

HHS COMMITTEE #2
April 28, 2015

MEMORANDUM

April 27, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst *LMC*

SUBJECT: **Worksession:** FY16 Recommended 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
Patty Stromberg, DHHS Management and Budget
Rachel Silberman, Office of Management and Budget

Behavioral Health and Crisis Services

Excerpts from the County Executive's Recommended Budget for Behavioral Health and Crisis Services are attached at ©1-5 and an excerpt from the Department of Health and Human Services' 2014 Annual Report is attached at © 6-7.

Background Information – Testimony from the Mental Health Advisory Committee and Victim Services Board

1. Mental Health Advisory Committee

Testimony from the Mental Health Advisory Committee is attached at © 8-12.

The Advisory Committee has made several recommendations regarding FY16 funding including an overall caution about reductions to mental health funding, noting that the County

struggles to keep pace with mental health and substance abuse treatment needs of a widely diverse community. The MHAC asks that:

- There be no further delays in the funding for the critically needed Child and Adolescent Mobile Crisis and Stabilization Team.
- There should be no further delay in the funding for the psychiatrist to be shared in the County's clinics.
- Efforts be made to attract more specialized mental health providers to Montgomery County such as those who work with seniors, deaf and hard of hearing, young children, Veterans, people with co-occurring disorders (mental health and substance abuse and mental health and somatic health).
- Initiate the building of a County-wide care coordination system to manage the highest costs and most at-risk adult consumers.

2. Victim Services Advisory Board

Testimony from the Victim Services Advisory Board is attached at © 13-14. The Board says:

- Domestic Violence victims leaving the Betty Ann Krahnke Center face significant challenges including the high cost of housing, lack of education or vocational skills, and the physical and/or emotional effects of trauma. They are requesting additional permanent supportive housing and transitional housing. In addition, \$100,000 is needed for the case management services for the new program to Fleet Street houses as transitional housing.
- Funding should be restored to Trauma Services staff to restore it to previous levels of service. The testimony says that the Victim Assistance and Sexual Assault Program has lost 45 hours weekly of services that is causing delays in compensation for victims, reduced court coverage for those seeking immediate assistance and connections to ongoing clinical and victim assistance services.
- The County compensation fund should be restructured to increase the total reimbursement from \$2,500 to \$8,000.

Behavioral Health and Crisis Services FY15 Budget Overview

For FY16, the Executive is recommending funding of \$42,422,926 for Behavioral Health and Crisis Services (BHCS). This is a 2.9% increase from the FY15 approved budget of \$41,224,381 for this service area. The following table shows budget trends since FY12. There are few highlighted changes in this service area – most of the listed changes are delays in the three initiatives funded by the Council for FY15: creation of a Child and Adolescent Mobile Crisis Team, a contract for a shared psychiatric, the addition of \$225,000 to enhance the adult outpatient mental health

Behavioral Health and Crisis Services Expenditures in \$000's	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Rec	FY16 Rec	Change FY15-16
Behavioral Health Planning and Management	9,139	9,019	7,820	7,854	8,041	2.4%
Access to Behavioral Health	2,433	3,303	3,213	3,566	3,648	2.3%
Treatment Services Administration	6,438	2,762	5,591	5,655	5,904	4.4%
Forensic Services - Adult	2,403	1,988	2,062	2,329	2,374	1.9%
Outpatient Behavioral Health Services - Adult	3,835	3,326	3,127	3,211	3,239	0.9%
Outpatient Behavioral Health Services - Child	2,962	5,573	5,489	5,512	5,553	0.7%
Trauma Services	4,853	4,782	4,660	4,766	4,938	3.6%
24-Hour Crisis Center	3,987	4,252	3,997	4,505	4,821	7.0%
Seniors/Persons w Disabilities Mental Health Services	609	675	763	775	775	0.0%
Specialty Behavioral Health Services	-	2,293	2,139	2,436	2,568	5.4%
Service Area Administration	555	570	586	615	562	-8.6%
TOTAL	37,214	38,543	39,447	41,224	42,423	2.9%

Overview Question from Councilmember Navarro

Councilmember Navarro requested information regarding the demand for bi-lingual counselors and therapists. DHHS has responded that there is a growing need and demand across the behavioral health system for bi-lingual staff, both for County and private providers.

Program	% of active caseload/number of referrals YTD that require a bi-lingual therapist	Languages required for services
Adult Forensic Program	10-15%	Spanish French Amharic Vietnamese Chinese Cantonese Nigerian
Child and Adolescent Behavioral Health Services Programs	50% of all clients referred require a Spanish speaking therapists	Spanish
Specialty Behavioral Health Services	10%	Spanish
Abused Persons Program	30%	Spanish French
Victim Assistance & Sexual Assault Program	36%	Spanish French

There are some areas where staff has raised concerns about vacancies and the impact of the additional lapse. This information on language demand also highlights the need to keep recruitments in process to make sure that opportunities are not missed to hire bi-lingual staff.

The Committee has already discussed the work of the Welcome Back Center and how it contributes to addressing needs by the County and private provider for health professionals with wide language capabilities.

A. Behavioral Health Planning and Management

For FY16, the Executive is recommending funding of \$8,040,967 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. Defer Implementation of Shared Outpatient Psychiatrist -\$55,000

The Council added \$165,000 in expenditures and assumed \$99,000 in offsetting revenues for to begin this initiative to partner with non-profit providers to increase psychiatric capacity. The Executive did not move forward with this item in FY15 and recommends that it begin in January 2016.

DHHS and OMB have provided the following in response to Council staff questions.

We are assuming FY16 expenditures of \$110,000 given a start date of 1/1/2016. Revenue assumptions are based on an estimated 40% of the cost being covered by revenue in the first year gives us projected revenue of \$44,000. Please note that there are numerous factors impacting our ability to project accurately. These include, but are not limited to: possible Public Mental Health System rate reductions, impacts of Affordable Care Act enrollment, number of clinics choosing to utilize this, and startup time to learn one or more billing systems. After a year of service, we should be better able to understand the client/payer mix for the clients served and be more comfortable projecting.

Councilmember Riemer has asked if it is possible to start this contract July 2015 if funding were available. If not, please explain.

No, we would not be able to start a contract in July 2015. The time required from RFP to contract makes a July start up not possible. Given our intention to contract by January 1, 2015, the RFP is ready which will help us ensure contracting by January 1, 2016. The requirements of the position are part of the RFP and will become part of the contract language.

