

M E M O R A N D U M

April 26, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY11 Operating Budget: Department of Health and Human Services**
Behavioral Health and Crisis Services
(Continued discussion of Community Vision and Homeless Outreach Services is
address in the section on 24-Hour Crisis Services)

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Raymond Crowel, Chief, Behavioral Health and Crisis Services
Kim Mayo, DHHS Management and Budget
Beryl Feinberg, Office of Management and Budget
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Excerpts from the County Executive's Recommended Budget are attached at © 1-5.

For FY11, the Executive is recommending an overall decrease of about \$3 million (7%) in funding for Behavioral Health and Crisis Services. Workyears are proposed to decrease by 13.5 (6.4%). While there are substantial reductions in county funding from the General Fund, as noted in the April memo from Director Ahluwalia, there have also been State reductions totaling almost \$1.6 million for mental health services and treatment of substance abuse and addiction. They include:

- Alcohol and Drug Abuse Administration Grant (\$379,430)
- Senior Outreach Response Team (\$387,640)
- Community Mental Health Grant Services (\$412,850)
- Community Mental Health Grant Administration (\$405,880)

The following tables provide an overview of dollar and workyear changes. Note that there is a shift of workyears and dollars from mental health services for seniors to the behavioral health planning and management program which accounts for much, but not all of the reduction to services to seniors and people with disabilities.

Behavioral Health and Crisis Services Expenditures in \$000's	FY09 Budget	FY10 Budget	FY11 Recommend	Change FY10 Budget to FY11 Rec
Behavioral Health Planning and Manag	8,226	7,512	7,791	3.7%
Behavioral Health and Specialty Services	2,787	2,756	2,488	-9.7%
Behavioral Health Comm Support Services	5,624	7,475	6,910	-7.6%
Criminal Justice Behavioral Health Svcs	2,355	2,463	2,473	0.4%
Outpatient Addiction Services (OAS)	5,855	4,037	3,844	-4.8%
Victims Assistance/Sexual Assault Svcs	2,586	2,614	2,582	-1.2%
Child/Adolescent Mental Health Svcs	3,273	3,382	3,043	-10.0%
24-Hour Crisis Center	5,149	4,300	4,090	-4.9%
Seniors/Persons w Disabilities Mental Hlth	1,934	1,855	619	-66.6%
Partner Abuse Services	3,346	3,252	3,002	-7.7%
Service Area Administration	601	584	552	-5.5%
TOTAL	41,736	40,230	37,394	-7.0%

*Portion of reduction to Mental Health Services for Seniors and Persons with Disabilities is from the shift of staff (5WYs) to Behavioral Health System Planning and Management and is accounted for in the miscellaneous adjustments

Behavioral Health and Crisis Services Workyears	FY09 Budget	FY10 Budget	FY11 Recommend	Change FY10 Budget to FY11 Rec
Behavioral Health Planning and Manag	18.8	13.7	18.8	37.2%
Behavioral Health and Specialty Services	22.5	21.4	17.5	-18.2%
Behavioral Health Comm Support Services	22.5	21.4	20.9	-2.3%
Criminal Justice Behavioral Health Svcs	19.2	19.2	18.5	-3.6%
Outpatient Addiction Services (OAS)	30.3	29.2	30.8	5.5%
Victims Assistance/Sexual Assault Svcs	19.2	18.4	18.4	0.0%
Child/Adolescent Mental Health Svcs	17.3	17.2	16.1	-6.4%
24-Hour Crisis Center	43.1	37.5	34.1	-9.1%
Seniors/Persons w Disabilities Mental Hlth	11.0	10.0	2.0	-80.0%
Partner Abuse Services	18.8	17.8	15.4	-13.5%
Service Area Administration	3.9	3.9	3.7	-5.1%
TOTAL	226.6	209.7	196.2	-6.4%

A. Behavioral Health Planning and Management

The Executive is recommending five specific changes in this program that houses services required of DHHS as the State-mandated local mental health authority. This program area provides programming for people with serious persistent mental illness and serious emotional illness and the development of the continuum of care that is focused on recovery and allowing people to live in the least restrictive clinically appropriate setting. FY11 funding is recommended to be \$7.791 million and 18.8 workyears are recommended. The program data on

© 1 indicates that the same number of people will be provided with outpatient treatment (7,776) in FY11 as were in FY09 and are estimated to be in FY10. The Committee has previously discussed the growing need for mental health services for people of all ages and as a result of the stress from the economic downturn. Attached at © 6-7 is testimony provided by the Saint Mark Coalition for Mental Health on the impacts of the overall funding reductions to the county's mental health system. (The Council also received testimony from many individual members of the Coalition.)

	Dollars	WY	Fund
Reduce funding for attachment and bonding studies and crisis stabilization services for Child Welfare	\$ (18,790)	0.0	General
Reduce the Consumer Special Needs Fund	\$ (19,670)	0.0	General
Reduce the Pharmacy Assistance Services Budget	\$ (30,000)	0.0	General
Reduce Computer Training for Adults and service 10-15 fewer clients annually	\$ (47,370)	0.0	General
Reduce Costs for Vocational Training, Travel, and Contracts based on historical spending	\$ (50,000)	0.0	General
Reduce housing subsidy to six providers of residential rehab with no impact on client service	\$ (137,530)	0.0	General

1. Reduce funding for attachment and bonding studies and crisis stabilization services for Child Welfare Services

In FY10, the Council approved a reduction of \$28,900 in funding for these services, leaving a budget of \$40,000 in FY10. DHHS reports that to date in FY10 about \$19,500 has been spent and no services have been denied. The Department expects that this reduction can be taken for FY11 with no reduction or denial of service based on experience in FY09 and FY10.

Council staff recommends approval.

2. Reduce Consumer Special Needs Fund (\$19,670)

This proposed reduction is to the Consumer Special Needs Fund which provides support to consumers for miscellaneous items that are not covered by other reimbursements, such as eyeglasses and uncovered dental work. For FY10, the DHHS budget includes \$30,060 for this purpose. For FY11, after the proposed reduction, \$10,390 will be available. **Council staff recommends approval.**

For FY10, the Council approved an \$8,000 cut to the *Consumer Affairs Fund* which left \$2,000 in that account that provides consumer training events for the Core Services Agency. For FY11 the budget for the *Consumer Affairs Fund* remains \$2,000.

3. Reduce Pharmacy Assistance Services Budget (\$30,000)

DHHS has shared that in FY09 there was a \$48,000 surplus (total expenditures \$188,561) in the pharmacy program and a similar surplus is projected in FY10. The Department does not believe that there will be increased need in FY11 and believes the reduced funding will be sufficient. **Council staff recommends approval.**

4. Reduce Computer Training for Adults with Mental Illness and serve 10-15 fewer clients annually (\$47,370)

This item is listed as a reduction in computer training but the dollars are attached to eliminating the contract with the Computer Learning and Resource Center. The Council has received testimony from representatives of CLARC as well as follow-up correspondence sharing their concern that the reduction is not adequately described and does not share the actual impact of this reduction. The information notes that:

- CLARC is a job training and computer literacy program for individuals who have experienced serious and persistent mental illness.
- CLARC has been partially funded by the County Government since 1992.
- The fund would eliminate the software trainer/employment specialist position which would impact 80 to 128 students annually.
- The program is culturally competent and ADA compliant.
- Students are referred by local hospital psychiatric units, homeless shelters, the Crisis Center, social workers, case managers, and other students.
- Over the last four years over 300 Montgomery County residents have received computer training at CLARC (129 in the last year); 48 students have maintained full-time or part-time employment for more than 3 years; 17 have obtained full-time jobs that are “substantial”.

As the Committee has previously heard from the Director, in order to meet the Department’s overall budget target, outreach, prevention, and vocational services were given a lower priority and generally not funded. This is one of the reasons that Community Vision’s funding was cut so substantially. It is clear that the impact of this reduction is more than 10 to 15 people but it is also unclear that the restoration of this program would be the highest priority in health and human services. If the contract had been reduced 7% rather than eliminated, it would be a cut of \$3,320 and the Council would have to restore \$44,050 through the reconciliation list.

5. Reduce costs for vocational training (\$10,000), travel (\$5,000), and contracts (\$35,000) based on historical spending (total \$50,000)

The Department believes that based on historical spending, its can reduce spending in these categories in FY11. **Council staff recommends approval.**

6. Reduce housing subsidy to six providers of residential rehab with no impact on client service. (\$137,530)

For FY11, the Executive is proposing a 14% reduction to the overall amount of money that will be available to provide a county subsidy to providers of residential services. The Department has provided the following information on the background for this county subsidy:

The subsidy is based on the size of the provider (number of beds) in existence since 1998. Residential rehabilitation is funded by the state fee-for-service system. Our county is the

only Core Service Agency that provides a subsidy to providers to help defray the higher housing/housing maintenance costs in Montgomery County and the subsidy reductions should not have an impact on the number of clients served. Because of the multiple funding streams it was felt that a larger reduction would not adversely affect our current capacity.

The reductions were determined by the bed capacities of the vendors.

The following table shows the distribution of the FY10 funding and how the proposal for FY11 would leave the distribution of the total funding at the same percentage as in FY10. For example, Family Services, Inc. received 20% of the total subsidy budget in FY10 and would receive 20% of the funding in FY11

Vendor	Bed Capacity	Bed %	FY10 Budget	FY10 %	Total Reduction	Reduction %	FY11 Revised	FY11 %
Family Services, Inc.	76	22%	200,081	20%	28,643	14%	171,438	20%
Rock Creek Foundation	30	9%	75,790	7%	13,507	18%	62,283	7%
Community Connections Inc.	12	4%	60,633	6%	4,277	7%	56,356	6%
Guide Program Inc.	10	3%	33,147	3%	4,277	13%	28,870	3%
St. Luke's House	103	30%	312,442	31%	42,318	14%	270,124	31%
Threshold Services	109	32%	330,435	33%	44,510	13%	285,925	33%
	340		1,012,528		137,530	14%	874,998	

The Council has received testimony and a substantial amount of correspondence from people concerned about this reduction to the support for residential services and the expectation that it will have an impact on these organizations' ability to provide quality services and meet the overall costs associated with residential treatment in Montgomery County, even if it does not result in an actual reduction in the number of residential beds available. (Testimony from Threshold Services is attached at © 8 as a representative sample.) They note that when fiscal times were better, there were not substantial increases to this support and now there is a substantial reduction.

