

MEMORANDUM

April 24, 2012

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession: FY13 Operating Budget - Department of Health and Human Services: Behavioral Health and Crisis Services**

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Dr. Raymond Crowel, Chief, DHHS Behavioral Health and Crisis Services
Brian Wilbon, DHHS Chief Operating Officer
Patty Stromberg, DHHS Management and Budget
Beryl Feinberg, Office of Management and Budget
Pofen Salem, Office of Management and Budget

Excerpts from the County Executive's Recommended Budget for Behavioral Health and Crisis Services attached at © 1-6.

As background for this discussion, the 2010-2011 Annual Report of the Alcohol and Other Drug Abuse Advisory Council is attached at © 7-21 and testimony from Advisory Council is attached at © 22-23. The report includes a summary of the Montgomery County Continuum of Care (© 19). Testimony from the Mental Health Advisory Committee is attached at © 24-25. Testimony from the Victim Services Advisory Board is attached at © 26-27.

Behavioral Health and Crisis Services Overview

For FY13, the Executive is recommending funding of \$37.803 million for Behavioral Health and Crisis Services (BHCS). This is a 1.6% increase from the FY12 approved budget of \$37.214 million for this service area. The table on the following page shows budget trends since FY10. BHCS reorganized its programs during FY12 and the table notes the FY13 new names of the program area as well as the previous name of the program most closely aligned with the new

program. The reorganization means that there are some very large multi-program adjustments recommended in the budget and some significant funding increases and decreases in the program areas. Overall, the service area has very few substantial funding changes. BHCS may be impacted by the State's budget actions which are not reflected in the March 15 recommendation.

Behavioral Health and Crisis Services Expenditures in \$000's	FY10 Budget	FY11 Budget	FY12 Budget	FY13 Budget	Change FY12-13
System Planning and Management	7,512	7,898	9,139	8,486	-7.1%
Access to Behavioral Health Services (was Behavioral Health and Specialty Services)	2,756	2,502	2,433	3,303	35.8%
Treatment Services Administration (was Behavioral Health Comm Support Services)	7,475	6,942	6,438	2,717	-57.8%
Forensic Services - Adult (was Criminal Justice Behavioral Health Svcs)	2,463	2,484	2,403	1,987	-17.3%
Outpatient Behavioral Health Services - Adult (was Outpatient Addiction Services (OAS))	4,037	3,868	3,835	3,381	-11.8%
Outpatient Behavioral Health Services - Child (was Child/Adolescent Mental Health Svcs)	3,382	3,078	2,962	5,449	84.0%
Trauma Services (was Victims Assistance/Sexual Assault Svcs)	2,614	2,595	4,853	4,762	-1.9%
24-Hour Crisis Center	4,300	4,154	3,987	4,246	6.5%
Seniors/Persons w Disabilities Mental Hlth Services	1,855	627	609	667	9.5%
Abused Persons Program	3,252	3,043	-	-	NA
Specialty Behavioral Health Services	-	-	-	2,235	NA
Service Area Administration	584	556	555	570	2.7%
TOTAL	40,230	37,747	37,214	37,803	1.6%

Reorganization – Program Descriptions

Attached at © 28-30 is a table that provides a crosswalk from the programs listed in the FY12 budget to those listed in the FY13 budget. As previously noted, this reorganization has already been put in place. An organizational chart of the new structure is attached at © 31. It is helpful as it shows the overall management/supervisory structure over the difference services in BHCS. The Committee may want to discuss with DHHS how the reorganization is improving the delivery and coordination of services.

FY13 Recommended Budget Changes by Program

A. Behavioral Health Planning and Management

For FY13, the Executive is recommending funding of \$8,486,123 and 15.5FTEs for this program area that houses services required of DHHS as the State-mandated local mental health authority (Core Service Agency). 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. Program and contract monitoring and compliance are also a part of this program.

1. Decrease funding for Administrative Fee for Outpatient Mental Health Services -\$59,140 and 0.0FTEs

The Executive has recommended a reduction of \$59,140 in the County funding that is provided to eligible outpatient mental health services contractors to help defray administrative costs. Much like the DD Supplement, there is an amount of money available and it is provided to the vendors based on the number of clients and service provided. In FY12, \$273,632 in County funds and \$134,595 in State funds (total \$408,227) were available for this purpose. In FY13, State funds are expected to remain at \$134,595 and County funds would be reduced to \$214,500 (total \$349,095). The reduction in County funding is about 22%. The reduction in total funding is about 14%.

The Council received testimony concerned about this reduction in funding saying that it will impact clinic's ability to serve patients with low reimbursement rates and Medicare patients and may impact co-pays which many clients cannot afford to pay.

Council staff notes that the DHHS budget leaves the DD Supplement and the supplement to residential treatment providers at their FY12 levels. **Council staff recommends that \$59,140 be placed on the reconciliation list to keep this funding at FY12 levels.** As the Committee has discussed, increases are requested from FY12 funding for the DD Supplement and contracts for non-profit providers. This would not be an increase but rather maintaining the current level of funding.

2. Eliminate Conservation Corp and replace with the Student/Teen Employment Program in Recreation - \$200,000 and 0.0FTEs

This item was reviewed by the joint PHED and HHS Committees on April 20 and will be reviewed by the HHS Committee on April 27.

3. Multi-program Adjustments
- \$393,577 and -7.8FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that moved Juvenile Justice Services from this program and added the Program Monitoring Unit to this program. **Council staff recommends approval.**

Other Issue

B. Access to Behavioral Health Services

For FY13 the Executive is recommending funding of \$3,302,746 and 31.5FTEs for this program that provides access to behavioral health services, assessment, and diagnostic evaluation. 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. Urine monitoring and laboratory services are also provided through this program.

For FY13, the Executive is recommending only multi-program adjustments.

1. Multi-program Adjustments
\$870,026 and 13.4FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that moved Adult Behavioral Health from this program and added Urine Monitoring and Case Management to this program. **Council staff recommends approval.**

C. Treatment Services Administration

For FY13, the Executive is recommending \$2,717,190 and 3FTEs for this program area that manages the federal and state alcohol and drug assistance grant and Medicaid funded

community based programs. The program oversees the addiction continuum of care by private providers.

For FY13, the Executive is recommending only multi-program adjustments.

***1. Multi-program Adjustments
-\$3,721,590 and -17.5FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that moved Behavioral Health Community Support Services, Urine Monitoring, and the Program/Contract Monitoring Unit from this program. **Council staff recommends approval.**

D. Forensic Services - Adult

For FY13, the Executive is recommending \$1,987,558 and 17FTEs for this program that provide the Clinical Assessment and Triage Services Team (CATS), Diversion and Re-Entry Services (DRES) program, and the Jail Addiction Service (JAS) program to people being booked into (CATS), released from (DRES), or residing at (JAS) the county jail.

For FY13, the Executive is recommending only multi-program adjustments.

***1. Multi-program Adjustments
-\$415,992 and -2.1FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

E. Outpatient Behavioral Health Services – Adult

For FY13, the Executive is recommending \$3,380,904 and 21.0FTEs for this program area that provides comprehensive outpatient treatment and intensive outpatient treatment for adult residents of the County. The program also houses the Adult Behavioral Health program

that provides a comprehensive range of services to County residents with high need and who are in multiple systems but may not be eligible for care through the public mental health system.

For FY13, the Executive is recommending only multi-program adjustments.

***1. Multi-program Adjustments
-\$454,096 and -8.2FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that added Adult Behavioral Health to this program and moved Medication Assisted Treatment, and Adult Drug Court from this program. **Council staff recommends approval.**

F. Outpatient Behavioral Health Services – Child

For FY13, the Executive is recommending \$5,449,240 and 27.25FTEs for this program that provides or supports comprehensive mental health treatment and care coordination services to children, youth, and their families. The program has three teams: the Child and Adolescent Outpatient Mental Health Services Team, the Home-based Treatment Team (supports Child Welfare Services), and the System of Care Development and Management Team. This program area also houses Juvenile Justice Services and SASCA.

***1. Increase Substance Abuse Prevention Grant
\$76,638 and 0.0FTEs***

DHHS has provided the following regarding this grant and the increase in funding.

The Substance Abuse Prevention grant provides substance abuse prevention, intervention and education to residents of Montgomery County. The supplemental funds will be used to increase funding toward community based substance abuse prevention activities in Montgomery County schools, increase parent education in schools, develop a website focused on information about alcohol-free activities alternatives for youth, increase media advertisements about underage drinking and cover salary of a part-time community coordinator to organize participation in established community events and create new alternative events for youths and their families.

Council staff recommends approval. Council staff also notes that the Council received testimony stating concerns that since the elimination of the Safe and Drug Free School program there are no prevention efforts in the schools. The Committee may want to discuss how DHHS works with schools regarding prevention and drug education.

2. Multi-program Adjustments
\$2,411,082 and 10.65FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that added Juvenile Justice Services and SASCA to this program. **Council staff recommends approval.**

Other Issue:

Wait List:

Over the past year, there has been a wait list of between 45 and 94 for services at the Child and Adolescent Clinic. About 50 on the wait list are waiting for a Spanish speaking therapist. The Committee should discuss with DHHS how it is working to reduce this wait list and whether additional County staff or contractual services are needed to provide service to these children in need of mental health treatment.

G. Trauma Services Program

For FY13, the Executive is recommending \$4,761,512 and 35.9FTEs for this program that provides integrated clinical services to domestic violence victims and offenders, sexual assault victims, and victims of general crime. Services are provided at the Family Justice Center and at Piccard Drive.

1. Victim Compensation Fund Match
\$14,900 and 0.0FTEs

This County matches donations to this fund which helps to compensate victims of crime. **Council staff recommends approval.**

2. Reduce Victims of Crime Act Grant
-\$57,618 and 0.0FTEs

This grant has been reduced by about 17%. For FY13, it is expected that about \$270,000 will be available to continue programs. **Council staff recommends approval.**

3. Multi-program Adjustments
-\$48,650 and 0.55FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

Other Issue:

Wait List

For most of the last year, the victims assistance (VASAP) and abused persons programs have operated without any wait list for services. A small wait list (5-12) began to develop in November. The Committee may want to discuss with DHHS whether they see the need as growing or whether there were other circumstances that led to a wait list for victim services.

H. 24-Hour Crisis Center

For FY13, the Executive is recommending \$4,245,817 and 35.9FTEs for this program that provides telephone, walk-in, mobile crisis outreach, and residential services to people experiencing a situational, emotional, or mental crisis.