Council staff recommendation: **Approve as recommended by the Executive.** Council staff makes this recommendation because staff believes that additional funding will not result in this effort being implemented before January 1, 2016.

2. Multi-program Adjustments
\$241,724

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

3. Other Issue: Inflationary Adjustment to Residential Treatment Providers

As with the DD Supplement, the County provides a supplement to residential treatment providers for adults with serious mental illness. For FY16, the Executive has not included any increase in the funding for this supplement.

Residential Treatment	FY12	FY13	FY14	FY15	FY16
Community Connections		50,647	52,166	53,731	53,731
Family Services Inc.	189,965	221,441	228,084	234,926	234,926
Rock Creek Foundation	71,942	73,381	75,582	77,849	77,849
St. Luke's House/Threshold*	315,657	321,970	661,250		
St. Luke's House/Threshold*	323,750	329,020	-		
Cornerstone				681,088	681,088
TOTAL	901,314	996,459	1,017,082	1,047,594	1,047,594

*St. Luke's and Threshold Services contracts were combined in FY14 and services are now provided under the organization's new name Cornerstone Montgomery

Council staff recommendation: **Approve two increments of 1% each \$10,475 on the reconciliation list to provide an increase. This is in line with the staff and HHS Committee recommendation for an increase to non-profit providers. It is less than the percentage increase for the DD Supplement.**

B. Access to Behavioral Health Services

For FY16 the Executive is recommending funding of \$3,647,704 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.

1. Multi-program Adjustments
\$81,520

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

C. Treatment Services Administration

For FY16, the Executive is recommending \$5,903,950 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.

1. Maryland Recovery Support Expansion
-\$76,826

Last year, the budget showed a significant increase in this grant because it was first received in FY14 and the budget was in essence catching up with the award. This recommendation is an adjustment to match the budget to the amount expected in FY16, which is \$879,818.

The grant supports an array of activities to help the county build a solid foundation for substance abuse recovery and peer support services. ADAA recognizes that both treatment and recovery services are necessary for individuals to recover from a substance use disorder, reinforcing the State's commitment to provide for a person's continuum of care. Recovery services such as recovery housing and care coordination are critical to prevent individuals from relapsing once they have completed treatment. The following are funded by the FY14 grant award.

2. Multi-program Adjustments
\$325,573

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

D. Forensic Services - Adult

For FY16, the Executive is recommending \$2,374,604 for this program that provides 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.

1. Multi-program Adjustments

\$45,769

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

E. Outpatient Behavioral Health Services – Adult

For FY16, the Executive is recommending \$3,238,771 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.

1. Defer Implementation of Adult Behavioral Health Enhancements to January 2016 -\$112,500

The Executive is recommending deferring the enhancements that would have been funded with the \$225,000 added by the Council for FY15, to January 1, 2016. The HHS Committee recommended this funding after discussion with Dr. Crowel about high-profile crimes where the offender had a history of mental illness, concern about suicides in the County, surveys highlighting the percentage of the population that need mental health services and the wait time of 2 to 8 weeks to access services. Dr. Crowel noted that the Department has been creative in trying to meet needs, working to integrate mental health with primary care and substance abuse, redeploying staff to cover the most severe gaps, People Encouraging People is starting a second Assertive Community Action Team, and the Department is working to implement the County's Opiate Overdose Prevention Plan.

In response to Council staff's question about whether a decision has been made how additional funds will be used, DHHS has responded that plans are to support a full-time bi-lingual Community Health Nurse and a full-time Therapist. Existing contracts are already in place under which DHHS can secure these services. DHHS will be able to process needed contract actions to ensure that funds will be spent in FY16.

Council staff recommendation: **Approve as recommended by the Executive.** While in this case contracts are in place and an argument could be made that additional funding might allow the efforts to be started sooner, Council staff expects that the Executive will stay with this timeline.

2. Multi-program Adjustments
\$140,535

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

F. Outpatient Behavioral Health Services – Child

For FY16, the Executive is recommending \$5,553,116 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. Multi-program Adjustments
\$41,499

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

2. Mental Health and Bonding and Attachment Services for Children and Families Involved in Child Welfare Services (provided by Legislative Analyst Vivian Yao)

The FY15 budget supported the following mental health services and/or attachment/bonding studies for Child Welfare families:

- **Institute for Family Centered Services – Crisis Stabilization Services:** The County provided \$50,819 for this contract in FY15 with level funding recommended in FY16. This contract serves children/adolescents and their families (foster and intact) who are at risk of a foster home replacement, entry into foster care or re-entry into foster care. In addition, services may be provided that facilitate a child's transition or re-entry back into the home of origin, after a

removal. Services provided may include counseling, parenting skills training, and behavior management. The following table provides service numbers.

	FY 2014	FYTD 2015 (as of March)
Children Served	30	12

No Waiting List has been imposed in FY15

- Reginald S. Lourie Center:** The County provided \$60,090 for this contract in FY15 with level funding recommended in FY16 for therapeutic services for children and birth parents/caregivers that support safe parent-child relationships and effective parenting strategies and specialized attachment evaluations that assess the quality of the parent-caregiver-child relationship, children’s social, emotional, and development status, and parent/caregiver capacity to recognize and respond to their children’s physical, social and emotional needs over time.

The Department suspended new referrals for the services in early March because expenditures were projected to reach \$82,500. Services have continued for the existing cases using an additional \$15,000 in state funds. The Department reports that if similar service demands occur in FY16, CWS anticipates suspending new referrals and/or requiring the Lourie Center to make adjustments to treatment schedules in order to remain within the budget. **The cost to meet the demand for services in FY15 and FY16 has not been provided.**

Council staff recommendation: Council staff is concerned that the needs of this vulnerable population of County residents are not being currently met, and that the Committee should consider adding \$49,910 to the reconciliation for the therapeutic services offered by the Lourie Center.

- Home Based Therapy Team:** The BHCS team provides in-home mental health services to Child Welfare families including individual adult, individual child, family therapy, child psychiatric, and intensive clinical case management. All of the team’s services support attachment/bonding; the team works toward reunification along with the CWS plan and when clinically appropriate move as quickly as possible toward child-parent work. In addition to sessions with the biological family, HBT often works with the foster family and the youth. HBT also works very closely with both the CWS worker and the parent and has often been able to help the parent and CWS align toward mutual goals. Therapists attend Family Involvement Meetings, regularly staff cases with CWS, and prepare reports for court and testify.