Council staff recommends that, if 7% has become the de-facto policy for reduction for most contracts and supplements, the Committee place \$66,530 on the reconciliation list to reduce the reduction to \$71,000 (7%). As with the DD Supplement, Council staff recommends that the Committee focus on the total amount being provided and that the Department be responsible for the individual allocations based on the number of beds.

7. Contracts Reduced by 7%

The table on the next page shows reductions to contracts in this program area. **While Council staff recommends approval, the Committee should take an opportunity to discuss what the impacts are likely to be to the capacity in the outpatient mental health system.**

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
BH Planning and Management				
Adventist Health Care - Outpatient mental health services	\$ 4,086	\$ 290	\$ 3,796	-7.1%
Affiliated Sante Group - Outpatient mental health services	\$ 40,000	\$ 2,800	\$ 37,200	-7.0%
Affiliated Sante Group - Consumer run drop-in center	\$ 31,620	\$ 2,210	\$ 29,410	-7.0%
Family Services, Inc - services to referred families	\$ 28,900	\$ 2,020	\$ 26,880	-7.0%
Family Services, Inc - outpatient mental health services	\$ 47,500	\$ 3,330	\$ 44,170	-7.0%
Housing Opportunities Commission - for support services for mentally ill adults	\$ 25,000	\$ 1,750	\$ 23,250	-7.0%
Korean Community Service Center of Greater Washington - mental health services, referrals, and health fairs for persons with limited English	\$ 45,450	\$ 3,150	\$ 42,300	-6.9%
Mental Health Association - Shelter Plus Care	\$ 46,240	\$ 3,240	\$ 43,000	-7.0%
National Alliance for the Mentally Ill - parent education and training program	\$ 5,254	\$ 360	\$ 4,894	-6.9%
Reginald Lourie Center - therapeutic nursery for emotionally disturbed pre-schoolers	\$ 51,611	\$ 3,610	\$ 48,001	-7.0%
Reginald Lourie Center - outpatient mental health services	\$ 4,541	\$ 320	\$ 4,221	-7.0%
St. Luke's House - outpatient mental health services	\$ 55,716	\$ 3,900	\$ 51,816	-7.0%
St. Luke's House - vocational training and education services	\$ 41,616	\$ 2,910	\$ 38,706	-7.0%
St. Luke's House - housing facilitator and case management	\$ 90,014	\$ 6,300	\$ 83,714	-7.0%
St. Luke's House - residential rehabilitation services	\$ 20,000	\$ 1,400	\$ 18,600	-7.0%
Threshold Services - outpatient mental health	\$ 80,000	\$ 5,600	\$ 74,400	-7.0%
Vesta, Inc - outpatient mental health services	\$ 68,511	\$ 4,800	\$ 63,711	-7.0%

B. Behavioral Health Specialty Services

The Executive is recommending two specific changes to this program that provides assessment, diagnostic evaluation, psychotropic medication evaluation, medication management, individual, family, and group therapy, and case management services. The program has been working to increase service to English limited clients and those with specialized cultural needs.

The program also provides immediate (but brief) case management, therapy, and medication services to people being discharged from a hospital or jail until they can be linked into the community outpatient system. Funding is recommended to be \$2.488 million and 17.5 workyears.

	Dollars	WY	Fund
Abolish part-time Principal Administrative Aide - Behavioral Health Specialty Services	\$ (28,300)	-0.5	General
Abolish full-time Therapist II position in Access to Care Program	\$ (135,310)	-1.0	General

1. Abolish Part-Time Principal Administrative Aide – Behavioral Health Specialty Services

This position is vacant and the work will be handled by other staff in the program.
Council staff recommends approval.

2. Abolish Full-Time Therapist II – Access to Care Program

This position is currently vacant. The position provided clinical assessments to clients to with serious mental illness and addiction issues. There will continue to be 5.5 Therapist workyears in this section who will handle the work. Depending on demand, the Department expects that some clients will not be able to be seen in the same day but would be seen within two or three days. **Council staff recommends approval.**

3. Contracts reduced by 7%

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Specialty Services				
Atlantic Diagnostic Laboratories - Lab Services	\$ 7,000	\$ 490	\$ 6,510	-7.0%
Family Service Foundation	\$ 22,585	\$ 1,580	\$ 21,005	-7.0%
Physician Sales and Services - medical supplies	\$ 1,924	\$ 130	\$ 1,794	-6.8%
Primary Care Coalition - MedBank Pharmacy	\$ 40,000	\$ 2,800	\$ 37,200	-7.0%

Council staff recommends approval.

C. Behavioral Health Community Support Services

The Executive’s budget shows two specific reductions for this program area that houses Community Case Management Services, the Urine Monitoring Program, and the Program/Contract Monitoring Unit. Program/Contract Monitoring ensures compliance by certified providers that provide de-tox services, outpatient and intensive outpatient treatment, residential halfway houses and long-term residential care for people with addiction or co-occurring disorders. The proposed FY 11 funding is \$6.910 million and 20.9 workyears.

	Dollars	WY	Fund
Reduce Level 1 Outpatient Substance Abuse Treatment Services and serve 3 to 4 fewer clients	\$ (13,600)	0.0	
Reduce the Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant	\$ (303,740)	0.0	Grant

1. Reduce Level 1 Outpatient Substance Abuse Treatment Services and serve 3 to 4 fewer clients (\$13,600)

The Department has made this recommendation in order to meet the overall budget requirements. The budget book notes that the number of people served in Level 1 Outpatient Treatment is declining. In FY08, 734 people were served. In FY09, this dropped to 571. It is projected that in FY11, 540 people will be served. As discussed in the next item, the reduction in ADAA funding has a more substantial impact than this particular item.

2. Reduce Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant (\$303,740)

The reduction in ADAA grant funding has resulted in the following reductions:

- A reduction of \$112,630 to contracts with Level 1 service providers Suburban Hospital and Counseling Plus (this is in addition to 7% reductions in General Fund contracts with these providers). The services providers may be able to cover some of their costs through direct billing to Medicaid. Until there is experience, the full impact is unknown.
- A reduction of \$116,690 in laboratory services in the Urine Monitoring Program. Some of these costs are now being directly billed to the Department of Correction and Rehabilitation.
- A \$50,430 reduction to the contract for the Avery Road Combined Care Program. Again, the vendor will be able to recoup some costs through direct billing to Medicaid and PAC and some of the remaining ADAA funds will be used to cover those who have no insurance and are not Medicaid or PAC eligible.
- A reduction of \$14,000 at the Avery Road Treatment Center. The expectation is that this reduction will come from operating expenses for things like equipment leases and maintenance. Council staff notes that the \$15,000 reduction to facility maintenance that was made in FY10 has also carried over into FY11. The impact of this reduction is that facility maintenance and equipment replacement/repair and upkeep needed due to normal wear and tear are being deferred.

Other contract reductions for Level 1 and residential services are shown in the Section E of this memo – Outpatient Addictions Services. Council staff suggests that after reviewing OAS the Committee discuss the full impact on the substance abuse treatment system and whether there should be any funding restoration to these services.

D. Criminal Justice Behavioral Health Services

The Executive is not recommending any specific changes to this program that provide the Clinical Assessment and Triage Services Team (CATS), Community Re-Entry Services (CRES) program, and the Jail Addiction Service (JAS) program to people being booked into (CATS), released from (CRES), or residing at (JAS) the county jail. Funding of \$2.473 million and 18.5 workyears is recommended. **Council staff recommends approval.**

E. Outpatient Addiction Services

The Executive is recommending one technical adjustment and two specific changes to this program area that provides comprehensive outpatient treatment, treatment and case management for Drug Court clients, and medication assisted treatment to county residents. Recommended funding is \$3.843 million and 30.8 workyears.

	Dollars	WY	Fund
Add 2.5 WYs to the Adult Drug Court by shifting operating expenses to personnel costs	\$ -	2.5	Grant
Eliminate the contract for Acudetox Services	\$ (13,750)	0.0	General
Abolish a full-time Therapist II position in Outpatient Addiction Services	\$ (145,080)	-1.0	General

1. Add 2.5 WYs to the Adult Drug Court by shifting operating expenses to personnel costs

This is a technical change that aligns the budget with the actual expenditures for this grant. **Council staff recommends approval.**

2. Eliminate contract for Acudetox Services (\$13,750)

This reduction will eliminate this program. Last year the Council approved a reduction in the cost of the program because county employees had completed training and could provide services with the oversight of an Acudetox supervisor. This reduction will eliminate the funds for the contract supervisor. The vendor has agreed to continue to supervise the effort until the current supplies run out at which time the services will cease. **Clients have reported good outcomes from this program, but given other reductions in the DHHS budget, Council staff recommends approval.**

3. Abolish Full-time Therapist II in Outpatient Addiction Services (\$145,080)

This is a vacant position and work will be addressed by those remaining in the program. However, this reduction could result in fewer clients being seen in the course of the year. **Council staff recommends approval.**

4. Contracts Reduced by 7%

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Outpatient Addictions Services				
Cardinal Health - pharmacy and related healthcare product distribution services	\$ 10,000	\$ 700	\$ 9,300	-7.0%
Counseling Plus - Level 1 Substance Abuse Services for adults	\$ 30,000	\$ 2,100	\$ 27,900	-7.0%
Elizabeth Nyang, Ed.D. - Level 1 Substance Abuse Services for adults	\$ 24,000	\$ 1,680	\$ 22,320	-7.0%
Chrysalis House - halfway house for women	\$ 41,682	\$ 2,920	\$ 38,762	-7.0%
Family Health Center - Level 1 Substance Abuse Services for adults	\$ 20,321	\$ 1,420	\$ 18,901	-7.0%
Maryland Treatment Center - substance abuse counseling	\$ 230,120	\$ 16,110	\$ 214,010	-7.0%
Montgomery General Hospital - Level IV medically managed de-tox	\$ 10,000	\$ 700	\$ 9,300	-7.0%
Powell Recovery Center (residential and outpatient services)	\$ 137,472	\$ 9,620	\$ 127,852	-7.0%
Powell Recovery Center (residential and outpatient services)	\$ 227,527	\$ 15,930	\$ 211,597	-7.0%
Resources for Human Development - Avery Road combined care program	\$ 211,345	\$ 14,790	\$ 196,555	-7.0%

5. Funding left for Level 1 Treatment

The following table shows the decrease in funding for Level 1 Substance Abuse Treatment Services.