1. Shift Military/Veterans Outreach Initiative to DHHS base budget
\$35,340 and 0.0FTEs

In FY12, funding for this program was provided through a Community Grant which is appropriated to the Community Grants NDA. The Executive is recommending funding be moved to the DHHS budget as this is expected to be an ongoing effort. Activities include the development and maintenance of a service guide and database that includes information on employment, housing, benefits assistance, mental health services, and other resources. It also funds a mental health hotline and staff has received training specific to the needs of those in the military. **Council staff recommends approval.**

2. Multi-program Adjustments
\$223,567 and 2.0FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-

time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

I. Mental Health Services for Seniors and Persons with Disabilities

For FY13, the Executive is recommending \$666,885 and 2.0FTEs this program that 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.

1. Enhance Senior Mental Health Contractual Services (Senior Initiative) ***\$50,000 and 0WYs***

The Executive is recommending \$50,000 to expand capacity in mental health services for seniors. This is part of the Senior Initiative. These services are currently provided by Affiliate Sante and information from their website is attached at © 32-33.

The Committee has previously discussed the growing need for mental health services for seniors. This additional funding will allow an increased number of seniors to be served.
Council staff recommends approval.

2. Multi-program Adjustments ***\$8,005 and 0.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

J. Specialty Behavioral Health Services

For FY13, the Executive is recommending \$2,234,638 and 21.5FTEs for this program that includes the Adult Drug Court, Medication Assistance Treatment program. The Medication Assisted Treatment program serves people who are opiate dependent, uninsured, and have not succeeded with other treatment.

***1. Eliminate SAMHSA Adult Drug Court Grant and Replace a portion with General Funds
-\$300,000 and -1.4FTEs in the Grant Fund
+\$135,440 and 0.9FTEs in the General Fund***

For FY12, the Committee discussed that Adult Drug Court has been funded in part by a SAMHSA Capacity Expansion Grant which allowed the Adult Drug Court to grow from an original capacity of 30 to 100. This grant was to end in September 2011. The Council approved \$59,000 to continue funding a Therapist position. The Executive is now recommending funding for staff to retain a Full-Time Therapist and a Behavioral Health Specialist. This will allow the Drug Court to continue to operate at its current capacity. **Council staff recommends approval.**

***2. Multi-program Adjustments
\$2,399,198 and 22.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.)

A part of the multi-program adjustments is the net change from the reorganization that moved Medication Assisted Treatment and Adult Drug Court Juvenile Justice Services to this new program. **Council staff recommends approval.**

K. Service Area Administration

For FY13, the Executive is recommending \$570,207 and 3.5 FTEs in this program that includes service wide administration.

***2. Multi-program Adjustments
\$15,157 and -0.3FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. For FY13, the County has moved from calculating Workyears (that would include lapse and overtime effort) to FTEs that sum full-time and part-time positions. In DHHS, this generally requires a technical adjustment to increase FTEs as lapse is no longer included (and there is relatively little overtime.) **Council staff recommends approval.**

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and well-being of Montgomery County residents. BHCS works to foster the development of, and to ensure access to a comprehensive system of effective services and supports for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to ensuring culturally and linguistically competent care and 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.

PROGRAM CONTACTS

Contact Raymond L. Crowel of the HHS - Behavioral Health and Crisis Services at 240.777.1488 or Pofen Salem of the Office of Management and Budget at 240.777.2773 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Behavioral Health Planning and Management

As the State mandated local mental health authority, this program is responsible for the planning, management, and monitoring of Public Behavioral Health Services for children with serious, social, emotional and behavioral health challenges, and adults with a serious and persistent mental illness (SPMI). The functions include developing and managing a full range of treatment and rehabilitation services including services for persons with co-occurring mental illness and substance abuse disorders, homeless persons, and persons who have been incarcerated and/or are on conditional release. Services include the ongoing development of a resiliency and recovery oriented continuum of services that provide for consumer choice and empowerment. This program now manages all service area contracts as a result of the Service Area realignment. Juvenile Justice Services has shifted to Outpatient Behavioral Health Services-Child.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of adult clients receiving services who demonstrate a higher degree of Social Connectedness and Emotional Wellness ¹	NA	76.5	76.5	76.5	76.5
Percentage of child and adolescent clients receiving services who demonstrate a higher degree of Social Connectedness and Emotional Wellness ²	NA	93.7	93.7	93.7	93.7
Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements ³	92	88	89.8	89.8	89.8

¹ Results are calculated using Outcome Measurement System (OMS) data released by DHMH.

² Results are calculated using Outcome Measurement System (OMS) data released by DHMH.

³ The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. This measure is by definition a 12 month follow-up of clients, so actual FY11 data reports recidivism rate of clients served in FY10.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	9,138,840	22.30
Technical Adj: Federal Funding Portion from ADAA Treatment Block Grant to New ADAA Federal Grant	0	1.00
Decrease Cost: Eliminate Administrative Fee for Outpatient Mental Health Services Contracts	-59,140	0.00
Eliminate: Conservation Corps and replace with the Student/Teen Employment Program (STEP) in Recreation	-200,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-393,577	-7.80
FY13 CE Recommended	8,486,123	15.50

Access to Behavioral Health Services

This program area includes Access to Behavioral Health Services, as well as Community Support Services and the Urine Monitoring Program and Laboratory Services, which shifted from Treatment Services Administration. 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, linkages to those eligible for the Public Mental Health System, or community resources.

This Program also provides walk-in substance abuse assessments including co-occurring disorders and linkages to the range of services in the Addiction Services continuum for adult residents of Montgomery County. Safety Net Services (a service within Access to Behavioral Health Services) provides immediate, psychiatric and case coordination services for eligible clients who are discharged from a psychiatric hospital/jail and who need immediate psychotropic medications until they can be linked to a community outpatient mental health program. Community Support Services includes case management services, the Projects for Assistance in Transition from Homelessness (PATH) program, and screening and assessment for individuals applying for Temporary Cash Assistance (TCA). The Urine Monitoring Program provides 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 or request urine screening and testing. The Adult Behavioral Health program shifted to Outpatient Behavioral Health Services-Adult.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of clients showing improvement in functioning and decreased symptoms – based on the symptoms list ¹	83	87	87	87	87

¹ Percentage is based on discharged clients.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	2,432,720	18.10
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	870,026	13.40
FY13 CE Recommended	3,302,746	31.50

Treatment Services Administration

Provides overall management of the federal and state ADAA grant and Medicaid funded community based programs and oversees operations of the addiction continuum of private providers. Behavioral Health Community Support Services, Urine Monitoring Program, and Laboratory Services were shifted to Access to Behavioral Health Services. Program Monitoring Unit shifted to Behavioral Health Planning and Management.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Number of persons served in Level 1 Outpatient Treatment ¹	763	914	450	450	450
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment) ²	78	89	75	75	75

¹ Number of Level 1 served will be decreasing over the years as part of the implementation of the Patient Protection and Affordable Care Act, because clients will be able to self refer through their insurance and bypass the County.

² % Decrease in substance abuse is set at 75% per the State of Maryland. FY10 and FY11 numbers were greater than required by the State.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	6,438,780	20.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-3,721,590	-17.50
FY13 CE Recommended	2,717,190	3.00

Forensic Services - Adult

Adult Forensic Services is composed of three programs: (1) Clinical Assessment and Transition Services (CATS), (2) Diversion and Re-Entry Services (DRES), 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. DRES diverts individuals and/or supports early release from the Montgomery County Detention and Correctional Facilities. Staffs provide release planning for inmates at the Montgomery Correctional Facility by assessing inmates' behavioral health needs and coordinating access to services in the Community. JAS is an intensive jail-based residential addiction treatment program for inmates who suffer with substance related disorders at the Montgomery County Correctional Facility.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of successful Jail Addiction Services (JAS) clients who were not incarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	80	80	80	80	80

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	2,403,550	19.10
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-415,992	-2.10
FY13 CE Recommended	1,987,558	17.00

Outpatient Behavioral Health Services - Adult

Outpatient Behavioral Health Services (OBHS) Adult provides comprehensive and quality outpatient and intensive outpatient services to adult residents of Montgomery County, who are diagnosed with substance and mental health co-occurring 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.

The Adult Behavioral Health program moved from Access to Behavioral Health Services and 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 the capacity to provide services to Limited English Proficiency (LEP) clients and those with specialized cultural and language need.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of clients who completed treatment plan upon discharge (% is based on discharged clients)	37	45	47	49	51

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	3,835,000	29.20
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-454,096	-8.20
FY13 CE Recommended	3,380,904	21.00

Outpatient Behavioral Health Services - Child

Children's Outpatient Behavioral 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 team 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.

This program area also now includes Juvenile Justice Services and the Conservation Corps (both programs shifted from Behavioral Health Planning and Management). Juvenile Justice Services (JJS) supports the County's comprehensive approach by integrating screening, assessment, case management, community services, treatment with the juvenile justice legal process, and substance abuse prevention, which provide support and education to promote healthy behaviors and lifestyles. The Conservation Corps is now administered through a contract that seeks to increase the employability of out-of-school, at-risk 17 to 24 year old youth by providing opportunities for personal growth, education, and training. The Services provided through these programs, in particular Screening and Assessment Services for Children and Adolescents (SASCA), are closely aligned with the substance abuse and mental health services provided in Behavioral Health and Crisis Services.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of clients who meet their treatment goals at the time of discharge ¹	71	71	73	73	73

¹ Percentage is based on number closed.
FY11 Current report of cases closed and recorded.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	2,961,520	16.60
Increase Cost: Substance Abuse Prevention Grant	76,638	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	2,411,082	10.65
FY13 CE Recommended	5,449,240	27.25

Trauma Services

The Trauma Services Program provides integrated clinical services to domestic violence victims and offenders, sexual assault victims, and victims of general crime. All victims may be assessed and receive short term counseling and psychiatric care, as well as a variety of specialty services geared to their particular need. Programming for domestic violence also includes information and referral, crisis intervention, safety planning, and placement in emergency shelter. Services are provided on-site at the Family Justice Center, as well as at 1301 Piccard Drive. Also provided at 1301 Piccard Drive is programming for victims of sexual assault, which includes outreach twenty-four hours/day seven days/week through volunteer support to rape and sexual assault victims at hospitals and police stations, information and referral, and assistance with crime victim compensation.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
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)	88	85	80	80	80
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)	79	93	85	85	85
Percentage of clients receiving therapy who demonstrate improvement on a domestic violence rating scale	81	73	70	70	70

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	4,852,880	29.00
Increase Cost: Victims Compensation Fund Match	14,900	0.00
Reduce: Victims of Crime Act (VOCA) Grant	-57,618	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	-48,650	0.55
FY13 CE Recommended	4,761,512	29.55

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.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of students identified by schools to be at risk who are stabilized utilizing community resources without hospital intervention	96	95	95	95	95

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	3,986,910	33.90
Shift: Military/Veterans Outreach Initiative to HHS base budget	35,340	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	223,567	2.00
FY13 CE Recommended	4,245,817	35.90

Mental Health Services: 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) resider 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.