The Department reports a current wait list of 11 Spanish speaking clients. The wait list results from the difficulty in the timely recruitment and hiring of Spanish speaking therapists when vacancies occur, rather than insufficient funding for the program. **The Committee discussed behavioral health workforce challenges in the County in June 2013, and may want to receive an update on the status of recruitment and**

retention of BHCS staff and efforts taken to improve recruitment and retention of positions in greatest demand. Are there specific human resource strategies that can improve the timely recruitment of Spanish speaking therapists?

3. Child and Adolescent Clinic Wait List and Psychiatric Resources

The Committee has had an ongoing interest in the wait list for the Child and Adolescent Clinic. The good news is that so far in FY15, the wait list has been between 0 and 2 per month even though requests for services average around 30 per month. For FY14 the average waitlist was 39 and for FY13 the average was 60 per month.

There are currently two vacant positions, a Supervisory Therapist and a Therapist II (which is very recent). **Council staff is concerned that over time if both these vacancies continue the wait list may start to rise again. Council staff is also concerned that the increased lapse for FY16 may prevent DHHS from filling, in particular, the Therapist II position. The Committee should discuss with the Department and OMB what priority will be given to this and the Committee may wish to revisit this as a part of the lapse issue (which will be part of the follow-up on April 30th). DHHS has noted that these positions can be difficult to fill and that they had tried to fill two Therapists and made one offer which was declined.**

G. Trauma Services Program

For FY16, the Executive is recommending \$4,938,165 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. Adjustment to Victims Compensation Fund -\$370

The Executive's budget includes this line item for the Victims Compensation Fund. A brochure on the fund is attached at © 17-18.

As noted at the beginning of this packet, the Victim Services Advisory Board would like to see the maximum total compensation raised to \$8,000. Council staff suggests that after budget, staff can provide the Committee with further information on the fund and what action would be required to increase the compensation amount.

2. Multi-program Adjustments

\$172,467

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

3. Vacancies – Trauma and Crisis Services

Currently, the Department has two Therapist Vacancies in the 24-Hour Crisis Center, one Therapist vacancy in the Abused Persons Program, and one Therapist vacancy in the Victim Assistance and Sexual Assault Program (VASAP). The DHHS monthly trends show that the wait list for counseling in VASAP and the Abused Persons Program averaged 63 per month and 73 per months for the first half of FY15. For partner abuse victims, the wait list has declined from an average of 28 per month in FY14 to 9 for the first half of FY15. **The Committee should discuss with DHHS the priority for filling any of these positions in FY16 given the overall requirements for lapse.**

H. 24-Hour Crisis Center

For FY16, the Executive is recommending \$4,820,956 for this program that provides telephone, walk-in, mobile crisis outreach, and residential services to people experiencing a situational, emotional, or mental crisis.

1. Defer contract for Mobile Crisis Team for Children and Adolescents to January 2016

Last year the Committee discussed information from DHHS on referral from Montgomery County Public Schools to the Crisis Center. Dr. Crowel noted that referrals from MCPS to the Crisis Center had nearly doubled in three years. In the 2012-2013 school year, the Crisis Center saw 526 school referrals. Problems include suicidality, assault, depression, drugs, bullying, and anxiety. The Committee discussed the proposal from the Mental Health Advisory Committee to establish a child crisis stabilization program that would be designed to: (1) respond to youth in psychiatric crisis via mobile outreach; and (2) provide in-home and community based intensive follow-up to stabilize youth while preventing unnecessary hospitalizations or risks to safety. The Council added \$250,000 to the budget to establish a Child and Adolescent Mobile Crisis Team.

The Executive is recommending deferring the implementation of this initiative until January 2016. DHHS and OMB have responded that it would not be able to start any earlier because of the time required to issue the Request for Proposals (RFP). The RFP is ready for issuance and so this program should start on time.

The updated School Referral Report is attached at © 15-16.

Council staff recommendation: **Approve as recommended by the Executive.** Council staff makes this recommendation because staff believes that additional funding will not result in this effort being implemented before January 1, 2016.

2. Multi-program Adjustments

\$365,727

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

I. Mental Health Services for Seniors and Persons with Disabilities

For FY16, the Executive is recommending \$775,312 for 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. **There are no changes and the FY16 funding is the same amount as the FY15 Approved.**

J. Specialty Behavioral Health Services

For FY16, the Executive is recommending \$2,567,716 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. Multi-program Adjustments

\$131,953

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: **Approve as recommended by the Executive.**

K. Service Area Administration

For FY16, the Executive is recommending \$561,665 in this program that includes service wide administration.

1. Multi-program Adjustments
-\$53,526

Multi-program Adjustments account for compensation changes, annualizations and other items impacting more than one program.

Council staff recommendation: Approve as recommended by the Executive.

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 and to ensure access to a comprehensive system of effective services and support 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 Rachel Silberman of the Office of Management and Budget at 240.777.2786 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. 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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percent of adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	76.0	77.4	77.0	77.0	77.0
Percent of children served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education	96.0	95.8	96.0	96.0	96.0

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	7,854,243	15.50
Decrease Cost: Defer Implementation of Shared Outpatient Psychiatrist Contract to January 2016	-55,000	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.	241,724	0.00
FY16 CE Recommended	8,040,967	15.50

Access to Behavioral Health Services

This program area includes Access to Behavioral Health Services, Case Management Services, Urine Monitoring Program and Laboratory Services. The Access to Behavioral Health Services program provides information and referral, screenings and assessments for uninsured and low-income consumers with mental health and/or substance abuse problems to connect them to the appropriate community services. To provide effective engagement in needed services, program staff also provide short-term case management and psychiatric services to vulnerable clients such as those recently discharged from a psychiatric hospital or jail until they can be linked to a community outpatient mental health program. The program offers services at a central office and collocated with HHS income supports offices and the Department of Correction Pre-trial Services. Community Case Management Services provides intensive social work services to individuals with serious mental illness to ensure effective engagement in needed services and sufficient community supports to reduce negative outcomes and foster the wellness and recovery of the consumer. The federal/state Projects for Assistance in Transition from Homelessness (PATH) in this program particularly targets at re-entry mentally-ill individuals in the criminal justice system. The Urine Monitoring Program provides urine testing to detect drug use of clients referred by the courts or social service or mental health agencies, and others required to submit to urine surveillance or who

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require or request urine screening and testing to support recovery from substance abuse.

