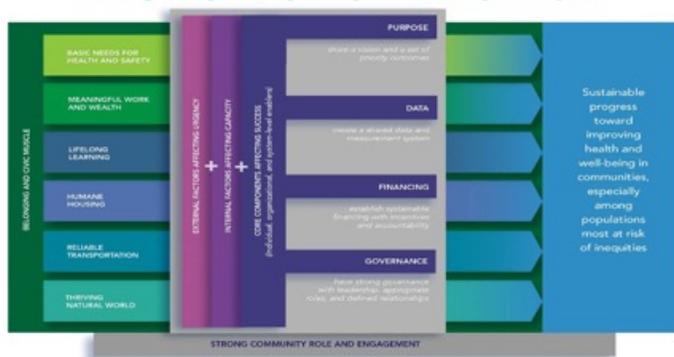
Starting in FY20 and continuing into FY21, CAA joined with DHHS service area leaders, consultants and community partners including the Kresge-funded Opportunity Ecosystem project, to identify best-practices and training needs for navigation to guide CAA's CARES-funded project, as well as to identify

What programs are incorporated in this analysis?

- ▶ TESS 2 GEN Pilot
- ▶ East County Opportunity Ecosystem
- ▶ Linkages to Learning
- ▶ Clusters
- ▶ Thriving Germantown
- ▶ Head Start



Montgomery County Ecosystem Theory of Impact



Review of the outcomes and metrics by Vital Condition



key 2Gen/Whole Family programs, theoretical frameworks, and best practices within the group.

The goal of the group was to improve the practices throughout DHHS whole-family, place-based initiatives and service integration efforts. Facilitated group activities included mapping domains across models, sharing approaches to leverage best practices, identification of potential performance measures, and paths toward planning alignment. The group drafted a theoretical framework as a visual aid and analytic framework to help guide future planning and project development. Family input is key to this work. Consistent with WFA and the principle of self-determination, DHHS efforts to understand family experiences with service systems are underway with participants from the TESS Community Action Center serving as key informants in focus groups to describe their journey, helping to identify potential barriers to access as well as opportunities for improvement.

A KEY CAA PARTNER: WORKSOURCE MONTGOMERY

WorkSource Montgomery (WSM) supports a strong, coordinated workforce ecosystem in Montgomery County for employers and job seekers to utilize and leverage the system to grow and maintain a strong economy based on quality talent. It is the designated Workforce Improvement Opportunity Act (WIOA) agency for Montgomery County. WSM's Workforce Development Board (WDB) reflects Maryland's vision as it convenes and facilitates the coordination of workforce services and develops new services

to maximize access to employment; use of skills and credentialing; use of life management skills; and eliminate barriers to employment and strengthen and enhance the effectiveness and efficiency of Maryland's workforce system. <https://worksourcemontgomery.com/about/our-mission/>

HOW CAA COLLABORATES WITH WSM

The CAA is a WIOA-required partner with WSM and has a Resource Sharing Agreement with them. WIOA funds coordination and delivery of services to families, primarily through the TESS Community Action Center, VITA, and Head Start. Within the Department, CAA and particularly TESS, service Navigators and Head Start staff work closely with the Department's Office of Eligibility and Support Services (OESS), delivering Maryland's Department of Human Services (DHS, sometimes called by its previous name Department of Social Services, or DSS). This includes services for families receiving TANF and employment supports targeting families, as well as for other vulnerable populations, such as youth and young adults aging out of foster care. New this year, the Agency joined with WSM to launch its Community Asset Mapping project to better help mutual customers and partners to identify services. [Montgomery County Department of Health and Human Services, Community Action Agency - Worksource Montgomery / Worksource Montgomery](#). This new asset mapping opportunity was promoted through our contracted partners and shared with other parts of the Department, including the minority health initiatives within our Office of Community Affairs.

HOW CAA CONNECTS WITH OTHER PARTNERS

Clear communication and strong relationships are central to CAA's success. CAA increases awareness about WSM and other key partners' training and job opportunities through sharing information with staff and disseminating email to nonprofit partners and colleagues within the Office of Community Affairs, and through our monthly newsletter. The executive director attends regular partnership meetings for providers hosted by WSM, and updates information regarding services and referral processes. Since 2020, when the County separated its Workforce Development Board from WSM, CAA's executive director has been appointed by the County Executive and confirmed by the County Council to serve as a member of the Workforce Development Board, along with the director of the Department of Health and Human Services. The executive director and HHS leadership signed a new two-year MOU with WSM, and a new Resource Sharing Agreement, which includes DHHS delivering training to WSM participants as an in-kind contribution, linking participants with Volunteer Income Tax Assistance (VITA), delivering on-site tax preparation, and training the WSM staff and clients about tax-related matters. These trainings include tax credits, how to access VITA, and provide tools for self-employed people to accurately report their income to maximize tax credits and refunds. The Community Action Agency also has a close relationship with other WSM partners, including Montgomery College, literacy organizations, and the Montgomery County Public Libraries.

Another major accomplishment has been linking WSM with our VITA partner, the Coalition for the Advancement of Financial Education, Montgomery (CAFE Montgomery) to successfully secure a physical home with in-kind space at WorkSource Montgomery for the County's new, United Way of the National Capital Area Financial Empowerment Center.

Volunteer Income Tax Assistance (VITA)

The VITA program provides free tax help to low-to-moderate income households. Certified tax preparers, which include two full-time staff members, a small number of contractors and fellows, and dozens of volunteers, ensure that filers receive all the tax credits for which they are eligible. The program works with other VITA sites throughout the County to offer services during the tax season (January – April), and the agency's program is the only year-round VITA site, offering appointments for prior year and amended returns during the summer and fall. Community Action's VITA program is one of two Montgomery County sites to offer help with Individual Taxpayer Identification Number (ITIN) applications for workers who are not eligible for Social Security Numbers.

In FY20, the tax season started with in-person VITA services in Gaithersburg, Long Branch, Rockville, East County, Germantown, and Wheaton. VITA services were disrupted due to health concerns related to COVID-19 in March 2020. As ordered by the County, CAA immediately shut-down in-person services, leaving hundreds of CAA customers with pending appointments. Staff contacted each taxpayer by phone, email, or mail, and advised

them that appointments would be rescheduled when health conditions improved. By May, it was clear that the VITA workforce would not be returning onsite. CAA VITA staff worked with the IRS to develop a virtual VITA model to safely serve clients without direct contact between clients and staff or volunteers. Tax preparers could then assist clients virtually to file their taxes by the extended deadline of July 15. With this new virtual model, because remote access to the County's network was a necessity, a limited number of previous volunteers were selected to continue to provide tax preparation services. The number of volunteers remained low during the time VITA utilized a virtual-only model. Virtual appointments continued throughout the post-season, mid-July – October 2020.



Members of the VITA Partnership celebrate EITC Awareness Day and the start of the VITA tax season.

In addition to other EITC/CTC outreach activities in FY20, such as multilingual bus signs, a text messaging campaign, and media appearances, VITA partnered with the CASH Campaign of Maryland—Creating Assets, Savings, and Hope—to develop FAQs about the CARES Economic Impact Payment (stimulus check) in seven languages, expediting the process by using County resources to review translations. The information was posted on the

CASHBACK website, with a special page dedicated to stimulus check information.

In FY21, the VITA program remained all-virtual throughout the tax season and post-season. Virtual appointments allowed the VITA team to ensure the health and safety of staff members, contractors, volunteers, and clients. Fewer tax returns were prepared during the FY21 tax season, due to the time involved in preparing tax returns remotely and just 20 volunteers, a significant decline, supporting the program.

The FY22 VITA program began in January 2022 with virtual appointments due to concerns about the COVID-19 omicron variant. The additional time needed to complete tax returns virtually led to a reduced number of clients served during this period. However, later in the tax season, a hybrid model was adopted, and clients were served virtually or in-person in Rockville and Gaithersburg, as well as at special events at WorkSource Montgomery in Wheaton.

Throughout the COVID-19 pandemic, the VITA program's extensive outreach efforts continued regarding the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC). Outreach included a targeted text messaging campaign to 67,000+ households, multilingual Ride On bus signs, digital monitor signs at County facilities, and appearances on local media, such as VITA staff and a Community Action Board member speaking on *Montgomery Al Dia*, a Spanish-language program produced by the County's Public Information Office. The CASHBACK website was also expanded to include information about the CTC and an extensive list of resources for those experiencing



FIGURE 26: VITA STATISTICS FY20 – FY22

	FY20	FY21	FY22
Tax Returns Prepared	1,746	1,021	1,463
Total Federal and State Refunds	\$2,906,494	\$2,132,634	\$3,187,641
Total free tax impact (the total refunds/credits to taxpayers plus the estimated amount saved by not hiring a paid preparer)	\$5,406,724	\$3,460,694.72	\$6,246,313.90
Volunteer hours	2,719	4,124	2,670

hardship due to COVID-19. During the FY22 tax season alone, the [CASHBACK website](#) analytics reflected 5,066 unique pageviews for the scheduling page, and 20,038 pageviews to the full website.

PROGRAMS FOR CHILDREN, YOUTH, AND FAMILIES

In this section we provide an overview of programs and services for youth and families in Montgomery County.

County-wide regulated early childhood programs and education

Montgomery County has over 250 licensed childcare centers and approximately 840 family childcare providers¹¹⁹. 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 Scholarships (CCS)



Facebook Live event highlighting tax credits and free tax help.

and Working Parents Assistance (WPA). The federally funded Child Care Development Fund’s Child Care Scholarships program, administered by the Maryland State Department of Education (MSDE), helps limited-income families pay for childcare while parents work, attend school, or receive 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, that parents must pay. The Working Parents Assistance program (WPA)

¹¹⁹ Data from this section were copied from partner reports in places.

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.

Head Start/Early Head Start

Head Start in Montgomery County is a comprehensive program to prepare young children, ages 3-5, for success in school. Services are provided for low-income children and their families including developmentally appropriate pre-school education; health, dental, mental health, nutrition, and social services; services to children with disabilities; and parent and family engagement activities. The Community Action Agency (CAA) is the Grantee agency for the County's Head Start program. Montgomery County Public Schools (MCPS) is the Delegate agency that provides direct services for eligible Head Start children and families. During school year 2021-2022, 648 young children were served in 34 classes at 30 schools.

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.



Ribbon-cutting for the UpCounty Early Childhood Center.

Judith P. Hoyer Early Child Care and Family Education Centers

Judy Centers offer a wide range of services to children age birth through kindergarten and their low-income families. The goal of Judy Centers is to support School Readiness. In Montgomery County, services are provided at Title I schools. Judy Centers use a “whole child” approach in addressing the many variables that can impact young children’s readiness for kindergarten. The CAA’s Judy Center provides family learning and early childhood services to families with children from birth to age five. Although the smaller size of the new TESS Center cannot accommodate groups of children and parents, TESS continues to work in partnership with the Rolling Terrace Judy Center team to follow up on referrals so families can access medical healthcare, behavioral and mental health, high-quality child care services, food and furniture, housing, emergency assistance, adult basic education and continuing education, and employment and workforce development.

Early Childhood Coordinating Council

Maryland's commitment to early childhood education was strengthened with the establishment of a statewide 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. In 2013, 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 Early Childhood Coordinating Council (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, and representatives from Montgomery County Libraries and the County Government.

Montgomery County Early Care and Education Initiative

The County Council President and County Council members, the County Executive, the Montgomery County Department of Health and Human Services (DHHS), Montgomery County Public Schools (MCPS), and Montgomery College (MC) joined together in an initiative to increase the number of quality Early Care and Education (ECE) seats in a mixed-delivery system. Additional Family Child Care (FCC) providers were certified, resources to providers and families were increased, and existing unused or underutilized classroom space in high need areas was identified, thus making quality early care and education more accessible to more families.

The ECEI Priority Outcomes:

- 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 *expansion, access, and sustainability* of quality childcare in the County, including but not limited to financing, services alignment, workforce supports, and community engagement. The working group will 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 (Maryland’s Blueprint) recommendations to ensure alignment and possible coordination with partners at the State level.

The Early Care and Education Coordinating Entity

The Early Care and Education Coordinating Entity will serve as a public-private convenor to help build a more unified system and convene all stakeholders, including health providers, social service agencies and other support organizations, employers, and childcare providers. Its aim is to help facilitate a sustainable economic recovery and future growth for the County by helping to identify needs and coordinate resources across the entire ECE system.

The chosen entity—The Children’s Opportunity Council—was selected in 2022. Its Board consists of nine ex-officio government officials and 12 private sector members appointed by the Executive and confirmed by the Council.

IMMIGRANT AND REFUGEE POPULATIONS PROGRAMS

The CAA monitors contracts that provide services for the resident immigrant and refugee populations, in addition to facilitating programs specifically focused on these communities.

Asylum Works Inc. works directly with refugees and provides clinical case management services and community

building activities. Some of these services include supporting clients’ actions to preserve their physical and mental well-being; working with the whole family while being mindful of family members in participants’ countries of origin; assisting in enrollment in health insurance; housing referrals; job readiness training service; and community building through monthly “Social Saturdays” programs in and around parks which include events, such as community dinners or movies. These programs are often facilitated in partnership with other agencies to best meet clients’ needs. In FY22, Asylum Works Inc. worked with 83 clients: 71 existing clients and 12 new clients.

CASA Inc. programs target immigrant residents in the County. The Employment and Training program in FY22 provided various employment services for 507 low-income Spanish and French-speaking immigrants. CASA’s Social Services Program provides linguistic and culturally appropriate case management, including wrap-around services such as emergency services, training, health insurance, financial assistance such as emergency rental assistance due to the loss of income as a result of the COVID-19 pandemic, financial counseling, referral services to other non-profit and County agencies, tax preparation, and legal services. In FY22, CASA Inc. provided services to approximately 900 households.

CASA’s immigration legal assistance programs provided Know Your Rights workshops to 3,478 participants. Since the workshops are now held virtually, this is a significant increase from prior years. The workshops cover safety measures to protect immigrants and their families. In FY22,

they administered financial assistance to 32 residents for citizenship to improve employment opportunities, including outreach and education on the naturalization process as well as comprehensive Immigration Relief Screenings for residents to determine eligibility for various forms of immigration relief. This includes Deferred Action for Childhood Arrivals (DACA), U Visas, Special Immigrant Juvenile Status, T Visas, Violence Against Women Act, and Family Petitions. DACA screenings are comprehensive immigration screenings for residents who are potential DACA applicants. These screenings also involve immigration relief regarding other immigration issues such as general removal defense, asylum, and family petitions for a naturalized citizen to sponsor others to immigrate to the United States.

VITA For New Americans or others who might not have the experience, educational, financial resources, or time to devote to learning individual tax policy and processes, the Volunteer Income Tax Assistance (VITA) Program offers free assistance to low-to-moderate income county households. A 2022 survey of clients of VITA was conducted to determine program impact and possible areas of program improvement. Responses were overwhelmingly positive regarding program participant experiences with VITA. Only 7.45% (n=7) of respondents were unsatisfied with the scheduling process, while 92.55% (n=87) were satisfied or very satisfied with the scheduling process. 97.81% (n=89) were satisfied or very satisfied with the level of respect from the tax preparer. Overall, 93.55% (n=87) were satisfied or very satisfied

with their overall experience versus 6.45% (n=6) program participants being unsatisfied, and 94.44% (n=85) of respondents would recommend VITA to a friend.

Some of the problems with the VITA program that respondents noted included a shortage of staff, the need for improved communication between staff and program participants, specifically citing an automated answering service, a staff member forgetting to submit a tax return, unreturned phone calls and emails, too many “vetting” appointments prior to the tax preparation services, and problems with scheduling. In short, communication and a lack of staff was frustrating for some participants. As discussed in following sections, during the COVID-19 pandemic, staffing was and continues to be an issue for the VITA program.

Caribbean Help Center Inc. works with immigrants from Haiti and African francophone countries, providing public awareness and immigration services. Caribbean Help provides workshops to inform county immigrant residents of their rights and available legal services serving 130 residents this fiscal year. The workshops are targeted to French or French Creole speaking residents. The Caribbean Help Center also assisted 30 elderly community members (ages 50 and older) and people with disabilities who need assistance with paperwork, aid with reading, translation of documents, and paying bills. For example, the agency may show clients how to pay rent or utilities and how to budget.

Catholic Charities of the Archdiocese of Washington provides several programs that assist the Latino

and new immigrant population. Their employment program served 248 residents in FY22, providing one-on-one job counseling, employment referrals, and job-readiness workshops to Latino and new immigrants in the County.

International Rescue Committee (IRC) provides for culturally proficient job placement and upgrade services with interpretation to ensure refugees residing in Montgomery County are economically self-sufficient. In FY22 they placed 39 program participants in employment with a living wage.

Spanish Speaking Community of Maryland Inc. provides immigration support services for the Hispanic community. They help residents with housing issues and link them with necessary resources to help them achieve self-sufficiency. Spanish Speaking Community of Maryland, Inc. served 476 participants with a vast array of services, including free consultations and applying for Visas and work permits.

Torture Abolition Survivors Support Coalition International's goal is to provide culturally sensitive trauma-informed legal representation and career development services for at least 15 asylees in the county who are survivors of torture.

The Takoma-East Silver Spring (TESS) Community Action Center in the Long Branch provides a one-stop-shop to the high number of non-English-speaking immigrants seeking assistance. They provide triage and link them to the necessary County resources for housing, food, legal

services, childcare, employment, and emergency services.

PROGRAMS FOR SENIORS

The County's senior population (65+) is projected to double between 2010 and 2040. Many programs, including new and innovative programs, have been developed over the years to support the County's seniors. The DHHS Aging and Disability Resource Unit (ADRU) oversees many of the programs offered to seniors and people with disabilities in the County. ADRU provides referrals, case management, and oversight of Adult Protective Services (services to adults who may be the victims of abuse or neglect). Staff link residents to housing resources, transportation resources, SNAP, Medicare/Medicaid, and financial assistance. They can also help residents identify nonprofit resources that may benefit them. ADRU also provides in-home care, support for caregivers, and respite care.

The Home Care/In-Home Aide Program provides in-home self-care services to seniors and adults with disabilities. Most participants are lower income, live alone, and have limited assistance from caregivers¹²⁰. In FY21, the program served 207 clients, 77% of whom were "frail seniors" and 23% of whom were adults with disabilities. The waiting list averaged 37 people per month¹²¹.

The Design for Life Program allows seniors to remain in their homes. Operated by the Department of Permitting since 2015, the program

120 <https://www.montgomerycountymd.gov/HHS-Program/ADS/ADSHomeCare-Aide-IHAS-p181.html>

121 Montgomery County Commission on Aging Presentation from January 2022

provides tax incentives for those who make changes to the structure of their homes in order to age in place¹²².

The Senior Nutrition Program

provides both home-delivered meals to seniors (through Meals on Wheels) and meals served in group settings at various centers in the County. During the COVID-19 pandemic, the program was not able to operate its congregate settings. In FY21, the Senior Nutrition Program served 505,922 home-delivered meals to 3,052 participants. Of those participants, 1,357 were determined to be at high risk of malnutrition¹²³.