Program Performance Measures	Actual FY10	Actual FY11	Estimated FY12	Target FY13	Target FY14
Percentage of surveyed homebound seniors reporting an improvement in their quality of life as measured by Mental Health Statistics Improvement Program (MHSIP) Consumer Survey Scale ¹	72	85	80	80	80

¹ FY10 is the baseline year.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	608,880	2.00
Enhance: Senior Mental Health contractual services	50,000	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	8,005	0.00
FY13 CE Recommended	666,885	2.00

Specialty Behavioral Health Services

Behavioral Health Specialty Services now includes the Adult Drug Court Program and the Medication Assisted Treatment-Clinical/Vocational Services shifted from Outpatient Behavioral Health Services-Adult. The Adult Drug Court program provides Outpatient, Intensive Outpatient, Case Management and Follow-up. Medication Assisted Treatment services are provided to adults residents of Montgomery County, who are diagnosed with substance use disorders. Individuals served in the Medication Assisted Treatment (MAT) program are opiate dependent, uninsured, and have not been able to succeed in other venues of treatment.

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	0	0.00
Replace: SAMSHA Adult Drug Court Grant	135,440	0.90
Eliminate: SAMSHA Adult Drug Court Grant	-300,000	-1.40
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	2,399,198	22.00
FY13 CE Recommended	2,234,638	21.50

Service Area Administration

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

FY13 Recommended Changes	Expenditures	FTEs
FY12 Approved	555,050	3.80
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs. Other large variances are related to the transition from the previous mainframe budgeting system to Hyperion.	15,157	-0.30
FY13 CE Recommended	570,207	3.50

PROGRAM SUMMARY

Program Name	FY12 Approved		FY13 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Behavioral Health Planning and Management	9,138,840	22.30	8,486,123	15.50
Access to Behavioral Health Services	2,432,720	18.10	3,302,746	31.50
Treatment Services Administration	6,438,780	20.50	2,717,190	3.00
Forensic Services - Adult	2,403,550	19.10	1,987,558	17.00
Outpatient Behavioral Health Services - Adult	3,835,000	29.20	3,380,904	21.00
Outpatient Behavioral Health Services - Child	2,961,520	16.60	5,449,240	27.25
Trauma Services	4,852,880	29.00	4,761,512	29.55
24-Hour Crisis Center	3,986,910	33.90	4,245,817	35.90
Mental Health Services: Seniors & Persons with Disabilities	608,880	2.00	666,885	2.00
Specialty Behavioral Health Services	0	0.00	2,234,638	21.50
Service Area Administration	555,050	3.80	570,207	3.50
Total	37,214,130	194.50	37,802,820	207.70



Alcohol and Other Drug Abuse Advisory Council

ANNUAL REPORT 2010-2011

Montgomery County Government Department of Health & Human Services

The goal of the Alcohol and Other Drug Abuse Advisory Council (AODAAC) is to express the view of the community in the formulation and administration of alcohol and other drug abuse prevention and treatment services in Montgomery County. Members of the Alcohol and Other Drug Abuse Advisory Council serve as community representatives, who provide guidance to the County Executive and the County Council in identifying prevention and treatment needs and reviewing the county's efforts in addressing those needs. The Advisory Council will make recommendations in support of, or to improve, current prevention and treatment efforts.

The AODAAC also serves as the local drug and alcohol abuse council and submits a bi-annual strategic plan to the State Alcohol and Drug Abuse Administration.

- **Prevention Works**
- **Treatment is Effective**
- **People Recover**
- **Early detection and timely treatment saves lives and resources**
- **Behavioral Health is Essential to Overall Health**

Inside this issue:

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National
Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2011



Letter of Transmittal to:

Honorable Isiah Leggett, Montgomery County Executive
Honorable Valerie Ervin, President, Montgomery County Council
Uma S. Ahluwalia, Director, Montgomery County Department of Health and Human Services

The Alcohol and Other Drug Abuse Advisory Council is pleased to submit its 2010-2011 Annual Report.

The AODAAC is comprised of a group of committed citizens, representing a wide range of backgrounds and interests, whose goal is to keep the County Executive, County Council, and the Director of the Department of Health and Human Services (DHHS) informed of pertinent alcohol and other drug abuse issues within Montgomery County.

Pursuant to the AODAAC By-Laws, Bill 40-91 (1991), Bill 7-95 (1995), this advisory council is mandated on an annual basis: to identify local alcohol and other drug abuse program needs, to review the county submission to the State of Maryland Alcohol and Other Drug Abuse Plan, to make recommendations to the state Alcohol and Drug Abuse Administration regarding that plan, to issue an annual report to the County Executive, County Council, and the Director of Health and Human Services regarding the Council's view of the needs of the alcohol and drug abuse prevention and treatment system in the county, to evaluate the progress, and identify the actions necessary to improve local alcohol and drug abuse prevention and treatment programs.

Given the current economic climate, the Advisory Council continues to advocate for Montgomery County resources to maintain adequate funding to support both substance-abuse prevention and treatment continuums.

One of the primary concerns for many of the Boards, Commissions and Committees (BCC) is the need to maintain or increase services for County youth. One of the AODAAC's key issues has been the lack of adequate prevention programs for youth in grades K-12.

Federal funding for the MCPS, Safe and Drug Free Schools (SDFS) Program was the only source of funding for school-based drug and violence prevention that directly targeted youth in grades K-12. The elimination of the SDFS program in 2010 was a huge mistake and will reverse years of progress in reducing youth drug use and violence. The result will be an increase in the number of youth who use drugs, commit crime, drop out of school and have trouble finding good jobs. This will cost all of us much more than what we are currently spending on prevention programs.

Other data used to point to the need for continued funding for prevention programs in Montgomery County include the recent highly publicized traffic fatalities involving County youth under the age of 18 and statistics from the Maryland State Department of Education which reported that Montgomery County had the highest number of alcohol-related suspensions and second highest number of drug-related suspensions in the State during the 2009-2010 school year.

Children of parents enrolled in substance abuse treatment need support. The chaotic environments of some of these families can place children at risk for adverse social, emotional, familial, and academic consequences. Studies across the nation demonstrate that parental behavior can increase or decrease risk factors for their children.

Even during these difficult economic times, Montgomery County government has been generous in their support of behavioral health programs and the Advisory Council is extremely appreciative to the County Executive and the County Council for their support in maintaining services.

We would also like to thank DHHS Director Uma Ahluwalia for continuing to meet with the Boards, Commissions, and Councils to keep us informed of important health and human services issues; Richard Kunkel, Adult Addiction Services Manager, and the Addictions Management staff for their outstanding support in providing the AODAAC with the resources needed to assist the Advisory Council in its work. This report is the result of our combined efforts.

D'Artyanyon Yarborough, Chair

AODAAC MEMBERSHIP 2010-2011

Voting Members**OFFICERS**

D'Artanyon Yarborough,
Chair, Multi-Cultural
Diversity

Alan Trachtenberg,
Co-Vice Chair, Substance
Abuse Prevention

Patricia Sullivan, Co-Vice
Chair, Business

MEMBERS

Sambhu Banik, Treatment
Public
Steve Coulter, General
Public

Ed Hsu, General Public
Lee Jansky, General Public

Julie Kiltz, Student

Caroline Lee, Treatment
A.J. Mitchell, General
Public

Larry Simmons, General
Public

Eric Sterling, Legal

Damon Stevenson, Relative
of a Recipient of Care

James Sutton, Individual in
Recovery

Joseph Wakanhala, General
Public

Roni White, PTA

**A BIG THANKS...**

We want to thank Dorothy Moore for her hard work and tireless efforts on behalf of Montgomery County's Substance Abuse Prevention Program. We wish her well in retirement.

Ex-Officio Members

Richard Kunkel — Montgomery Co. Dept. of Health and Human Services

Dr. Mary Wilson — Montgomery Co. Public Schools

Suzy Malagari — Department of Correction and Rehabilitation

Emily DeTitta and Melissa Romeo — Department of Liquor Control

Elizabeth Arnold — Mental Health Advisory Committee

Capt. Thomas Didone — Montgomery County Police Dept.

Health & Human Services Resource Staff

Angela Talley — Juvenile Justice Services

Dorothy Moore — Substance Abuse Prevention

Hardy Bennett — Criminal Justice Behavioral Health Services

Catherine McAlpine — Behavioral Health Community Support Services

Larry Gamble — Outpatient Addiction and Mental Health Services

Tracey Butler — HHS Staff Liaison

MEETINGS

Meetings are generally held the second Thursday of each month, September through June, 7:00 pm-9:00 pm, at 401 Hungerford Dr., 1st Floor Conference Center, Rockville, MD 20850. All meetings are open to the public and the Advisory Council welcomes visitors. Please call 240-777-4392 for any schedule or location changes.



AODAAC 2010-2011 HIGHLIGHTS



September 15, 2010 — Annual Recovery Month Event

Approximately 150 people attended AODAAC's Montgomery County celebration of National Recovery Month. The event was held at Earle B. Wood Middle School in Rockville. Speakers included: Mr. Cliff Crosby, former NFL Super Bowl winner, Mr. Arthur Prescott, Member of South Carolina State University Football Hall of Fame and Mr. Elmo Briggs, Director of Kolmac Clinic. County Executive Isiah Leggett presented proclamations to Avery House for Women & Children and the Lawrence Court Halfway House. Individuals in recovery shared their stories.

September 23, 2010 — Presentation to the County Council's Health & Human Services Committee

The AODAAC presented their policy priorities for FY11 which included: Maintaining the County's current levels of substance abuse treatment for adults and adolescents and protecting substance abuse prevention services.

October 14, 2010 Meeting

AODAAC Chair, D'Artanyon Yarborough attended the quarterly Boards, Commissions, and Committees (BCC meeting with HHS Director, Uma Ahluwalia. The BCCs discussed the importance of collaborating with other boards and commissions and noted that a common theme among the boards was in regards to children. AODAAC members discussed the work plan for the year. Issues decided: Mental Health Court, analysis of police demographic data, prevention programs that focus on children and the increase in opiate use among 18-25 year olds. Legal Representative Eric Sterling is updating the AODAAC's bylaws to include AODAAC's responsibilities as the local drug and alcohol council for the State.