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	3,566,184	32.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	81,520	0.00
FY16 CE Recommended	3,647,704	32.00

Treatment Services Administration

Provides overall management of the Federal and State Alcohol and Drug Abuse Administration grant and Medicaid funded community based programs and oversees operations of the addiction continuum of private providers.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment)	86.0	73.7	75.0	75.0	75.0

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	5,655,203	3.00
Reduce: Maryland Recovery Support Expansion (2001431)	-76,826	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.	325,573	0.00
FY16 CE Recommended	5,903,950	3.00

Forensic Services - Adult

Adult Forensic Services is composed of two programs: (1) Clinical Assessment and Transition Services (CATS); and (2) Jail Addiction Services (JAS). CATS has two components: (1) 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; and (2) discharge planning for inmates who are being released from the Correctional Facilities 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 from substance related disorders at the Montgomery County Correctional Facility.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of successful Jail Addiction Services clients who were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	76	76	76	76	76

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	2,328,835	19.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	45,769	0.00
FY16 CE Recommended	2,374,604	19.00

Outpatient Behavioral Health Services - Adult

Outpatient Behavioral Health Services - Adult provides comprehensive and quality outpatient and intensive outpatient services to adult residents of Montgomery County, who have co-occurring substance and mental health disorders. Priority is given to serving vulnerable persons including intravenous drug users; women who are pregnant or have young children; and those who lack health insurance, are homeless, or medically compromised. Many program participants are also involved with the criminal justice system or have chronic medical conditions such as diabetes or HIV/AIDS. The Adult Behavioral Health program accepts referrals from Access to Behavioral Health Services and Avery Road Treatment Center. Services include a comprehensive range of substance abuse and mental health services programs beginning with an assessment and diagnostic evaluation, then offering group and individual treatment as well as (as needed) psychotropic medication evaluation and medication monitoring, family support and case management services. Services are individualized with the adult being a partner in all treatment decisions. Eligibility is limited to Montgomery County residents. Service capacity includes treatment for adults with limited English proficiency and those with specialized cultural and language needs. Peer-led and other Recovery Support Services are offered at each site.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients showing improvement in functioning and decreased symptoms - based on the symptoms list	83	76	82	82	82
Percentage of clients who completed treatment plan upon discharge (% is based on discharged clients)	55.0	52.0	47.5	47.5	47.5

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	3,210,736	19.50
Decrease Cost: Defer Implementation of Adult Behavioral Health Enhancement to January 2016	-112,500	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.	140,535	0.00
FY16 CE Recommended	3,238,771	19.50

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. Services are individualized, culturally and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Behavioral Health Clinics provide outpatient assessment, psychiatric, and therapeutic treatment to children and adolescents with emotional and behavioral issues. 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 principle that services should be child focused, family driven, and culturally competent. This program area also includes Juvenile Justice Services (JJS) that supports the County's comprehensive approach by integrating screening, assessment, case management, community services, and treatment with the juvenile justice legal process. JJS also provides substance abuse prevention, which provides support and education to promote healthy behaviors and lifestyles. 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. SASCA provides substance abuse/mental health screening and referral for youth in the community at large as well as for youth involved with the juvenile justice legal process.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients who meet their treatment goals at the time of discharge	81	65	75	75	75
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	88	92	88	88	88

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	5,511,617	28.25
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	41,499	0.00
FY16 CE Recommended	5,553,116	28.25

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 a day, seven days a week through volunteer support to rape and sexual assault victims at hospitals and police stations, where they provide information, referrals, and assistance with crime victim compensation.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
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 Checklist - Civilian clinical scales)	80	82	81	81	81
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 clinical scales)	85	90	87	87	87

	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of clients receiving therapy who demonstrate improvement on a domestic violence rating scale	90.0	84.5	80.0	80.0	80.0

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	4,766,068	29.55
Decrease Cost: Victims Compensation Fund Adjustment	-370	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.	172,467	0.00
FY16 CE Recommended	4,938,165	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 on providing the least restrictive community-based service 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.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of students identified by schools to be at risk who are stabilized utilizing community resources without hospital intervention	96	95	95	95	95

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	4,505,229	35.90
Decrease Cost: Defer Execution of Contract for Mobile Crisis Team for Children and Adolescents to January 2016	-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.	365,727	1.00
FY16 CE Recommended	4,820,956	36.90

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 resident counselors and senior center directors, and mental health training for providers of services for seniors. This program also provides mental health services to persons who are deaf or hearing impaired.

<i>Program Performance Measures</i>	Actual FY13	Actual FY14	Estimated FY15	Target FY16	Target FY17
Percentage of surveyed homebound seniors reporting an improvement in their quality of life as measured by Mental Health Statistics Improvement Program Consumer Survey Scale	86	78	85	85	85

<i>FY16 Recommended Changes</i>	Expenditures	FTEs
FY15 Approved	775,312	2.00
FY16 CE Recommended	775,312	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 (MAT) services are provided to adults residents of Montgomery County, who are diagnosed with substance use disorders. Individuals served in the MAT program are opiate dependent, uninsured, and have not been able to succeed in other venues of treatment.

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	2,435,763	21.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	131,953	0.00
FY16 CE Recommended	2,567,716	21.50

Service Area Administration

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

FY16 Recommended Changes	Expenditures	FTEs
FY15 Approved	615,191	3.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-53,526	0.00
FY16 CE Recommended	561,665	3.50

PROGRAM SUMMARY

Program Name	FY15 Approved		FY16 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Behavioral Health Planning and Management	7,854,243	15.50	8,040,967	15.50
Access to Behavioral Health Services	3,566,184	32.00	3,647,704	32.00
Treatment Services Administration	5,655,203	3.00	5,903,950	3.00
Forensic Services - Adult	2,328,835	19.00	2,374,604	19.00
Outpatient Behavioral Health Services - Adult	3,210,736	19.50	3,238,771	19.50
Outpatient Behavioral Health Services - Child	5,511,617	28.25	5,553,116	28.25
Trauma Services	4,766,068	29.55	4,938,165	29.55
24-Hour Crisis Center	4,505,229	35.90	4,820,956	36.90
Mental Health Services: Seniors & Persons with Disabilities	775,312	2.00	775,312	2.00
Specialty Behavioral Health Services	2,435,763	21.50	2,567,716	21.50
Service Area Administration	615,191	3.50	561,665	3.50
Total	41,224,381	209.70	42,422,926	210.70

Behavioral Health and Crisis Services

Raymond L. Crowl, *Chief*



The ongoing implementation of the Affordable Care Act and Maryland's behavioral health integration should provide greater access to care in a more efficiently administered behavioral health system. In addition, the management of all behavioral health Medicaid funded services will soon be under one Administrative Services Organization. While not significantly affecting our mental health providers, it represents a major change for much of our substance abuse continuum. Among other things this will reduce State grant funding for addictions programs. Inherent in such sweeping changes are challenges and opportunities that we will face together as we move our system forward.