Senior villages are “local, volunteer-led, grassroots organizations that aim to support community members who choose to age-in-place. They foster social connections through activities and events and coordinate volunteer help at home using neighbor helping neighbor model.” Villages offer a network to seniors of local community members who volunteer to take members to appointments or errands, assist with home repairs, or provide other support to those in need. Villages also foster community for seniors by organizing events and groups to develop more social connections¹²⁴.

The TESS Community Action

Center addresses the needs of seniors living in the Long Branch community through a senior social program, helping to reduce isolation. The senior social meets monthly during the warmer months and offers information sessions and special activities for seniors. During the COVID-19 pandemic, the senior social could not meet in person, but staff

remained in contact with participants, helping to ensure that, given the circumstances, they were managing well.

In partnership with the Capital Area Food Bank, TESS also served as a My Groceries to Go distribution site from 2015-2022. This program provides free boxes of groceries to seniors in the community once a month. This program was able to continue during the pandemic by providing outdoor distribution of the grocery boxes.

Community Action’s contract partners also work with senior residents of our community

ages 60 and older. The COVID-19 pandemic brought to new light the extended isolation for many seniors in our community. Several contract partners focus on serving this target population, as well as the TESS Community Action Center.

The Korean Community Service Center of Greater Washington (KCSCGW) provides both social services and senior academy classes in University Gardens apartments, a HUD-funded building for seniors in eastern Silver Spring. During the pandemic, the senior academy pivoted from group classes to online tutoring through smartphones, using KaoKao Talk (a Korean-language messaging app) and YouTube to deliver the class. In September 2020, 31 seniors participated in the smartphone class, and 24 seniors participated in an online art class and received the supplies needed to produce artwork and crafts at home. KCSCGW staff have also made calls for emotional support and delivered groceries during the pandemic, often reaching over 100 residents.

122 <https://www.montgomerycountymd.gov/HHS-Program/ADS/ADSHomeCare-Aide-IHAS-p181.html>

123 Montgomery County Commission on Aging Presentation from January 2022

124 <https://www.montgomerycountymd.gov/HHS-Program/ADS/Villages/VillagesIndex.html>

The Korean Association of the State of Maryland Metropolitan Area (KASMMA) helped seniors secure their COVID-19-related relief payments and continued to assist seniors in preparing for citizenship exams and accessing social services provided by the Montgomery County Department of Health and Human Services (DHHS). Since the pandemic began, and with a staff of one, KASMMA provided up to 175 social services appointments in a month, nearly all to seniors.

A few years prior, Caribbean Help added home-based services to assist seniors and people with disabilities with organizing and scheduling their bill payments, in addition to connecting residents to food, jobs, and applying for benefits and citizenship. The home-based services reach 35 – 60 people per month. To maintain physical distancing during the pandemic, home-based services continued through drop-off and pick-up. Caribbean Help has also offered group workshops to a limited number of seniors in apartment building lobbies, such as an October 2020 workshop on voter registration.

Community Health and Empowerment through Education and Research (CHEER) provides fresh produce deliveries in partnership with Hungry Harvest and emotional support calls to 34 participants of the Food is Medicine program for Long Branch residents with diabetes. In October 2020, this program delivered 124 boxes of produce.

FOOD ASSISTANCE AND SECURITY

Food insecurity is closely related to poverty, but not all people living below the poverty line experience food

insecurity, and people living above the poverty line can experience food insecurity. The CAA addresses food security by working closely with the Montgomery County Food Council who work to sustain a local food system through collaboration, transformation, and environment. The CAA monitors three main food service providers—Manna Food Center, Women Who Care Ministries (WWCM), Kids in Need Distributors (KIND)—as well as several organizations that have provided food services during the COVID-19 pandemic: CHEER, Catholic Charities of the Archdiocese of Washington, CASA, and the Caribbean Help Center.

Manna is the main county food bank; they provide several programs to address food security in the County. The Food for Families program distributes to families in need. They have seven satellite centers; they also provide food to smaller nonprofits, faith-based organizations, family social services agencies, Montgomery County Public Schools (MCPS), Housing Opportunities Commission (HOC), and the established food hubs throughout the County. The TESS Community Action Center (TESS) works closely with Manna Food Center to refer residents. From 2015 - 2022, in collaboration with the Capital Area Food Bank, TESS provided food for 40-45 seniors in the My Groceries to Go program.

As the county's main food pantry, Manna uses its platform for outreach and education; they offer food and education service throughout the county, engaging with regional office staff by participating in county sponsored activities. Manna's SNAP outreach includes targeted visits to

the East County Consolidated Service Hub. Bi-lingual SNAP outreach workers interact directly with the community at events, as well as on-line through the referral process, to assist participants in accessing critical SNAP benefits.

The CAA monitors Manna's main partner contracts. The Mobile kitchen provides pop-up-pantries and nutrition skill workshops serving adults and youth, the food for family's distribution, the farm to food bank that provides local grown produce to county residents experiencing food insecurity, and the weekend smart sack program that provide MCPS students with food for the weekend. Two other agencies--Women Who Care Ministries (WWCM) and Kids In Need Distributors (KIND)--also work with MCPS to provide nonperishable foods for students over the weekend. In FY22, the three agencies worked together in collaboration with MCPS to serve 30,909 students. During this time, Manna and WWCM distributed a total of 184,434 weekend bags. KIND also distributed grocery gift cards during the COVID-19 pandemic to 2,581 students and their families.

Due to the unique difficulties of working during the COVID-19 pandemic, there was a need to centralize food distribution, and eight County food and service hubs were established. Interfaith Works Inc., a contract partner, is one of the eight food hubs serving the Rockville area. The other hubs are the East County Hub at Kingdom Fellowship Church, Oak Chapel United Methodist Church Hub, Silver Spring Hub in Clifton Baptist Church in the Silver Spring

area, Gaithersburg CARES hub at the Seneca Creek Community Church in Gaithersburg, Mid-County Hub at Harvest Intercontinental Church (formerly Bethel World Outreach Church) in Olney, the Hughes United Methodist Church in Wheaton, and the UpCounty Hub at Black Rock Center for Arts in Germantown. During the height of the pandemic, the food hubs worked with the County's Food Security Task Force, which was created by the Office of Emergency Management and Homeland Security (OEMHS) to facilitate coordination and collaboration among government and non-government agencies working to address the unique food security challenges created and exacerbated by the COVID-19 pandemic.

In FY22, other CAA contract partners provided food to the residents due to the pandemic effects. Caribbean Help Center served 361 unduplicated households, Catholic Charities served 1,420 households, and Manna Food served 9,274 households via their food for families program.

HOUSING

Obtaining affordable housing remains a significant challenge for many County residents. In 2019, 26.7% of homeowners and 51% of renters were housing burdened (spending 30% or more of their income on housing costs), along with 63.7% of households with annual incomes of less than \$75,000¹²⁵.

Montgomery County offers several different programs to help residents with the high cost of housing. DHHS Services to End and Prevent Homelessness (SEPH) oversees

125 American Community Survey (2019)

many of these services, including Emergency Eviction Prevention, the Rental Assistance Program, Senior Assisted Living Subsidy Program, Shelter Services, and Utility Assistance provides emergency assistance to households. During the COVID-19 pandemic, the County received \$115 million in federal, state, and local rental assistance funds for those experiencing hardships due to the pandemic. SEPH oversaw the County's COVID-19 Rent Relief Program. As presented on the program website:

The COVID-19 Rent Relief Program provides short-term rental assistance to eligible households who have experienced a financial hardship due to the COVID-19 pandemic that has caused them to fall behind on their rent. The program is managed by the County's Department of Health and Human Services (DHHS) with funding from the Department of Treasury's Emergency Rental Assistance Program.

While funds are available, the program may provide up to \$12,000/up to 18 months (including previous Round 3 assistance) to eligible households to pay for back rent owed. For households below 30% of the Area Median Income (AMI), additional financial help may be available beyond the \$12,000, including up to \$2,000 for utility assistance. Funds awarded will take into account any other

local, state, or federal assistance received to pay rent¹²⁶.

As of the writing of this report, there have been four phases of the COVID-19 Rent Relief Program. During Phases 1 and 2, 4,600 households were provided with \$20 million in payments. Among participants, 44% identified as Black, 37% as Hispanic, 9% as White, 4% as multiple races, and 3% as Asian or Pacific Islander. Additionally, 18% had informal leases, and 20% were new DHHS clients¹²⁷.

The Housing Opportunities Commission (HOC) is a quasi-government agency in Montgomery County that oversees many of the County's federally funded housing programs. The HOC oversees housing programs for veterans, seniors, and disabled individuals. One of its primary programs is the HOC Choice Voucher program, which allows recipients to receive monthly rent subsidies for HOC-owned properties and privately-owned properties. HOC currently administers 7,144 vouchers to County households. The program is structured so that voucher recipients spend no more than 40% of their income on rent¹²⁸.

The Department of Housing and Community Affairs (DHCA) works to address the affordable housing shortage in the County through several strategies. According to the DHCA annual report:

[The DHCA] committed \$58.8 million in Fiscal Year 2020

126 <https://www.montgomerycountymd.gov/HHS-Program/SNHS/rent-relief.html>

127 DHHS Services to End and Prevent Homelessness (2021)

128 <https://www.hocmc.org/rental-programs.html>

and \$53.1 million in Fiscal Year 2021, along with policy tools, to reduce the housing cost burden of residents through a range of strategies that preserved and produced affordable housing and protected people who are most vulnerable. Overall, in both FY20 and FY21, the County supported approximately 6,300 affordable housing units through financing to establish long-term affordability, rental assistance to maintain affordability, support for home purchasing, and MPDUs (moderately priced dwelling units). Included in this total, the County supported preservation and production of approximately 1,000 more rent-regulated affordable housing units each year¹²⁹.

DHCA oversees several programs, including initiatives to maintain affordable rental units in existing complexes and create new affordable units in new construction. Many of the programs utilize federal funding, including the Community Development Block Grant (CDBG) Program, HOME Investment Partnerships Program (HOME), and Emergency Solutions Grants (ESG) Program. DHCA also received additional CDBG funds during the pandemic to address the emergency situation.

DHCA helps oversee the Moderately Priced Dwelling Units (MPDU) program. The MPDU program was

created by law in 1974 and requires that between 12.5% and 15% of the housing in new subdivisions of 20 or more units are moderately priced dwelling units (MPDUs)¹³⁰. Both the MPDU rental and purchase programs include minimum and maximum income requirements. In FY20 and FY21, more than 100 for-sale MPDUs were generated and more than 350 rental MPDUs were generated in new housing developments, per County requirements¹³¹.

DHCA also oversees Workforce Housing and first-time homebuyer programs. Its Office of Landlord-Tenant Affairs (OLTA) OLTA provides information and dispute resolution services to renters and landlords. In FY20, the OLTA fielded more than 9,600 service requests and contacts from tenants and landlords and received 687 cases. In FY21, OLTA fielded more than 9,500 service requests and contacts from tenants and landlords and received 611 cases¹³².

COMMUNITY HEALTH

The Department of Health and Human Services (DHHS), along with County nonprofits, offer numerous health services to residents. These include free clinics, cancer screenings, programs for pregnant women and new parents, dental services, and health education. The Office of Eligibility and Support Services (OESS) screens residents to determine their eligibility for most health insurance

129 https://www.montgomerycountymd.gov/DHCA/Resources/Files/director/publications/dhca_annual_report-fy20-21.pdf

130 https://www.montgomerycountymd.gov/DHCA/housing/singlefamily/mpdu/program_summary.html

131 https://www.montgomerycountymd.gov/DHCA/Resources/Files/director/publications/dhca_annual_report-fy20-21.pdf

132 https://www.montgomerycountymd.gov/DHCA/Resources/Files/director/publications/dhca_annual_report-fy20-21.pdf

programs, including Medicaid and Medicare, and completes the applications. Programs such as Care for Kids and Montgomery Cares provide medical care to uninsured residents. Both programs have an eligibility requirement of a household income of below 250% of the Federal Poverty Level¹³³. The TESS Community Action Center works with residents to link them with health insurance and help determine their eligibility for these programs.

Healthy Montgomery is Montgomery County's community health improvement process. The mission of Healthy Montgomery is to achieve optimal health and well-being for residents of Montgomery County, Maryland. Healthy Montgomery works with hospitals, nonprofits, advocacy groups, and other partners to address community-wide health issues, 132n extensive data collection, a community health needs assessment, goal setting, creation of a Community Health Improvement Plan, and close monitoring of key areas of concern. The program's website includes extensive data and interactive tools to help residents, researchers, and advocates better understand the most pressing health issues in the County¹³⁴.

Minority health initiatives

Montgomery County, while a "minority majority" community overall, is not without health and socioeconomic disparities across racial-ethnic groups. The African American Health Program, the Latino Health Initiative, and the Asian American Health Initiative, are led by community advisory boards

and staffed within the DHHS Office of Community Affairs, which also includes the Community Action Agency. These programs aim to address health issues and reduce disparities for minority communities in the County.

AFRICAN AMERICAN HEALTH PROGRAM

Established in 1999, the African American Health Program's (AAHP) mission is "to eliminate health disparities and improve the number and quality of years of life for African Americans and people of African descent in Montgomery County, MD." The AAHP addresses the health needs of Black and African American members of the community through numerous programs, including a Chronic Disease Management Program, Cancer Prevention Program, Maternal and Infant Health, Sexual Health, Mental Health, Men's Health Initiative, and Healthy Aging. The AAHP offers free fitness and nutrition classes, seminars, community events, and screenings. During the COVID-19 pandemic, the AAHP set out to address the disproportionate impact the pandemic had on the African American community. The program provided information to the community through its website and social media outlets, and distributed thousands of health information materials at local events. The AAHP also created numerous high-quality, culturally appropriate videos about their primary areas of focus¹³⁵.

The AAHP's [Racial Disparities in Health Care](#), published in June 2019, cited Darnestown and

133 <https://www.montgomerycountymd.gov/HHS/>

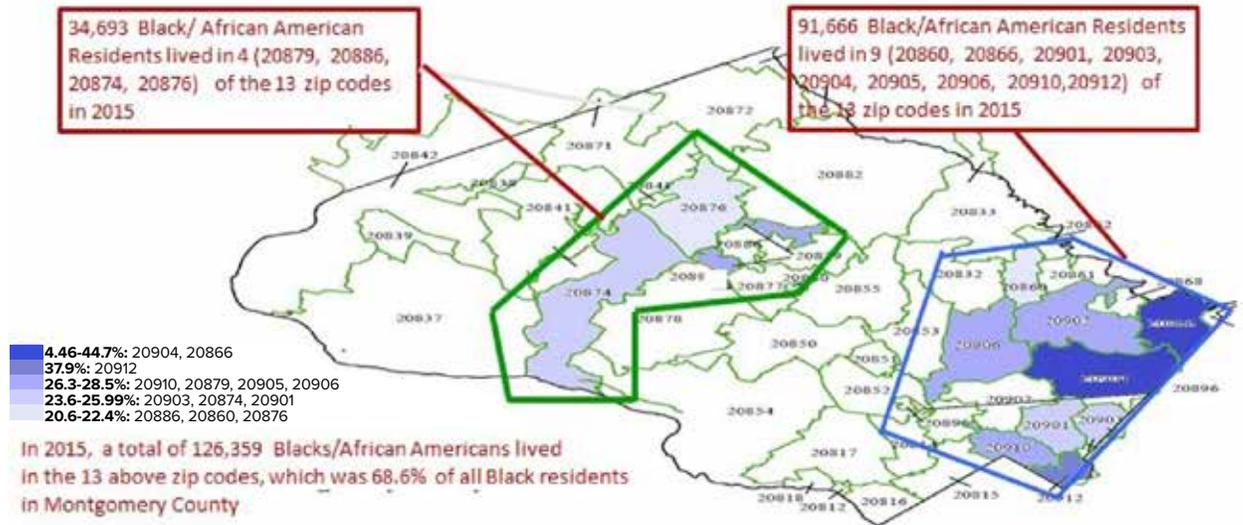
134 <https://www.montgomerycountymd.gov/healthymontgomery/index.html>

135 AAHP (2022)

FIGURE 27: MAP OF AFRICAN-AMERICAN POPULATION IN MONTGOMERY COUNTY BY ZIP CODE¹³⁶

MAP 1

Distribution ($\geq 20\%$ of Total Population) of Blacks/African American Residents by Highlighted Zip Codes Montgomery County, 2015



Montgomery Village in western Montgomery County, as well as Silver Spring, Colesville, and Burtonsville communities in eastern Montgomery County, as “hot spots” for African American deaths and diseases. As shown in Figure 197, 13 of the 50 ZIP Codes in the county are home to 126,359 African Americans, or 68.6% of the County’s Black population. These thirteen ZIP codes were identified as disparity hot spots where at least 20% of the resident population were Blacks and which were further analyzed to determine the extent of Black-White disparity. For example, there were 80 deaths from colorectal cancer in ZIP code 20879 and 969 deaths from prostate cancer in ZIP code 20866 (Montgomery Village) per 100,000 population among Blacks but zero deaths among Whites in both

ZIP codes. In ZIP code 20904 in Silver Spring (eastern Montgomery County), deaths among Blacks due to hypertension (HTN) were over five times the rate of Whites in the same area. Black residents in 20901, also in Silver Spring, were admitted to hospitals 40 times as often as White residents of the same ZIP code; among emergency room (ER) visits, Black residents were admitted nine times the rate of Whites. In western Montgomery County (ZIP code 20886), ER visits for type 2 diabetes were almost eight times more among Blacks than Whites. In ZIP code areas 20886, 20874, and 20876, Blacks were 40 to 70 times more likely to be diagnosed with chlamydia. Hospital admissions for Colorectal, Cervical, and Breast Cancer among Blacks were two to three times higher for Blacks than for Whites living in ZIP codes

136 AAHP (2019)

137 <https://aahpmontgomerycounty.org/wp-content/uploads/2020/01/Montgomery-County-Maryland-AAHP-Health-Disparity-Hot-Spot-Identification-Initiative-HDHSII-Report-Revised-Title-05Sep2019.pdf>

20879 (Gaithersburg) and 20906 (Silver Spring)¹³⁷.

Live birth data among first-time mothers showed that Black mothers suffered from diabetes almost five times more than White mothers in Silver Spring's 20903 ZIP code and Takoma Park (20912). Black Mothers in ZIP code 20860 (Ashton, Sandy Spring, and Olney) experienced pregnancy-related hypertension at a rate of 150 per 1,000 live births, compared to zero among White mothers. Black mothers in 20886 (Montgomery Village) were twice as likely as white mothers to suffer eclampsia. In Darnestown (ZIP code 20874), Black pregnant women had almost five times the risk of fetal deaths than White pregnant women. In three Silver Spring ZIP codes (20903, 20904, and 20901) and in Takoma Park (20912), infant death rates among Black mothers ranged from 9 to 16.9 per 1,000 live births. There were no infant deaths among White mothers in the same ZIP codes. Dental health indicators and mental health symptom data also demonstrate disparities for Black community members at a rate of two to 10 times that of their White neighbors in these ZIP codes.

In Germantown (ZIP code 20874) and Takoma Park (20912), Blacks are four or more times as likely as their white neighbors to live in poverty, and Blacks in Burtonsville (20866) were four times more likely to be unemployed than whites. The lack of health insurance coverage was three to twelve times greater for Black as compared to Whites living in ZIP codes

20860 (Sandy Spring), 20905 (Silver Spring), and 20912 (Takoma Park)¹³⁸.