FUNDING FOR LEVEL 1 SERVICES			
FY10		FY11	
Funding Source	Amount	Funding Source	Amount
County	\$125,955	County	\$ 105,955
ADAA	\$277,121	ADAA	\$ 158,121
	\$403,076.00		264,076.00

Council staff is concerned about the overall reductions to substance abuse and addictions funding, in particular Level 1 Outpatient Services which have the potential to keep people from requiring more intensive and expensive treatment services. Council staff, while happy that funding for the Drug Court and other criminal justice programs in DHHS have not been reduced, notes that many times it is said that some of the best publicly funded mental health care is provided through the jail. Council staff would hate to see that a de-funding of outpatient services (most notably by the State) would have the

effect of moving some people with addictions into the criminal justice system to get the help they need. Testimony received from the Alcohol and Other Drug Abuse Advisory Council © 9-10 notes that for every \$1 that goes to treatment, it is estimated that \$7 in health care and criminal justice related costs are saved. In addition, attached to testimony the Council received from Ms. Barbara Pearlman regarding substance abuse prevention and treatment for young people was data from the Department of Health and Mental Hygiene (© 11) on the number of Montgomery County residents treated in 2009. In total, 7,295 people of all ages were treated in Maryland certified programs.

The Committee should discuss with the Department where it would restore resources if some amount of funding (\$100,000 to \$200,000) could be restored to this service area.

6. HHS Committee follow-up on the vocational services for OAS clients in the criminal justice issue (what impact is county funding really having and are they finding jobs without specialized help.)

The Department has provided the following information to regarding the impact from the reduction in County funding in FY10 for these vocational services that has limited the amount of assistance that is able to be offered to clients needing assistance in finding and/or keeping employment. Clients are having a lot of difficulty finding jobs without specialized help. This can be attributed to a number of factors: the economy, their criminal backgrounds, their lack of job readiness skills, and lack of additional staff support to assist clients in job search functions, developing job readiness skills, and maintaining employment.

	Intensive Outpatient /Outpatient	Medicated Assisted Treatment	Drug Court - Active Clients		Drug Court - Graduates (remain contact)
			Active Clients	Active & Living at Pre-Release #s reflected in active data	
Employed	17	24	41	4	33
Unemployed	28	37	16	5	18
School/Training	8	2	0	0	0
Total	53	63	57	9	51

F. Victims Assistance and Sexual Assault Program

The Executive is recommending three specific changes to this program which provides information, referral, psychiatric services, court accompaniment, and other services to victims of sexual assault and other crimes. Total funding is recommended to be \$2.582 million and 18.4 workyears.

	Dollars	WY	Fund
Add ARRA grant award for part-time Client Assistant position in Victim Assistance and Sexual Assault Program	\$ 21,610	0.3	Grant
Increase Victims Compensation Fund Match	\$ 9,910	0.0	General
Eliminate clinical counseling and staff consultation services to victims who are adults that were molested as children	\$ (58,270)	0.0	General

1. Add ARRA grant award for Part-time Client Assistant in Victim Assistance and Sexual Assault Program

The Silver Spring Courthouse Victim Assistance Grant ended on June 30, 2009. The ARRA-Silver Spring Courthouse grant was awarded to fund a part-time Victim Assistant position. The ARRA grant of \$22,142 and will be in effect until December 31, 2010. This is a term position which will be terminated when the grant ends. **Council staff recommends approval.**

2. Increase Victims Compensation Fund Match

This provides the required funding for the Victims Compensation Fund. **Council recommends approval.**

3. Eliminate Clinical Counseling and Staff Consultation Services to Victims Who are Adults that Were Molested as Children (\$58,270)

This reduction will eliminate the contract with the Maryland Institute to provide therapy to adults who were molested as children. Council staff asked why the Department would want to eliminate services to this group and noted that the contract was to serve up to 30 people per year.

The Department has replied that they will make every effort to have these victims' needs met by linking them to services in the private sector. At the time this contract was executed, the skills to treat this population did not exist in the private sector. This has changed. The clients who are in individual therapy with the Maryland Institute contractors will undergo a process of termination from now until end of June. Those with insurance will be transferred to the private sector. Those indigent clients who need further treatment will be transitioned to a VASAP therapist. The AMAC groups will continue; however, VASAP will run fewer groups during the year.

FY11 funding has been prioritized to focus on consumers who are facing active cases of sexual assault or violence with an emphasis on getting victims the supports they need and providing short-term services. **Council staff recommends approval.**

4. Contracts reduced by 7%

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Victim Assistance				
Casa de Maryland - Human trafficking outreach and legal services	\$ 65,813	\$ 4,610	\$ 61,203	-7.0%
J&E Associates - batterer group and individual counseling for Abused Persons Program	\$ 259,270	\$ 18,150	\$ 241,120	-7.0%
National Center for Children and Families - Betty Ann Krahnke Center	\$ 1,078,975	\$ 75,530	\$ 1,003,445	-7.0%

Council staff recommends approval.

G. Child and Adolescent Mental Health Services

The Executive has noted seven specific changes in this program that provides comprehensive mental health treatment to children, youth, and their families through Child and Adolescent Mental Health Services, the Home-based Treatment Team, and the System of Care Development and Management Team. FY11 recommended funding is \$3.043 million and 16.1 workyears.

	Dollars	WY	Fund
Enhance services to Haitians and other French-Speaking Immigrants	\$ 30,000	0.0	General
Reduce contract funding for substance abuse and mental health services that will result in serving five fewer children and their families	\$ (5,300)	0.0	General
Decrease administrative, training, and professional development operating funds	\$ (8,000)	0.0	General
Reduce the N*Common Program which supports mental health services to diverse populations	\$ (17,350)	0.0	General
Reduce family support, education, and advocacy programs	\$ (27,200)	0.0	General
Abolish a part-time Therapist II position in Child and Adolescent Mental Health Services	\$ (50,010)	-0.5	General
Eliminate child and adolescent mental health services psychiatric contract	\$ (188,000)	0.0	General

1. Enhance Services to Haitians and other French-speaking Immigrants and Reduce funding for N*Common – Net change to N*Common +\$12,650

This is a combination of two of the items listed in the budget book. The Executive had wanted to increase services to Haitian’s living in Montgomery County in light of the earthquake disaster and thus added \$30,000 to enhance the N*Common program which is providing mental health services to French speaking immigrants. Unfortunately, in order to meet budget targets,

the Department also reduced the base funding for this program. The result is a \$12,650 increase for these efforts. **Council staff recommends approval.**

2. Reduce contract funding for substance abuse and mental health services that will result in serving five fewer children and their families (\$5,300)

The Department is recommending a 10% reduction to the contract with the Jewish Social Service Agency for the provision of mental health and substance abuse treatment services to low to moderate income children and their families. \$47,700 will remain in place. This is expected to reduce service to five children and their families. **Council staff recommends approval.**

3. Decrease administrative, training, and professional development operating funds (\$8,000)

The Department believes it can reduce costs in several operational areas within this program. **Council staff recommends approval.**

4. Reduce family support, education, and advocacy programs (\$17,350)

This reduction is to the contract with the Federation of Families for Children's Mental Health which is a family organization that provides education, advocacy, and support to families with children who access the public mental health system. In FY09, the organization received \$300,000 in funding. In FY10, the Council approved a reduction of \$30,960. If the FY11 reduction is approved, the organization will receive \$241,840 from the county. There is no requirement that the county fund these types of services, however many clients have found the services of a family organization particularly helpful.

In the testimony the Council received (© 12-13), the Federation noted that because of rule changes an organization like theirs can become a Medicaid provider through the waiver program but they need adequate infrastructure funding to be able to provide these services.

Council staff recommends approval of this reduction but suggests that the Department work with the Federation to determine how best to use the available county funding to be able to apply for the Medicaid waiver so that they may provide more comprehensive and reimbursable services.

5. Abolish part-time Therapist II position in Child and Adolescent Mental Health Services (\$50,010)

The elimination of this position will leave the program with a complement of nine full-time Therapists and one part-time Therapist who will handle the existing workload. **Council staff recommends approval.**

6. Eliminate child and adolescent mental health services psychiatric contract (\$188,000)

This position has been vacant since FY09 so there will be not impact in the level of service from FY10 to FY11. It is expected that the staff psychiatrists who are able to meet the current need. While need is growing it is the over all capacity of the program that will dictate the length of the waiting list. There has been a small waiting list for services for Spanish speaking clients. The Department is revising its intake and screening processes to minimize the waiting time for services. **Council staff recommends approval.**

7. Contract reduced by 7%

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Child and Adolescent Mental Health				
Collaboration Council - wrap around services	\$ 800,000	\$ 56,000	\$ 744,000	-7.0%

Council staff recommends approval.

H. 24-Hour Crisis Center

The Executive is recommending three specific changes for this program that provides telephone, walk-in, mobile crisis outreach, and residential services to people experiencing a situational, emotional, or mental crisis. For FY11 the Executive is recommending funding of \$4.090 million and 24.1 workyears.

	Dollars	WY	Fund
Eliminate Crisis Preparedness Contractual Services	\$ (37,510)	0.0	General
Eliminate funds for Wheaton Public Inebriate Initiative Team (PIIT) that was never started (eliminated in FY10 Savings Plan)	\$ (197,750)	-2.0	General
Move \$150,000 of total funding for the Silver Spring PIIT to fund an integrated PIIT/Homeless Outreach program and replace \$150,000 in General Funds with grant funding.	\$ (150,000)	-1.5	General

1. Eliminate Crisis Preparedness Contractual Services (\$37,510)

The county has a contract with the Mental Health Association to organize and keep active a cadre of about 100 mental health professionals that can be called to assist in emergency or other unusual situations. This volunteer team was called on during the sniper incident, assisted the Crisis Center with families that were evacuated after Hurricane Katrina, and was ready to assist people if they had to be evacuated because of the Lake Needwood dam. They can also be called on to assist in the public schools. The Mental Health Association is responsible for checking credentials, keeping volunteer information, and providing training during the year. The proposed reduction will eliminate this funding.