This service area includes numerous programs organized under the following operational areas:

- Crisis, Intake and Trauma Services
- Behavioral Health Treatment Services
- Core Service Agency/Behavioral Health Planning and Management

Highlights

Service Delivery

Access to Behavioral Health Services assisted 1851 consumers in accessing publicly funded mental health and substance abuse services. More than 2200 individuals (2273) were screened face-to-face for substance abuse and mental health problems.

The Abused Persons Program Abuser Intervention Program (AIP) is a State certified domestic violence offender treatment program that serves court mandated and voluntary perpetrators of intimate partner violence through a 22 week group counseling program. During FY14, the program served 569 clients in 16 weekly counseling groups, serving male and female offenders.

In Fiscal Year 2014, the Adult Behavioral Health Program (ABHP) served 350 clients who live with severe and persistent mental illness.

Child and Adolescent Behavioral Health Services (CABHS) added evening hours to Screening and Assessment Services for Children and Adolescents (SASCA). SASCA screened and referred 1166 clients for mental health and/or substance abuse services.

CABHS increased its Spanish speaking capacity, which assisted in eliminating the clinic wait list. The Home Based Team (HBT) continues to provide community based intensive therapy and case management services for clients involved with Child Welfare Services.

Clinical Assessment and Transition Services (CATS) provided needs/risk assessment services to 2212 incoming inmates in Fiscal Year 2014. The transition team provided discharge planning services to 443 exiting inmates requiring services in the community.

Jail Addiction Services (JAS) underwent many transitions resulting in position vacancies during FY14. Admissions were reduced to accommodate an acceptable COMAR staff to patient ratio. The program served 329 inmates in Fiscal Year 2014.

Collaboration and System Integration

The Behavioral Health Planning and Management-Core Service Agency is one of the founding partners and co-chair of the Veterans Collaborative. The Veterans Collaborative sponsored a Military/Veterans Volunteer and Resource Fair. Over 60 vendors, including Maryland's Commitment to Veterans, and the Maryland Department of Veterans Affairs had tables at the event. An estimated 200 individuals attended.

The Crisis Center continued its collaboration with Montgomery County Public Schools (MCPS) through the "Assessment of Children in Psychiatric Crisis" initiative. During FY14, the Crisis Center provided assessments for 1,035 students. The number of assessments conducted in FY12 was 526.

Therapists with the Victim Assistance & Sexual Assault Program (VASAP), in conjunction with the National Alliance for the Mentally Ill (NAMI Montgomery County), developed support groups for at-risk caregivers. Participant families were identified and monthly meetings are co-facilitated by staff from VASAP and NAMI. The group is open to any parent or family member that experiences threat or violence from a family member living with mental illness.

Capacity Building

The County continues to expand landlord based housing for individuals living with mental illness. Behavioral Health Planning and Management (BHPM) partners with Housing Unlimited, Inc. (HUI) to ensure community supports and housing subsidies are in place for tenants to maintain their housing. HUI expanded by eight beds in FY14, and has a total of 168 landlord based housing beds.

Supported housing continues to expand among local rehabilitation providers. As of August 2014, there were a total of 74 supported housing beds among four rehabilitation providers.

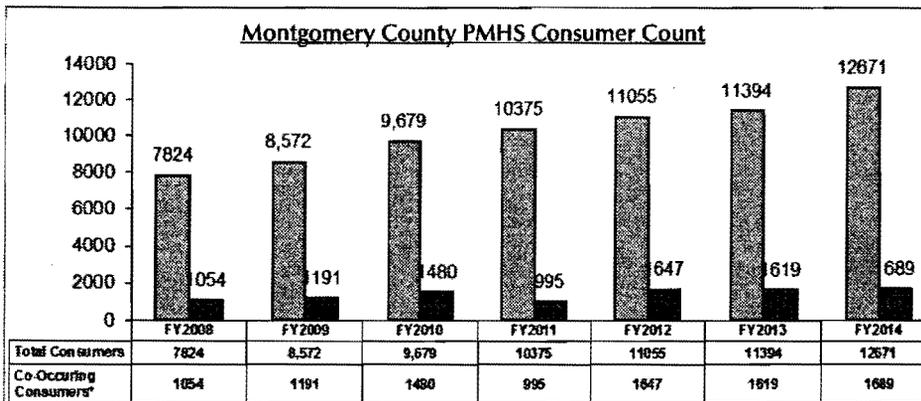
People Encouraging People, Inc. began the development of an additional Assertive Community Treatment (ACT) team. The new team offers ACT services to Montgomery County consumers in the southern part of Montgomery County, while the original ACT team provides services to individuals residing in northern Montgomery County.

Monitoring and Evaluation

Behavioral Health Planning and Management (BHPM) continues to monitor and evaluate behavioral health programs at the local level. BHPM partners with the Department of Health and Mental Hygiene (DHMH), the Administrative Services Organization (ASO), and also monitors agencies independently. BHPM conducted eight independent monitoring visits; partnered with DHMH on one visit; and partnered with the ASO on two visits.

Trends/Data

Data continues to reflect an increase in access and utilization of services since FY 2008.



Source: Value Options Data Report MARF0004 and MARF 5120 - Based on paid claims for FY14 processed through August 31, 2014.

*The counts for Co-Occurring consumers for FY08 - FY13 have been updated to reflect claims paid through September 30, 2013.

Mental Health Advisory Committee (MHAC) Priorities

Background

Due to the challenging fiscal climate, MHAC is mindful that difficult budget decisions must be made. Therefore, we are recommending funding for services we believe are critical without spending new dollars. We also are recommending that the County study a care coordination model that could produce cost savings in the long term, while improving outcomes.