The annual report highlights online chronic disease management program classes on reducing cancer risk, coping with a cancer diagnosis, and cancer resource teams. Diabetes classes range from prevention and control of diabetes through health education, exercise, a plant-based diet, and stress reduction to classes for gestational diabetes and the impact of diabetes on Alzheimer's disease and other forms of dementia¹³⁹. AAHP also offered classes on heart health and hypertension.

The AAHP offers a Remote Patient Monitoring Program (RPMP) to support self-monitoring and self-management of people living with diabetes and/or hypertension. The RPMP includes reports of blood pressure, glucose levels, and weight, referred to as the "ABCs: Hemoglobin A1c, Blood pressure, and Cholesterol" by way of glucose meters, strips, lancets, and blood pressure monitors¹⁴⁰.

Additional programs currently available from the AAHP include a weight management program, cancer screening in the community, and maternal and infant health support through SMILE: Starting More Infants Living Equally, which pivoted from in-home visits to virtual services. In FY21, SMILE mothers who were experiencing depression and anxiety, neglect and abuse, undocumented immigration status, language barriers, unemployment or underemployment, homelessness, and other complex

138 <https://aahpmtgomerycounty.org/wp-content/uploads/2020/01/Montgomery-County-Maryland-AAHP-Health-Disparity-Hot-Spot-Identification-Initiative-HDHSII-Report-Revised-Title-05Sep2019.pdf>

139 <https://aahpmtgomerycounty.org/wp-content/uploads/2022/03/FY21-AAHP-Annual-Report-FINAL.pdf>.

140 <https://aahpmtgomerycounty.org/wp-content/uploads/2022/03/FY21-AAHP-Annual-Report-FINAL.pdf>.

social and psychological issues were brought to the attention of AAHP's social worker. Through intensive collaboration and rigorous efforts, the SMILE team and AAHP's social worker helped SMILE clients meet housing, transportation, food, personal safety, and many other crucial needs. For instance, a 20-year-old pregnant woman experiencing homelessness was safely placed in a maternity home after being denied housing from a woman's shelter due to the COVID-19 pandemic. This course of events demonstrates the impact of AAHP's support and services during a crisis¹⁴¹.

While many in-person services were suspended due to the COVID-19 pandemic, the AAHP continued to promote and assist in coordinating STI testing, including for HIV/AIDS, at public health sites and shelters for people experiencing homelessness. The sexual health team also launched an online trivia game for workshops targeting teens and young adults. Mental health screening also continued among the heightened stresses of 2020/2021. A targeted outreach program to 15 faith-based communities to support Black men's health was launched in 2021 to ride a wave of COVID-19 education to increase knowledge of other health issues (Ibid, pp. 20 - 24). The AAHP also launched an online platform for seniors' health education in 2021 and partnered with Montgomery County Fire and Rescue to offer fire and injury

evaluations of seniors' homes¹⁴².

THE LATINO HEALTH INITIATIVE

Created in 2000, the Latino Health Initiative's (LHI) mission is to "improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, culturally and linguistically competent health wellness system that supports, values, and respects Latino families and communities"¹⁴³. The LHI oversees several programs, including the Asthma Management Program; Latino Youth Wellness Program; System Navigator and Medical Interpreter Program; Vias de la Salud Health Promoters Program; the Welcome Back Center of Suburban Maryland, which helps nurses and medical staff trained abroad recertify in the U.S.; and special projects. The LHI adjusted its mostly in-person model during the pandemic to provide many of its programs using a virtual platform. During the COVID-19 pandemic, the LHI collaborated with partners to oversee the Por Nuestro Salud y Bienestar program. The program included COVID-19 testing and vaccination, case management, mental health services, outreach and education, a helpline, and an extensive communications campaign¹⁴⁴. This initiative is credited with helping Montgomery County's Latino population achieve a very high vaccination rate.

141 <https://aahpmontgomerycounty.org/wp-content/uploads/2022/03/FY21-AAHP-Annual-Report-FINAL.pdf>.

142 <https://aahpmontgomerycounty.org/wp-content/uploads/2022/03/FY21-AAHP-Annual-Report-FINAL.pdf>.

143 <https://www.lhiinfo.org/about-us/#our-story>

144 https://www.lhiinfo.org/wp-content/uploads/2022/06/FY21_LHI_AR_508.pdf

The [Blueprint for Latino Health in Montgomery County, Maryland: 2017 – 2026](#) notes that Latinos make up 19% of the Montgomery County population, and half of the Latino community in Montgomery County was born outside of the United States, primarily in Central America (54%) and El Salvador in particular (39%). Yet the Latino community is diverse, including 8% from Mexico and 7% from Peru. Eight out of ten Latinos in Montgomery County speak Spanish at home. As a group, the average age of Latinos in Montgomery County is 31, as compared to the overall average age of 39 for Montgomery County residents. Thirty-four percent of Latinos are under 19 years old, and Latino households are larger, with an average of four household members, compared to the overall County average of three household members. Latino families tend to reside along the center of the County, from the southeast border communities of the City of Takoma Park and Silver Spring, through Mid-County (Aspen Hill and Wheaton), and a northwest trajectory along Route 355/ Rockville Pike across the communities of the City of Gaithersburg, Germantown, and Montgomery Village¹⁴⁵.

Access to education is a determinant of health and self-sufficiency in the United States. Twenty-eight percent of Montgomery County Public School students are Latino. Among the County's adults, one-third of Latinos over age 25 did not complete secondary school, two out of ten completed high school, and two out of ten have earned a college degree. Latinos in Montgomery County have

a higher unemployment rate than average (6% vs. 5% in 2016) and 13% live on household incomes below the poverty line, in comparison to 7% of the overall County population living in poverty. At the time of the publication of the 2017 - 2026 *Blueprint*, the service industry employed over one-third of working Latinos. Nineteen percent of Latinos at that time worked in natural resources, construction, and maintenance¹⁴⁶.

Barriers for Latinos to access equitable health care are caused by many factors: low education levels, poverty, inadequate transportation, lack of health insurance, medical office hours, and language. These in turn cause an inability to pay; lack of annual exams or personal health care history; lack of a primary care provider; and late prenatal care. Together these factors lead Latinos to having an increased likelihood of diabetes, childhood asthma, overweight and obesity, higher rates of teenage pregnancy, and death from a chronic illness.

Latinos are more likely than the average population to suffer from depression, anxiety, stress, and trauma-induced stressors such as separation from family members, social isolation, and living in an unfamiliar country, and some come from Latin American countries with histories of violence and civil war. Lack of understanding of mental health problems and lack of knowledge about the services available are compounded by insufficient Spanish-speaking providers, treatment centers, or health insurance.

145 <https://www.lhiinfo.org/wp-content/uploads/2018/10/Blueprint-Outreach.pdf>

146 <https://www.lhiinfo.org/wp-content/uploads/2018/10/Blueprint-Outreach.pdf>

ASIAN AMERICAN HEALTH INITIATIVE

Created in 2005, the Asian American Health Initiative's mission is "to improve the health and wellness of Asian American communities in Montgomery County by applying equity, community engagement, and data-driven approaches." AAHI engages in health education and outreach, health promotion, patient navigation, and capacity building. The Empowering Community Health Organizations (ECHO) program is an annual convening of community leaders and issue experts who come together to learn about a specific topic, such as grants, workforce development, and emergency preparedness¹⁴⁷. AAHI has created numerous health resources in multiple languages that are available for download on their website. During the COVID-19 pandemic, AAHI was actively engaged in educating the community, addressing community needs, and connecting residents with resources. These activities included COVID-19 testing and vaccination, food access assistance, creating mental health resources, and hosting special virtual programs about current topics related to the pandemic¹⁴⁸.

Montgomery County's Asian American population, defined as people with Asian ancestry who were born in or immigrated to the United States, has grown from 61,654 people in 1990 to 153,504 people in 2020. Asian Americans are fifteen percent of the current Montgomery County population and represent over fifteen ethnic groups. The five largest Asian ethnic groups in Montgomery County

are Chinese (28.1%), Asian Indian (25%), Korean (11.2%), Vietnamese (8.9%), and Filipino (8.7%). Other Asian ethnic groups in Montgomery County include Japanese, Burmese, Nepalese, Pakistani, Cambodian, Thai, Bangladeshi, Laotian, Indonesian, Sri Lankan, and Taiwanese. The median age of Asian Americans in Montgomery County is 40.4 years as compared to 37.1 years, nationally. The median age of Asian American males is 39.8 years and females is 40.9 years. The percent of Asian Americans in Montgomery County who are under 18 years of age is 19.8%. In addition, 14.6% of the Montgomery County Asian American population is aged 65 years and older compared to 12.4% nationally. When examined closer, nine Asian American communities in Montgomery County reported having at least 10% of the population aged 65 and older, with Burmese having 21.8% of their population aged 65 and older¹⁴⁹.

For over the past 40 years, Asians have been one of the highest proportion of immigrants in the U.S. compared with other racial and ethnic groups. An estimated 112,604 Asian Americans in Montgomery County, or nearly 70%, are foreign born. In Montgomery County, the Burmese and Nepalese communities have the highest percentage of foreign born, both at nearly 90%. Nationally, two-thirds of Asian Americans are foreign born. Approximately one-third (37.8%) of the foreign born Asian American population in Montgomery County are not U.S. citizens, compared to 42% nationally. Nearly 80% of Asians in Montgomery County reported

147 <https://aahiinfo.org/>

148 https://aahiinfo.org/wp-content/uploads/2022/01/AAHI_FY21_AnnualReport.pdf

149 https://aahiinfo.org/wp-content/uploads/2020/04/Blueprint_Final_Web_v3_ADA-compliant.pdf

150 https://aahiinfo.org/wp-content/uploads/2020/04/Blueprint_Final_Web_v3_ADA-compliant.pdf

speaking another language, and less than a third (29.9%) reported speaking English less than “very well.”¹⁵⁰

Asian Americans in Montgomery County have relatively high levels of educational attainment, with reports of 91.9% completing high school and 67% obtaining a bachelor’s degree and above. However, 8.1% of Asian Americans in Montgomery County have less than a high school diploma. When examining Asian subgroups, Cambodians (14.2%) and Vietnamese (14.8%) had the highest proportion among 25-year-olds and older who attained less than a 9th grade education. In Montgomery County, Pakistani, Nepalese, Sri Lankan, and Indonesian County residents reported an annual household income below \$80,000. Approximately 5.8% of all Asian American residents reported income in the past 12 months below the federal poverty level, with more than 10% of the Cambodian, Pakistani, and Thai populations living below poverty. Of those living below the federal poverty level, 48% are over the age of 55.

Health insurance coverage also varies widely across different Asian American groups in Montgomery County. Overall, approximately 6% of Asian Americans are uninsured. However, when examined further, 10% or more of many Asian sub-communities in Montgomery County are uninsured according to the American Community Survey, including at least 10% of the Burmese, Bangladeshi, Korean, Indonesian, Nepalese, Pakistani, Vietnamese, Sri Lankan, Filipino, and Cambodian communities.

Over one quarter of Asian Americans in Montgomery County are renters, and over 40% of Asian Americans who pay rent are housing-cost burdened, spending 30% or more of their household income on rent. Approximately 60% or more of the Cambodian, Sri Lankan, Nepalese, Taiwanese, Thai, and Vietnamese populations in Montgomery County spent 30% or more of their income on rent. Montgomery County’s Nepalese population living in rented units had the highest housing cost burden, at 89.6%¹⁵¹.

Communication barriers to equitable healthcare are a concern for the Asian American population across the U.S. According to the 2017 National Healthcare Quality and Disparities measures, Asian Americans experienced worse access to care, in comparison to Whites, for over a quarter of the data measures. For example, among adults who had any routine healthcare appointments in the past 12 months, those who “sometimes” or “never” received an appointment was over twice as high for Asians than for Whites (25.3% compared with 12.6%). Asian American children were over three times less likely to access routine appointments than White children (13% of Asian children compared to 4.3% of White children). Specifically in Maryland, lack of effective communication about medication and treatment among Asian adult patients while in the hospital and at hospital discharge was highlighted as a quality measure concern. Asian adult patients “sometimes” or “never” received effective (“good”) communication

151 https://aahiinfo.org/wp-content/uploads/2020/04/Blueprint_Final_Web_v3_ADA-compliant.pdf

152 US Department of Health and Human Services, Agency for Healthcare Research and Quality. (2018). 2017 National healthcare quality and disparities report. Rockville, MD: Pub. No. 18-0033-EF

about either the medications they were given in the hospital or discharge information¹⁵².

In 2017, the leading causes of death for Asian Americans nationally were cancer, heart disease, and stroke. Asian Americans have a high prevalence of specific conditions and diseases, including hepatitis B, HIV/AIDS, tuberculosis, and liver disease. In addition, it is estimated that Asian Americans have the highest rate of undiagnosed diabetes with one in two not knowing that they have diabetes, highest among all racial and ethnic groups¹⁵³.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that from 2008 to 2012, 13.4% of Asian American adults reported having any mental illness in the past year. Only 18.1% of these Asian Americans with a mental illness used any mental health services, which is the lowest among all racial/ethnic groups. Looking at the general population, Asian American adults have the lowest mental health service utilization rate, at 4.9%. This is consistent even when examining racial/ethnic use of mental health services by gender, poverty status, and insurance status. Asian Americans were also more likely than other racial/ethnic groups to believe that mental health services would not help.

Suicide and suicidal thoughts are also a significant issue among Asian American youth. When compared to non-Hispanic Whites, Asian American teenage females have higher rates of attempted suicide, with Asian American teenage males more likely

to have seriously considered suicide. In addition, Asian American females between 15 years to 24 years have the highest percentage of deaths due to suicide than any other racial or ethnic group. Post-traumatic stress disorder (PTSD) is prevalent among Southeast Asian refugees, due to trauma experienced before and after emigration to the U.S. Cultural differences and stigma may contribute to underreporting of mental health problems among Asian Americans¹⁵⁴. The AAHI has developed several resources for consumers and caregivers, including pamphlets, videos, and resource guides, regarding mental health topics, such as understanding mental health¹⁵⁵.

Health concerns and gaps highlighted in the AAHI Blueprint include fostering a culture of civic participation and engagement, measures to address acculturation gaps between first and second generations of immigrants, reducing seniors' isolation, decreasing stigma around mental health issues, and addressing language barriers to services¹⁵⁶.

EQUITY AND LEADERSHIP

Montgomery County Government staff training programs

Internal equity training programs are designed to build a more capable workforce and complement the work of community-based programs to address health disparities and inequities. In 2019, the Montgomery County Government established the

153 [Blueprint](#), p. 13.

154 [Blueprint](#), p. 14.

155 <https://aahiinfo.org/aahi-resources/#mental-health-resources>

156 [Blueprint](#), p. 17

Office of Racial Equity and Social Justice (ORESJ) to help reduce, and ultimately eliminate, racial and other disparities experienced by residents of color across Montgomery County. The ORESJ is a result of **The Racial Equity and Social Justice Act** and the MORE coalition, which included Community Action contract partners IMPACT Silver Spring and CASA. The ORESJ was formed to address racial-ethnic disparities in education, housing, transportation, poverty, and income. In Montgomery County, the White median household income (\$119,000) is almost double that of Hispanic or Latinx (\$66,000) and Black or African American (\$62,000) households, and White households earned approximately 10% more than Asian households (\$109,000). In Montgomery County, Black children in Montgomery County have a poverty rate more than six times that of White children¹⁵⁷. More members of the White (72%) and Asian (67%) populations received bachelor's degrees compared to Black or African American (43%) and Hispanic or Latinx (25%) residents. Likewise, more White (73%) and Asian (74%) populations own their homes in Montgomery County compared to Black or African American (43%) and Hispanic or Latinx (49%) residents¹⁵⁸. The ORESJ supports County Departments in normalizing conversations on race and other equity issues, organizing staff to work together for transformational change, and operationalizing new practices, policies, and procedures that are equity-centered impact plans. A core program is training County staff and conducting department-wide

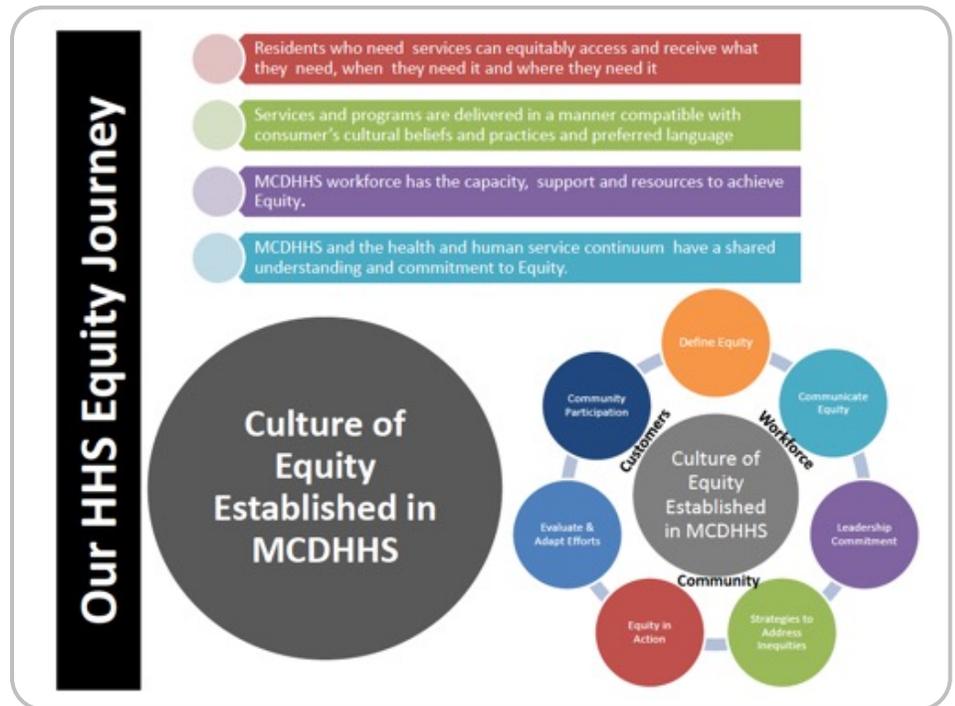
Equity Assessments to assist every department in creating Racial Equity Action Plans.

In DHHS, similar internal work intended to create a culture of equity began formally in 2015 when the Office of Community Affairs, which includes the CAA, launched the **DHHS Equity program**. This peer-to-peer training program equips DHHS employees with a foundational understanding of the systemic and environmental challenges impacting the health and well-being of the community and encourages them to transform practices to be streamlined, appropriate, accessible, and equitable. Since its inception in 2013, the DHHS Equity program has trained 1,127 county employees, including workshops added in the past few years on Implicit Bias. Since 2020, the DHHS Equity program has added book club discussions on topical books such as *White Fragility: Why it's so hard for white people to talk about racism*, by Robin DiAngelo, and *Blindspot: The Hidden Biases of Good People*, by Anthony Greenwald and Mahzarin Banaji. The goals of the DHHS Equity program are to ensure residents who need services can equitably access and receive what they need, when they need it, and where they need it; that services and programs are delivered in a manner compatible with a consumer's cultural beliefs and practices and in their preferred language; that the Montgomery County Department of Health and Human Services (MCDHHS) workforce has the capacity, support, and resources to achieve Equity; and MCDHHS

157 American Community Survey 5-year estimates

158 American Community Survey 1-year estimates

FIGURE 28: GOALS OF THE DHHS EQUITY PROGRAM¹⁵⁹



and the human service continuum have a shared understanding and commitment to Equity, as depicted in Figure 28.