Council staff recognizes that this is a program that leverages volunteer mental health professionals and that if the information on these volunteers cannot be checked and

kept up to date they may not be able to be called on in an emergency. Council staff has contacted Mr. Voss, Director of the Office of Emergency Management, and he is interested in working with MHA to see if grant funding may be available but it would not be available by July 1 (beginning of FY11). The Committee may want to discuss if some amount of funding should be provided (perhaps \$15,000) to try to keep the volunteer team intact and information updated with the understanding that periodic training would not be provided until a grant source is found.

2. *Eliminate Funds for Wheaton Public Inebriate Initiative Team (PIIT)*
 3. *Move \$150,000 of Silver Spring PIIT Funding to Integrated PIIT/Homeless Outreach and shift \$150,000 of funding to grant funding.*
- Continued Discussion of Reduction to Community Vision*

As noted in the discussion of Special Needs Housing, the Department is recommending a \$367,540 reduction that is described as reducing homeless outreach services but is also tied to a \$150,000 reduction to the current Silver Spring Public Inebriation Initiative Team (PIIT) and an effort by the Department to have outreach workers who will also reach out to homeless people living in encampments. The PIIT is housed in Behavioral Health and Crisis Services. The reductions in Special Needs Housing are reductions to the Community Vision Program in Silver Spring and to the current contract with the Volunteer of America for outreach to homeless people.

Community Vision – The FY10 budget includes \$527,000 to fund a contract with Interfaith Works to provide a daytime program for homeless people. The program is located in the Silver Spring business district. The program serves people living in local shelters as well as homeless who are not residing in a county shelter with assessment and case management, vocational services including classes in job readiness, computer skills, and financial literacy. Classes in art and creative writing are offered as are discussion groups and sessions on nutrition. Meals are provided in partnership with Shepherds Table. In 2009 Community Vision served 850 unduplicated people and provided intake assessments for 662 individuals. It notes that long term job placement, internships, and follow-up services were provided to 67 people.

For FY11, the Department is recommending that Community Vision funding be cut by \$255,680 (48.5%). Funding for FY11 would be \$271,329. The Department expected that with this reduced funding the shelter beds that are currently provided could be continued along with some case management. However, the vocational training and other daytime classes would not receive county support. As Director Ahluwalia has told the Committee in other worksessions, given the magnitude of the budget reductions, programs that are not aligned with core HHS services (such as ESOL, computer literacy, and vocational training) have been cut unless they are a part of specific grant or State funding. Interfaith Works has indicated that they will not continue to serve as the vendor if the funding is limited to beds and case management and that they cannot provide a viable program if funds are cut by 48%. Interfaith Works notes that the programming is a large part of what creates an overall positive and safe atmosphere/facility and it is not clear what services will be required if only shelter is provided. The Council received testimony voicing concern that if Community Vision does not continue, the demand on other

non-profits serving the homeless will increase at a time when they are also experiencing reductions in funding. **Council staff notes that a 7% reduction to the contract for this program would be a cut of \$36,890 and would leave \$490,120 in funding in FY11.**

DHHS has provided the following data regarding Community Vision.

Community Vision FY09 and FY10 Statistics

Community Vision FY09 & FY10 Statistics		
Clients Served	FY 2009	FY 2010 as of 3/31/2010
Total Client Served	662	621
Clients engaged in intensive case management services	155	131
Clients pre-screened and referred to basic services	194	140
Clients served on an outreach basis	313	350
Services Rendered	FY 2009	FY 2010 as of 3/31/2010
Number of clients connected to Behavioral Health Treatment	41	46
Number of Clients connected to Permanent Housing	25	19
Number of clients connected to entitlements	10	35
Number of clients connected to vocational/employment services	132	87
Number of clients connected to emergency/transitional shelter	79	48

Volunteers of America – Since July of 2006, Volunteers of America has served as the vendor for Homeless Outreach Services. FY10 funding for this contract is \$262,570. The sources of funds for the contract are \$150,710 in State funding and \$111,860 in county funding from the General Fund. The grant funds do not require any specific county match. The contract expires at the end of FY10.

The Council received testimony from the Volunteers of America stating that in the past two years their outreach workers have helped to serve 626 homeless men and women connecting them to serves to address mental illness and medical services. They further note that their outreach workers work flexible hours and are available to provide services at off-hours in all parts of the county. They further note that without these types of services, mentally ill homeless people are more likely to become involved with the correctional system which is far more costly to the county.

The Department has provided the following data regarding the Volunteers of America contract.

**Volunteers of America Montgomery County Homeless Outreach Services
Statistical report**

	FY09	FY10 (as of 3/31/10)
Total # served	391	355
# Connected to Behavioral Health Treatment	178	147
# Connected to Permanent Housing	6	5
# Connected to Entitlements (TDAP, PAC, MA,	69	55
# Connected to vocational / employment services	6	11
# Connected to Emergency/Transitional Shelter	67	42

Wheaton and Silver Spring PIIT – The PIIT was established to be more than an outreach effort. Both the Silver Spring and the Wheaton PIIT (never started) were funded at a level that reserved a treatment bed so that a PIIT outreach worker would have immediate access to a de-tox/treatment bed so that if the inebriated person did not need to stay at a hospital for medical treatment there was a place to go. Under the new proposal, outreach workers would now have to call around for an appropriate bed which could increase hospital stays for those who need de-tox services. The Department has provided the following data on the PIIT. The data indicates that the vast majority of encounters did not end with the use of a treatment bed but that 80 did and of those 69% went on to de-tox and 31% went on for further treatment. The data on the next page shows that the PIIT has had most of its encounters with people in downtown Silver Spring rather than Long Branch.

• **ARTC Beds**

- FY10 (thru 3/10), 80 admitted to Sobering Beds
- 55 (69%) admitted to detox (average LOS – 3.3 days)
- 25 (31%) admitted to ICF (average LOS – 15 days)

	FY'10 YEAR TO DATE
Gender	
Male	2127
Female	397
Totals	2524
Race	
Latino	1171
African Am	1007
White	293
African	43
Other	10
Totals	2524

Location

Long	
Branch/Crossroads/Takoma	
Park	884
Progress Place/Sliver Spring	1479
WAH/HC	161
Totals	2524

Source

PIIT	2334
E/R	126
Community Programs	48
Merchants	3
Police/EMS	13
Totals	2524

Complaint

Public Drinking/Intoxication	605
Homeless/Sleeping	509
Program Follow-up	607
Public Safety	803
Totals	2524

Disposition

Admitted to ARTC	53
Referred to Access/CC	3
Transport	73
Referred to EMS/Police	12
Other (Arouse-Observe)	91
Outreach/Counseling	2292
Totals	2524

Hypothermia

Provide blankets	21
Transport to Shelter	7
Cold Weather Clothing	3
Totals	31

Contacts

Once	1889
Two or more	635
Totals	2524

Department Proposed Outreach for FY11 – The Department is proposing that in place of the current Homeless Outreach Services contract (which will expire) a new RFP would be issued that would seek outreach services that would serve both the Silver Spring/Long Branch area that has been served by the Silver Spring PIIT and would reach out to homeless people in encampments county-wide. The PIIT would no longer fund a dedicated treatment bed. The new

Homeless Outreach Services proposal would be funded with the \$150,000 in grant funds and \$230,000 in county funds for a total of \$380,000. Because of the time needed to put a new contract in place, the new services would not start until January 2011 (second half of FY10).

Council staff recommendations:

- Place \$218,790 on the reconciliation list for the Community Vision program. This would bring the total amount of FY11 funding up to \$490,120 which would be 7% less than the FY10 funding.
- Use the \$300,000 (\$150,000 grant funding and the \$150,000 left in PIIT funding) to issue a new contract for homeless outreach services. The Volunteer of America contract expires at the end of this year and they could bid on the new contract. Council staff notes that both the Volunteers of America and the PIIT have had most of their contact in Silver Spring, thus Council staff is concerned about a reduction in the ability to provide outreach services to the homeless, mentally ill, or inebriated people that are presenting themselves in Silver Spring. The contract can have a county-wide scope with direction from the Department on areas of specific focus. Council staff is not sure that there are adequate resources to give any focus on the encampment problem but the contract could ask the outreach team to assist with this effort. **Council staff is concerned about the gap in service between the end of the current contract and the awarding of a new contract and believes that the Department should consider whether there should be a non-competitive award to Volunteers of America for some portion of FY11 until a new competitive contract can be put in place.**
- **Council staff believes the Silver Spring PIIT as a specific program should be suspended for FY11.** It was the immediate access to services that made the PIIT different from other county efforts. Given all the cuts to treatment services, it is unclear what the number of publicly funded beds will be FY11 and so also unclear whether they will be available when needed. Council staff hopes this program can be re-tooled for FY12. It is important that 80 people did go to treatment and that a higher percentage at least stayed for de-tox. The current filled positions in the Silver Spring PIIT would be abolished as proposed in the Executive's budget.
- **Consider Council staff's previous suggestion that the \$479,500 in funding for the local energy tax rebate be redirected to cover the shortfall for Community Vision (and other HHS needs).** As previously noted, the amount budgeted will only provide a rebate of \$68.50 to the first 7,000 of an expected 9,000 eligible households.

4. Contracts reduced by 7%

	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
24 Hour Crisis Services				
Barwood Cab - emergency transportation	\$ 280	\$ 20	\$ 260	-7.1%
Mental Health Association - 24 hour hotline	\$ 113,412	\$ 7,860	\$ 105,552	-6.9%
Regency Cab - victims of domestic violence	\$ 4,500	\$ 320	\$ 4,180	-7.1%
Regency Cab - emergency transportation	\$ 23,820	\$ 1,670	\$ 22,150	-7.0%
Westwood Valent - laundry and dry cleaning	\$ 4,000	\$ 280	\$ 3,720	-7.0%

Council staff recommends approval.