November 10, 2010 Meeting

Members discussed current concerns about new drink "Four Loko" - caffeine and beer mix, 12% alcohol. A motion was made that the Prevention Committee make recommendations to present to state and local authorities. Clinical Director at Maryland Treatment Centers, Meghan Westwood reported that Avery Road Treatment Center has seen a significant increase in opiate and heroin use among 18-25 year olds. Suzy Malagari, Deputy Warden from the Montgomery Co. Correctional Facility reported that the jail is following the same trend. Eric Sterling drafted a letter requesting police arrest demographic data. Since there is currently not enough support to advocate for a mental health court, the Criminal Justice Behavioral Health Initiative is working on a proposal for a Mental Health Diversion Pilot. The Substance Abuse Prevention office received \$10K from the state to do a local strategic plan, collect data, and make decisions on what prevention will look like in Montgomery County.

December 9, 2010 Meeting

Maryland Treatment Centers reported that they are developing a specialty outpatient program for young adults (18-25) who may not be doing well in traditional programs. AODAAC members discussed ways of getting out information about the increase in youth opiate use to parents, school officials, and staff. It was reported that Four Loko is taking the caffeine out of this drink. K2/Spice—the DEA has banned it for 1 year while the drug is being studied. Members discussed collecting data in regards to the Sunday liquor sales pilot program. Substance Abuse Prevention reported a concern that many schools did not apply for funding for Post Prom activities.

January 13, 2011— Annual Public Forum

The Forum was held at the Executive Office Building. Keynote Speaker & Honoree: Former County Council-member Duchy Trachtenberg. Special Guest Speaker: Leah Edgecombe. Miss Edgecombe spoke about how at age 15 she suffered a heroin overdose after her first and only use which caused traumatic brain injury and as a result is quadriplegic. Miss Edgecombe wants to get her message out and share her story to MCPS students to inform them on how dangerous heroin is but is having difficulty getting through the red tape. She spoke on how heroin is not discussed at the schools and there is a complete lack of substance abuse prevention programs offered to students.

The bi-annual Montgomery County Strategic Plan for Alcohol and Drug Abuse was submitted to the State January 2011.

AODAAC 2010-2011 HIGHLIGHTS



February 10, 2011 Meeting

Kathie Durbin from the Dept. of Liquor Control discussed their Annual Report, Sunday liquor sales, alcohol regulation and control. Former Safe and Drug Free Schools (SDFS) Director, Rita Rumbaugh presented the MCPS "Safety at a Glance Survey" and requested that the AODAAC support a \$125K Substance Abuse and Mental Health Services Administration (SAMHSA) grant that will provide prevention activities that have been lost since SDFS stopped operations.

February 10, 2011—Presentation to the County Executive Isiah Leggett for Budget FY 2011

Representative of the General Public Ed Hsu presented AODAAC's budget priorities at the meeting with the County Executive. Priorities include: Maintaining the County's continuum of substance abuse treatment and prevention services. Proposed solutions: Increase county pricing on alcoholic beverages and allocate a percentage of the net profit to fund County treatment and prevention programs as well as supporting a state tax increase on alcoholic beverages to help fund services.

March 10, 2011 Meeting

Jackie Ogg from the Veterans Affairs Commission presented information about the lack of services for the over 50,000 veterans that live in Montgomery County. Athena Morrow, Criminal Justice Diversion Pilot committee member discussed how the pilot will use existing county resources. The program will be short term, will use evidence based practices and the cases will be placed on the stet docket. Admission criteria to the program includes inmates detained for minor, non-violent offenses who suffer from mental health issues or a combination of mental health and substance abuse issues that need clinical intervention and not incarceration. The Harm Reduction committee is working on a resolution based on the Hawaii Opportunity Probation with Enforcement Program (HOPE) to present to the Governor, State Assembly and the State Alcohol and Drug Abuse Council. Updated AODAAC By-Laws were submitted to the Office of the County Executive before being forward to the County Attorney's office. K2/Spice is an ongoing concern among adult and juveniles involved with the criminal justice system.

April 7, 2011—County Council Budget Hearings for FY12

D'Artanyon Yarborough presented to the County Council how current funding reductions would impact the County's continuum of substance abuse treatment services. Mr. Yarborough also spoke about how grateful he was from his own personal experience with county services.

April 14, 2011 Meeting

Behavioral Health & Crisis Services (BHCS) Chief, Raymond Crowel discussed the current HHS budget and BHCS reorganization. Members discussed their concerns about the lack of prevention programs in the schools and ways to work with MCPS.

May 12, 2011 Meeting

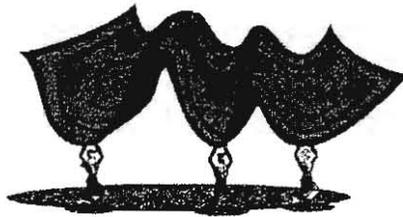
Interviewing and Nominating Committees were chosen for upcoming vacancies and officers. Diana Bernhardt, Director of the Wilkins Ave. Women's Assessment Center reported on lack of housing and barriers to obtain housing for women. Jim Booker, Director of Chase Partnership House discussed housing issues in regards to men.

June 9, 2011 Meeting

Officers were elected for the upcoming year. Chair: Alan Trachtenberg, Co-Vice Chairs: Eric Sterling and Larry Simmons. The AODAAC was invited to participate in the Wells Robertson Recovery Month Event in September. Concerns continued to be raised in regards to the lack of prevention programs in the schools. Capt. Thomas Didone, MCPD reported a drop in Post Prom activities and recent alcohol-related accident fatalities involving teens. New synthetic drug available: Bath Salts.

The bi-annual Montgomery County Strategic Plan for Alcohol and Drug Abuse was submitted to the State July 2011.

AODAAC FY11 BUDGET PRIORITIES



Maintain the County's Continuum of Substance Abuse Treatment Services for Adults and Adolescents

We want to voice our appreciation for the commitment shown in maintaining the current continuum of substance abuse prevention and treatment services and supports to date. We also want to caution that any reduction in funding will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current treatment 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)

Research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adults and 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 or Increase Current Substance Abuse Prevention Funding

Funding for the Under 21 Grant program, which provides education and prevention activities in the schools, continues to dwindle and need to increase or maintain current funding because of the demand for substance abuse prevention services in the community.

The Elimination of the MCPS Safe and Drug Free Schools Program (SDFS)

Federal funding for the MCPS, Safe and Drug Free Schools Program was the only source of funding for school-based drug and violence prevention that directly targets youth in grades K-12. Funding was completely eliminated for this program that provided essential services such as; K-12 drug and violence prevention programming, social skills training, peer mediation, student assistance, parent education and school and community partnerships. These cuts were a huge mistake and will reverse years of progress in reducing youth drug use and violence. The result will be an increase in the number of youth who use drugs, commit crime, drop out of school and have trouble finding good jobs. This will cost all of us much more than what we are currently spending on prevention programs.

Currently, there is:

- **NO** gang prevention or awareness for school staff or parents' seminars in targeted communities
- **NO** gang prevention community forums or early intervention for gang-related behaviors among students
- **NO** youth violence/ bullying prevention community and school seminars
- **NO** alcohol and other drug prevention/ intervention staff development
- **NO** student assistance programs at secondary schools
- **NO** awareness/ drug policy development with non-public school staff
- **NO** continued professional development courses in juvenile justice for school staff
- **NO** continued professional development courses for staff working with children affected by family drug abuse and addiction



MONTGOMERY COUNTY RECOVERY MONTH CELEBRATION

SEPTEMBER 15, 2010 5:00 pm—8:00 pm
Earle B. Wood Middle School
14615 Bauer Drive, Rockville, MD 20853

This year's *National Alcohol and Drug Addiction Recovery Month* theme, "*Join the Voices for Recovery: Now More Than Ever!*" celebrates people in recovery, those who serve them, and their families. *Recovery Month* will:

- ◇ Educate individuals about the effectiveness of treatment services and the possibility of recovery, and encourage colleagues, family members and friends to remain supportive throughout the treatment and recovery process.
- ◇ Celebrate people's endeavors in recovery and the experience of those close to them.
- ◇ Educate public and community leaders about the benefits of investing in addiction treatment and recovery.

SPEAKERS

County Executive Isiah Leggett

Councilmember Duchy Trachtenberg

E.T. "Moe" Briggs, NCC, LCPC, LSATP, MAC

Cliff Crosby and Arthur Prescott - Former Football Greats

**LIVE ENTERTAINMENT * DOOR PRIZES * REFRESHMENTS *
RESOURCE TABLES**

Substance Abuse and Addiction In Montgomery County: How Are We Doing?

Thursday, January 13, 2011

7 PM – 9 PM

Executive Office Building (EOB)

101 Monroe St, Auditorium

Rockville, MD 20850



AODAAC Annual Public Forum

The Alcohol and Other Drug Abuse Advisory Council of Montgomery County

Keynote Speaker and Honoree: The Honorable Duchy Trachtenberg

Special Guest Speaker: Leah Edgecomb

AODAAC is the citizen advisory board to the Montgomery County Government regarding alcohol and other drugs. It provides guidance to government leaders about public policy and service programs.

The Council holds an annual forum to hear the public's suggestions, concerns, criticisms and kudos of the county government's efforts in this area. Time will be reserved for unscheduled speakers to voice their thoughts.

- ♦ **citizens in recovery from addiction**
- ♦ **families confronting substance abuse problems**
- ♦ **charities and other non-profit organizations struggling with community needs**
- ♦ **parents, educational organizations, or student groups, and**
- ♦ **other concerned citizens.**

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the maryland poison center's monthly update. news. advances. information.

February 2011

"Bath Salts" (MDPV)

A new synthetic drug known as "bath salts" has arrived on the drug scene. It's being sold over the internet and in convenience stores, gas stations, gift shops, tobacco stores and other local establishments under such brand names as "Ivory Wave", "Vanilla Sky", "Red Dove", "Zoom", "Bloom", "Cloud Nine", "Blue Silk", "Ocean Snow", "White Lightening", "Scarface" and "Hurricane Charlie". The packages are labeled "bath salts" and "not for human consumption" but are being promoted and used as cocaine substitutes. They sell for approximately \$15-\$50 for a small bag or jar. There are reports that other products containing the same drug are being sold as "insect repellent" or "plant fertilizer". Poison centers in the U.S. received 291 calls on "bath salts" and related products/drugs in all of 2010, but answered 318 calls in the first five weeks of 2011. Many of the initial cases were concentrated in a few states such as Louisiana, Florida and Kentucky, but poison centers in 33 states and the District of Columbia have also received calls. So far, the Maryland Poison Center has received fewer than five calls concerning "bath salts".