Community Advocacy Institute (CAI)

In response to a recognition among CAA staff for a need in the community for advocacy training, and building upon Community Action’s history of prior advocacy training programs, in 2016 the Community Action Board established the Community Advocacy Institute (CAI) to teach advocacy skills. The program includes monthly workshops about advocacy topics, such as working with elected officials, key advocacy issues for low-income residents, storytelling, research, letter writing, and giving testimony. CAI participants complete an advocacy project, which includes submitting written testimony or testifying



CAI Graduate Freida Williams

before the Montgomery County Council about issues that impact lower-income residents, ensuring that these voices are heard when decision-making takes place.

There are 105 CAI graduates from the first six years of the program. According to CAI pre- and post-surveys, 60% of participants have been African American/Black, 21% Hispanic, 3% Asian, 7% White, and 9% other. Almost half (44%) of participants know another language besides

¹⁵⁹ <https://www.montgomerycountymd.gov/HHS/Resources/Files/Equity/Our%20Equity%20Journey.pdf>

FIGURE 29: CAI PARTICIPANTS AND COMMUNITY ACTION BOARD MEMBERS AT A TESTIMONY PRACTICE SESSION.¹⁶⁰



English, and 41% were born outside of the United States. Eligible program participants must be residents of Montgomery County, meet income requirements, and live across the County in order to reflect geographic diversity. Board members facilitate the monthly workshops and welcome guest speakers, including elected officials, advocates, and issue experts. Successful completion of the CAI includes participation in all workshops and completion of the advocacy project.

The FY20 CAI began as an in-person program but switched to a virtual format in March 2020 due to the COVID-19 pandemic. In May 2020, 14 participants graduated from the program. The FY21 CAI was the first all-virtual program. The program included the same requirements, with participants attending monthly workshops online and completing an advocacy project. In May 2021, 18 participants successfully completed

the program. The FY22 program included mostly virtual workshops with a few in-person, outdoor programs. A new feature of the 2021 program was the addition of Spanish interpretation and translation of written materials for participants who are English language learners. All workshops now include simultaneous interpretation, and all written materials are available in English and Spanish. Three of the 21 graduates in FY22 were participants who utilized the Spanish interpretation. The CAI will continue as a bilingual English and Spanish program.

During the 2021-2022 CAI, pre- and post-surveys were conducted to assess its impact. The survey respondents were overwhelmingly female (90.48%), over the age of 35 (80.95%), and primarily Black or Hispanic/Latino (85.72%). At the start of the training program, 57.14% of respondents said they were “extremely likely to participate”

¹⁶⁰ Photo available of CAI Participants and CAB members at a testimony practice session at the Montgomery County Council Building.

in community advocacy efforts; while after the training, 73.33% of respondents said they “are extremely likely to participate” in advocacy efforts in the future. As one additional indicator of the efficacy of the program, all respondents in the post-survey said they would recommend the CAI to a friend. Some of their feedback included, “It was very informative and a great learning experience” and that the program was an “excellent experience that will help me in future advocacy activities.” In other words, the views of participants express that the CAI helps them to build confidence to advocate for the needs of their neighbors.

Over the years, CAI participants’ advocacy projects have included testifying before County Council and submitting written testimony. Topics have addressed a wide range of issues, including food insecurity, affordable housing, services for children with special needs, employment for seniors, and services for residents with disabilities. CAI graduates have gone on to serve on County advisory groups, such as the Commission on Aging, Commission for Women, Commission on Children and Youth, and the Library Board; nonprofit boards, such as Interfaith Works; community groups; and engage in numerous advocacy efforts. Additionally, several CAI graduates participated in the Montgomery County Department of Environmental Protection’s Climate Stories Ambassadors Program, recording their own as well as other residents’ stories about how climate change has impacted their lives. CAI graduates have spoken at state and national conferences about the program and

their advocacy work, and two CAI graduates were featured in a Child Tax Credit outreach video created by the National Community Action Partnership.

Contract partners working towards equity

In the 1970s, Community Action was the first Montgomery County office to contract with a community-based nonprofit partner to provide services and boost low-income families’ self-sufficiency. Today, Community Action’s contract monitors work with contract partners rooted within low-income communities and strive to increase access to public services and lessen socioeconomic disparities. Current contracts that focus on equitable access to services and reducing health and socioeconomic disparities are with nonprofit partners including the Leadership Montgomery Education Foundation, Caribbean Help Center, Korean Association of the State of Maryland Metropolitan Area, the Korean Community Service Center of Greater Washington, the Spanish-Speaking Community of Maryland, Community Health and Empowerment through Education & Research (CHEER), and IMPACT Silver Spring.

Since FY2020, the Leadership Montgomery Education Foundation has received County support for programs to build capacity to address racial disparities and to advance racial equity in Montgomery County. The nine-month [Racial Equity Action Leadership \(REAL\) Inclusion program](#) examines systemic beliefs, practices, and policies that have perpetuated racial inequalities. The program is for teams of three to five staff representing different levels within an

organization. In FY22, REAL Inclusion focused on local government staff and Chief Equity Officers. Training begins with the historical roots of racism, and during interactive monthly sessions, teams are coached through their strategic plans and examined best practices for operationalizing equity. Leadership Montgomery's contract also supports [two-day training sessions using a Racial Equity Institute curriculum](#) designed to better understand institutional racism through historical, cultural, and structural analysis.

Community Health and Empowerment through Education & Research (CHEER) and IMPACT Silver Spring are both located in the Long Branch neighborhood in southeastern Montgomery County and use complementary outreach and neighborhood organizing approaches to empower low-income communities.

CHEER's contract monitored by Community Action is to expand and coordinate food resources and connect vulnerable Long Branch residents to healthy food, health, and wellness resources. CHEER serves 120 people with fresh vegetables, nutrition, education, healthy behavior education, and referrals to health and wellness resources from a community health worker for twelve weeks. Services are targeted toward people who have diabetes or other chronic disease and/or symptoms concurrent with COVID-19. CHEER also provides leadership development support to 40 residents, including skills-building in planning and conducting community events. Leadership training historically began through PTA groups at community schools and expanded during the pandemic to families living in neighborhood

apartment buildings and families accessing food through emergency food distribution at New Hampshire Estates Elementary School. Through other County contracts, CHEER staff refer community members to health care programs and assist people in signing up for the Affordable Care Act.

IMPACT has used targeted approaches to share information on resources for Ethiopian immigrant families with children with special needs and sewing circles to share information and create economic opportunities for low-income Latino families. IMPACT continues to be a part of and is actively engaged in the Montgomery County Racial Equity (MORE) program that is comprised of organizations and individuals who set up community forums to discuss racial equity.

Community Action contracts with several partners to provide interpretation and translation for health care and social services appointments, including the Caribbean Help Center, Korean Association of the State of Maryland Metropolitan Area, Korean Community Service Center of Greater Washington (KCSCGW), and the Spanish Speaking Community of Maryland. Each organization provides unique services to target populations. The Korean Association provided citizenship classes to over 900 people in FY22, as well as interpretation and translation for social services to over 1,200 people. KCSCGW provided case management services to 208 families and partnered with Mobile Medical Care to provide interpretation for 26 Korean-speaking clinic patients, as well as assisting 155 seniors in enrolling in Medicare Part D.

The Spanish Speaking Community of Maryland often assists in referrals for legal help, including for survivors of domestic violence and trafficking. The Caribbean Help Center, which has French-Creole and French-speaking staff, assisted over 900 County residents in FY22 with case



Hosted by the Montgomery County Commission for Women, Community Action Board members and staff participated in the Women's Legislative Briefing on January 26, 2020.

management, interpretation, and translation; provided financial management assistance for over 20 seniors; and assisted 120 County residents with job searches and filing for unemployment benefits.

A full list of Community Action's contract partners and the types of services they provide—like emergency food, case management, legal services, services for New Americans, and community engagement—can be found online¹⁶¹.

CAA COMMUNITY ACTION BOARD PERSPECTIVES

The Community Action Board (CAB) serves in an advisory capacity to the County Executive and County Council, and as an advocate on behalf of lower-income County residents. The CAB also serves as the governing body for the Community Action Agency and Head Start, along with the Head Start Parents Policy Council.

One of the most important principles and strengths of the CAA is maximum feasible participation. This refers to the inclusion and participation of lower-income residents in the planning process and all decision-making. One-third of the CAA's Community Action Board members are lower-income County residents. Many of the board members in this sector of the board have served in leadership roles.

The board's extensive advocacy helps the agency achieve its mission by submitting written testimony and testifying in person at public hearings in support of legislation that will help lower-income residents move toward self-sufficiency. The board has several historic priorities, including food and nutrition programs, early care and education, tax credits for lower-income filers and VITA, work supports, affordable housing, and policies to promote racial equity. The board advocates for the needs of the agency by testifying at County Council budget hearings and special DHHS Committee work sessions for Boards, Committees, and Commissions.

When the COVID-19 pandemic emergency started in March 2020, the CAB immediately switched to a virtual model without canceling a single meeting. Conducting virtual meetings allowed the board to meet its governing responsibilities and continue its advocacy work. Board leaders were able to testify virtually at public hearings, and the board was able to respond efficiently to a wide range of advocacy items.

Since 2019, the CAB's advocacy has included written testimony, in-person/virtual testimony, sign-on letters,

¹⁶¹ <https://www.montgomerycountymd.gov/HHS-Program/OCA/CommunityAction/Partners.html>

and meetings with elected officials regarding county, state, and federal matters. In FY20, CAB submitted testimony regarding 13 county-level matters, 18 state-level matters, and 6 federal-level matters. In FY21, the CAB submitted testimony regarding 4 county-level matters, 8 state-level matters, and 3 federal-level matters. In addition to advocating for the board's historic priorities, much of the board's advocacy in FY20 and FY21 has focused on policies and programs that aim to reduce the devastating impact of the COVID-19 pandemic on lower-income households. These policies included rent relief for those experiencing hardship due to the COVID-19 pandemic, expanded broadband access, grants for childcare providers impacted by the pandemic, and the Pandemic EBT program (assistance with purchasing groceries).

Of note, the CAB engaged in a great deal of advocacy in FY21 that was focused on ensuring full funding for the County's Working Families Income Supplement (WFIS). Historically, the WFIS has been a full match of the Maryland EITC. When the state EITC expanded in FY21 to include ITIN filers and a larger credit, the CAB advocated to ensure full funding for the WFIS so that everyone eligible to receive the state EITC would have the opportunity to receive the WFIS. Advocacy included meetings with County Council members, with partners from the CASH Campaign of Maryland and the Capital Area Food Bank, and testimony at a hearing for a bill that ensured full funding for the WFIS. Ultimately, the WFIS was fully funded and continues to fully match the state EITC.

In addition to testifying at the annual

Joint Delegation hearing in FY22, the CAB submitted testimony regarding 18 state-level bills. The CAB's advocacy addressed a wide range of issues, including the state EITC, Child Tax Credit, Supplemental Nutrition Assistance Program, paid family leave, eliminating sales tax for diapers, and a pilot program that would provide funding for the distribution of feminine hygiene products at three Community Action Agencies in the state.

Throughout the year, CAB leadership testified before the County Council for the DHHS Committee work session and annual budget hearing. Board members testified at hearings in support of County Council bills to limit rent increases, provide childcare grants, and establish a coordinating entity for early care and education. The CAB collaborated with the Head Start Parents Policy Council to advocate for nurses, Family Service Workers, and a supervisor to support expansion of pre-kindergarten in the state's Blueprint Plan. Additionally, the CAB advocated for four federal matters, contacting members of the County's Congressional Delegation.

The Community Action Board continues to collaborate with numerous groups to achieve its advocacy goals. These include the Maryland Community Action Partnership, Capital Area Food Bank, Housing Opportunities Commission, Human Rights Commission, and the CASH Campaign of Maryland (Creating Assets, Savings, and Hope).

In July - August 2022, an online survey was conducted to gather feedback from the Community Action Board members. The survey was based on the Community Services Block Grant (CSBG) Organizational Standards that pertain to the board's



Board members and staff at CAI Grab and Go event.

work and also included some general questions about the board members' experiences serving on the CAB. Eleven board members completed the survey. Four board members indicated that they had completed CSBG Organizational Standards training, three had not, and four were not sure.

When asked how the agency and board engage low-income residents in their activities, the top board survey responses were: by having low-income representatives on the board; participation in public forums or meetings; and participation in programs, training, and events that highlight the needs of low-income residents. When asked how the agency determines the needs of the community, the top board survey responses were: feedback from participants in the Community Advocacy Institute; using information gathered by partner organizations and other government agencies; community forums/meetings; analysis of demographic data; and feedback from customer satisfaction and needs assessment surveys.

Board members indicated that

they had participated in strategic planning in several ways, including development of board goals and priorities, participation in the Community Needs Assessment process, participation in the board retreat, and development of agency goals and priorities.

Board members reported that they had received a lot of training, including receiving board governing materials; an orientation session for new board members; various Head Start trainings; ethics training hosted by the County; training webinars about parliamentary procedure, the Open Meetings Act, and Community Action topics; and training held during regular board meetings. Board members would like additional training about several topics, including the legislative process, the County grants process, and board governance for the CAA and Head Start.

Nine out of ten board members indicated that they are regularly updated about the agency's CSBG funding. This is accomplished in multiple ways, including written reports from staff, data about the agency's programs, correspondence

regarding the board’s activities and advocacy, other materials shared with board members for meetings, and the CSBG annual report.

Board members were asked to rate their experiences as board members overall. Rate options were from poor to excellent on a scale of 1 – 5. The average rating was 4.18, with six board members selecting a 5 for “excellent” experiences, three selecting 4 for “good” experiences, and one Board member rating their experience as a 3 for “satisfactory.”

Board members were asked to select the community issues they thought were most important in Montgomery County from a list of multiple options. While some of the board members thought that all of the issues were important, the issues that were selected most often were affordable housing; rental assistance; public transportation access; access to mental health services; addressing racial and ethnic disparities in wealth, education, and health, immigration/ naturalization services; support for seniors; high-quality early care and education; lack of a living wage; community leadership training; engaging in civic opportunities; and food security.

Board members were asked to state in their own words how the agency can better help community members address their needs. Board members indicated they would prefer to continue to convene meetings with stakeholders, share about resources, and continue to develop the Community Advocacy Institute. One Board member noted that “the Self-Sufficiency Standard document really helps our government leaders and

partners understand the needs of low-income residents of our community,” while another Board member would prefer to “continue to assess the ongoing needs of low-income residents and conduct annual strategic plan activities to establish priorities in addressing identified needs.”

SUMMARY OF CAA PROGRAMS, PARTNERS, AND IMPACT

The mission of the CAA is to advance social and economic mobility for community members through services, partnerships, and advocacy using an equity lens. The CAA, through its programs and partner organizations, works to reduce existing inequalities and facilitate engaged community member leadership. Through programs such as the Community Advocacy Institute (CAI) and social infrastructure¹⁶² such as what comes through the Takoma-East Silver Spring (TESS) Community Action Center, which provides programs like VITA tax preparation services to low-income residents, the CAA seeks to bring neighbors together to aid the community in engagement and movement towards self-sufficiency.

KEY FINDINGS FROM CAA PROGRAMS, PARTNERS, AND IMPACTS

- The CAA focuses on programs for children, youth, families, and the elderly, such as Head Start which served 648 young children across 30 schools in 2021-22 or the Hole Care/In-Home Aide Program which served 207 clients alone in 2021.

162 Klinenberg (2018)

- Food assistance and security remain an important focus of the CAA. With seven satellite centers, Manna is the main county food bank. They provide several programs to address food security in the County, distribute food to families in need, and provide food to smaller nonprofits, faith-based organizations, family social services agencies, Montgomery County Public Schools (MCPS), Housing Opportunities Commission (HOC), and the established food hubs throughout the County. The TESS Community Action Center works closely with Manna to refer residents and also with the Capital Area Food Bank, which provided food for 40-45 seniors between 2015 and 2022.
- In FY22, Women Who Care Ministries (WWCM) and Kids In Need Distributors (KIND) served 30,909 students. During this time, Manna and WWCM distributed a total of 184,434 weekend bags. KIND also distributed grocery gift cards during the COVID-19 pandemic to 2,581 students and their families.
- Montgomery County offers several housing programs to help residents with the high cost of housing in the county. As of 2022, there have been four phases of the COVID-19 Rent Relief Program. During Phases 1 and 2, 4,600 households were served and \$20 million in payments were made. Among participants, 44% identified as Black, 37% as Hispanic, 9% as White, 4% as multiple races, and 3% as Asian or Pacific Islander. Additionally, 18% had an informal lease and 20% were new DHHS clients¹⁶³.
- The Department of Health and Human Services (DHHS) and county nonprofits offer numerous health services to residents. These include free clinics, cancer screenings, programs for pregnant women and new parents, dental services, and health education. The DHHS Office of Eligibility and Support Services (OESS) screens residents to determine their eligibility for most health insurance programs, including Medicaid and Medicare, and completes the applications. Montgomery County programs such as Care for Kids and Montgomery Cares provide medical care to uninsured residents through a network of private and nonprofit providers.
- In 2019, Montgomery County Government established the [Office of Racial Equity and Social Justice](#) (ORESJ) to help reduce, and ultimately eliminate, racial and other disparities experienced by residents of color across Montgomery County.
- The Volunteer Income Tax Assistance (VITA) Program offers free assistance to low-to-moderate income county households. A 2022 survey of clients of VITA showed overwhelmingly positive program participant experiences with VITA. Overall, 93.55% (n=87) were satisfied or very satisfied with their overall experience versus 6.45% (n=6) program participants being unsatisfied. 94.44% (n=85) of respondents would recommend VITA to a friend.
- The Community Advocacy Institute (CAI) is a free advocacy training program for lower-income County residents. The program was created by the Community Action Board in 2016 with the goal of

163 DHHS Services to End and Prevent Homelessness (2021)

teaching lower-income residents how to advocate for their own communities. To date, 105 participants in six cohorts have graduated from the program.

- According to CAI pre- and post-surveys, 60% of participants have been African American/Black, 21% Hispanic, 3% Asian, 7% white, and 9% other. Almost half (44%) of participants speak a second language besides English, and 41% were born outside of the United States. Participants live in various parts of the County, reflecting geographic diversity.
- At the beginning of the 2022 CAI training program, 57.14% of respondents said they were “extremely likely to participate” in community advocacy efforts; while after the training, 73.33% of respondents said they “are extremely likely to participate” in advocacy efforts in the future.

As we have shown, the CAA engages with partner organizations and works address inequalities in Montgomery County. The following section of this needs assessment focuses on discussing the main priorities which have emerged from the findings presented in Sections 2 and 3. It examines ways the CAA may anticipate serving these emerging and growing needs in the County.