I. Mental Health Services for Seniors and Persons with Disabilities

The Executive is showing one specific change to this program – a reduction in the Department of Mental Health and Hygiene SORT grant. The overall program provides outreach mental health services for seniors who cannot or will not access office based services as well as working with stressed caregivers. The program also provides mental health services to people who are hearing impaired. FY11 proposed funding is \$618,500 and 2 workyears.

	Dollars	WY	Fund
Reduce SORT Grant for Hospital Diversion Program by abolishing four positions and eliminating operating budget for Therapeutic Foster Care (Program never implemented)	\$ (241,660)	-3.0	Grant

1. Reduced SORT Grant (\$241,660)

This grant was reduced in FY10 and positions have been held vacant. The reduction abolishes a part-time Psychiatric Nurse, one full-time and one part-time Therapist, and one Income Assistance Specialist. The contract for therapeutic foster care was never put in place so there will not be a reduction in service. Any triage and evaluation staffing needed for the population that would have been served by the program will be handled by the Crisis Center.

Council staff recommends approval.

2. Contracts reduced by 7%

Council staff recommends approval of these reductions but does note the Committee has discussed, both as a part of discussion on the mental health system and Senior Initiative, the increasing need for mental health services to serve the senior community.

Senior Mental Health	FY10 General Fund Contract	Reduction	FY11 Proposed Funding	% Reduction from FY10
Affiliated Sante Group - prevention and early intervention services for county residents aged 60 or older	\$ 90,811	\$ 6,360	\$ 84,451	-7.0%
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 123,114	\$ 8,620	\$ 114,494	-7.0%
Affiliated Sante Group - Mental health outreach to homebound county residents aged 60 or older	\$ 3,179	\$ 220	\$ 2,959	-6.9%
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 99,737	\$ 6,980	\$ 92,757	-7.0%
Affiliated Sante Group - Mental health outreach to Hispanic county residents aged 60 or older whose primary language is Spanish	\$ 1,773	\$ 120	\$ 1,653	-6.8%
Jewish Social Service Agency - mental health services for the hearing impaired	\$ 72,206	\$ 5,050	\$ 67,156	-7.0%

J. Abused Persons Program

The Executive is recommending three two specific changes to this program that provides community education, crisis intervention, safety planning, legal advocacy, ongoing counseling, and emergency shelter to victims of partner abuse and their minor children. For FY11 proposed funding is \$3.002 million and 15.4 workyears.

	Dollars	WY	Fund
Reduce Funding for legal immigration contractual services in Partner Abuse Services	\$ (4,780)	0.0	General
Abolish full-time Office Services Coordinator in Abused Persons Program	\$ (51,900)	-1.0	General
Abolish a full-time Therapist II position in Abused Persons Program	\$ (90,400)	-1.0	General

1. Reduce Funding for legal immigration contractual services in Partner Abuse Services (\$4,780)

The Department proposes a 10% reduction in the contract with Catholic Charities for these services. \$42,980 will remain in the budget for FY11. **Council staff recommends approval.**

2. Abolish full-time Office Services Coordinator in the Abused Persons Program

This position is currently vacant. Other staff will handle the existing workload. **Council staff recommends approval.**

3. Abolish Full-time Therapist II position in the Abused Persons Program

The Council approved the reduction of one Therapist in the Abused Persons Program as a part of the FY10 budget (the position was vacant). After this reduction there will be a complement of two Supervisor Therapists and seven full-time Therapist II's. Two positions are currently vacant. One of these is the proposed abolishment. An offer has been made and accepted for remaining position. There is not a waiting list for victim counseling services. **Council staff recommends approval.**

K. Service Area Administration

The Executive is not recommending any specific changes to this program that includes service wide administration. FY11 proposed funding is \$552,470 and 3.7 workyears.

	Dollars	WY	Fund
Eliminate temporary services funding in BHCS Chief's Office	\$ (10,280)	0.0	General
Abolish a full-time Administrative Specialist III in BHCS Chief's Office	\$ (105,000)	-1.0	General

1. Eliminate temporary services funding in BHCS Chief's Office (\$10,280)

This will eliminate the funding for temporary services that are used throughout the service area. **Council staff recommends approval.**

2. Abolish a full-time Administrative Specialist III in BHCS Chief's Office

This is a filled position in the Chief's office. Work will be absorbed by other staff in the service area. **Council staff recommends approval.**

miscellaneous adjustments – next page

L. Miscellaneous Adjustments

Miscellaneous Adjustments - Behavioral Health Planning and Management	\$ 581,810	5.1	General and Grant
Miscellaneous Adjustments - Behavioral Health Specialty Programs	\$ (104,600)	-2.4	General and Grant
Miscellaneous Adjustments - Behavioral Health Community Support Services	\$ (247,260)	-0.5	General and Grant
Miscellaneous Adjustments - Criminal Justice/Behavioral Health Services	\$ 10,030	-0.7	General and Grant
Miscellaneous Adjustments - Outpatient Addiction Services	\$ (34,040)	0.1	General and Grant
Miscellaneous Adjustments - Victim Assistance and Sexual Assault Programs	\$ (5,160)	-0.3	General and Grant
Miscellaneous Adjustments - Child and Adolescent Mental Health Services	\$ (72,870)	-0.6	General and Grant
Miscellaneous Adjustments - 24-Hour Crisis Center	\$ 175,110	0.1	General and Grant
Miscellaneous Adjustments - Mental Health Services for Seniors and Persons with Disabilities	\$ (994,860)	-5.0	General and Grant
Miscellaneous Adjustments - Abused Persons Program	\$ (103,050)	-0.4	General and Grant
Miscellaneous Adjustments - Service Area Administration	\$ 83,770	0.8	General and Grant
NET MISCELLANEOUS ADJUSTMENTS	\$ (711,120)	\$ (3.8)	

Council staff recommends approval.

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to foster the development of, and to ensure access to a comprehensive system of services for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to providing culturally and linguistically competent care and to the use of evidence based or best practices along a continuum of care. BHCS works with the State's public mental health and substance abuse system, other HHS service areas, county agencies and the community to provide strength-based and integrated services to persons in need. Behavioral Health Planning and Management monitors various services provided to families with public health insurance including, outpatient mental health clinics, psychiatric rehabilitation, and residential rehabilitation programs. Crisis and Victims services are available twenty-four hours, seven days a week providing treatment in schools, home, or the community. Access and Behavioral Health Specialty Services provide screening/referrals along with treatment on an outpatient basis. Addictions Services provide a full array of outpatient and residential services in both community and correctional settings.

PROGRAM CONTACTS

Contact Raymond L. Crowel of the HHS - Behavioral Health and Crisis Services at 240.777.1488 or Trudy-Ann Durace of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Behavioral Health Planning and Management

Behavioral Health Planning and Management was previously titled System Planning and Management. As the State mandated local mental health authority, this program is responsible for the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). This include persons with co-occurring mental illness and substance abuse disorders, homeless persons with SPMI, and persons with SPMI who have been incarcerated and/or are on conditional release. This program is responsible for the ongoing development of a resiliency and recovery oriented continuum of quality mental health services that provide for consumer choice and empowerment, while assuring consumers have access to clinically appropriate and cost effective behavioral health services. In addition, Behavioral Health Planning and Management partners with the Mental Hygiene Administration and the Crisis Center in the provision and authorization of hospital diversion services aimed at providing diversion to the most clinically appropriate least restrictive setting for the individuals it serves. Hospital diversion services shifted from Mental Health Services for Seniors and Persons with Disabilities to this program.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of clients served in outpatient mental health settings based on Public Mental Health System paid claims data	6,900	7,776	7,776	7,776	7,776
Percentage of adult clients receiving services who report positive improvement in Social Connectedness and Emotional Well-being	82	83	82.5	80	80
Percentage of child and adolescent clients receiving services who report positive improvement in Social Connectedness and Emotional Well-being	N/A	94	93.5	93.5	93.5

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	7,512,490	13.7
Reduce: Child Welfare Services Mental Health Funding - Attachment and Bonding Studies and Crisis Stabilization	-18,790	0.0
Decrease Cost: Consumer Special Needs Fund	-19,670	0.0
Decrease Cost: Pharmacy Assistance Services Budget	-30,000	0.0
Reduce: Computer Training for Adults with Mental Illness and Serve 10-15 Fewer Adults Annually	-47,370	0.0
Decrease Cost: Reduce the Budgets for Vocational Training, Travel, and Contract Expenses Based on Historic Actuals	-50,000	0.0
Decrease Cost: The Housing Subsidy Paid to Six Providers of Residential Rehabilitation Programs with no Reduction to Client Service	-137,530	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	581,810	5.1
FY11 CE Recommended	7,790,940	18.8

Notes: Miscellaneous adjustment includes the shift of five workyears from Mental Health Services: Seniors and Persons with Disabilities.

1

Behavioral Health Specialty Services

Behavioral Health Specialty Services includes both the Adult Behavioral Health and the Access to Behavioral Health Services programs. The Adult Behavioral Health program provides a comprehensive range of mental health services including assessment, diagnostic evaluation, psychotropic medication evaluation, and medication monitoring. Individual, family, and group psychotherapy are available, as well as case management services. Eligibility is limited to Montgomery County residents who have a high level of acuity and are involved in multiple systems in the community. Many of these individuals are unable to receive Public Mental Health System services or the level of care necessary to effectively stabilize their illness. This program has expanded capacity to provide services to Limited English Proficiency (LEP) clients and those with specialized cultural and language needs. The Access to Behavioral Health Services program provides assessments for clinical necessity and financial eligibility for consumers needing outpatient mental health services including those with a co-occurring disorder, and linkages to those eligible for the Public Mental Health System or community resources. This program also provides for Montgomery County adult residents, walk-in substance abuse assessments including co-occurring disorders and linkages to the range of services in the Addiction Services continuum. Safety Net Services, a service within Access to Behavioral Health Services, provides immediate, brief psychiatric, and case coordination services (16 hours a week) for clients eligible for the Public Mental Health system who are discharged from a psychiatric hospital/jail who need immediate psychotropic medications until they can be linked to a community Outpatient Mental Health program.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	2,755,740	21.4
Decrease Cost: Abolish a Part-time Principal Administrative Aide Position	-28,300	-0.5
Decrease Cost: Abolish a Full-time Therapist II Position in the Access to Care Program	-135,310	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-104,600	-2.4
FY11 CE Recommended	2,487,530	17.5

Notes: Miscellaneous adjustment includes the shift of 2.0 workyears to the Abused Persons Program.