The most common substance identified in these products is 3,4-methylenedioxypyrovalerone (MDPV), a norepinephrine and dopamine reuptake inhibitor that produces amphetamine-like effects. Other substances such as mephedrone and derivatives of cathinone, all stimulants, reportedly may be found in the products. Most of the cases presenting to emergency departments involve snorting the powder, but the drug can also be ingested, smoked or injected. Users have developed tachycardia, hypertension, agitation, delirium, paranoia and psychosis. There have been several cases in which users have attempted to inflict injury on themselves or others. The agitation and delirium may persist for days and could require large doses of benzodiazepines.

At this time, "bath salts" and MDPV are legal in most states. Louisiana and Florida were the first states to enact emergency legislation to classify MDPV as Schedule 1 and ban the products. Legislators in other states have introduced bills to make them illegal. A federal bill to ban bath salts is likely to be introduced.



Lisa Booze, PharmD, CSPI
Maryland Poison Center
University of Maryland School of Pharmacy

DID YOU KNOW THAT... the ban on "bath salts" in some states has resulted in fewer cases being reported to poison centers?

The Louisiana poison center alone has received more than 200 calls on "bath salts". The number of calls to that center dropped immediately after the emergency action took effect on January 6, 2011. They handled only 11 calls about "bath salts" in January after the ban, including eleven days in a row without a single call. Emergency departments and law enforcement agencies also reported significantly fewer cases after the legislative ruling. Likewise, a decrease in poison center calls in Florida has been seen after instituting legislative action there.



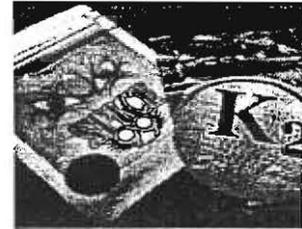
Post and share this edition of **toxtidbits** with your colleagues. Send any comments or questions to: **toxtidbits**, 410.706.7184 (fax) or Lbooze@rx.umaryland.edu.

If you do not wish to receive faxes or emails from the Maryland Poison Center, call 410.706.7604 or circle your fax number and fax this back to 410.706.7184. *Subscribe to Toxtidbits and read past issues at www.mdpoison.com*

NIJDA INFOFACTS

www.drugabuse.gov

National Institute on Drug Abuse • National Institutes of Health • U.S. Department of Health & Human Services



Spice

“Spice” is used to describe a diverse family of herbal mixtures marketed under many names, including K2, fake marijuana, Yucatan Fire, Skunk, Moon Rocks, and others. These products contain dried, shredded plant material and presumably, chemical additives that are responsible for their psychoactive (mind-altering) effects. While Spice products are labeled “not for human consumption” they are marketed to people who are interested in herbal alternatives to marijuana (cannabis). Spice users report experiences similar to those produced by marijuana, and regular users may experience withdrawal and addiction symptoms.

Spice mixtures are sold in many countries in head shops, gas stations, and via the Internet, although their sale and use are illegal throughout most European countries. Easy access has likely contributed to Spice’s popularity.

How Is Spice Abused?

Some Spice products are sold as “incense” but resemble potpourri rather than popular, more familiar incense products (common forms include short cones or long, thin sticks). Like marijuana, Spice is abused mainly by smoking. Sometimes Spice is mixed with marijuana or is prepared as an herbal infusion for drinking.

What Are the Health Effects of Spice Abuse?

Presently, there are no studies on the effects of Spice on human health or behavior. A variety of mood and perceptual effects have been described, and patients who have been taken to Poison Control Centers in Texas report symptoms that include rapid heart rate, vomiting, agitation, confusion, and hallucinations.

Public Health Concerns

Marketing labels often make unverified claims that Spice products contain up to 3.0 grams of a *natural* psychoactive material taken from a variety of plants. While Spice products do contain dried plant material, chemical analyses of seized spice mixtures have revealed the presence of synthetic (or designer) cannabinoid compounds. These bind to the same cannabinoid receptors in the body as THC (delta-9-tetrahydrocannabinol), the primary psychoactive component of marijuana. Some of these compounds, however, bind more strongly to the receptors, which could lead to a much more powerful and unpredictable effect. Notably, these compounds have not been fully characterized for their effects and importantly, their toxicity, in humans.

Because the chemical composition of the various products sold as Spice is unknown, it is likely that some varieties also contain substances with dramatically different effects than those expected by the user. There is also concern about the presence of harmful heavy metal residues in Spice mixtures. However, without further analyses, it is difficult to determine whether these concerns are justified.

Legal Status

The U.S. Drug Enforcement Administration (DEA) recently banned five synthetic cannabinoids by placing them in Schedule I status under the Controlled Substances Act. Schedule I status means that the substance is considered to have a high potential for abuse and no known medical benefits; and as such, it is illegal to possess or sell products that contain the substance. This ban went into effect December 2010, and will continue for 1 year while the DEA continues to gather information about the chemicals.

A number of States have also instituted bans on Spice and Spice-like products and/or synthetic cannabinoid-containing products, and many others are considering legislation forbidding the sale or possession of Spice.

Other Information Sources

For more information on Spice and Spice-like products, see Understanding the ‘Spice’ phenomenon, which was produced by the European Monitoring Centre for Drugs and Drug Addiction: <http://www.emcdda.europa.eu/publications/thematic-papers/spice>.

January 2011

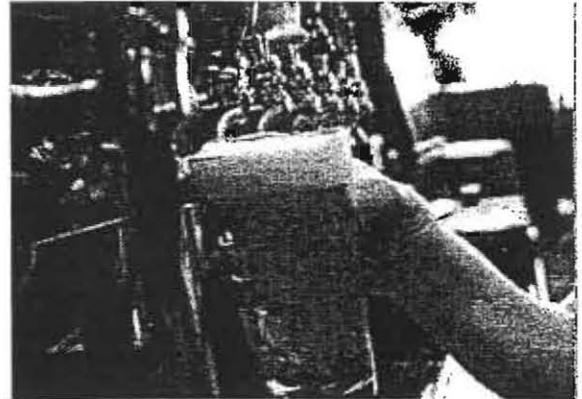
11

ALCOHOL TAX HIKE PASSES MARYLAND HOUSE COMMITTEE

ANNAPOLIS – Maryland's sales tax on alcohol would climb to 9 percent starting July 1 under a plan approved Saturday by the House of Delegates tax-setting committee.

The move would raise \$87 million for the state. Members of the Ways and Means Committee voted to send \$15 million to the Developmental Disabilities Administration and use \$47.5 million for school construction. Another \$21 million was previously earmarked in the state budget for schools, contingent on the alcohol tax increase.

If approved by the full House and the Senate, the legislation would represent a major victory by health and education advocates, who have seen their efforts to raise alcohol taxes rebuffed for decades by the powerful state liquor lobby.



The Senate had previously approved a bill that would increase the sales tax on alcohol by 1 percent per year, from the state's standard 6 percent until it hit 9 percent.

"This is the rip the Band-Aid off approach," Del. Bill Frick, D-Montgomery, said of the House plan. "We've heard desperate needs to fund the developmental disabilities waiting list."

Lawmakers spoke of the need for new school buildings around the state.

Del. Melvin L. Stukes, D-Baltimore, said the city hasn't seen a new school built in more than four decades.

"Some of those are in such bad condition, we wouldn't let our canines go into them, and that's a fact," he said.

Others, however, worried that raising the sales tax would make Maryland liquor stores, bars and restaurants less competitive with their counterparts in Pennsylvania, Virginia and other surrounding jurisdictions.

"This bill will substantially hurt businesses in my district, in my part of the state," said Del. Kathryn L. Afzali, R-Frederick.

Del. Joseph C. Boteler III, R-Baltimore County, said that raising the sales tax only for alcohol would open the floodgates for similar special increases in other areas.

"I don't think we vetted that part of the bill," he said.

The alcohol tax increase has evolved from what was proposed at the beginning of the legislative session in January and in years past. Those proposals called for a 10-cent per drink increase in the excise tax.

Beer and wine excise taxes were set in 1972 — beer at 9 cents per gallon and wine at 40 cents. The liquor tax was last changed in 1955, when it was raised to \$1.50 per gallon.

The 10-cent increase would have raised more than \$210 million.

Vincent DeMarco, president of the Maryland Citizens' Health Initiative and the driving force behind the 10-cent legislation, said Saturday's vote was still a win.

"We're thrilled they're going to 3 percent now," he said. "That's a great public health victory for Maryland."

The Daily Record

Posted: 5:01 pm Sat, April 9, 2011, By Nicholas Sohr, Daily Record Business Writer



RESEARCH OF RECORD

nonpartisan economic and
social policy research

Justice Policy Center

DRUG COURTS CAN REDUCE SUBSTANCE USE AND CRIME, FIVE-YEAR STUDY SHOWS, BUT EFFECTIVENESS HINGES ON THE JUDGE

WASHINGTON, D.C., July 18, 2011 -- Proponents of the adage that one person can change the world need look no farther than the country's nearly 1,400 adult drug courts, which couple substance-abuse treatment with close judicial supervision in lieu of incarceration.

The most extensive study of drug courts -- a five-year examination of 23 courts and six comparison jurisdictions in eight states -- found that these court programs can significantly decrease drug use and criminal behavior, with positive outcomes ramping upward as participants sensed their judge treated them more fairly, showed greater respect and interest in them, and gave them more chances to talk during courtroom proceedings.



"Judges are central to the goals of reducing crime and substance use. Judges who spend time with participants, support them, and treat them with respect are the ones who get results," said the Urban Institute's Shelli Rossman, who led the research team from the Institute's Justice Policy Center, the Center for Court Innovation, and RTI International.

Drug court participants who had more status hearings with the judge and received more praise from the judge later reported committing fewer crimes and using drugs less often than those who had less contact and praise. Court programs whose judges exhibited the most respectfulness, fairness, enthusiasm, and knowledge of each individual's case prevented more crimes than other courts and prevented more days of drug use. And, when drug court participants reported more positive attitudes toward their judge, they cut drug use and crime even more.