SECTION 3

CAA Priority Emerging Needs and Actions

A comprehensive community needs assessment aids an agency in its planning process by determining the needs of a community through a snapshot of the service area and the characteristics of the community. In prior sections, we used the most current population-level data available to help determine the community needs of those within the CAA service area.

Primary data, including surveys, secondary and administrative data, program partner reports, performance measures, and program participant outcome data, were analyzed to identify overall areas of need and provide information on particular gaps that might strengthen the community, as well as information on all the services and programs offered by the CAA. We predominantly focused on identifying gaps in equity where the CAA might have specific and sustained impact, such as within communities of color and low-income populations.

This section of the needs assessment provides findings from nine individual discussions with program participants (five in English, two in Spanish, and one in Amharic and English) to help provide context on possible gaps in service or strengths of the CAA's existing programs. Interviews were coded for themes, and particular quotes were chosen to highlight these emergent themes. After providing these findings, we then focus on four emerging and growing needs in the CAA service area: housing security, the continued immigration of New Americans to the area, an aging population, and the environmental consequences associated with climate change and vulnerable communities.

INTERVIEW FINDINGS FROM CAA PROGRAM PARTICIPANTS

In this section, we provide findings from nine interviews that highlight lived experiences with the CAA programs and participant experiences in their communities. Qualitative data in the form of quotes from program participants are integrated into this findings section. Codes are available in the Methods section of the Appendix of this document. The table below highlights the programs that interviewees participated in. Please note that most of the nine interviewees utilized multiple services and/or programs.

Community assets

From places to engage in healthful behaviors, such as sports, strong social ties, helpful libraries, bike paths, and a diversity of restaurants, participants described again and again that they felt like the County

TABLE 1: INTERVIEWEES BY PROGRAM

PROGRAM OR SERVICE	NUMBER OF INTERVIEWEES
TESS Community Action Center	8
Rental and/or cash assistance	5
Food assistance	5
Community Advocacy Institute	3
Volunteer Income Tax Assistance	3
Translation services	3
Climate stories	2
Head Start	2
Parent education	1

was a pleasant place to call their home. One stand-out asset of the County described by participants was the strong social ties amidst diversity. A participant originally from West Africa describes how Montgomery County is a place of belonging for her.

I moved in Montgomery County in 2000. And I had loved it because there is this diversity in the whole community...I feel like in the County, everybody feels like you belong. It's almost like a whole village that even if you don't know somebody, but you take five steps ahead, you'll either find somebody who speaks your language or see your language reading on a mural. And there's always help for you in the community, whether it's somebody giving you advice or something. And it's all around the County.

It's clear that a strength of the County for this participant is the diversity of the community itself, a place where a mix of New Americans and those born in the United States can create a shared sense of community together. A different participant described the County as "a little UN." Participants also described the TESS Community Action Center as being a meeting place for people from all walks of life, but that TESS also provides essential help for County residents.

The TESS Community Action Center and Volunteer Income Tax Assistance

The TESS Community Action Center was mentioned by seven of the nine interviewees as being vital to

meeting their everyday needs. A veteran who has lived in the County all her life relies on TESS to help her navigate the maze of bureaucratic requirements for governmental assistance, saying:

Well, it is pretty tough living in Montgomery County. I like it. I grew up here, but it's tough when you are not financially up to snuff because I have to rely on a lot of the government subsidies, and I have no problem with that. It's just that the agencies and ***the application process and the re-certification, and then every little thing that comes about, well, you think you're going to get cut off for whatever reasons, that kind of thing. And it makes you nervous.*** That just happened the other day. And I just got it resolved this morning. Thank the Lord. But every time I have to do a review or recertification for food stamps, usually something goes wrong. And so, it's like an automatic threat to be cut off, and like, "Oh, I got to start all over again."

This veteran is clearly anxious that her governmental benefits could end at any time for complex and confusing bureaucratic reasons. For her, TESS services provide welcome relief. She also utilizes VITA services because she does not have access to the Internet at her home.

After receiving tax help from VITA, an elderly man, who has Crohn's disease and medical problems which required hospitalization on and off for multiple years, describes how he feels like he's been "adopted by a new family

of volunteers that really put their heart and soul into their work.” He also used food relief services from Manna, CAA’s contract partner. He called Manna a “very well organized and dedicated group that is helping a lot of people” who are “conscientious” about helping children in vulnerable families “to [get to] school with a full stomach.” He went on to explain that his retirement account is depleted, he lives on Social Security Disability Income, and without the assistance he receives from Manna, SNAP, or DHHS, “there’s just no way I could financially do it.”

Another elderly participant who describes herself as “a total disaster doing taxes” expressed how VITA helped her to understand that she qualified for the Earned Income Tax Credit (EITC). She had never known she qualified for the EITC, and it saved her a total of \$2,500 in taxes. She called the VITA volunteers “very personable, very helpful.”

Natalie, a participant originally born in Virginia, describes how the community of Montgomery County and the TESS Community Action Center are intertwined in her community:

Our place of faith is not far from us, so we can go worship. And also, there’s a lot of community organization staff. Like the TESS center, they used to help the children during Christmas and do some fun stuff with them. So basically even if you can’t really afford to do Christmas, but there’s a place where your children can go participate into children’s arts and craft, and they give them little gifts and stuff like that.

Natalie implies that having her church and the TESS Center in her community provides multiple ways for her family to connect with others and take advantage of services that improve their quality of life. Notably, she has utilized and engaged with nine separate programs or services that the CAA directly manages or partners with, demonstrating that clients return to the CAA for assistance and engagement.

Another participant, originally from Ethiopia, noted she has participated in five separate CAA programs or partner activities. For her, housing and medical assistance have been the most impactful for her and her family. She described in Amharic (translated into English by an interpreter) that she was forced to stop working during the COVID-19 pandemic and received an eviction notice because she could not pay rent. The rental assistance she received enabled her to remain in her apartment. She has also received assistance in getting her parents enrolled in Medicaid. She explained that the TESS Center provided a familiar and safe place where she could come to ask questions and find answers about everything from housing to medical assistance.

Another participant speaking in Spanish (translated to English) explained that, prior to the COVID-19 pandemic, she had never asked anyone for help despite being low-income. However, “*after the pandemic, I reached a state where I did need help. I had no health insurance and my salary is not enough to buy food.*” She explained that the help TESS provided to navigate getting a COVID-19 booster shot and food was integral to her survival during the height of the pandemic.

Community Advocacy Institute (CAI) and housing assistance

Natalie had many positive things to say about how the CAA has helped her to feel like she can advocate for her community, especially from her experience in the Community Advocacy Institute (CAI).

The CAI, I always say it's like that ray of sunshine that burst into my little darkness of shyness because I dreamt and always had it in my mind and spoke to families and relatives about early childhood education and how important it is. But I never had the will to speak about it out loud. And the **CAI gave me that force, I will say that magic wand to just be out there and say, "This is what I care about,** and I think if we tackle this issue, then the dice will fall in the right place." And since I took the CAI classes and advocated, now I can't be quiet about it because I'm like, "I know what I'm doing; I know this is right," and I'm just talking about it all the time.

She states that the CAI was a “*ray of sunshine*” that burst her “darkness of shyness.” In other words, the CAI gave her tools of empowerment for her to advocate for early childhood education.

Another participant, who moved from Pennsylvania to Montgomery County, Maryland over a decade ago, described that the CAI allowed her to feel comfortable speaking at County Council meetings in support of developing better transportation systems. This kind of community-building and social cohesion

development is a staple of CAA's work.

Other participants have had mixed experiences with the services in their community, in particular around housing affordability and the accessibility surrounding their attempts to utilize services. Almost every participant noted that they had affordable housing concerns in their community and the CAA helped link them to rental assistance. One elderly woman in her 70s who has utilized rental assistance with the help of the CAA described how her seniors-only building was bought in 2022 by a larger corporation. The new company increased rents dramatically and simultaneously became absent landlords. She explained that the new company does not respond to emails or phone calls, even when a water leak sprung up in the building. The residents resorted to calling the local Fire Department to take care of the leak because no one else would help them.

A man seeking housing assistance mentioned that his chronic health condition kept him from being able to utilize the assistance he qualified for through housing programs for a variety of reasons. For example, the apartment he was going to be given for a rental discount was positioned up too many flights of stairs to accommodate his disabilities. He also expressed that apartments that fit his needs were not available:

For example, someone called me one time and they said, what I have is efficiency. You need three bedroom. So I don't have what you need. Over the phone. So that was the end of that. It just doesn't make sense. It seems like you

should be up front until they find some something suitable for you... not just that they have the wrong thing for you. Then they put your name for another year to wait.

He expresses frustration at being placed on lists year after year instead of being given direct assistance. He went on to describe how he has also tried diligently to best utilize his human capital skills (i.e., his significant years of education), but life circumstances, such as illness, prevented him from being able to use his education to succeed in a career:

I don't get the same opportunity that other people, even though I have a master's degree...And for some reason that it's not my fault. Somebody hit me on my head two years back when I was working [in] Indiana, another result I get Parkinson's. So I feel that it's unfair, even though I did my share....I came here as an immigrant, I put myself... I worked two, three different jobs to go to college. And when I graduated, after I worked one year, I get hit in my head and my future goes into different direction. So it's unfair. And I feel that I'm treated unfair again when it comes to housing and other services [as an immigrant to America].

This participant, who has spent decades in the United States, explained that he is "still trying to prove" he is American, even after being here the majority of his life. He feels like "some people still see you as part of [an] ethnic group that doesn't belong in this country" even

after being a citizen for decades. Additionally, constraints and unexpected life circumstances, such as an injury and chronic health conditions, have led him to need the assistance of organizations like the CAA. He continued to discuss how, even though he has "*frustrations*" with some management of County services, he wanted to participate in the Community Advocacy Institute with the CAA "***because I want to work with the system rather than being outside the system and complaining.***" In other words, frustrations exist in navigating available services among minority populations, such as how he sees those with unrestricted birthright citizenship wielding the power to define what being an American is or is not. However, despite these setbacks, this participant acknowledges that the CAA provides valuable services for him as he tries to navigate bureaucratic systems and symbolic boundaries. Being committed to work within the American legal and political system to change it in positive ways is an important value for him. He called the CAI "*very professionally run*" and noted that the connections he made with others were important to him, even with the CAI being virtual due to the pandemic. He ended his interview saying he thinks Montgomery County "*is one the best counties to live in [in] the United States*" with "*wonderful*" and "*fine*" people at the CAA.

Another participant, who spoke in Spanish, noted that she would like to pass on the help she received from the CAA through volunteering herself. In other words, for some participants the CAA helps them while encouraging them to be more meaningfully engaged in their communities.

Recommendations from interviewees

Three participants described difficulties reaching DHHS or CAA staff members directly on the phone. For example, one participant said that SNAP seemed to be “*open, closed, open, closed, open, closed,*” and that participants have had “*problems getting in touch*” with case managers for the last few years. Participants described recommendations such as making staff more available and making applications easier to understand and more readable. Other recommendations included a transportation voucher so participants could afford to travel further away in the County for work; a desire for more classes regarding education for parents of young children; more accessible health care in the community; financial assistance for health care issues not covered by Medicaid; and more advertising from the CAA so that the wider community would know what services were available. Additionally, every participant mentioned problems with housing affordability, highlighting the importance of continued rental assistance and help navigating the current housing crisis.

SURVEY FINDINGS FROM CAA PROGRAM PARTICIPANTS

Program participants, of the CAA programs surveyed, generally had positive experiences with the programs. For example, all respondents of the Community Advocacy Institute (CAI), which trains

lower-income residents in advocacy skills, would recommend the program to a friend. 94.4% (n=85) of respondents of the Volunteer Income Tax Assistance (VITA) program would also recommend the program to a friend. However, there were some problems likely resulting from the COVID-19 pandemic, including lack of staffing contributing to poor communication between staff and program participants for the VITA program. For future needs assessments, the CAA will continue to monitor program outcomes and participant feedback. Additional monitoring for future community needs assessments will include primary data collection, such as surveys, focus groups, and interviews with program participants.

ANTICIPATING CURRENT AND EMERGING COMMUNITY NEEDS

Current community needs and equity gaps

As we have shown, Montgomery County is widely diverse, with people of color and those identifying as Hispanic/Latino accounting for the majority of residents now (57%¹⁶⁴) and projected to increase to 63% of the County’s population by 2025¹⁶⁵. Although Montgomery County as a whole has a relatively high median income (\$111,812 versus \$87,063 for Maryland¹⁶⁶), a low poverty rate (7.4%¹⁶⁷), and overall high levels of educational attainment, there are gaps in equity for County residents.

164 U.S. Census, Accessed 7/14/22

165 Montgomery County (2019)

166 U.S. Census, Accessed 7/14/22

167 U.S. Census, Accessed 7/14/22

For example, in 2019, the foreign-born non-citizens in the county had a poverty rate that was 65% greater than the overall county poverty rate and almost 82% higher than the native-born poverty rate¹⁶⁸. Moreover, poverty rates vary from 4.18% for Whites to 12.58% for “some other race,” meaning that a lot of variation and pockets of inequality exist within the overall statistics. 5,518 households utilized public assistance income in the past year in the County¹⁶⁹, and 37.42% of all public-school students (or 60,085 students) qualify for free or reduced-price lunches¹⁷⁰.

In 2018, three in 10 families in the County had incomes less than that needed for self-sufficiency, a measure of a living wage which defines the amount of income necessary to meet the basic needs of families¹⁷¹. More than half of Black and Hispanic families subsist below the self-sufficiency standard, while only 16% of White families subsist below the standard¹⁷². Moreover, Black and Latino residents experience gross rents that exceed 30% of their household income, and they are more likely to not have health insurance than their White counterparts¹⁷³. People of color make up the majority of those who are uninsured in Montgomery County. For example, only 2.02% of non-Hispanic Whites are uninsured versus 6.81% of Blacks, 6.31% of Native Americans or Alaska

Natives, 4.62% of Asians, 7.73% of Native Hawaiians or Pacific Islanders, 27.35% of those identifying as “some other race,” and 5.22% of those identifying as “multiple races”¹⁷⁴. Moreover, almost 1 in 5 Hispanic or Latino community members are uninsured versus 3.69% of the White population in Montgomery County. In short, there are documented inequities evident in health, food assistance, programs for New Americans, and housing security.

In the last ten years, the rate of population growth of Montgomery County (9.29%) has exceeded that of the state of Maryland (6.99%)¹⁷⁵, with the non-White population rising to 63% of the overall population by 2025¹⁷⁶. As discussed, the relatively high median household income in the County (\$111,812)¹⁷⁷ may mask a more nuanced reality in the County surrounding poverty and inequality. For example, foreign-born non-citizens in the county had a poverty rate almost 82% higher than the native-born poverty rate¹⁷⁸.

Inequalities between races and among U.S. born residents, naturalized citizens, and immigrant groups show up in particular outcomes such as unemployment and housing security. They become apparent when focusing on the composition of racial and ethnic communities, which we examined in earlier sections of this needs

168 Montgomery County (2019)

169 Montgomery County (2019)

170 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

171 Montgomery County (2018) and (2016)

172 Urban Institute (2017) and Massachusetts Institute of Technology Living Wage calculator

173 Jupiter Independent Research Group (2019) (analysis of American Community Survey data)

174 American Community Survey (2016-2020) via University of Missouri CARES CHNA tool

175 U.S. Census Bureau Decennial Census 2010 and 2020 via University Missouri CARES CHNA tool

176 Montgomery County (2019)

177 U.S. Census, Accessed 7/14/22

178 Montgomery County (2019)

assessment. Community health outcomes and corresponding needs also have existing disparities that should be addressed. The CAA, through its programs and partner organizations, works to reduce existing inequality and facilitate engaged community member leadership. Below, we discuss anticipated growing needs in the County and action steps the CAA may take to continue to address gaps in community needs. Three areas where we anticipate growing needs in the County the CAA may focus on include New Americans, a growing elderly population, and problems of environmental justice in vulnerable communities.

Emerging and growing needs

Housing

Although affordable housing is not a new need, the issue continues to grow each year and continues to pose increasing challenges for Montgomery County residents. The Self-Sufficiency Standard states that housing is one of the largest expenses for County households, along with child care costs.¹⁷⁹ Every CNA interviewee mentioned the importance of housing security and a growing need for affordable housing for themselves and their families. In Montgomery County, 48.31% of all rental households are cost-burdened, and 26.87% of owner-occupied households with mortgages are also cost-burdened, which is defined as those who spend more than 30% of their household income on housing costs.¹⁸⁰

Montgomery County Government and the County's elected officials are well-aware of this issue. In the Montgomery County Interagency Commission on Homelessness Strategic Plan for January 2020 – December 2023, one of the key strategies listed is building and supporting affordable housing options across the homeless continuum.^[1] They intend to “increase and preserve the supply of affordable housing to ensure people within the homeless continuum have sustainable and affordable housing opportunities.”¹⁸¹ Their stated outcomes are:

- Increase in availability of affordable housing units, including dedicated Permanent Supportive Housing (PSH) units, and an increase in the number of people from the homeless continuum who are able to access these units and remain housed.
- Increase PSH by 100 units
- Increase RRH [Rapid Re-housing] by 350 units
- At least 10% of all newly produced or preserved affordable units dedicated to households experiencing homelessness

The County's Department of Housing and Community Affairs (DHCA) states in its FY20 and FY21 annual report that the County needs 20,000 more affordable housing units for families earning 50% or less than the Area Median Income. They also note that the “Council of Governments (COG) predicts a need for about 40,000 more housing units by 2030. Montgomery Planning predicts one-fourth of new households will need

179 <https://selfsufficiencystandard.org/>

180 American Community Survey (2016-2020) 5-year estimates

181 <https://www.montgomerycountymd.gov/Homelessness/Resources/Files/Documents/MCStrategicPlanFinalJan2020.pdf>

housing affordable up to 50% AMI.”¹⁸² DHCA’s strategic plan highlights several strategies that can address this issue, including expanding programs such as the Moderately Priced Dwelling Units (MPDUs), Low-Income Home Tax Credit, and rent supports. Simultaneously, the County must preserve existing affordable housing options and protect residents from displacement.

During the COVID-19 pandemic, emergency rental assistance programs and caps on rent increases were put in place to prevent a housing crisis and keep households in their homes. It is important to note that these programs will likely come to an end soon, contributing to this emerging and growing need in the County in the near future. The County must therefore prepare now to address the needs of residents who continue to struggle with the financial impacts of the pandemic.

Community Action directs residents in need of affordable housing to the Housing Opportunities Commission, SEPH, and DHCA programs.

Homeowners may receive financial help paying their mortgages through the Maryland Homeowner Assistance Fund. Two nonprofit organizations, the Latino Economic Development Fund and the Housing Initiatives Partnership, assist County residents in applying for this support. TESS staff assists clients in completing applications for several housing and rental assistance programs. As well, the Community Action Board will continue to focus

on increasing affordable housing and addressing the needs of renters as one of its key advocacy priorities. Policy changes must be made at the county, state, and federal levels in order to address this growing issue and ensure that households of varying income levels can continue to live in Montgomery County.