Behavioral Health Community Support Svcs

Behavioral Health Community Support Services is composed of three sub-programs: Community Case Management Services, Urine Monitoring Program, and Program/Contract Monitoring Unit. These programs provide: 1) case management services to Temporary Cash Assistance (TCA) clients, women who are homeless, adults incarcerated at the Montgomery County Correctional Facility, and other clients who are "high-end" users of services and involved in multiple programs within HHS, 2) urine testing services to clients referred by the courts, child welfare, the criminal justice system and others required to submit to urine surveillance or who require request urine screening and testing, and 3) the Program/Contract Monitoring Unit monitors contract compliance for addiction and co-occurring treatment with certified providers who contract with the Department to provide detoxification, outpatient, intensive outpatient, residential halfway house, combined care, and long-term residential treatment services to enhance the quality of care available to Montgomery County residents.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Number of persons served in Level 1 Outpatient Treatment ¹	734	571	600	540	540
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment) ²	74	86	75	75	75

¹ These measures are for the Adult Level 1 treatment programs only. The projected FY11 and FY12 number of persons served reflects State and Local reductions for Level 1 Outpatient Substance Abuse Treatment Services.

² This is a new performance measure established by the Alcohol and Drug Abuse Administration.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	7,474,990	21.4
Reduce: Level 1 Outpatient Substance Abuse Treatment Services and Serve Three to Four Fewer Clients	-13,600	0.0
Reduce: The Alcohol and Drug Abuse Administration (ADAA) Treatment Block Grant	-303,740	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-247,260	-0.5
FY11 CE Recommended	6,910,390	20.9

Criminal Justice/Behavioral Health Services

Criminal Justice/Behavioral Health Services is composed of three programs: (1) Clinical Assessment and Triage Services (CATS), (2) Community Re-Entry Services (CRES), and (3) Jail Addiction Services (JAS). CATS provides assessment and post-booking diversion services within 24 hours of booking to inmates with behavioral health issues upon entry into the Montgomery County Detention Center. JAS is an intensive jail-based residential addiction treatment program for inmates who suffer with substance-related disorders at the Montgomery County Correctional Facility. CRES provides court advocacy and release planning for inmates at the Montgomery Correctional Facility by assessing inmates' behavioral health needs and coordinating access to services in the

Community.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	2,462,990	19.2
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	10,030	-0.7
FY11 CE Recommended	2,473,020	18.5

Outpatient Addiction Services (OAS)

OAS provides comprehensive and quality outpatient, intensive outpatient, drug court, and medication assisted treatment services to adult residents of Montgomery County, who are diagnosed with substance use disorders or co-occurring mental health and substance use disorders. Priority populations include people who are indigent, homeless, medically compromised, women who are pregnant or those with infants, individuals involved with the criminal justice system, and people with HIV/AIDS.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	4,036,640	29.2
Shift: Operating Expense to Personnel Cost and add 2.5 WYs to the Montgomery County Adult Drug Court	0	2.5
Eliminate: Contract for Acudetox Services	-13,750	0.0
Decrease Cost: Abolish a Full-time Therapist II Position	-145,080	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-34,040	0.1
FY11 CE Recommended	3,843,770	30.8

Victims Assistance and Sexual Assault Program

VASAP provides information, referral, support, psychiatric evaluations, criminal justice advocacy, court accompaniment, crisis, and ongoing counseling services to victims of crimes such as, sexual assault/rape, homicide (surviving family and friends), assault/battery, as well as childhood sexual abuse. Outreach is provided 24/7/365 days per year through volunteer support to rape and sexual assault victims at hospitals and police stations. Compensation is provided to eligible victims of crime. Court volunteers augment services provided by VASAP victim assistants.

Program Performance Measures	Actual FY08	Actual FY09	Estimated FY10	Target FY11	Target FY12
Percentage of adult victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by Post-traumatic Stress Disorder (PTSD) Checklist – Civilian (PCL-C) clinical scales)	85	86	85	85	85
Percentage of child victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by the Child's Reaction to Traumatic Events Scale (CRTES) clinical scales)	81	78	78	78	78

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	2,614,030	18.4
Add: American Reinvestment and Recovery Act (ARRA) Grant Awarded to Fund a Part-time Client Assistant Position (0.3 WY)	21,610	0.3
Increase Cost: Victims Compensation Fund Match	9,910	0.0
Reduce: Eliminate Victims Clinical Counseling and Staff Consultation Services to Adults Molested as Children	-58,270	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-5,160	-0.3
FY11 CE Recommended	2,582,120	18.4

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of three components that provide or support comprehensive mental health treatment and care coordination services to children, youth, and their families that are individualized, culturally, and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Outpatient Mental Health Service provides assessment, psychiatric, and therapeutic treatment to children and adolescents with serious emotional impairments. The Home-based Treatment Team provides specialized, evidence-based mobile treatment specifically for children and families involved with Child Welfare Services. The System of Care Development and Management Team collaborates with Local and State partners to plan, develop, and manage publicly-funded (State and County) mental health and care coordination services for children and adolescents. All three components are guided by the principles that services should be child focused, family driven, and culturally competent.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	3,381,850	17.2
Enhance: Services to Haitian and Other French-Speaking Immigrants	30,000	0.0
Reduce: Funding for Substance Abuse Prevention and Mental Health Contractual Services and Serve Five Fewer Children/Families	-5,300	0.0
Decrease Cost: Operating Expenses in the Care Coordination Budget - Administrative and Training and Professional Development Funding	-8,000	0.0
Reduce: N*COMMON Program - Mental Health Services to Diverse Populations	-17,350	0.0
Reduce: Family Support, Education, and Advocacy Services	-27,200	0.0
Decrease Cost: Abolish a Part-time Therapist II Position	-50,010	-0.5
Eliminate: Child and Adolescent Mental Health Service Psychiatric Contract	-188,000	0.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-72,870	-0.6
FY11 CE Recommended	3,043,120	16.1

24-Hour Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational, emotional, or mental health crises. The Crisis Center provides all services, twenty-four hours/day seven days/week. Much of the work of the Crisis Center focuses upon providing the least restrictive community-based service that is appropriate to the client's situation. Many of the services provided are alternatives to more traditional mental health services. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters and community crises. The Crisis Center coordinates the mental health response during disasters and community critical incidents. During the off-hours (after 5:00 p.m., weekends, and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available. The Public Inebriate Initiative (PIT) is a program to intervene with those individuals who are drinking on the street. The Public Inebriate Initiative is a program to intervene with individuals who are drinking on the street.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	4,300,490	37.5
Add: Public Inebriate Team - Operating Expense	77,250	0.0
Eliminate: Crisis Preparedness Contractual Services	-37,510	0.0
Shift: \$150K of the Total Silver Spring Public Inebriate Initiative Team (PIIT) Funding to Grant Fund to Provide an Integrated PIIT/Homeless Outreach Effort	-150,000	-1.5
Eliminate: The Wheaton Public Inebriate Initiative Team (PIIT)	-275,000	-2.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	175,110	0.1
FY11 CE Recommended	4,090,340	34.1

Notes: Miscellaneous adjustment includes the annualization of positions for the Wheaton Public Inebriate Team and lapse adjustment.

Mental Health Svcs: Seniors & Persons with Disabilities

This program provides outreach mental health services for seniors who cannot or will not access office based services as well as persons experiencing caregiver stress. It provides Prevention and Early Intervention services for seniors by providing drop in groups at senior centers, psycho education, consultation to assisted living providers, Housing Opportunities Commission (HOC) resident counselors and senior center directors, and mental health training for providers of services for seniors. This program also provides mental health services to persons who are deaf or hearing impaired.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	1,855,020	10.0
Reduce: The SORT Grant by \$241,660 in the Hospital Diversion Program by Abolishing Four Positions and Eliminating the Operating Budget for Therapeutic Foster Care	-241,660	-3.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-994,860	-5.0
FY11 CE Recommended	618,500	2.0

Notes: Miscellaneous adjustment includes the shift of 5.0 workyears to Behavioral Health Planning and Management.

Abused Persons Program

The Abused Persons Program was previously titled Partner Abuse Services. The Abused Persons Program serves as the local comprehensive domestic violence program that provides community education, crisis intervention, safety planning, legal advocacy, ongoing counseling, and emergency shelter to victims of physical partner abuse and their minor children. Assessment and counseling are also provided to those who have been abusive towards their partners.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	3,252,340	17.8
Reduce: Funding for Legal Immigration Contractual Services in Partner Abuse Services	-4,780	0.0
Decrease Cost: Abolish a Full-time Office Services Coordinator (OSC) Position	-51,900	-1.0
Decrease Cost: Abolish a Full-time Therapist II Position	-90,400	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-103,050	-0.4
FY11 CE Recommended	3,002,210	15.4

Notes: Miscellaneous adjustment includes the shift of 1.0 workyear to Outpatient Addiction Services.

Service Area Administration

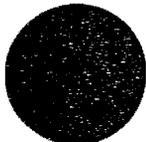
This program provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services.

FY11 Recommended Changes	Expenditures	WYs
FY10 Approved	584,030	3.9
Decrease Cost: Eliminate the Temporary Service Budget in Behavioral Health and Crisis Services (BHCS) Chief's Operating Expense budget	-10,280	0.0
Decrease Cost: Abolish A Full-time Administrative Specialist III Position in the Behavioral Health and Crisis Services (BHCS) Chief's Office	-105,050	-1.0
Miscellaneous adjustments, including furloughs, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	83,770	0.8
FY11 CE Recommended	552,470	3.7

Notes: Miscellaneous adjustment includes the shift of one position from Behavioral Health Specialty Services to this program.