While drug court costs are higher than business-as-usual case processing, they save money, the study determined, by significantly reducing the number of crimes, re-arrests, and days incarcerated. Drug courts save an average of \$5,680 per participant, returning a net benefit of \$2 for every \$1 spent.

The entire paper is available in PDF format: <http://www.urban.org/uploadedpdf/412353-multi-site-adult-drug-court.pdf>

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The Urban Institute is a nonprofit, nonpartisan policy research and educational organization that examines the social, economic, and governance challenges facing the nation. It provides information, analyses, and perspectives to public and private decision-makers to help them address these problems and strives to deepen citizens' understanding of the issues and tradeoffs that policymakers face.

MONTGOMERY COUNTY CONTINUUM OF CARE

ADULT TREATMENT SERVICES

Access to Behavioral Health Services 255 Rockville Pike, Suite 145, Rockville x Substance Abuse, 240-777-4710/Mental Health 240-777-1770 Responsible for intake, assessment, referral and case management services to Montgomery County's Adult Alcohol and Drug Treatment Continuum of Care, whether voluntary or court ordered. Services also include children and adult mental health intake and eligibility assessment, Residential Services Management, Urine Monitoring, Walk-in Intake, and Intensive Day Treatment programs.

PROGRAMS	TYPE/ LENGTH OF STAY
Level I Outpatient Addiction Treatment Providers: Suburban Hospital, Outpatient Addiction Services, Journeys for Adults, Journey to Self Understanding, Family Health Center	Outpatient - 1-3 times per week/6 months
Outpatient Addiction Services Journeys Program for Women	Intensive Outpatient - 9+ hours per week/9-18 months
Avery Road Combined Care	Intensive Outpatient - 20+ hours per week/9-18 months
Outpatient Addiction Services – Methadone Maintenance	Outpatient - 5 days week/Ongoing
Jail Addiction Services	Confined - 8-9 week treatment program
Avery Road Treatment Center	Non-Hospital Detoxification 3-5 days
Montgomery General Hospital	Hospital Detoxification 1-5 days
Avery Road Treatment Center	Intermediate Care – residential treatment 21-28 days
Lawrence Court Halfway House	Residential - 3-6 mos.
Avery House for Women & Children	Residential - 6-9 mos.
Avery Road Combined Care (Co-Occurring Disorders)	Residential - 6-18 mos.
Second Genesis	Residential - 6-9 mos.

CHILD & ADOLESCENT TREATMENT SERVICES

Child and Adolescent Outpatient Mental Health Services 8818 Georgia Ave., Silver Spring.240-777-1450. Provides family-focused outpatient services to children and adolescents with mental health, addiction or behavioral problems who have Medicaid or no health insurance. **Juvenile Justice Services 240-777-1106 x 7300 Calhoun Pl., Suite 600, Rockville.** Provides coordination and support services for all juvenile justice activities within the Department of Health and Human Services. **Screening and Assessments for Children and Adolescents (SASCA) 240-777-1430 x 7300 Calhoun Pl., Suite 600, Rockville.** Screening and assessment for children and adolescents in need of addiction and mental health services.

PROGRAMS	TYPE/LENGTH OF STAY
Substance Abuse Screening for Children and Adolescents (SASCA)	Assessment: 2x week for 4-6 weeks Drug and Alcohol Education: 2 sessions/4 hrs. and 6 sessions/9hrs.
KHI Services and Suburban	Outpatient - 6 months
Journeys	Intensive Outpatient - 5 days a week; approximately 20 hrs. a week
State funded and operated programs	Same as Outpatient provided in a 24-hr. live-in setting.
Access to full resources of an acute care hospital or psychiatric hospital.	Planned regimen of 24-hour medically-directed evaluation, care, and treatment.

DRUG AND ALCOHOL RESOURCE LINKS

Alcohol and Other Drug Abuse Advisory Council (AODAAC) Website

County Website:

<http://www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/BoardsAndCommissions/AODAAC.asp>

State of Maryland Alcohol and Drug Abuse Administration (ADAA)

www.maryland-adaa.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)

www.nih.nida.gov

Center for Substance Abuse Research (CESAR)

www.cesar.umd.edu

Parents – The Anti-Drug

www.theantidrug.com

National Organization on Fetal Alcohol Syndrome (NOFAS)

www.nofas.org

Substance Abuse Prevention Provides community education, outreach, information and technical assistance. Program areas include: alcohol, tobacco and other drug abuse prevention; HIV prevention; injury prevention; Five-A-Day nutrition education; and smoking cessation. Contact: 240-777-1116. Address: 7300 Calhoun Place, #600, Rockville, MD 20855.

Looking for substance abuse treatment? The State Alcohol and Drug Abuse Administration's (ADAA) online Resource Directory is a complete listing of all certified treatment programs in Maryland. The directory is searchable by location (county, address, and/or zip code), level of service (inpatient, outpatient, IOP, etc.), populations served, and "other services" such as DWI education and/or treatment, co-occurring disorder services, court assessment, etc. Go to the ADAA website at: www.maryland-adaa.org, click on Community Services, then go to the ADAA Treatment Locator Resource Directory or call 410-402-8600.

Department of Liquor Control, Outreach Office Provides alcohol education and youth alcohol prevention to both the community and to alcohol licensed businesses, as well as outreach, information and technical assistance. Program areas include: youth alcohol prevention; adult host responsibility and alcohol law and regulation training and information. Telephone: 240-777-1904. Address: 16650 Crabbs Branch Way, Rockville, MD 20852. dlc@montgomerycountymd.gov

Maryland State Dept. of Education—2009 Maryland Youth Risk Behavior Survey The 2009 Maryland YRBS addresses the following ten major health concerns: Injury and Violence, Bullying and Harassment, Suicide, Tobacco Use, Alcohol Use, Other Drug Use, Physical Activity, Nutrition, Overweight and Obesity, and Protective Factors http://www.marylandpublicschools.org/NR/rdonlyres/707B5FB5-9A0C-4A06-A741-92D16DC7B2E7/25214/Maryland_2009_YRBS_Report.pdf

HOW TO CONTACT YOUR LOCAL OFFICIALS



Isiah Legett

The County Executive can be reached at:

Executive Office Building
101 Monroe St., 2nd Floor
Rockville, MD 20850
240-777-2500 (V)
240-777-2544 (TTY)
ocemail@montgomerycountymd.gov



The County Council can be reached at:

100 Maryland Avenue
Rockville, MD 20850
240-777-7900 (V)
240-777-7914 (TTY)
240-777-7888 (FAX)
County.Council@montgomerycountymd.gov

Montgomery County Council: Seated, left to right: Roger Berliner, Valerie Ervin, Nancy Floreen and George Leventhal. Standing: Hans Riemer, Craig Rice, Marc Elrich, Nancy Navarro and Phil Andrews.

ALCOHOL AND OTHER DRUG ABUSE ADVISORY COUNCIL

401 Hungerford Drive, 4th Floor
Rockville, MD 20850

Contact: Tracey Butler, HHS Staff Liaison 240-777-4392

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Easy Access to Information about all Montgomery County, Health & Human Services

Main County Information Line: Call 311 "To Get It Done"

Dept. of Health & Human Services Main Phone: 240-777-1245 / TTY: 240-777-1295

Richard Kunkel, Behavioral Health Treatment Services 240-777-1310

Hardy Bennett, Outpatient Behavioral Health Services for Adults 240-777-1671

Nicki Drotleff., Outpatient Behavioral Health Services for Children & Adolescents 240-777-4241

Larry Gamble, Specialty Behavioral Health Services for Adults 240-777-1444

Angela Talley, Forensic Services 240-777-1493

Substance Abuse Prevention 240-777-1116

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HHS-LH

*Presentation to the
Montgomery County Council
FY 2013 Operating Budget Hearings
By Eric E. Sterling
On behalf of the
Alcohol and Other Drug Abuse Advisory Council
April 11, 2012*

Overview

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of 16 community representatives charged with offering guidance to the County Executive and the County Council on alcohol and other drug policy and budget allocations. In 2005, the AODAAC was designated as Montgomery County's State Local Drug and Alcohol Advisory Council to collaborate with the Maryland State Drug & Alcohol Abuse Council regarding funding sources and the County's Strategic Plan on Alcohol and Drug Abuse.

We greatly appreciate your commitment to saving lives, fighting crime, and protecting families by minimizing the necessary funding reductions for the continuum substance treatment services over the last four years. Nevertheless, previous reductions have reduced services.

County funding for substance abuse treatment in the key accounts has gone from \$13,138,820 in FY08 to \$12,677,330 in FY12, a decline of \$461,490 or 2.5 percent.

However, in 2012 dollars, we would have needed \$13,831,573 to buy the 2008 level of services. Considering cuts plus the effect of inflation, we have lost \$1,154,243, a real cut of 8.78 percent.

In 2010 the State Alcohol and Drug Abuse Administration estimated that 16,988 persons—youth and adults--needed substance abuse treatment in Montgomery County. The number we were able to treat was 6,379. An estimated 10,609 people could not receive the substance abuse treatment they needed.

Our drug abuse problem is getting worse, and much more lethal. The county is experiencing the national phenomenon: death from drug poisonings and overdoses now kills more people than automobile accidents! **In our county, in Damascus alone, 26 young people have died of drug overdoses in the past two years, according to some members of the Heroin Action Council!**

In addition, we anticipate further reductions by the Maryland Alcohol and Drug Abuse Administration to the State Block Grants cutting our residential treatment programs.

Budget Priorities

To carry out your objective of "Safe Streets and Secure Neighborhoods:"

- **Maintain Detox and Residential Treatment Capacity at Current Levels**
We have waiting lists of up to two weeks for people trying to access detox services at the Avery Road Treatment Center. It is essential to maintain detox and residential treatment capacity at current levels (14 beds). The Advisory Council strongly recommends that the county increase funding to purchase *all* of the detox bed capacity that is available at the detox facility (20 beds). This is still minimal for a county of 1 million residents. For every \$1.00 that goes into treatment, the public then saves \$7.00 in later health care and criminal justice related costs.

- **Maintain Capacity for the Adult Drug Court Program**
The evidence-based Adult Drug Court program has been an exceptionally effective intervention model for high end criminal justice system offenders. All relevant criminal justice and treatment agencies collaborate in our NACo Award winning program. Studies show that treatment cuts drug abuse in half, drastically decreases criminal activity, and significantly reduces arrests.