New Americans

Fully 32% of Montgomery County residents are foreign-born (compared to 13.51% for the United States)¹⁸³. Comparatively, the County also has a high percentage of those ages 5+ with limited English Proficiency (14.59% in Montgomery County versus 8.25% in the United States).¹⁸⁴

From spring through September 8, 2022, Washington, DC has received 9,400 asylum seekers bused from the southern U.S. borders in Arizona and Texas. The District of Columbia’s mayor, Muriel Bowser, has declared a state of emergency and is creating an Office of Migrant Services to assist new arrivals with meals, transportation, and emergency shelter.¹⁸⁵

Many of the new arrivals end up in Montgomery County, as a temporary stop on their way to relatives and other contacts elsewhere in the United States or to reside locally. On May 16, Community Action’s Service Navigators and staff from the Takoma-East Silver Spring (TESS) Community Action Center, along with the Montgomery County DHHS Newcomers Program and Mass Care Team, welcomed 40 people in

182 https://www.montgomerycountymd.gov/DHCA/Resources/Files/director/publications/dhca_annual_report-fy20-21.pdf

183 American Community Survey 2016-2020 via University Missouri CARES CHNA tool

184 American Community Survey estimates (2016-2020) via the University Missouri CARE CHNA tool

185 <https://www.washingtonpost.com/dc-md-va/2022/09/08/bowser-public-emergency-migrant-buses/>

approximately 16 families to a DHHS shelter. Colleagues had started opening the shelter the day before, setting up beds, cleaning office spaces, and planning the flow of how families would be received and served. The newcomers had started this leg of their journey from the U.S. border in Arizona and landed in the National Capital area after a forty-hour bus ride. The DHHS team provided respite from the newcomers' journey with warm meals, showers, beds, and friendly faces. The Navigators and TESS staff assisted in registering the families with the shelter and booking flights and buses to their next destination where they would reunite with their families and friends.

The Washington Metropolitan area has also become home to an influx of families from Afghanistan since 2021. With fifty-five volunteers in FY22, Community Action's contract partner KindWorks set up four households for twenty-two people from Afghanistan. KindWorks, which is contracted to engage community members in supporting local nonprofits' needs for volunteers, fully furnished the new apartment homes, collected and refurbished donated computers, and filled refrigerators with culturally appropriate food.

Several of Community Action's contracts with local nonprofit partners provide services to new Americans, including the following services targeted to asylees and refugees:

- FAIR Girls provides survivors of trafficking with client-centered, trauma-informed case management, including safe housing, while training community partners to create referral pathways
- International Rescue Committee provides job placement assistance
- Kids In Need of Defense provides pro bono legal assistance for minors who arrive at the U.S. border unaccompanied by an adult
- Spanish-Speaking Community of Maryland provides case management, including legal referrals for survivors of trafficking and domestic violence
- Torture Abolition and Survivors' Support Coalition (TASSC) International provides legal services and employment assistance.

Community Action also provides ongoing and long-term case management for a wide range of immigrants through contract partners like Catholic Charities of the Archdiocese of Washington, Caribbean Help Center, and CASA, Inc., and they provide citizenship preparation through contracts with partners like African Communities Together, Korean Association of the State of Maryland Metropolitan Area, and Community Reach of Montgomery County.

An aging population

As is in much of the United States, Montgomery County has a growing aging population. In 2016, 1 out of 7 residents were ages 65 or older. By 2040, 1 out of 5 residents will be 65 or older, with a large portion ages 76 or

older¹⁸⁶.

The elderly population has a disproportionate share of stated disabilities. Of the total non-institutionalized population of Montgomery County, 8.49% have a stated disability, the majority of those with a stated disability being White (58.3%) and over the age of 65 (47.7%)¹⁸⁷. The 65+ population in Montgomery County also has a disproportionate share of stated disabilities (26.48%) versus those of all ages in the County (8.49%)¹⁸⁸. As such, this vulnerable community should be prioritized when anticipating the growing needs of the community.

With the senior population increasing substantially in the coming years, the Montgomery County Commission on Aging and other groups have flagged critical issues that must be addressed. The Commission on Aging Briefing Book for 2021 highlights several critical issues for seniors: affordable housing; transportation, driver safety, and pedestrian safety; assisted living affordability and access; caregiver support; elder abuse, neglect, and exploitation; health and social services; quality of care in long-term care facilities; social isolation and mental health; home- and community-based services; and access to and the affordability of these services. The report also highlights three “crosscutting” issues: diversity, communications, and ageism.¹⁸⁹ Some of these issues are highlighted below.

A communications issue that must be on the County’s radar is the diversity of the senior population and the need

for culturally and linguistically-competent services. The Older Adults in Montgomery County Snapshot indicates that, by 2045, 66% of the 55+ population will be non-White. Currently, there is a high percentage of seniors who do not speak English well or “not at all”: 35.4% of Hispanic seniors, 32.2% of Asian seniors, and 21.1% of Indo-European seniors (65+). As the size of the senior population grows, the County must ensure that services are accessible to residents of different backgrounds and varying levels of English proficiency. This could entail hiring more multi-lingual staff and providing more training about diversity and delivering culturally-competent services to clients.

Another critical issue for lower-income seniors is the cost of housing. The cost of housing in Montgomery County has continued to skyrocket. In 2019, 32% of seniors 65+ were spending over 30% of their income on housing costs. Renters were especially burdened, with 55% of senior renters spending 30% or more of their income on housing. In years to come, the County will need to ensure affordable housing options specifically designated for seniors continue to be created and expanded. Specific needs in housing designated for seniors include proximity to public transportation and accessible floor plans for people with disabilities. The County may need to expand rental assistance programs or create new supports specifically for seniors.¹⁹⁰

Lastly, many seniors will need high-

187 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

188 American Community Survey (2016-2020) via University Missouri CARES CHNA tool

189 [https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/online%20Briefing%20Book%202021\(1\).pdf](https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/online%20Briefing%20Book%202021(1).pdf)

190 Older Adults in Montgomery County: Data Snapshot January 2022 presentation

quality, affordable in-home and assisted care for help with daily living. The cost of such in-home care per year is between \$175,000 and \$219,000. Assisted living facilities can cost \$54,000 to \$180,000 per year, and skilled nursing can cost up to \$156,000 per year.¹⁹¹ These amounts present extreme burdens for seniors on fixed incomes. The County will need to explore additional supports for seniors and their families who are struggling to pay for assistance in-home or in a facility to support activities of daily living.

The County has already acknowledged the importance of and placed an emphasis on allowing seniors to age in place. For example, the county's Villages program, facilitated by the DHHS Division on Aging and Disabilities, aims to help residents remain in their homes by developing networks within communities to help seniors with transportation, complete home repairs, and have regular social interactions with community members¹⁹². For seniors who require assistance with daily activities in their home, the County will need to explore new programs and services. In FY21, the County's in-home care program had an average monthly waiting list of 37 people.¹⁹³ This relatively small program serves about 185 people each month and needs to be expanded. Financial supports for seniors living on fixed incomes who hire in-home care should be made available.

For seniors who need assistance of

any kind (in-home or assisted living), a final critical component of note is the shortage of qualified employees to provide this type of care. According to an American Health Care Association/ National Center for Assisted Living survey in June 2022, "87% of nursing home providers are facing moderate to high staffing shortages, with nearly half (48%) struggling with a severe staffing shortage." The COVID-19 pandemic has led to nursing homes losing about 15% of their staff.¹⁹⁴ There are many reasons for these shortages, but a primary focus needs to be on adequately funding facilities so that nursing homes can pay a living wage and retain staff. Federal funding for Medicaid will be critical to addressing this shortage. The County can help address the issue through the creation of more training programs and scholarships for those interested in starting careers as nurses, in-home providers, and assisted living staff. Expanding the Latino Health Initiative's Welcome Back Center, which helps internationally trained nurses earn their Registered Nursing License, could also expand this workforce.

Environmental justice and the impact of climate change

Maryland has 3,100 miles of coastal shoreline and is the fourth most coastal U.S. state, when including its borders with the Atlantic Ocean and the Chesapeake Bay. Montgomery County is in central Maryland and includes a vast network of stream tributaries that flow into the Anacostia and Potomac rivers and feed

191 [https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COMMISSION%20ON%20AGING%20ALCA%20POWERPOINT%20\(1\).pdf](https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/COMMISSION%20ON%20AGING%20ALCA%20POWERPOINT%20(1).pdf)

192 <https://www.montgomerycountymd.gov/HHS-Program/ADS/Villages/Villagesindex.html>

193 Older Adults in Montgomery County: Data Snapshot Presentation January 2022

194 <https://www.usnews.com/news/health-news/articles/2022-06-29/staffing-shortages-have-u-s-nursing-homes-in-crisis>

into the Chesapeake. Montgomery County's southwest border is along the Potomac River, across from Loudon County, Virginia. As such, Montgomery County residents are impacted by a changing climate through the effects of flooding.

The **Montgomery County Climate Action Plan**¹⁹⁵ was released in June 2021 and details a framework of action steps Montgomery County is taking to reduce emissions and foster the County residents' resilience against climate change. The County Executive and the Department of Environmental Protection encourage County employees to better inform themselves on the impact of climate change on County residents, intending to foster a culture of resilience and adaptation to rising sea levels, which impacts all the above waterways and leads to increasingly heavy precipitation,

more intense storms, and extreme heat events.

In 2022, the Association of Climate Change Officers and the Maryland Climate Leadership Academy presented to representatives of Montgomery County Government "Climate Impacts and Implications in the Mid-Atlantic United States and Maryland," largely drawing from research shared in the Fourth National Climate Assessment (2018). In Maryland, disproportionate impacts of climate change are anticipated for vulnerable populations, including children and pregnant women, people who work outdoors, and people with pre-existing medical conditions—such as asthma and hypertension—people with mental health disorders, people who are homeless or living in sub-standard housing, and people who speak English "less than well"¹⁹⁷. Climate-related public health threats impacting Montgomery County include increases in:

- heat-related illnesses, including stroke, heart attack, and asthma attacks¹⁹⁸
- insect and vector-borne illnesses (e.g., Lyme disease)¹⁹⁹
- impacts from flooding, including disruptions to communications and roadways, water-borne illnesses, and displacement from homes²⁰⁰
- food security impacts, including the reduction of food shelf life as well as agriculture impacts²⁰¹
- mental health impacts from all of

FIGURE 30: PHOTO OF A BASEMENT FLOOD TO WHICH TESS RESPONDED IN AUGUST 2021



195 Montgomery County Climate Action Plan (2021)

196 USGCRP (2018)

197 Montgomery County Climate Action Plan (2021)

198 Sapkota, Dong, Li, Asrar, Zhou, Li, Coates, Spanier, Matz, Bielory (2020)

199 CDC (2021)

200 USGCRP (2016)

201 CDC (2021)

the above.

As part of the County's efforts to address climate change, the Climate Stories Ambassadors Program was established in 2021. Hosted by the Department of Environmental Protection, the program includes three virtual workshops that teach participants about climate change and how to use storytelling as an advocacy tool. Participants record their own climate stories and interviews with community members who wish to share their climate stories. The Community Action Agency, along with the Minority Health Programs, was actively engaged in the creation of the program and in recruiting participants. Five participants in the very first cohort were graduates of the Community Action Board's Community Advocacy Institute (CAI). Since that first cohort, other CAI graduates have participated in the program. The program has included a Spanish-speaking cohort and one that focused on youth. Selected climate stories are [posted online](#).

Climate change is already impacting Community Action's services and the perspective of many Community Advocacy Institute alumni. Two services are most heavily impacted today by climate change, and one will be in the future.

In 2016, an apartment building in the Long Branch area of Silver Spring exploded due to a gas leak, a disaster that tragically ended eight lives. In partnership with DHHS Mass Care operations, the American Red Cross, and nonprofit partners, the Long Branch partnership was born to quickly dispatch short and long-term emergency assistance. The TESS Community Action Center provided case management for longer

term rehousing, food, clothing, and more. Since 2016, the TESS team and its partners have responded to other fires, floods, and extreme weather events that have disrupted housing, such as heating failures in cold weather. In 2021, TESS staff provided the long-term case management to residents of a Rockville basement apartment building that flooded and resulted in the loss of one life. The flooding in that incident directly resulted from an extremely rapid rainfall that crested a nearby creek above its historical boundaries and breached the apartment windows and doors. While Montgomery County is experiencing more frequent flooding and other extreme weather changes, the Long Branch neighborhood and Montgomery County in general have become home to many people who have fled their home countries due to earthquakes, hurricanes, and other natural disasters that have made their homes unsafe and their economic situations unsustainable. Both local and international disasters have increased the need for TESS case management services. In the short-term, Community Action secured CARES Act funding for service navigators to supplement TESS staffing. More case management staff may need to be funded in the longer term to meet these needs.

Community Action is also directly involved in food distribution. Contract monitors work with the major County contracts for food security—Manna Food Center, Women Who Care Ministry, and Kids In Need Distribution—and other contract partners who also distribute food, such as CHEER, the Caribbean Help Center, and Catholic Charities. Amid

the economic crisis resulting from the COVID-19 pandemic, the nonprofit partners and the County worked to establish seven food distribution hubs with links to case management (public and nonprofit). With climate change, Montgomery County is likely to see more economic disruptors of food security, such as threats to agriculture directly resulting from climate change impacts on pest reproduction and weather-related crop failures. The food distribution hub model may become a permanent necessity as the effects of climate change take hold in Montgomery County. Centralized food distribution also provides opportunities for education about energy savings to cut utilities costs, perhaps assist enrollment in Alert Montgomery (an emergency alert system that sends email, text, or voice messages), and/or other opportunities to tie in service population adaptation and resilience to climate change.

Climate change is also prompting the federal government to increase tax credits related to reducing home energy use and reduced reliance on fossil fuels. VITA staff and volunteer training will be impacted by new tax credits and their benefits to taxpayers, both in the short-term (tax refund) and long-term (reducing climate change impacts on their lives).

Several alumni of the Community Advocacy Institute recently participated in the Climate Stories project with the assistance of the Montgomery County Department of Environmental Protection. CAI alumni used their advocacy skills to speak up for the impact of climate change on their lives and motivate others to stand up for the environment. For instance, one woman told of the recreational benefit

of a forest with trails along a creek in her neighborhood. But with heavy rains, the garbage from the forest is washed into the creek, which makes her feel badly for the creek and the people who live in the area. Another CAI alumnus advocated for and started a community garden to address food budget and nutrition needs in her neighborhood. This type of action increases community adaptation and resilience to climate change.

Altogether, Community Action has identified the impact of climate change on a) TESS case management needs, both new arrivals from earthquakes and hurricanes and locally displaced residents in need of crisis management; b) food distribution services, both to address food security in a changing climate and economy and to be used as centralized service places for education and engagement; and c) tax credits as financial incentives to reduce fossil fuel reliance and increase self-sufficiency. Finally, the Community Action Board's advocacy training program is an opportunity for community members to improve the quality of their lives, which may include sharing their motivation to address climate change.

Strategic Planning and Community Action Plan

As a public Community Action Agency that is part of the Montgomery County Department of Health and Human Services, the agency follows the department's strategic plan. The department's most recent strategic plan is the DHHS Strategic Road Map for FY16 – FY18. The four key themes of this plan were:

- Service Delivery Transformation
- Effective and Equitable Service

Delivery

- Capable and Engaged Workforce
- Strong Collaborative Relationships

Due to the department's extensive response to the COVID-19 pandemic, the strategic plan has not been updated.

Each year, the Community Action Board holds an annual retreat to review the board's accomplishments from the previous year and select priorities for the year ahead. Members of the Head Star Parents Policy Council are invited to participate in the process, sharing their perspectives on the Policy Council's priorities and helping to strengthen collaboration between the two groups throughout the year. On August 24 and 25 of 2022, along with additional planning sessions at subsequent meetings, the board selected its advocacy priorities for FY23.

CAB's Priorities for FY23

The board will focus on the following priorities utilizing an equity lens:

- Economic opportunity: increasing wages and training
- Affordable housing
- Responsive human services
- Increasing food security
- Early childhood education

In addition to these advocacy issues, the board will continue to oversee the Community Advocacy Institute and monitor local, state, and federal legislation that directly impacts lower-income residents. The Self-Sufficiency Standard remains a key priority for the board, especially in FY23 when the updated Interactive Self-Sufficiency

Standard, Maryland Self-Sufficiency Standard, and Montgomery County Self-Sufficiency Standard (SSS) are all expected to be finalized. The Board will remain involved in sharing these new tools with the community and advocating for the use of the SSS as a more accurate measure of the cost of living. Finally, the CAB has discussed increasing collaboration with other groups and building relationships with County Council members, including the newly elected Council members who may not be as familiar with the CAB's work.

Key Themes

- ▶ **Integrate changing family forms and needs into services:** A changing tapestry of families exists in the County, which implies changing future foci for programs dedicated to children and families. For example, single-parent households with children under age 18 have been steadily increasing²⁰², and the County continues to diversify with the influx of New Americans. Keeping programs for County families flexible and responsive to changing cultural norms or family forms will remain important.
- ▶ **Increase rental assistance programs:** In Montgomery County, 48.31% of all rental households in the County are cost-burdened²⁰³, and every interviewee mentioned the need for more affordable housing and/or rental assistance. Rental assistance and programs focused on residents finding secure, safe, and affordable housing is a priority.
- ▶ **Link residents with community health services:** Programs in the

202 Montgomery County (2019)

203 American Community Survey (2016-2020) 5-year estimates

County such as minority health initiatives have consistently worked to eliminate health disparities. However, growing rates of sexually transmitted infections in the County exist and interviewees repeatedly referred to their growing health needs and concerns as they age. Expanded programs focused on linking at-risk and aging residents with reduced-cost community health services would benefit these populations.

► **Increase agency communication and responsiveness with clients:**

Interviewees expressed difficulty making direct contact with DHHS staff, which hinders their ability to navigate complex applications for services. An increased commitment to communicating directly with clients is a priority.

► **Expand the reach of programs focused on empowerment, social capital, and social cohesion:**

Interviewees consistently spoke about how the TESS Center provided a vital place for their own civic engagement through programs like the Community Advocacy Institute but also that the TESS Center gave them a place where they could expand their own social networks. Programs focused on community building and social cohesion, such as potlucks, recreation-focused games for the elderly, or forums for discussing the impacts of climate change or other engaging topics, might benefit community residents in significant ways.

Community Action Board Recommendations

As the governing body for the Community Action Agency and the

County's Head Start program, along with the Head Start Parents Policy Council, the board plays an important role in the agency's work. The board is the main advisory group in the County advocating for policies that help reduce poverty and help lower-income residents move towards self-sufficiency. The board's advocacy over the last three years has focused on historic priorities and critical issues that have arisen during the pandemic. In reviewing this report and the board's advocacy efforts, the following recommendations will be critical in the coming years:

- **Expand access to high-quality, affordable child care, including full-day preschool, for children in lower-income families, utilizing a mixed delivery system.** As the governing body for Head Start, the Community Action Board has made early care and education a key priority. Over the years, the County has seen improvements with regard to access to PreK. Although the number of Head Start spots (648) has remained the same since the last Community Needs Assessment, the number of full-day PreK classes increased by 14 (32 classes in school year 2019-2020 and 46 classes in school year 2022-2023), and 11 PreK classes transitioned from part-day classes to full-day classes. The board notes the necessity for full-day programs that address the needs of working parents. Part-day PreK classes consistently reach full enrollment later in the school year, reflecting families' need for full-day classes. For the youngest children, child care costs remain a significant burden for families, with Montgomery County's child care

204 https://www.marylandfamilynetwork.org/sites/default/files/2022-02/MFN_Demographics2022%20Final%20%281%29.pdf

costs the highest in the state.²⁰⁴

While eligibility for Maryland child care scholarships has expanded significantly, the out of pocket expense for many families remains substantial. The Community Action Board recommends the continued expansion of full-day PreK programs using a mixed delivery system and additional support for lower-income families struggling to pay for high-quality child care.