MHAC Priorities:

1. Minimize cuts to Behavioral Health and Crisis Services (BHCS)

Budget cuts to Behavioral Health and Crisis Services (BHCS) since 2009 have exceeded \$3 million, resulting in significant reductions to programs and services. The proposed 3% cut to Health and Human Services for FY16 would adversely affect vulnerable residents, including consumers with mental health disorders and their families. If BHCS receives a 3% cut from County funding, this would mean a reduction of approximately \$900,000. In FY15, BHCS received funding specifically to begin to restore services capacity in critical areas after all the reductions during the past recession. Additional cuts in FY16 would further reduce services that provide a safety net for consumers with mental health disorders, including those who are underinsured or uninsured, in a system that is already struggling to keep pace with the mental health and substance abuse treatment needs of a widely diverse community.

2. Eliminate further funding delays for the critically needed Child/Adolescent Mobile Crisis and Stabilization Team.

- In the FY15 budget, the County Council approved \$400,000 for this program over two years. We would like to thank the Council for this allocation, and we are requesting no further delays in funding this program in FY16.
- From FY12 to FY14, Montgomery County Public Schools' (MCPS) referrals to the Crisis Center increased from 526 to 1035. To date in FY15, there have been 613 referrals from MCPS to the Crisis Center.
- Last year there were 4 youth suicides, and this year there have been 2 thus far.
- The Core Service Agency (CSA) FY16 Report cites the need and cost savings for home and community based stabilization services for youth who require crisis and post-crisis intervention and could be stabilized safely in a non-institutional setting.

3. Eliminate further funding delays for critically needed psychiatrists in the county's clinics.

- In the FY15 budget, the County Council approved \$66,000 for a position of one psychiatrist whose services can be shared among clinics. The County would pay 33%, and the rest would be covered by billing through the clinic. We would like to thank the Council for this allocation, and we are requesting no further delays in funding this program in FY16.
- The Affordable Care Act (ACA) increases access to mental health services through expanded Medicaid coverage and private insurance options and subsidies, but there was a shortage of psychiatrists and other mental health providers even before ACA went into

effect. The increase in the number of consumers who have become insured through ACA has resulted in a greater demand for very limited access to psychiatrists and other mental health providers.

4. Attract specialized mental health providers to Montgomery County.

- MHAC hosted the second annual joint discussion among the HHS Boards, Commissions, and Committees (BCC's) with the purpose of coming to consensus on two mental health priorities on which to focus. (See attached "Health and Human Services Boards, Commissions, Committees' Shared Advocacy Issues")
- Many BCC's noted the need for therapists and psychiatrists who were trained to work with the mental health needs of specific populations, such as seniors; deaf and hard of hearing; young children; veterans; and people with co-occurring disorders, specifically those with mental health and substance abuse disorders, mental disorders and somatic disorders, and multiple needs.
- We would like to recommend using braided funding to acquire more specialized providers, much like the design for the shared psychiatrist position funded in FY15.

5. Initiate the building of a county-wide care coordination system to manage the highest cost and most at-risk adult consumers.

- The need for an efficient system of coordinated care was another of the BCC's shared priorities.
- Consumers with multiple needs cycle through our hospitals and jails often due to poor or no care coordination and difficulty accessing needed services.
- MHAC invited Thom Harr, CEO of Family Services, Inc. and a Co-Chair of the Behavioral Health Task Force of Healthy Montgomery, to present information about a care coordination model that would function to coordinate care of the highest risk and most costly consumers among all agencies involved, harmonize and integrate efforts among the agency providers, track care, and collect data.
- The funding for this model could come from general hospitals and insurance companies that have a vested interest in lowering rates of costly hospital admissions and re-admissions. Start-up costs to cover two care coordinators, software, and training are estimated to be between \$150,000 to \$200,000.
- Organizations that could be linked into a county-wide system could include the Crisis Center, Springfield Hospital, Adventist Hospital, the correctional facilities, the police, the Coalition for the Homeless, and family and peer support organizations. These entities could contribute to funding the care coordination system, which would save dollars by diverting consumers from hospitalization and incarceration and providing them with sufficient support services in the community. (See attached "Health and Human Services Boards, Commissions, Committees' Shared Advocacy Issues")
- We would like to recommend the exploration of this program. Our hope is that if the program is established, it could be expanded to accommodate consumers with lower risks as well to create another point of access for several populations.

Health and Human Services Boards, Commissions, Committees' **Shared Advocacy Issues**

Background

At her quarterly meeting on December 15, 2014, Uma Ahluwalia, DHHS Director, generously ceded time for the Mental Health Advisory Committee (MHAC) to facilitate a discussion with the BCC's to identify mental health issues that were of common concern, with the purpose of establishing shared advocacy for those issues.

Although many issues were discussed, two issues emerged as major, shared concerns during the joint discussion. The first is the need for better coordinated care. The second is the need for more "specialized" mental health providers (psychiatrists and therapists), such as those who are bilingual (including sign language) and culturally competent, and those having specialization with specific populations, e.g., seniors, young children, veterans, and those with co-occurring disorders.

Better Care Coordination

- People with multiple needs cycle through our hospitals and jails often due to poor or no care coordination and difficulty accessing needed services.^{1,2}
- Rates of those with serious mental health disorders in jails are 3 to 4 times higher than in the general population. Jails spend 2 to 3 times more on adults with mental health disorders due to their treatment needs.³
- There is an increase in Montgomery County of people with mental health disorders who are homeless and jailed for nuisance offenses. On average, they stay almost twice as long because they need care coordination and targeted services which are in high demand.⁴
- Recidivism is higher for those with mental health disorders often due to charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination. Due to the extent of their criminal records, they are even harder to place in housing and jobs.^{5,6}
- Springfield Hospital currently treats approximately 80 patients from Montgomery County, which is more than any other county. This is a trend that has continued over the years. Springfield is operating over capacity.⁷
- According to the Health Services Cost Review Commission of Maryland, the estimated associated charges of hospital re-admissions within 30 days are \$656.90 million.⁸
- MHAC invited Thom Harr, CEO of Family Services, Inc. and a Co-Chair of the Behavioral Health Task Force of Healthy Montgomery to present information about the care coordination model, Pathways. The model could be used by all providers serving the same consumer. We also heard about a single point of access, The Hub, which would function to coordinate care with consumers among all agencies involved, harmonize and integrate efforts among the agency providers, track care, and collect data.
- The funding for this model could come from general hospitals and insurance companies that have a vested interest in lowering rates of costly hospital admissions and re-admissions. This model has been used with high risk

populations that have multiple needs, such as behavioral health challenges, homelessness, somatic needs, and involvement in the criminal justice system.