- **We are likely to face further State cuts for Residential Treatment Services**
In 2012 and 2013 Montgomery County drug treatment services are likely to face reduced state ADAA Block Grant funding on top of previous major cuts.
 - In April 2011, ADAA notified Montgomery County that \$240,000 was being cut from our Block Grant Treatment funding.
 - Funding reductions proposed by DHMH to the General Assembly this year make late-year cuts the likely scenario again this year.
 - The ADAA Block Grant is the primary source of funding for Montgomery County's
 - Detox and Intermediate Care Services at the Avery Road Treatment Center.
 - Long Term Residential Treatment Services – such as Second Genesis.
 - Treatment for Dually Diagnosed individuals with serious addiction and mental health problems such as the Avery Road Combined Care program.
 - And funding for Half Way House care like Lawrence Court and Avery House.
 - ADAA repurposed funding for Recovery Oriented Support Services, Care Coordination, and Peer Recovery Support and Housing Services are important adjuncts to basic treatment services, but they are not primary treatment services.

- **The key goal is to get hard core, criminally involved addicts into recovery.**
Then we can support recovery with the necessary "wrap around," "care coordination," and related housing, transportation, employment, child care, etc. Patients need access to treatment first before they can benefit from recovery support services.

The bottom line is that alcoholics and addicts rarely just "achieve recovery" without getting adequate treatment. Most of them do not have insurance. If the county does not provide treatment, many are going to die. If the county does not provide adequate treatment, in many cases they will continue a criminal career very expensive to the county taxpayers and to the victims of their crimes.



Mental Health Advisory Committee

FY 2013 Budget Testimony
April 10, 2012

Ladies and Gentlemen:

I am here, along with several of my fellow Committee members, on behalf of the Mental Health Advisory Committee. We are here in support of the Behavioral Health and Crisis Services piece of the FY 2013 budget as presented by the County Executive, with two small exceptions. We gratefully acknowledge the absence of direct service cuts in these areas, and acknowledge and appreciate the addition of funding to enhance mental health services for Montgomery County's growing Senior population, as well as the inclusion of funding for the Military and Veterans Outreach Initiative in the base budget.

Our first request is that the Council restore the \$59,140 cut to the administrative fee for Outpatient Mental Health Services Contracts. These fees help to defray the additional costs associated with serving clients who are not able to pay their co-payments or whose reimbursement rates are low, and have been cut a total of 20% over the last two years. In particular, the Medicare copays for services and prescriptions are so high as to be unmanageable for many consumers. An individual who works for an organization that provides housing for those in need came to our Committee meeting last week and reported that in the last year four of her clients who could no longer pay their Medicare copayments stopped going to the clinics for mental health treatment. As a result all four have had to be hospitalized at the Finan Center in Cumberland, far away from any support system they may have in Montgomery County, and at an approximate cost of \$1,000 per individual per day. We fear that a further reduction of these administrative fees will make serving these clients fiscally impossible for the clinics, resulting in additional hospitalizations of persons who would end up in crisis without treatment and medication.

Secondly, we wish to acknowledge and thank the Behavioral Health and Crisis Services staff and their contractors for providing excellent service and support for those in the County with behavioral health needs. As we all know the past few years have been exceedingly difficult, particularly for those providing services where the need increased at the same time resources to meet those needs were shrinking. On behalf of the mental health consumers that receive contracted services, we would like to lend our voice to those requesting that you add a 2% inflationary increase for non-profit service provider contracts to Mr. Leggett's budget. It is our understanding that such an increase would have a relatively low fiscal impact to the County, but would be significant in helping

contracted providers maintain existing service levels. In addition, we believe the inflationary increase would help reduce staff turnover at the service provider level. Such turnover, especially among front line staff, can be tumultuous for and detrimental to the progress of consumers who form important connections with the individuals providing services and support to them.

To reiterate: our first request is that you restore the \$59,140 cut to the administrative fee for Outpatient Mental Health Services Contracts; and our second request is that you add a 2% inflationary increase for non-profit service provider contracts to the budget.

Thank you again for the opportunity to speak this evening, and for your careful consideration of our requests. We look forward to working together in the coming year to continue to develop a strong continuum of Public Behavioral Health Services and Supports.

**Victim Services Advisory Board Testimony
Tazeen Ahmad, Chair**

Tuesday, April 10, 2012

Good evening, my name is Tazeen Ahmad and I am the Chair of the Victims Services Advisory Board. Our Board supports Montgomery County's commitment to serving victims of crime. Victim services are part of the County government's fundamental responsibilities and should be a priority in the next fiscal year.

Both Maryland and Montgomery County have a reputation as faithful overseers of victim's rights and public policies that guarantee them. Our laws provide for victims to be heard at every important juncture of a case, from intake through prosecution. By law, victims should be kept apprised of developments in their claims and know when cases are coming to court and when they can make impact statements. Our brochures tell them what rights they have but increasingly it is difficult to keep up with the promises we have made because the infrastructure is weakened at critical points. Those critical points are:

When the victim of crime comes to the attention of the Victim Witness Unit of Montgomery County Police Department after a crime is committed, there are now two less victim assistants available due to last year's budget cuts.

Victims referred to the court house for peace and protective orders, will have 45 hours less of victim assistant services due to grant and County cuts to Victims Assistance and Sexual Assault Program (VASAP)

Domestic violence victims have two less dedicated victim assistants from Abused Persons Program (APP) to support them at the court house, due to the transfer of these two positions to the Family Justice Center. According to an April 4th article in the Gazette the number of DV cases has remained flat about 2044 cases, however the number of protective orders granted in Montgomery County has decreased from 1208 in 2009 to 831 in 2011.

For those victims of crime who want or need counseling services VASAP has 1.8 fewer therapists to assign that client to for services.

Many victims including teens and immigrants are unaware of services offered by the Family Justice Center and other County programs due to lack of funding for outreach programs which educate and inform.

Elderly victims who are often the target of economic crimes are less likely to get the benefit of a full prosecution due to under staffing at the State's Attorney's Office, which currently has two less prosecutors than previously.

Our concern is that due to previous year's accumulative budget cuts which have resulted in a shrinking pool of advocates and therapists our large Spanish speaking population, our

immigrant population and the growing number of elderly, in short our most vulnerable citizens cannot get the full array of services they need.

Here in Montgomery County we have been the standard bearer for providing quality and vital services to victims of crime. We must continue to serve victims in a timely and comprehensive manner and to do so we must re-evaluate the major cuts made to the programs serving victims in our County in the past and see where we can restore staffing to ensure that we provide the necessary victim services. In the long run the health, mental health and safety of crime victims contributes to the general well being of our community.

The Board has identified the following budgetary priorities for FY 2013:

1. Abused Persons Program
 - a. Increased staffing for therapeutic and victim assistance services
 - b. Additional resources to provide individual services to domestic violence offenders

2. Victim Assistance and Sexual Assault Program
 - a. Restoration of staffing to previous levels
 - b. Emergency food for victims
 - c. Funds to transport victims to counseling sessions

3. Betty Ann Krahnke Center
 - a. Additional nursing care
 - b. Hiring of a child therapist
 - c. Addiction treatment and training materials
 - d. Building maintenance

4. Montgomery County Police Department
 - a. Reinstatement of two lost positions

5. State's Attorney's Office
 - a. Additional prosecutors for economic crimes committed against vulnerable adults.

6. Family Justice Center
 - a. Increased onsite counseling services for victims of domestic violence
 - b. Maintenance of the career catchers program, which helps victims become financially independent by providing them with interview and job skills
 - c. Expansion of the video conferencing program with the courts to provide protective orders without the victim having to leave the Family Justice Center

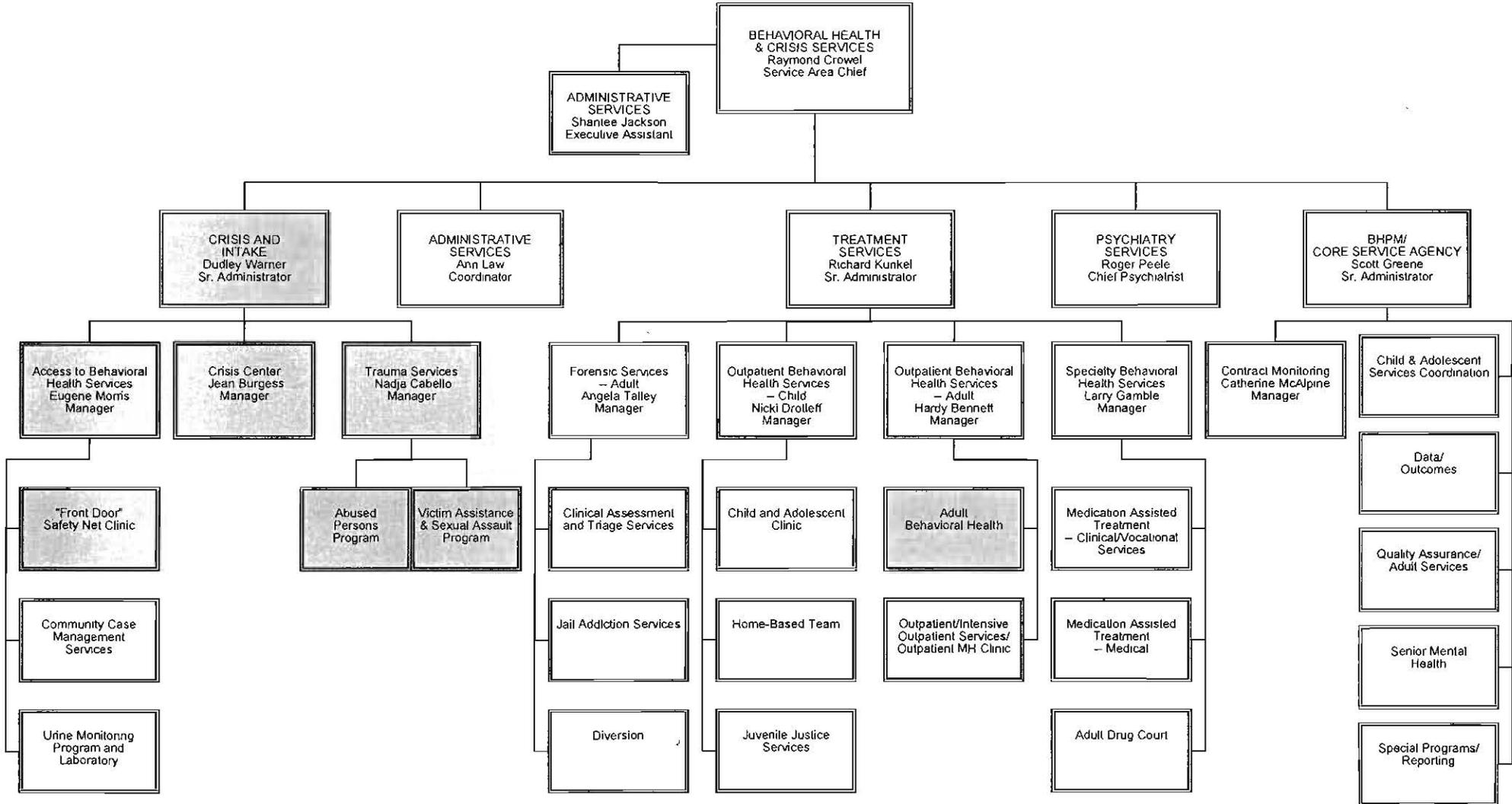
Behavioral Health and Crisis Services Program Reorganization