- **Increase affordable housing options.** Housing remains an ongoing challenge in the County. It is one of the leading advocacy issues for participants in the Community Advocacy Institute, who struggle to find affordable housing and then face challenges with unsafe conditions, rent increases, and the threat of eviction. The board has advocated for limits on rent increases, expansion of renters' rights, and additional funding for affordable housing programs. As housing prices continue to increase, current housing challenges facing lower-income households will only be exacerbated. The Community Action Board recommends a continued effort to expand and maintain affordable housing through investment in additional affordable housing options, expanded rental assistance, and policies that aim to expand renters' rights and protect them from unfair practices that threaten their housing.
- **Expand access to high-speed internet.** One of the many disparities in our community that the COVID-19 pandemic brought to the surface was the extreme digital divide and the absolute

necessity for internet access.

According to a recent report, 36% of low-income households (28,325 families) do not have access to broadband and 27% of low-income households do not have access to a computer (21,041 families)²⁰⁵. A shift to virtual learning during the pandemic meant that children in lower-income households were often at a significant disadvantage. While Montgomery County Public Schools made Chromebooks and hotspots available to students, challenges persisted for those who did not have high-quality broadband. Furthermore, because so much information about emergency rent and food assistance, unemployment, COVID testing, COVID vaccines, and other critical services was shared with the community via the internet, lack of access to broadband presented numerous challenges for adults in need of crucial information. The Community Action Board recommends that the County continue to expand access to low-cost or no-cost broadband.

- **Continue the County's efforts to improve service navigation.** Although the County's many services through public and private agencies provide critical supports to families, many residents face challenges accessing assistance. Year after year, Community Advocacy Institute participants report that they do not know how to access certain services, and when they do seek help, they face bureaucratic challenges, delays, and, in some cases, cultural and linguistic challenges. These are the same challenges that the larger lower-income community faces.

205 https://www.montgomerycountymd.gov/COUNCIL/Resources/Files/Summer_Fellows/2021/Hollon.pdf

This is why the Community Action Board has been a strong proponent of the whole family approach and navigation practice within Community Action and throughout the department. Providing a one-stop shop for residents in need of assistance where a highly trained, culturally and linguistically competent, and extremely knowledgeable

navigator can help a family apply for and receive all of the help they need is one of the best ways to reduce barriers and increase access to the County's many services. The Community Action Board recommends that the County continue to invest in navigation practice so that lower-income households can have easier access to services.

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APPENDIX

Methodology

The following appendix first discusses the domains of needs assessed, then includes a list of a research and needs assessment goals, followed by a discussion of the primary, secondary, and administrative data collected and methods of analysis, and ends with the survey instruments and interview guides used in the community needs assessment.

COMMUNITY NEEDS CATEGORIES AND DOMAINS

We first grouped assessment criteria into two main categories; 1) demographic characteristics and 2) community needs and priorities. Demographic characteristics assessed included household composition, birth rate, race, ethnicity, nativity, income, educational attainment, and poverty rate. Community needs and priorities were further categorized into the domains of food assistance, security, and food community environment; housing; community health; and crime. A domain is identified as an area of influence affecting local community conditions and the quality of life of low-income people residing in the service area²⁰⁶. Within these domains, we assessed and described the general conditions in Montgomery County, particularly regarding poverty, inequalities, and the needs of low-income residents in the county.

GOALS OF NEEDS ASSESSMENT

- Conduct a local assessment of needs within the service area of the Montgomery County Community Action Agency by compiling primary, administrative, and secondary data focused on county residents and CAA program participants.
- Collect and analyze primary and administrative data including community feedback surveys, an organizational survey of the Board of Directors, stakeholder interviews, and reported program outcome data of CAA program partners and their participants.
- Collect and analyze secondary data by researching national, state, and local data sets that inform the characteristics and needs of those in Montgomery County.
- Utilize program participant outcome measures from existing community partner reports.
- Facilitate an analysis process that identifies priority areas of needs for those in the CAA service area and contributes to strategic planning and future recommendations.

DATA COLLECTION AND ANALYSIS

Primary data sources

Key stakeholder interviews with program participants

We conducted nine interviews with CAA program participants to better understand program impact and the needs of those who engage with the CAA. Five of these interviews were conducted in English, two interviews were conducted in Spanish and translated to English, and one interview was conducted with a translator simultaneously translating from Amharic to English.

206 Nicholas County Community Action Partnership (2018)

Volunteer Income Tax Assistance (VITA) program survey

Volunteers and participants in the VITA program were asked to assess their overall experience with the program (n = 94). The survey was administered through Survey Monkey.

Community Advocacy Institute (CAI) pre and post surveys

Through Survey Monkey, participants in the CAI program were asked to assess their level of satisfaction with the program (pre-survey, n = 21; post-survey, n = 11).

Community Action board member organizational standards survey

The survey was administered through Survey Monkey (n = 11).

Secondary and administrative data sources

A variety of sources (e.g., the U.S. Census Bureau’s American Community Survey and datasets from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention) were used for secondary data analysis. All sources are available in the References section. Additional secondary and administrative data came from the Montgomery County Planning Department

TABLE 2: INTERVIEW CODES

OPEN CODE	FOCUSED CODE
Program outputs	Parent education
Community assets	
CAA and community linkages	
Community issues	Housing security/rental costs Health care and insurance Food costs Transportation Senior advocacy Overworked case workers Political polarization
Bureaucratic barriers	DHHS barriers Rental assistance barriers Barriers for those with a disability Recertification barriers
Communication barriers	Unreturned phone calls
General barriers	
Recommendations	
CAA benefits	
Political barriers	

and organizational partner reports. Program participants' data collected by the CAA as part of their administrative and planning efforts were also utilized.

Primary data analysis

Frequencies and percentages of survey responses were calculated in Survey Monkey. Interviews were coded for emergent themes, first with a round of open coding followed by a round of focused coding (Charmaz, 2006). The resulting scheme included 10 open codes and 13 focused codes. Open codes ranged from “program outputs” (see Harris 2017) to “community assets.” Focused codes ranged from rental assistance barriers to food costs. The full list of open and focused codes is listed in Table 2.

INTERVIEW GUIDES, CONSENT FORMS, AND COMMUNITY ACTION BOARD MEMBER ORGANIZATIONAL STANDARDS SURVEY

JG Research and Evaluation interview guide

Hello, my name is _____. I work with the Montgomery County Community Action Agency. As we discussed earlier, we are completing a community needs assessment for the community that uses the Takoma-East Silver Spring (“TESS”) Community Action Center walk-in site and programs such as the Community Advocacy Institute, Head Start, or the Volunteer Income Tax Assistance (VITA) program. A community needs assessment is where people in the community and those who engage with the community action agency work together to identify what is important to residents and meaningful strategies to address these needs. As part of this needs assessment, we’re chatting with program participants like you.

What should I know about why we’re interested in your perspective?

- We are hoping to gain a clearer understanding of the community served by the Montgomery County Community Action Agency and issues that are important to you as someone who has participated in programs from the CAA.
- Talking with us is voluntary. Whether you take part is up to you.
- You can choose to chat with us or not to, or even change your mind later. There will be no penalty or loss of benefits to which you are otherwise entitled. You may still participate in CAA programs even if you stop our discussion.
- If you don’t understand my questions, please feel free to ask questions so I can explain better.
- Ask all the questions you want.
- We anticipate the interviews will last about 30 minutes.
- All interviews will be conducted in person or over the phone. These interviews will also be recorded and later turned into written transcripts. We will not use your name and we will take steps to make sure that no one will be able to link what you said with who you are.
- Direct quotes you share may be published in the resulting public needs assessment. However, your name and any identifying information you share with us in the interview will remain confidential and will only be seen by

the research team which includes those who work at the CAA and their contracted partners at JG Research and Evaluation. If we use any direct quotes or summaries of your statements in the final written report, we will remove any information that could identify you as the speaker.

- There will be no payment for participating in this research, but we do offer \$30 gift cards via email to Target for your participation.

Do you have any questions?

Do you agree to participate in this discussion?

Interview Questions:

1. First of all, which programs from the CAA have you participated in?

Interviewer (please check):

	PROGRAM PARTICIPATION (CHECK IF PARTICIPATED)
Served by TESS	
Served by VITA	
CAI Graduate	
Head Start/Pre-K	
Rental Assistance or HOC voucher	
Climate Stories ambassador	
Additional: Please list	

2. Could you tell us a little bit about yourself and what it's like living in your community in Montgomery County?

[expand and probe if they were born in the community or moved from other places in the U.S. or are new Americans how it's been for them since they've arrived]

3. When you broadly think about the community you live in, what kinds of things make it a good place to live?

[prompt if they aren't sure what you're asking. Examples could include community organizations, bike paths, relationships between people, access to health care, access to helpful programs, etc.]

4. Based on your own experience, what are the top three issues that you are most concerned with or that might make your community a better place to live?

[prompt: What kinds of things make it a bad place to live? Probe participant to elaborate and describe any issues that are problematic for them. For example, Do you have enough money to buy nutritious food and can you easily find it in the local stores? Do you like the schools?]

5. What do you think are the challenges or obstacles to addressing these general issues?

[probe or reframe if necessary—Is there anything in the community preventing these problems from being solved? Are the health care organizations easy to use? Are the police helpful? Etc.]

6. If you had a magic wand, what top new programs or general community things would you like to see implemented in your community?

[probe and explain what initiatives could be—For example, what policies or programs or types of support or governmental assistance would help make your community better? Examples could include rental assistance or child care programs, etc.]

7. Tell me a little bit about the CAA program/s you've participated in you already listed.

[probe: How did it go? Did it address/focus on what you thought it would address? What did you like? What didn't you like?]

8. Was there anything that made it hard for you being able to participate in the program? Anything that made it easier?

[probe regarding barriers or facilitators to program access]

9. Is there anything about the program that has really helped you or anything you'd like to add or change about the program?

[probe: Would you recommend this program to your friends and family? Why or why not? Are there any other types of programs that you like to see the CAA create?]

10. Is there anything you'd like to tell us about your community or the Community Action Agency program that we didn't cover?

2022 Community Action Board member organizational standards survey

1. Have you participated in any training about the Community Services Block Grant (CSBG) Organizational Standards, including reviews of materials or presentations by staff at CAB meetings?
 - Yes
 - No

2. How does the agency and the Board include low-income residents in their activities? *(select all that apply)*
 - Customer satisfaction surveys
 - Low-Income representatives serving on the Board
 - Participation in public forums or meetings
 - Participation in programs, training, and events that highlight the needs of low-income residents
 - Interviews
 - I don't know
 - Other (please specify)

3. Please select any organizations/agencies that the Community Action Agency and Board have partnered with during your time as a Board member.
 - Other Boards, Committees, and Commissions
 - Other agencies within the County
 - Montgomery County Public Schools
 - Faith-based organizations
 - Non-Profit Organizations
 - Local businesses
 - Other Community Action Agencies or Community Action Partnerships
 - I don't know
 - Other (please specify)

4. How does the Agency determine the needs of the community? *(select all that apply)*
 - Analysis of demographic data
 - Community forums/meetings
 - Using information gathered by partner organizations and other government agencies
 - Feedback from customer satisfaction and needs assessment surveys
 - Interviews/focus groups
 - Large-scale surveys of community members
 - Feedback from participants in the Community Advocacy Institute
 - I don't know
 - Other (please specify)

5. Please select any activities in which you have participated that are related to strategic planning.

- Development of Board goals and priorities
- Participation in the annual Board retreat
- Development of agency goals and priorities
- Board development work
- Participation in the Community Needs Assessment process
- Development of anti-poverty strategies
- I don't know
- Other (please specify)

6. Please select all training/guidance you received as a Board member.

- Orientation session with CAA staff and Board leadership
- Receipt of Board governing materials (bylaws, enabling legislation, meeting minutes, etc.)
- Training/Instruction by other Board members
- Head Start training (Eligibility, Recruitment, Selection, Enrollment and Attendance; Head Start Performance Standards; Roles and Responsibilities of the HS governing body, etc). This includes reviews of materials or presentations by staff a CAB meetings.
- Guidance from internet resources: the websites of the National Community Action Partnership, the Maryland Community Action Partnership, the County's Department of Health and Human services, CAA, and social media
- Training during monthly CAB meetings
- National Community Action Partnership Conferences or Maryland Community Action Partnership Conferences
- Community Action Program Legal Services (CAPLAW) training
- Head Start conferences
- Ethics training hosted by the County for members of Boards, Committees, and Commissions
- Webinars (Parliamentary Procedure, Open Meetings Act, Community Action webinars, etc.)
- I don't know
- Other, please specify

7. Please select the topics on which you would like additional training.

- Parliamentary Procedure
- Open Meetings Act requirements
- Head Start Performance Standards
- Information about the County's Head Start program (School Health services, parent/family engagement, recruitment, etc.)
- Head Start Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA)
- Head Start data collection
- CSBG Organizational Standards
- Ethics
- The County's, State and/or Federal legislative processes

- Board governance specific to Community Action – roles and responsibilities of a CAA Board
 - Board governance specific to Head Start - roles and responsibilities of a HS Board, along with the role of the HS Policy Council
 - County grants process/contract monitoring
8. Are you regularly updated about the Agency's Community Services Block Grant, which supports the Community Action Agency's direct services, partners/contracts, Head Start program, and operations?
- Yes
 - No

Please explain [open-ended question]

9. Please select all of the ways you are updated on the Agency's progress in achieving its stated outcomes.
- Written reports and updates at meetings from the Executive Director
 - Written reports and updates at meetings from the Head Start Program Manager
 - Written reports and updates at meetings from the Contract Monitors
 - Written reports and updates at meetings from the CAB staff liaison
 - Data regarding the provision of services by the Agency (VITA, TESS, etc.)
 - Correspondence regarding the Board's advocacy and activities
 - Other information included in Board meeting packets (program data, Board testimony, announcements of upcoming events related to the Agency's priorities, etc.)
 - CSBG Annual Report
 - I don't know
10. Overall, how would you rate your experience as a member of the Community Action Board?
- Poor
 - Fair
 - Satisfactory
 - Good
 - Excellent
11. Please help us better understand the community issues impacting Montgomery County residents.

ISSUE	Is this an important community issue in Montgomery County?	What are your top THREE community issues with 1 being the top issue?	If different than today, what will the top THREE community issues be in the next 1-3 years?
Immigration/ naturalization services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Elderly assistance/ support for seniors	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Affordable internet services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining affordable housing that is secure and safe	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Attaining health insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
High-quality, affordable early care and education	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Accessing community health clinics for the uninsured	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Lack of a living wage	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Workforce training and development/ Job placement services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Accessing social safety net services/ emergency assistance (e.g. Cash assistance,	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Nutritional Assistance Program, Unemployment, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Community leadership training and development	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Park and green space access	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation access	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Services for survivors of human trafficking	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in civic opportunities (neighborhood associations, PTAs, volunteer	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
opportunities, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Addressing racial and ethnic disparities in wealth, education, and health	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Food security	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Access to legal services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
After-school programs for at-risk youth	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Literacy training/ adult education	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' services	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

12. In your own words, how might the Community Action Agency help community members meet the kinds of needs listed above?

[open-ended question]

APPENDIX B

Advocacy Efforts by Year – Community Action Board

CAB ADVOCACY IN FY20

July 1, 2019 – June 30, 2020

Food Security

- Signed-on to a Maryland Hunger Solutions letter requesting Senators Cardin and Van Hollen to co-sponsor the “No Shame at School Act,” which would prohibit schools from addressing school meals debt in ways that shame or stigmatize students.
- Submitted comments opposing a proposed rule change for SNAP, which would eliminate categorical eligibility. Categorical eligibility allows states, including Maryland, to use eligibility for other programs as one criterion for SNAP eligibility.
- Joined a FRAC sign-on letter supporting the Stop Child Summer Hunger Act, which would provide a summer EBT card to families with children who receive FARMS.
- Joined a FRAC sign-on letter supporting the Summer Meals Act of 2019, which would expand the reach of summer meals programs.
- Maryland Hunger Solutions included CAB’s comments opposing the proposed changes to SNAP categorical eligibility in their testimony at a House Subcommittee hearing.
- Signed-on to a thank you letter to Attorney General Brian Frosh, expressing appreciation for his advocacy opposing proposed changes to SNAP categorical eligibility.
- Submitted testimony in support of HB1145, which would establish a non-lapsing Maryland Meals for Achievement Fund and would require the Comptroller to distribute taxes collected from snack food sales to the Fund.

Affordable Housing

- Submitted comments opposing a proposed HUD rule change that would have prohibited “mixed-status” households from qualifying for subsidized housing.
- Executive Committee met with Councilmember Glass to discuss the Housing Impact Fairness Act.
- Submitted testimony in support of the Housing Impact Fairness Act, which would require teardowns to pay impact fees. The revenue collected would be used for school construction and affordable housing. CAB Chair Laura E. Irwin was invited to speak at a press conference prior to the hearing. Other speakers included representatives of Interfaith Works, CASA de Maryland, and SEIU Local 500.
- Submitted testimony in support of HB821, which would require landlords to provide “just cause” prior to evicting a tenant.
- CAB Vice Chair Tiffany Jones testified at the County Council hearing in support of the Renter Relief Act, which prevented rent increases during the public health emergency.
- Submitted a letter of support to the County Council regarding the use of CDBG funds to support rental assistance and small business loans for low-income microenterprise owners.

Early Care and Education/Head Start

- Submitted message to Senators Cardin and Van Hollen requesting full funding for Head Start. The message focused on the need for staff support and trauma-informed services.
- Added CAB's support to CAPLAW's and NHSA's comments regarding proposed changes to Head Start recompetition.
- Submitted testimony in support of a Special Appropriation for the FY20 Operating Budget to fund School Community Health Nurses.
- CAB Vice Chair Tiffany Jones testified at the Board of Education budget hearing in support of CAB priorities: expansion of PreK, funding for support (FSWs) and administrative staff, 2-Gen models to reduce poverty, and reducing disparities for students of different backgrounds and socio-economic status.
- Submitted testimony in support of HB1232, which would offer tax credits to employers who establish onsite childcare centers or compensate providers who offer childcare to their employees.
- Submitted testimony in support of County Council Bill 9-20, which would establish a grant program for employers with 50 or fewer employees that offer child care Flexible Spending Accounts.

Work Supports/Employment

- Submitted testimony in support of HB123/SB217, which would prevent employers from asking applicants about wage history.
- Submitted testimony in support of SB531/HB1444, which outlaws discrimination based on hairstyle and hair texture. The bill would also prohibit discrimination based on hairstyle in housing and places that are licensed and regulated by the Maryland Department of Labor.
- Submitted testimony in support of HB839/SB539, which would establish a family medical leave insurance program in Maryland.