- We would like to advocate for the exploration of this program. Our hope is that if the program is established using this model, it could be expanded to accommodate consumers with lower risks as well to create another point of access for several populations.
- Possible configurations of the system could include two or three care coordinators based at the Core Service Agency, which could be managed by county personnel or bid out the service.
- Services that could be linked into the system could include the Crisis Center, Springfield Hospital, Adventist Hospital, the correctional facilities, the police, the Coalition for the Homeless, and peer support organizations. These entities could contribute to funding the care coordination system, which would save them dollars.

More Specialized Providers

- According to the Montgomery County Circuit Court FY13 Annual Statistical Digest, compared to the state overall, the representation of foreign-born residents is much greater in Montgomery County than in other jurisdictions. (32.7% versus 14.3%).⁹
- At least 90 languages are spoken in Montgomery County.
- Many cultures are distrustful of care to address mental health disorders. Providers unknowledgeable about the specific cultures and the languages of those they are serving create additional barriers to care.
- Many BCC's noted the need for therapists who were trained to work with the mental health needs of a specific population, such as seniors; deaf and hard of hearing; young children; veterans; and, people with co-occurring disorders, specifically those with mental health and substance abuse disorders, mental disorders and somatic disorders, and multiple needs.
- We would like to advocate for braided funding to acquire more specialized providers, much like the design for the new shared psychiatrist position funded in FY15.

The following BCC's support the above shared advocacy issues:

Alcohol and Other Drug Abuse Advisory Council
Board of Social Services
Commission on Aging
Commission on Children and Youth
Commission on Juvenile Justice
Commission on People with Disabilities
Community Action Board
Mental Health Advisory Committee
Montgomery Cares Advisory Board

¹*Maryland Hospital Preventable Re-Admissions (MHPR)* (MHPR Workgroup, Health Services Cost Review Commission of Maryland, 2012), Overview.

²*Stepping Up: A National Initiative to Reduce the Number of People with Mental Illness in Jail* (SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2014), p.3.

³*Criminal Justice/Mental Health Consensus Project* (Council of State Governments, 2002), p. xii.

⁴Athena Morrow, Manager, Adult Forensic Services, Montgomery County Department of Health and Human Services

⁵Athena Morrow, Manager, Adult Forensic Services, Montgomery County Department of Health and Human Services

⁶*Criminal Justice/Mental Health Consensus Project* (Council of State Governments, 2002), p. 6.

⁷Michael Maher, Director of Social Work Department, Springfield Hospital

⁸*Maryland Hospital Preventable Readmissions (MHPR)* (Health Services Cost Review of Maryland, 2011), Overview p.1.

⁹*Montgomery County Circuit Court FY 13 Annual Statistical Digest* (Montgomery County Circuit Court, 2013), p.8.



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VICTIM SERVICES ADVISORY BOARD

Testimony at the Montgomery County Council's Public Hearing on the FY16 Budget, April 16, 2015 at 1:30PM

Good Afternoon,

My name is Betty Smith. As a member of the Victim Services Advisory Board I would like to thank the Council for this opportunity to provide testimony. Your continued support for the availability of essential resources for victims of crime in Montgomery County is part of what makes this County a place where the citizens of this County can take pride in the forward thinking of their elected officials.

I am a Registered Nurse recently retired from the field of Infectious Disease. I worked as a Tele-health Nurse Educator, in the Biotech corridor of the City of Rockville. In that role I can tell you it is much easier to shine the light of a microscope on a specimen to isolate a virus such as HIV, Hepatitis C or even Ebola, than it is to uncover the complex causes of the problems related to Crime and Domestic violence.

For those who have had a personal experience of being a victim of a crime, know a friend, or a family member who have had to leave their homes to seek shelter in order to escape the threat or reality of physical abuse the importance of shelter cannot be over emphasized.

"The Victim Services Advisory Board's mission is to support Montgomery County's commitment to serving all victims of crime." In that capacity we have set forth the following Budget priorities for the FY 2016:

I. Priorities

1) DV victims leaving the Betty Ann Krahnke Center (BAK) face significant challenges that place them at risk for negative outcomes including: (a) high cost of living in the county, (b) lack of education and vocational skills, and (c) physical/emotional effects of complex trauma. Some Clients remain at BAK (beyond the prescribed 2-3 months) because long-term housing options are unavailable. Those unable to transition to a "safer living condition" are provided temporary hotel housing (< than 7 days), which poses dangers to DV victims and their families; they cannot be protected from victimizers; and per night costs for hotel housing are excessive. In the first half of FY14, 77 clients were moved from BAK, ten of them to a motel. A long-term housing program for at least two (2) young female-headed households will be instituted at Fleet Street properties, county-owned property that has been reserved by the county for DV victims and their families transitioning out of BAK. The goal is to break the cycle of violence and dependency by providing DV victims with (a) support/case management services; (b) time to build needed life skills (e.g., education, GED, vocational, parenting, etc.); (c) increased trauma recovery and empowerment; and (4) resolution of housing barriers (e.g., legal problems; identifying appropriate, affordable long term housing).



Department of Health and Human Services

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Budget Request:

Transitional and Permanent (long-term) housing for Domestic Violence (DV) Victims is a critical need, necessary to ensure continuity of safety and life stabilization for this physically and psychologically vulnerable population. Although it is a positive step to have the two (2) available Fleet Street properties now identified as sites for transitional housing, they will need to be refurbished by the County, which is estimated to take some months. Further, this designated property is a start, but in no way addresses the much larger need for affordable transitional and long-term housing for DV victims. Additionally, we need about 100,000 for case management needs for this new initiative.

2. Priority : **Restoration of Trauma Services Staff to Previous Levels of Services.** The *Abused Persons Program* and the *Victim Assistance and Sexual Assault Program* serves crime victims, particularly victims of domestic violence and violent crimes, by providing assistance within the District and Circuit Courts, therapeutic intervention, and guidance in applying for victim compensation. Due to ongoing cuts, services of both the therapists and victim assistants are critically compromised. The *Victim Assistance and Sexual Assault Program* has lost a total of 45 hours weekly of victim assistance services due to these cuts. Further, following the retirement of the Supervisory Therapist who, among other duties, oversaw much of the VASAP District and Circuit Court victim advocate functions, the position was moved out of VASAP. The consequences from loss of the Supervisory Therapist and victim assistants are: (1) delays in processing of compensation cases for crime victims; (2) reduced court coverage in both Circuit and District Courts where crime victims seek (a) immediate assistance and relief from their crime victimization; and (b) connections to ongoing clinical and victim assistance services.