PROGRAM SUMMARY

Program Name	FY10 Approved		FY11 Recommended	
	Expenditures	WYs	Expenditures	WYs
Behavioral Health Planning and Management	7,512,490	13.7	7,790,940	18.8
Behavioral Health Specialty Services	2,755,740	21.4	2,487,530	17.5
Behavioral Health Community Support Svcs	7,474,990	21.4	6,910,390	20.9
Criminal Justice/Behavioral Health Services	2,462,990	19.2	2,473,020	18.5
Outpatient Addiction Services (OAS)	4,036,640	29.2	3,843,770	30.8
Victims Assistance and Sexual Assault Program	2,614,030	18.4	2,582,120	18.4
Child and Adolescent Mental Health Services	3,381,850	17.2	3,043,120	16.1
24-Hour Crisis Center	4,300,490	37.5	4,090,340	34.1
Mental Health Svcs: Seniors & Persons with Disabilities	1,855,020	10.0	618,500	2.0
Abused Persons Program	3,252,340	17.8	3,002,210	15.4
Service Area Administration	584,030	3.9	552,470	3.7
Total	40,230,610	209.7	37,394,410	196.2



Saint Mark Coalition for Mental Health

TESTIMONY FROM THE SAINT MARK COALITION FOR MENTAL HEALTH

REGARDING PROPOSED CUTS IN FY 2011 OPERATING BUDGET

The Saint Mark Coalition for Mental Health is a broad based coalition of county mental health advocates, providers and consumers who desire to improve services and promote recovery for all Maryland residents with mental health needs.

We are writing to express our concern about the proposed cuts to the budget and their impact on the long-term quality of life here in the County. We all know and respect the truly unprecedented situation before you as our representatives, having to consider many challenges where there are no easy solutions or good news in sight.

However, we believe that the collective effect of these cuts will further erode an already fraying safety net at a time when the demand for the services we provide has increased.

The recommended reductions in the County Executive's FY11 budget will result in a systemic loss of services for persons with mental illness. This will impact many people living with mental illness who currently lead productive lives, working and volunteering in the community.

Furthermore, these reductions will add to the unemployment rolls for staff members of provider agencies. While some agencies received 7%-11% reductions in contracts, others have combined cuts ranging from 22-32% in the last year. At least four providers reported complete cuts in programming.

All providers are re-aligning staffing and programming, resulting in staff lay-offs, fewer hours worked and reduced benefits. These requirements result directly in fewer services with several agencies describing loss of services for 40-100 people and reduction in services to more than 900 clients. None of these numbers reflect the loss of volunteer time which is the direct result of fewer staff available to recruit and train the thousands of volunteers now working in the community of behalf of those needing mental health services.

In addition, residential rehabilitation and outpatient mental health have already been cut - in terms of buying power - every year for the past two decades. County funding for residential rehabilitation has not increased for twenty years, so what the money will buy has been cut by more than half. The few hundred thousand dollars that the County provides to outpatient mental health centers has not increased since those grants began ten years ago, after the County saved millions of dollars per year by turning over its outpatient mental health centers to non-profit organizations.

Our members already have taken substantial steps to streamline operations, and significant compromises have been made. We know that times are tough, but we ask that you provide us

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with an adequate and fair level of resources so that we can continue to serve as many of our neighbors as we can.

Montgomery County has a strong tradition of supporting those of us on the front lines of this effort. While there are very limited amounts of funding to go around, we hope that you continue to make mental health services a priority of the county, even in these tough times. We urge you to continue to stand with us as you have before. Now, at this critical juncture for the future of our country, helping our most vulnerable must remain a top priority, for the sake of all of our residents.

Sincerely,

Cindy Ostrowski, St. Luke's House, Inc.

Sue Kirk, Bethesda Cares, Action in Montgomery

Sharon Friedman, Mental Health Association of Montgomery County

Rebecca Wagner, Interfaith Works

Marcel Wright, Reginald S. Lourie Center for Infants and Children

Esther Kaleko-Kravitz, National Alliance on Mental Illness

Kevin Dwyer, Blue Ribbon Task Force

Fred Marton, Federation of Families

Laura Ryan, League of Women Voters of Montgomery County

Anne Dickinson, Saint Mark Presbyterian Church Local Mission Ministry

Craig Knoll, Threshold Services, Inc.

Pat Plunkett, Network for Children

Carol Allenza, Maryland's Coalition of Families for Children's Mental Health

Charlene Blumenthal, Community Advocate

DJ Jones, Consumer Advocate

Rev. Kennedy Odzafi, Ewe Church in America

Sharan London, Montgomery County Coalition for the Homeless

County Council Budget Hearing
April 6, 2010
Testimony of Craig Knoll, Executive Director, Threshold Services

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Madame President and Members of the County Council, I am Craig Knoll, Executive Director of Threshold Services, which provides treatment, rehabilitation and housing for 900 people with severe mental illness or co-occurring substance use disorders and mental illness in Montgomery County.

Mental health advocates agree that all must contribute to the budget solution, and that a balance among different priorities must be struck. Our concern is that two core community services, residential rehabilitation and outpatient mental health, are bearing a disproportionate share of the burden.

County support for residential rehabilitation and outpatient mental health has not increased at all since that support began decades ago. In real terms, County support for residential rehabilitation has decreased every single year for more than twenty years, and support for outpatient mental health centers has decreased in real terms since it began ten years ago. These programs paid their dues when times were good.

Now, they face cutbacks to a greater extent than those faced by County government as a whole. Including the recent cuts in County grants during FY 10 and in the proposed FY 11 budget, the total reduction in County support is 19% for Threshold Services, 17% for Family Services, and 21% for St. Luke's House.

Those three non-profits are the only providers of residential rehabilitation for adults with mental illness in the county, and they are three of the four largest providers of outpatient mental health. Ten years ago, the County saved millions of dollars per year by privatizing its five adult outpatient mental health centers. Subsequently, two went bankrupt, and a third closed. The two operated by Threshold Services continue struggling to serve the community. It is essential to the community and to County government that community mental health is not destabilized and forced into another collapse.

Mental health care is a core community service. We and other service providers make Montgomery County a safer, healthier and more prosperous community by keeping people out of hospitals, out of jail, and in employment. It does not make sense to make recovery from mental illness or co-occurring disorders an especially low priority by putting a disproportionate share of the burden on community mental health.

Residential rehabilitation and outpatient mental health already have been cut by far more than 7%; they have already done their part, and they should not be cut further. I implore you to recognize and to act upon the obvious imbalance in this situation.

Thank you very much for your consideration.

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Montgomery County Alcohol and Other Drug Abuse Advisory Council

5

Presentation to County Council April 8, 2010

Budget FY 2011

Overview

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of community representatives who come together to offer guidance to the County Executive and the County Council in identifying alcohol and other drug policy and budget allocations. As of FY 05, the AODAAC was also designated as Montgomery County's State Local Drug and Alcohol Advisory Council which collaborates with the Maryland State Drug & Alcohol Abuse Council to identify available funding sources and review the County's Strategic Plan on Alcohol and Drug Abuse.

Budget Priorities

• **Maintain Current Funding Levels for the County's Continuum of Services**

We want to voice our appreciation for the commitment shown in maintaining current funding levels for the continuum of services and supports to date. We also want to caution that any cuts in funding at this time will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current continuum is operating at a floor that cannot absorb any reductions. **It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. (1994 CALDATA Study)**

• **Maintain Current Level of Outpatient Adolescent Substance Abuse Treatment:** Level funding is needed to maintain the Outpatient continuum of services at the current level. Adolescent substance abuse treatment services are provided primarily through contracted services. For FY10, the Juvenile Justice Programs funded 120 adolescent treatment slots county-wide, a reduction of 80 from 2009 just to *maintain the same level of services*. The contractors are continuing to provide close to 200 treatment slots without full funding, but this will not be sustainable in future years. Research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adolescents can get their lives back on track. The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. (*Rehabilitating Juvenile Offenders. The MacArthur Foundation*)

• **Maintain Current Substance Abuse Prevention Funding** There is insufficient funding to continue the Under 21 Grant program at current levels and the Strengthening Families Program grant is scheduled to end June 30, 2010.

• **Under One Roof Clinic Closing** The grant from the Maryland Community Health Resources Commission that supported the operation of the Under One Roof clinic at OAS expires in March, 2010. HHS is able to keep the clinic operating through the end of this fiscal year – June 2010. Without county support this primary healthcare clinic that has served over 2000 patients in the last three years, many of them from the OAS Intensive Outpatient, Methadone, and Adult Drug Court programs, and Avery Road Combined Care will have to close. The cost to keep the clinic operating is about \$250,000 per year, the clinic has served over 900 patients through the first eight months of this fiscal year.

Collaboration Statement

Mental Health Advisory Committee (MHAC)

Special Needs Housing

MHAC's priority issues for FY10 are housing for individuals with mental illness and development of a Mental Health Court in Montgomery County for those individuals who are repeatedly incarcerated in County detention facilities for minor, non-violent criminal offenses. The AODAAC's has a similar need to expand sober housing in the County's continuum of care. People coming out of state hospitals cannot move back to the county because of the lack of residential rehabilitation and individuals coming out of residential substance abuse treatment need access to sober housing. Access to both types of special needs housing is limited in Montgomery County.

Commission on Aging

9

Substance Abuse and Older Adults

Both the AODAAC and the Commission on Aging are in support of the creation of a Geriatric Behavioral Health Team, which will provide mental health and substance abuse screening, assessment and treatment for low-income seniors. Mental health problems and substance abuse are frequently overlooked in older adults; coordinated treatment of both, will provide the most effective outcomes.

Priority Areas

- **Maintain the Current levels of Substance Abuse Treatment for Adults and Adolescents**
- **Protect Substance Abuse Prevention Services**

Local Initiatives

THE AODAAC RECOMMENDS SEVERAL SOLUTIONS FOR FUNDING SUBSTANCE ABUSE TREATMENT, INTERVENTION, AND PREVENTION SERVICES IN MONTGOMERY COUNTY FOR CURRENT AS WELL AS FUTURE REQUESTS.

1) Increase county pricing on alcoholic beverages.