Tax Credits/VITA

- Signed-on to a CASH Campaign of Maryland letter requesting that the Governor release funds set aside for a grant to CASH Campaign to support VITA.
- Called and sent email to Senator Van Hollen, who is on the Appropriations Committee, to request his support for \$30 million in the budget for VITA matching grants programs.
- Submitted testimony in support of HB679/ SB717, which would expand eligibility for the state's EITC for single filers without dependents earning up to \$23,540.
- Submitted testimony in support of HB680/ SB719, which would increase the value of the state's EITC for single filers without dependents to 100% of the federal EITC.
- Submitted testimony in support of HB912/SB638, which would establish a Child Tax Credit in Maryland for households with incomes of \$6,000 or less.

Census

- Signed-on to a Census Project letter requesting adequate funding for the 2020 Census.
- Signed on to a Census Project letter requesting that the Senate Appropriations Committee include additional funding for the Census Bureau in the next COVID relief package.

Consumer Issues

- Submitted testimony in support of SB17, which would prevent auto insurance companies from using credit history in determining ratings.
- Submitted testimony in support of SB234/HB280, which would prevent the MVA from suspending a person's driver's license or car registration for failure to pay traffic violation fines and would allow for the establishment of a payment plan for fines totaling more than \$300.
- Submitted testimony in support of HB38, which would set the maximum fine for video toll violations at \$5 and would prevent the MVA from suspending driver's licenses and car registrations for failure to pay these fines.

CSBG

- Submitted written testimony in support of an adjustment to the state's CSBG formula.
- Joined a CAP/CAPLAW sign-on letter regarding proposed changes to the CSBG Annual Report.
- Submitted testimony in support of a County Council Special Appropriation that would fund a grant program for child care providers impacted by the COVID-19 emergency.

Racial Justice

- CAB and the Head Start Parents Policy Council issued a joint statement following the murder of George Floyd. The statement emphasized the two groups' ongoing commitment to changing policies that have allowed for system racism and highlighted the history of Community Action and Head Start, both of which grew out of the Civil Rights Movement.
- Submitted testimony in support of a County Council Resolution declaring racism a public health crisis. The testimony encouraged the Council to fund health programs that assist minority community members, support policies that reduce economic inequities, utilize the SSS as an accurate measure of the cost of living in the County, and to address the opportunity gap in MCPS.

Whole Family/2-Gen Work

- Submitted testimony in support of HB1363, would establish a Two-Generation Family Economic Security Commission. This Commission would support Community Action Agencies and other programs seeking to implement and expand two-generation models by coordinating services, exploring best practices, and supporting data collection.

Montgomery County CAB/CAA priorities

- CAB Chair Laura E. Irwin testified at the HHS Committee worksession for BCCs – testimony focused on agency needs.
- CAB Chair Laura E. Irwin testified at the Joint Delegation Hearing in support of CAB’s key statewide priorities.
- Submitted testimony regarding the FY21 County Operating Budget. Testimony focused on the main community issues highlighted in the CNA, many of which have been exacerbated by the COVID-19 emergency.

Other

- Submitted testimony in support of HB1231/SB949, with amendments. The bill would change the marriage age to 17 (from 16). CAB recommended increasing the marriage age, but to 18.
- Submitted testimony in support of SB367, which would establish a Trauma-Informed Schools Initiative within the Maryland Department of Education to develop guidelines and training on trauma-informed care.

CAB ADVOCACY IN FY21

July 1, 2020 – June 30, 2021

Food Security

- CAB submitted a letter to Maryland Senators asking that they encourage Senate leadership to include SNAP in the next Coronavirus Relief Package. Funding would increase SNAP benefits and expand P-EBT.
- CAB joined a Maryland Hunger Solutions sign-on letter advocating for inclusion of funding in the federal infrastructure bill for free healthy school meals for all children.
- CAB joined two Maryland Hunger Solutions sign-on letters supporting the universal school meals program and the summer SNAP.

Affordable Housing

- CAB submitted a letter to County Council in support of a \$20 million allocation to expand rental assistance – a critical need during the COVID-19 emergency
- CAB submitted messages to all County Delegation Delegates and Senators, asking for their support of various bills that support renters’ rights in the state.

Police Reform

- CAB EC member Zelda Wafer-Alonge testified at the County Council hearing on behalf of CAB in support of Council Bill 27-20, which required certain restrictions on police use of force.

Early Childhood Education

- CAB submitted a message to Congressman Jamie Raskin requesting that he join a sign-on letter advocating for additional funding for Head Start and Early Head Start to support COVID-19 recovery efforts.

- CAB added its support to a Montgomery Moving Forward Early Care and Education Workforce Advocacy Coalition letter. The letter highlighted the needs of child care providers working to reopen following the COVID-19 emergency. The letter specifically requested support for the HEROES Act (providing funding for workers and families) and “Child Care is Essential Act” (providing relief to the child care sector).
- CAB joined the National Head Start Association’s advocacy efforts to provide funding for Head Start programs. A letter to Congressman Raskin encouraged him to add his name to a sign-on letter requesting resources needed to protect children, families, and staff and reduce the risk of transmission of COVID-19 in Head Start’s early learning centers.
- CAB joined a sign-on letter to the Governor from Montgomery Moving Forward and the Early Care and Education Workforce Advocacy Coalition that included recommendations for how American Rescue Plan funds for child care should be spent in Maryland.
- CAB joined a second sign-on letter to the Governor from Montgomery Moving Forward and the Early Care and Education Workforce Advocacy Coalition that included detailed recommendations for how American Rescue Plan funds for child care should be spent in Maryland.

Workforce Development/Employment

- CAB submitted testimony in support of County Council bill 35-20, which would expand the “ban the box” protections in the County.

Tax Credits/VITA

- CAB submitted testimony in support of HB143, which would create a Child Tax Credit for those who are excluded from the federal Child Tax Credit.
- CAB submitted testimony in support of HB176, which would increase the value of the state EITC for single filers without dependents.
- CAB submitted testimony in support of HB608, which would provide grants to childcare providers impacted by the COVID-19 pandemic.
- CAB members, along with partners from the CASH Campaign of Maryland, the Maryland Center on Economic Policy, and the Capital Area Food Bank, met with Council Vice President Albornoz to advocate for full funding of the Working Families Income Supplement.
- CAB members, along with partners, met with Councilmember Rice to advocate for full funding of the Workings Families Income Supplement.
- Tiffany testified on behalf of the CAB in support of Council Bill 14 – 21, which would extend the Working Families Income Supplement to filers who qualify for the federal or newly expanded Maryland EITC.

COVID Relief

- CAB supported a virtual Maryland Relief Rally, which called on Governor Hogan to release the state’s rainy-day funds for a state stimulus during the pandemic. CAB signed a petition supporting this effort initiated by a coalition called Maryland United for COVID Relief Now.

Montgomery County CAB/CAA priorities

- Tiffany testified on behalf of CAB at the Joint Delegation Hearing. The testimony focused on the digital divide, racial equity, affordable housing, early childhood education, workforce development, the whole family approach – all within the context of the COVID-19 pandemic.
- Tiffany testified at the County Council HHS Committee Worksession for Boards, Committees, and Commissions on behalf of CAB. The board's testimony focused on the digital divide, racial equity, affordable housing, early childhood education, workforce development, and accessibility/navigation of services.
- CAB Chair Tiffany Jones joined staff as a greeter for the Maryland Community Action Partnership Virtual Advocacy Day. The event included members of the County Delegation: Anne Kaiser, Jared Solomon and Pam Queen.
- Tiffany testified on behalf of the full CAB at the County Council budget hearing, advocating for full funding of the Working Families Income Supplement, early childhood education support, workforce development, and other CAB priorities.

CAB ADVOCACY IN COUNTY FY22

July 1, 2021 – June 30, 2022

Food Security

- CAB submitted testimony in support of HB456 - Supplemental Nutrition Assistance Program - State Supplement.
- CAB submitted testimony in support of HB1027 - Food Supplement Benefits - Students - Eligibility (SNAP for Students)

Affordable Housing/Tenant Rights

- CAB submitted testimony in support of County Council Bill 30 – 21 – Landlord – Tenant Relations – Extended Limitations Against Rent Increases and Late Fees. The bill limited the amount rent could be increased within a certain period of time.
- CAB submitted testimony in support of SB279/HB571 - Access to Counsel in Evictions Special Fund.

Early Care and Education

- CAB member Mike Subin testified on behalf of the CAB in support of Council Bill 38-21. The bill would establish a child care grants programs.
- CAB member Erika Conner testified on behalf of the CAB in support of Council Bill 42-21. The bill would establish a coordinating entity (housed at a nonprofit) to oversee early childhood education in the County. The board supported the bill with the addition of several amendments.
- CAB and the HSPPC submitted a letter to the Board of Education expressing their concerns about the impact of Pre-K expansion through the Blueprint plan on Head Start staff. The letter recommended funding for additional FSWs, nurses, and a supervisor.

- CAB and Policy Council leadership met with BOE member Scott Jofstus to discuss their concerns about Pre-K expansion.
- CAB and Policy Council leadership met with Nichelle Owens and Verna Washington from MCPS to discuss their recommendations for additional staff to support Pre-K expansion and ensure that wrap-around services continue.

Work Supports

- February 8, 2022 – CAB submitted testimony in support of SB275/HB8 - Time to Care Act of 2022. The bill established a family leave insurance program in the state.

Tax Credits/VITA

- CAB submitted a letter to the County Council HHS Committee requesting that the ARPA funds previously promised to the CAA VITA program be allocated immediately.
- CAB submitted messages to members of the Montgomery County Congressional Delegation thanking them for their support of Build Back Better and the Child Tax Credit. The message requested ongoing support for the Advance CTC, which helped an estimated 40% of children out of poverty.
- CAB submitted messages to members of the Montgomery County Congressional Delegation about the extensive delays at the IRS, which are impacting ITIN filers in particular. CAB requested that the members of the Delegation follow up with the IRS and request information about how this issue will be addressed.
- CAB submitted testimony in support of HB252/SB369 - Income Tax - Return Preparation Assistance Program for Low-Income Families. This bill would establish a program at the Comptroller's Office that would develop tax returns for those who are eligible for the EITC but did not file.
- CAB submitted testimony in support of HB282/SB316 - Sales and Use Tax - Diapers – Exemption. This bill would eliminate sales tax for diapers.
- CAB submitted testimony in opposition to SB404/HB422 - Working Marylanders Tax Relief. The board opposed this bill because it did not include ITIN filers in making the MD EITC expansions permanent.
- CAB submitted testimony in support of HB919/SB805 - Income Tax – Child Tax Credit – Alterations and Sunset Extension
- CAB submitted testimony in support of HB992 - Income Tax - Earned Income Tax Credit - Alteration and Sunset Repeal. This bill would make state-level EITC expansions permanent and would include ITIN taxpayers.

Montgomery County CAB/CAA priorities

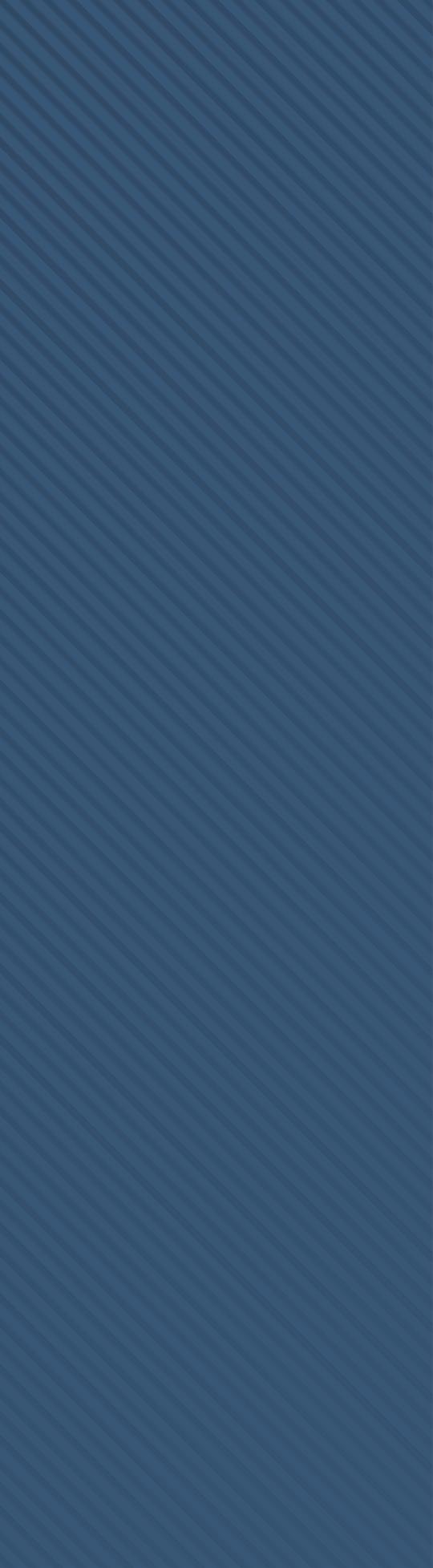
- CAB Vice Chair Lisette Engel testified on behalf of the CAB at the Montgomery County Joint Delegation hearing. Statewide priorities included the EITC, affordable housing, 2-Gen/Whole Family Approaches, and Early Care and Education.
- CAB Vice Chair Lisette Engel testified on behalf of the CAB at the Council HHS Committee Worksession for BCCs. Priorities include support for VITA,

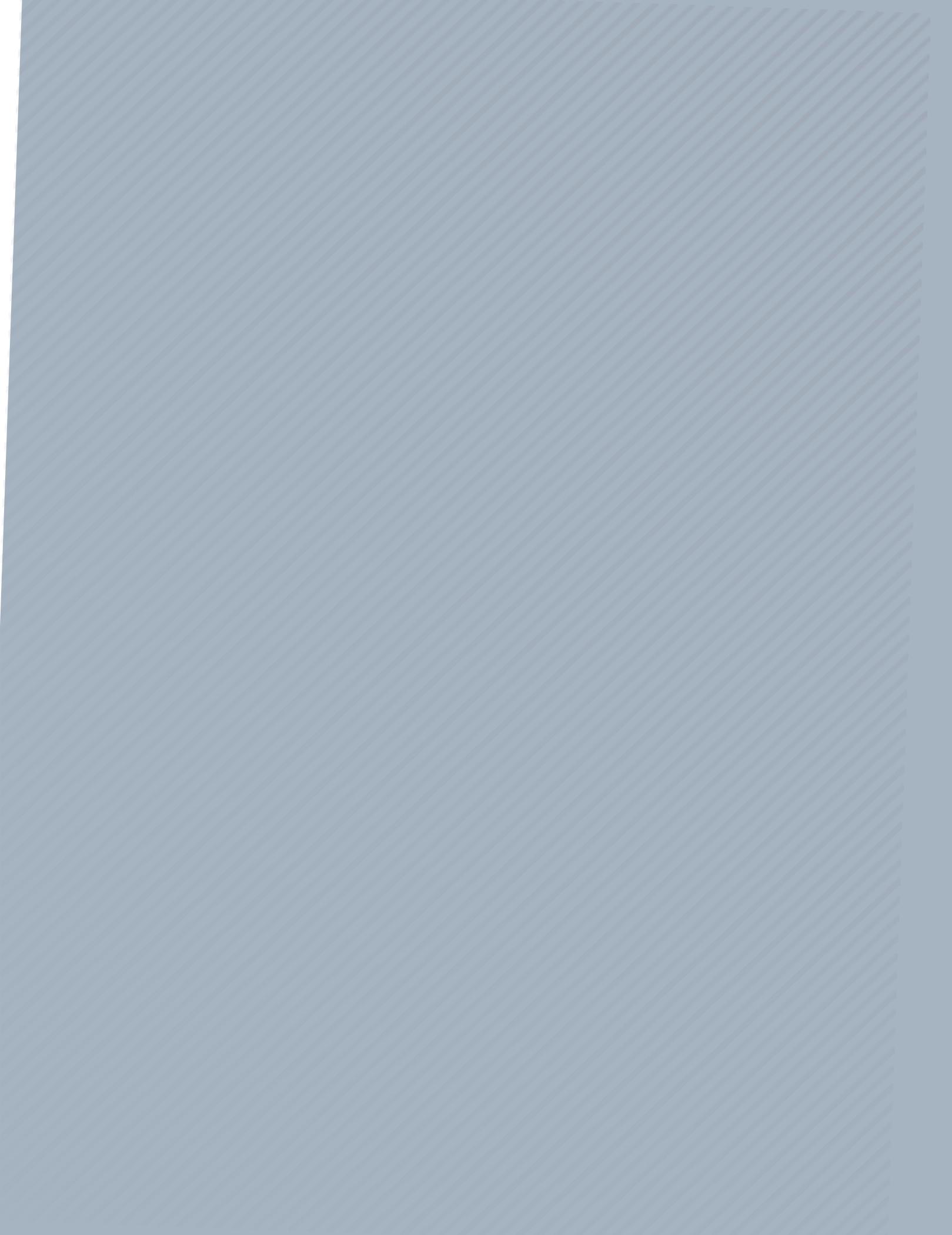
access to services and navigation, early childhood education, and housing and utility expenses. Testimony highlighted the five new CARES Act-funded Navigator positions. CAB supports making these positions permanent within the department. CAB's testimony also supported the conversion of three contractor positions at the TESS Community Action Center to permanent merit staff positions.

- CAB Chair Tiffany Jones testified on behalf of the CAB at the County Council budget hearing for FY23.

Other

- CAB submitted testimony in support of HB83. The bill would increase the marriage age from 16 to 17 in the state. CAB recommended an amendment to increase it to 18.
- CAB submitted testimony in support of HB588 - Local Health Departments and Community Action Agencies - Feminine Hygiene Products. CAB later submitted updated testimony in support of HB588 - Local Health Departments and Community Action Agencies - Feminine Hygiene Products after the bill passed in the House and moved to the Senate Finance Committee.
- Tiffany and Lisette participated in the Maryland Community Action Partnership's Advocacy Day. The event included a meeting with staff for members of the County Delegation to discuss Community Action Priorities, such as the Community Action Fund and funding for Whole Family/2-Gen program at Community Action Agencies.
- Tiffany submitted a letter to Senator Nancy King requesting that funding for 2-Gen/Whole Family programs at CAAs be added to the state budget.
- CAB submitted testimony in support of HB29 - Vehicle Laws - Failure to Pay Video Toll – Penalties after the bill passed in the House and moved to the Senate Judicial Proceedings Committee.
- CAB added its name to a sign-on letter created by Protecting Immigrant Families regarding the proposed changes to the Public Charge Rule. The letter supported the proposed changes to the Public Charge Rule. The changes would return the definition of Public Charge to something similar to what is was before 2019. The 2019 changes expanded the list of benefits for which a person seeking citizenship could be considered a "Public Charge" for having received.
- CAB submitted a message to Congressman Raskin regarding HR5129 – The Community Services Block Grant (CSBG) Modernization Act – thanking the Congressman for being a co-sponsor of the bill.







Montgomery County
Community Action Agency
Office of Community Affairs
Department of Health and Human Services

1401 Rockville Pike, Suite 320
Rockville, MD 20852 • 240-777-1697
montgomerycountymd.gov/communityaction