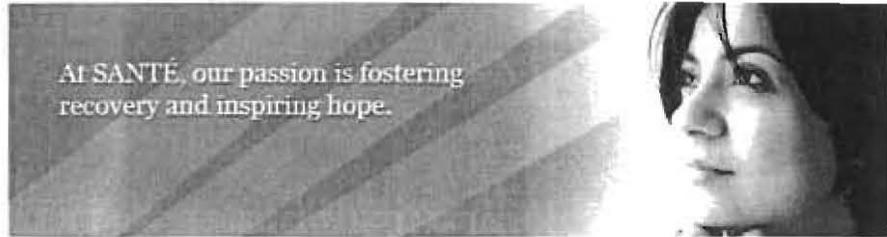
FY12 Programs (as listed in budget):	FY13 Programs (as listed in budget):
<p>Behavioral Health Planning and Management:</p> <p>Core Service Agency/Public Mental Health System for Adults and Children</p> <p>Juvenile Justice Services SASCA Conservation Corp</p>	<p>Behavioral Health Planning and Management:</p> <p>Core Service Agency/Public Mental Health System for Adults and Children</p> <p>Program/Contract monitoring. (Contract compliance for addiction/co-occurring treatment with certified providers.)</p>
<p>Behavioral Health Specialty Services:</p> <p>Adult Behavioral Health (for Montgomery County residents who are in multiple human service systems in the community and cannot receive services, or the full level of services needed, through the public mental health system)</p> <p>Access to Behavioral Health Services (Assessments for clinical necessity and financial eligibility for outpatient mental health services. Assessment for substance abuse. Immediate limited care for people discharged from a psychiatric hospital.)</p>	<p>Access to Behavioral Health Administration:</p> <p>Urine monitoring program. (Urine testing for courts, child welfare, and criminal justice system.)</p> <p>Community Support Services for transition from homelessness and assessments for people applying for Temporary Cash Assistance</p> <p>Access to Behavioral Health Services (Assessments for clinical necessity and financial eligibility for outpatient mental health services. Assessment for substance abuse. Immediate limited care for people discharged from a psychiatric hospital.)</p>
<p>Behavioral Health Community Services (Treatment Services Administration):</p> <p>Community case management services. (Case management for Temporary Cash Assistance clients, homeless women, adults in county jail, and "high-end users" of services in multiple programs.</p> <p>Urine monitoring program. (Urine testing for courts, child welfare, and criminal justice system.)</p> <p>Program/Contract monitoring. (Contract compliance for addiction/co-occurring treatment with certified providers.)</p>	<p>Treatment Services Access:</p> <p>Management of federal and state ADAA grant and Medicaid funded programs and addiction continuum of private providers.</p>
<p>Criminal Justice/Behavioral Health Services:</p> <p>Clinical Assessment and Triage Services (CATS) (Assessment within 24 hours of booking.)</p> <p>Community Re-entry Services (CRES) (Release planning for inmates)</p> <p>Jail Addiction Services (JAS)</p>	<p>Forensic Services – Adults</p> <p>Clinical Assessment and Triage Services (CATS) (Assessment within 24 hours of booking.)</p> <p>Diversion and Re-Entry Services (DRES) – new name for CRES (Release planning for inmates)</p> <p>Jail Addiction Services (JAS)</p>

FY12 Programs (as/listed in budget):	FY13 Programs (as listed in budget):
<p>Outpatient Addiction Services:</p> <p>Outpatient and intensive outpatient services.</p> <p>Adult Drug Court</p> <p>Medication Assisted Treatment</p>	<p>Outpatient Behavioral Health Services – Adult</p> <p>Outpatient services to adults diagnosed with substance and mental health co-occurring disorders.</p> <p>Adult Behavioral Health (for Montgomery County residents who are in multiple human service systems in the community and cannot receive services, or the full level of services needed, through the public mental health system)</p>
<p>Child and Adolescent Health Services</p> <p>Child and Adolescent Outpatient Mental Health Services Team.</p> <p>Home Based Treatment Team for children in child welfare services</p> <p>System of Care Development and Management Team for State and County funded mental health services for children and adolescents</p>	<p>Outpatient Behavioral Health Services – Child</p> <p>Child and Adolescent Outpatient Mental Health Services Team.</p> <p>Home Based Treatment Team for children in child welfare services</p> <p>System of Care Development and Management Team for State and County funded mental health services for children and adolescents</p> <p>Juvenile Justice Services Substance Abuse Screening for Children and Adolescents (SASCA)</p>
<p>Domestic Violence, Sexual Assault, and Trauma Services</p> <p>Merge of previously separate VASAP and APP programs. Services provided at the Family Justice Center and 1301 Piccard Drive. Includes volunteer support to rape and sexual assault victims.</p>	<p>Trauma Services</p> <p>Integrated clinical services to domestic violence victims and offenders, sexual assault victims, and victims of other crimes. Services provided at Family Justice Center and 1301 Piccard. Includes volunteer support to rape and sexual assault victims.</p>
<p>24-Hour Crisis Center</p> <p>Telephone, walk-in, and mobile crisis outreach. Crisis resources to prevent hospitalizations and suicides.</p> <p>Disaster mental health services/community crisis services</p>	<p>24-Hour Crisis Center</p> <p>Telephone, walk-in, and mobile crisis outreach. Crisis resources to prevent hospitalization and suicides.</p> <p>Disaster mental health services/community crisis services</p>

FY12 Programs (as listed in budget):	FY13 Programs (as listed in budget):
<p>Mental Health Services for Seniors and Persons with Disabilities</p> <p>Services for seniors who cannot or will not access office based services and people experiencing caregiver stress.</p> <p>Drop-in group sessions at senior centers, consultation to assistance living providers, education, and training to providers for seniors.</p> <p>Services for people who are deaf or hearing impaired.</p>	<p>Mental Health Services for Seniors and Persons with Disabilities</p> <p>Services for seniors who cannot or will not access office based services and people experiencing caregiver stress.</p> <p>Drop-in group sessions at senior centers, consultation to assistance living providers, education, and training to providers for seniors.</p> <p>Services for people who are deaf or hearing impaired.</p>
	<p>Specialty Behavioral Health Services</p> <p>Adult Drug Court</p> <p>Medication Assisted Treatment</p>
<p>Service Area Administration</p>	<p>Service Area Administration</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health & Crisis Services FY12/FY13





SERVICES | CRISIS RESPONSE SERVICES | TREATMENT AND RECOVERY SERVICES

search the site

Senior Services

Montgomery County, Maryland

Phone number: 301-572-6585 ext. 2190

Hispanic Seniors Outreach program: 301-572-6585 ext. 2190

Services offered:

The following services and programs are free to homebound seniors, 60 years of age and older, who reside in Montgomery County, Maryland. Services are offered in English and Spanish.

- **In-home Therapy with Homebound Seniors:** Assessments, brief psychotherapy and practical support helps homebound individuals and families deal with issues like difficult behaviors, stress, depression, adjustment and chronic disease management.
- **Hispanic Outreach Program:** This program provides culturally sensitive, bi-lingual short-term therapy and gero-psychiatric care to homebound seniors in our community who speak Spanish.
- **Gero-psychiatric Consultation.** In-home consultations with an English or Spanish speaking psychiatrist can determine appropriate treatment interventions. These recommendations are shared with the primary care physician for ongoing care.
- **Family Therapy:** Families experiencing lifespan transitions, strong emotional response to the health of a senior or caregiver stress may benefit from psychotherapy services.
- **Educational Seminars for Seniors:** Classes on mental health and wellness issues for seniors. The primary goal of these seminars is mental illness prevention and early intervention for seniors.
- **Professional Consultations & Educational Seminars:** Free case consultation, staff training and collaborative activities are offered to aging service professionals and community organizations that provide services to seniors in Montgomery County.
- **Drop-in Support Groups for Seniors:** Community outreach and drop-in support groups are offered throughout Montgomery County. Drop-in groups offered at Senior Centers are designed to decrease social isolation, help seniors make friends and encourage learning about self-care and wellness.
- **Mental Health Support for Caregivers:** Professionals that understand the unique mental health needs of seniors and caregivers offer ongoing education and support services to caregivers in our community.

Population Served:

There are approximately 92,000 seniors living in Montgomery County. The following are indications that a senior might have problems that might be addressed by our programs

- Unexplained decrease or increase in appetite
- Increased anger or irritability
- Rapid mood changes
- Unusual or disorganized behavior
- Makes statements about suicide or an "empty life"
- Isolating self from others
- Sleeping too much or too little
- Unusually quiet
- Tearful without apparent cause
- Highly suspicious of others and makes false accusations
- Refuses to leave home (despite being physically able to leave)
- Hearing voices or seeing things that others do not hear or see
- Inability to maintain personal hygiene

If you are in immediate need of behavioral health services and live within the designated counties, please use these phone numbers.

MARYLAND

Anne Arundel County	410-768-5522
Baltimore County	410-931-2214
Eastern Shore	888-407-8018
Prince George's County	301-429-2185

NORTH CAROLINA

Mecklenburg County	704-566-3410(opt.1)
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- Excessive collection and retention of newspapers, trash, unopened sale items, clothing, paper, rotting food, animals (hoarding)

Program Staff:

Staff includes licensed mental health clinicians and psychiatrists trained in gero-psychiatric care and senior mental health.

Program eligibility:

- Montgomery County resident, aged 60 or older
- Individual is at risk for or has a suspected mental health concern and who is not currently receiving other mental health treatment
- Senior must be homebound: unable or unwilling to leave the home for treatment

To refer a senior for our services, please fill out our Referral Form by clicking [here](#).

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