Research has shown that increasing the price of alcohol leads to a decrease in consumption by youth. Increasing the total price of alcohol has also been shown to decrease drinking and driving among all age groups. According to the "Youth Access to Alcohol Survey" funded by the Robert Wood Johnson Foundation and prepared by the University of Minnesota Alcohol Epidemiology Program, 82% of adults favor an increase of *five cents* per drink on beer, wine, and liquor to pay for programs to prevent minors from drinking and to expand alcohol treatment programs.

2) 10% of the net profit from the sale of liquor, beer, and wine to be earmarked to fund prevention, intervention, and treatment programs.

For the past five years, the Department of Liquor Control reports that an average of over \$20.5 million is returned to the County General Fund from liquor sales each year. A percentage of this on-going revenue stream would assure that adequate funding is available for on-going maintenance and expansion of these vital services. ***It seems intuitive to this Advisory Council that if the County is going to participate in selling and controlling the sale of alcoholic beverages that a portion of the profits be set aside for programs that prevent and mitigate against the harmful effects of those sales.***

Montgomery County Residents Treated in Maryland Certified Alcohol and Drug Abuse Programs during 2009

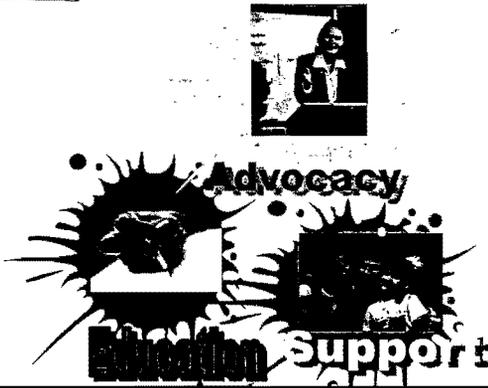
Substance Abuse Problems*	Age							
	Under 18		18 to 20		21 and Older		Total	
	#	%	#	%	#	%	#	%
Alcohol	311	61.1	312	53.6	4371	70.5	4994	68.5
Crack	3	0.6	37	6.4	1169	18.8	1209	16.6
Other Cocaine	24	4.7	50	8.6	616	9.9	690	9.5
Marijuana/Hashish	482	94.7	376	64.6	1509	24.3	2367	32.4
Heroin	13	2.6	112	19.2	790	12.7	915	12.5
Non-Rx Methadone	0	0.0	2	0.3	41	0.7	43	0.6
Oxycodone	36	7.1	75	12.9	452	7.3	563	7.7
Other Opiates	13	2.6	19	3.3	278	4.5	310	4.2
PCP	6	1.2	23	4.0	229	3.7	258	3.5
Hallucinogens	11	2.2	11	1.9	13	0.2	35	0.5
Methamphetamines	3	0.6	10	1.7	56	0.9	69	0.9
Other Amphetamines	13	2.6	12	2.1	81	1.3	106	1.5
Stimulants	2	0.4	1	0.2	8	0.1	11	0.2
Benzodiazepines	4	0.8	32	5.5	226	3.6	262	3.6
Other Tranquilizers	0	0.0	0	0.0	1	0.0	1	0.0
Barbiturates	0	0.0	0	0.0	7	0.1	7	0.1
Other Sedatives & Hypnotics	0	0.0	1	0.2	7	0.1	8	0.1
Inhalants	1	0.2	3	0.5	0	0.0	4	0.1
Over-the-Counter	10	2.0	0	0.0	6	0.1	16	0.2
Other	9	1.8	10	1.7	67	1.1	86	1.2
Total Cases	509	—	582	—	6204	—	7295	—

*Up to three substance abuse problems may be reported for each case so percentages do not add to 100.

DHMH

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for Children's Mental Health, Inc.
Colesville Professional Center
13321 New Hampshire Avenue, Terrace B
Silver Spring, Maryland 20904

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cserkin@mcfof.org (email)



Testimony Submitted to the Montgomery County Council
at the Public Hearings on the Fiscal Year 2011 Operating Budget
April 8, 2010

Presented by John Pride
Member of the Board of Directors
Montgomery County Federation of Families for Children's Mental Health

Good evening. I am John Pride, a Board member of the Montgomery County Federation of Families for Children's Mental Health (Federation), a non-profit family organization addressing the needs of families who have children and youth with emotional, behavioral and mental health challenges. I also am a father of a transition age youth with mental health challenges who has been served by multiple child-serving systems.

The Federation is a small non-profit organization that plays a critical role in the system of care in Montgomery County. Our organization is often the only safety net for families who have children with mental health challenges. What does this support mean to a family in crisis, to a family without resources, or to parents who do not know where to turn as their child withdraws and changes in front of their eyes? This support is invaluable and immeasurable.

What is unique at this juncture is that, for the first time in Maryland, a family organization such as ours can become a Medicaid provider through the 1915 Psychiatric Residential Treatment Center Waiver. Through this Waiver, children will be served in the community instead of going to a residential treatment center. With the Waiver in place, the Federation will draw down federal dollars and thereby serve more families who have children with the most intensive needs. Your investment in the Federation will produce a greater return.

As a Waiver provider, the Federation will deliver three of the mandated services. i.e., caregiver peer-to-peer support, youth peer-to-peer, and family and youth training, to parents and other primary caregivers whose children are at risk of residential treatment and to the youth struggling to remain in the community. To provide these mandated Waiver services and draw down federal dollars, the Federation, however,

needs sufficient funding for infrastructure and staffing. The recommended budget cuts for FY11, coupled with the cuts in FY10, greatly hinder the Federation's ability to have the staffing necessary to provide the mandated Waiver services. To meet the mandated Waiver requirements, the Federation needs sufficient funding to ensure that staffing for family peer-to-peer support and youth peer-to-peer support is at a level that allows services to be delivered efficiently and effectively.

The County Executive's Recommended FY11 Operating Budget and FY11-16 Public Services document lists this Psychiatric Residential Treatment Center Waiver as a "productivity enhancement" within the Department of Health and Human Services. ***Only a family organization such as ours is permitted to provide caregiver peer-to-peer and youth peer-to-peer services to Waiver enrolled families. In addition, the only way Montgomery County became a Waiver eligible jurisdiction was to have four services secured, i.e., caregiver peer-to-peer and youth peer-to-peer support from a family organization and respite and crisis services. The Federation is an important key to ensuring that this productivity enhancement happens.***

The Federation was cut more than 10% in FY10 and now faces another 10% cut for FY11. ***Please restore the 10% funding so that the Federation will be able to deliver critical Waiver services and bring federal dollars into the county to assist more vulnerable families.*** This not only makes good business sense, but good community sense as it helps to repair the holes in the safety net that this economy has created. The Federation, with your support, can continue to serve the families with the greatest need.

Thank you for your ongoing commitment to children with serious mental health challenges and their families.

HHS COMMITTEE #2(A)
April 26, 2010

M E M O R A N D U M

April 25, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **FY11 Operating Budget: Department of Health and Human Services**
County Executive Amendments
Aging and Disability Services – DD Supplement (\$181,900)
Reduce HHS Reimbursements (\$643,320)

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services
Beryl Feinberg, Office of Management and Budget

As a part of his April 22nd amendments to the FY11 Recommended Operating Budget, the Executive included an additional reduction to the county supplement to providers of services to the developmentally disabled (DD Supplement) as well as a resource reduction from DHMH reimbursements.

1. Decrease Cost: Supplement to Providers of Developmental Disabilities (DD) Services

The April 22nd memo stated the following:

“This reduction brings the total percent reduction to the DD supplement for non-Individual Support Services (ISS) and Family Support Services (FSS) from 4.7% to 7%. Funding for the supplement for ISS/FSS services was eliminated in the CE Recommended Budget because the ISS/FSS services are fully reimbursable by the State and therefore do not need a supplement. The 7% reduction is in line with the contract reductions taken department-wide.”

The following was included in the Committee’s April 15th packet for the worksession on Aging and Disabilities Services:

The FY10 total pool of funds for the DD Supplement (including ISS and FSS) is \$8,425,430. These funds are allocated to all DD providers in the same proportion as State funding as State funding

takes into account the number of clients, severity of disability, and services required. While Montgomery County has chosen to provide a county supplement in recognition of the higher cost of providing services in Montgomery County, the State payment is a full payment to the client. The county DD Supplement is not a direct supplement to a specific employee's pay but rather a payment to assist the entire organization in meeting its costs. That said; testimony from InterACC/DD notes that the organization pays its employees an average of \$12 per hour but the State funding pays at a rate of \$8.97.

For FY11, the Department has proposed reducing the overall amount of funding by \$643,400 about 7.5% (including FSS and ISS reductions). This is a bit more than 7% because some providers have a majority of ISS and FSS clients and all this funding was eliminated. For the remaining "regular" DD Supplement the reduction will be 4.7% (as shown below). As in previous years, the Council would approve the total amount of funding which is then allocated by DHHS to providers based on the State formula.

FY10 DD Supplement Funding – Includes ISS/FSS	\$8,425,430
Less ISS/FSS Funds	<u>253,250</u>
Revised FY10 Base DD Funding	\$8,172,180
FY11 to Base DD Funding	<u>390,150</u>
FY11 DD Supplement Funding	\$7,782,030

% Reduction to "regular" DD Supplement from revised FY10 base = 4.7%

Council staff also notes that the testimony received correctly states that funds have not been added to reflect any expansion of services by the DD providers and that annualization of FY10 expansions would previously have resulted in \$300,000 in additional DD Supplement funding. FY11 expansions would previously have added another \$300,000. InterAcc has requested the Council fund this \$600,000 in expansion costs.

Council staff regrets having to reduce the supplement to DD service providers but recommends approval of this additional reduction as it is consistent with the 7% reduction to most General Fund contracts.

Council staff does agree that over a two-year period the impact to DD service providers will be greater than 7% because the county did not provide expansion funding or annualized expansion funding as has been previous policy.

2. Disallowance of Reimbursements

The Executive's April 22nd memo says, "Revenue loss from Department of Health and Mental Hygiene audit for the period between June 1, 2004 and June 30, 2007. Primary audit findings relate to over-accruals and corrective actions have been implemented by the Department." This reduces resources available for the FY11 budget by (\$643,320).

Council staff recommends approval as this reflects the reality of the reimbursement amount.