Budget Requests:

(1) **Victim Assistance and Sexual Assault Program** – Restore *Supervisory Therapist* position to VASAP \$60,371 (plus fringes); restore victim assistant hours the estimated cost for which is \$59,000.

3 Priority: Restructuring the current County Compensation Fund to allow for higher reimbursement

For crime victim related losses, compensation requests submitted to the State Criminal Injuries Compensation Board (CICB) historically have been beset by delayed processing and limited funding, resulting in a lack of consistent claim approvals for crime victims. Despite improvements in claims processing, because of the number of state-wide claims and their complexity and involved eligibility requirements, timeliness of reimbursement of crime victims for their losses have not substantively improved. Review the VASAP Victim's Fund law to potentially increase the number/amount of awards. This fund supplements CICB claims and also assists many victims who cannot afford to wait for an award from the state.

Budget Request:

Increasing the County compensation fund, the total amount of dollars that can be awarded from \$2,500 to \$8,000 and providing for a local increase in the total base of the fund will be very helpful in mitigating financial losses sustained by crime victims in Montgomery County.

In closing, on behalf of the Victim Services Advisory Board, we recommend that the Council approve these much needed budgetary line items; which will provide sufficient staff and funds to assure that victims of crime in Montgomery County do not suffer the added insult to their injuries by having their needs ignored by their local government. Thank you for your time and attention.

Betty A. Smith
Member, VSAB

FY 2015 SCHOOL REFERRAL REPORT

TOTAL REFERRALS	FY 15 to Date	FY 14	FY 13	FY12	FY11
	815	1035	771	526	569

TOTAL SCHOOLS REFERRING	FY 15	FY 14	FY 13	FY 12	FY 11
	115	174	202	133	142

SCHOOL TYPE	REFERRING FY 15	#NOT REFERRING
ELEMENTARY	52	65
MIDDLE SCHOOL	35	1
HIGH SCHOOL	23	0
PRIVATE	5	N/A

TYPE OF REFERRAL	# OF STUDENTS REFERRED	PERCENTAGE
ELEMENTARY	153	18.77%
MIDDLE SCHOOL	347	42.57%
HIGH SCHOOL	283	34.72%
EDISON TECH CENTER	1	.12%
ALT. PROGRAMS	9	1.10%
PRIVATE SCHOOL	9	1.10%
MCT BY SCHOOL REFERRAL	13	1.59%

Schools that referred the most:

Elementary School: Jackson Rd @ 10, Burtonsville @ 7, Rolling Terr. @ 7

Middle School: Forest Oak @ 29, Gaithersburg @ 27 White Oak @ 23

High School: Blair @ 25, Wheaton @ 24, Wootton @ 21

REFERRAL REASONS	FY 15	FY 14	FY 13	FY 12	FY 11
1. HARM TO SELF	601	758	540	370	362
2. HARM TO OTHERS	117	140	127	84	96
3. BEHAVIORAL DYSCONTROL	43	110	63	34	47
4. BULLYING	52	61	N/A	N/A	N/A
5. OTHER	62	84	55	38	64

DISPO.	DESCRIPTION	FY 15	FY 14	FY 13	FY 12	FY 11
1a	Student may return to school	514	896	650	495	534
1b	No follow-up needed	98	63	26	39	71
1c	Student not currently at risk to self or others	502	627	487	424	420
1d	Follow-up recommended	142	228	N/A	N/A	N/A
1e	Student may not return to school	2	16	18	31	33
2a	Crisis Center short term tx	14	41	27	26	25
2b	Referred for Outpatient tx	482	585	363	326	339
2c	Referred for partial hospitalization	5	10	4	4	3
2d	Inpatient hospitalization	26	41	19	18	26
2e	Emergency petition initiated by CC Staff	6	10	9	2	4
2f	Other	253	172	159	37	54
2g	Referred to current tx provider	65	77	21	51	64

Crime Victims' Compensation Fund



Department of Health and
Human Services

For more information:

240-777-1355 Telephone

240-777-1329 Fax

240-777-1347 TTY

www.montgomerycountymd.gov/vasap

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- **FOR EVERY DOLLAR DONATED, THE COUNTY WILL MATCH YOUR DONATION TWO TO ONE!**
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This brochure can be available in alternative formats upon
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Name: _____

Organization: _____

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Amount of Donation: _____

In memory of (optional): _____

Crime Can Happen to Anyone: We Are Here to Help

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VICTIM ASSISTANCE AND SEXUAL ASSAULT PROGRAM

The Victim Assistance and Sexual Assault Program (VASAP) can help by providing:

- Crisis and outreach counseling
- Information and referral to appropriate agencies
- Criminal justice system support, coordination with the State's Attorney's Office and court accompaniment
- Individual, couples and family counseling
- Support groups for homicide survivors & sexual assault victims
- Educational & volunteer programs
- Liaison with the Maryland Criminal Injuries Compensation Board

WHO IS ELIGIBLE?

Any person who resides in or is the victim of a crime committed in Montgomery County is eligible for services from VASAP regardless of income.

CRIME VICTIMS' COMPENSATION FUND

In addition, crime victims may be eligible for the Compensation Fund if they meet income guidelines. To find out about the latest income requirements call VASAP.

The Compensation Fund assists victims with crime related expenses, up to \$2,500 per crime incident, if the victim meets income and other guidelines:

- Medical expenses
- Property damages
- Wage losses
- Funeral expenses
- Security improvements

"Being a crime victim is an experience that one does not plan for; is not prepared for; and has no knowledge of who or where to turn." Victim Testimony from The President's Task Force on the Victims of Crime.

DONATION FORM

DONATIONS CAN BE MADE PAYABLE TO THE
CRIME VICTIMS' COMPENSATION FUND
AND MAILED TO:

C/O The Victim Assistance and Sexual Assault Program
Department of Health and Human Services
1301 Piccard Drive, Suite 4100
Rockville, MD 20850

Your contribution may be tax deductible. In accordance with IRS Regulations (Publication 17, Chapter 26 or Publication 526).