

# 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.

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
Percentage of adult clients receiving services who demonstrate a higher degree of Social Connectedness and Emotional Wellness <sup>1</sup>	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 <sup>2</sup>	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 <sup>3</sup>	92	88	89.8	89.8	89.8

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

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

<sup>3</sup> 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.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>9,138,840</b>	<b>22.30</b>
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
<b>FY13 CE Recommended</b>	<b>8,486,123</b>	<b>15.50</b>

### **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.

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

<sup>1</sup> Percentage is based on discharged clients.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,432,720</b>	<b>18.10</b>
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
<b>FY13 CE Recommended</b>	<b>3,302,746</b>	<b>31.50</b>

### **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.

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

<sup>1</sup> 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.

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>6,438,780</b>	<b>20.50</b>
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
<b>FY13 CE Recommended</b>	<b>2,717,190</b>	<b>3.00</b>

### **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.

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,403,550</b>	<b>19.10</b>
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
<b>FY13 CE Recommended</b>	<b>1,987,558</b>	<b>17.00</b>

### **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.

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>3,835,000</b>	<b>29.20</b>
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
<b>FY13 CE Recommended</b>	<b>3,380,904</b>	<b>21.00</b>

### **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.

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

<sup>1</sup> Percentage is based on number closed.  
FY11 Current report of cases closed and recorded.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>2,961,520</b>	<b>16.60</b>
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
<b>FY13 CE Recommended</b>	<b>5,449,240</b>	<b>27.25</b>

## 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.

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>4,852,880</b>	<b>29.00</b>
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
<b>FY13 CE Recommended</b>	<b>4,761,512</b>	<b>29.55</b>

## 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.

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>3,986,910</b>	<b>33.90</b>
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
<b>FY13 CE Recommended</b>	<b>4,245,817</b>	<b>35.90</b>

## 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) 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.

<b>Program Performance Measures</b>	<b>Actual FY10</b>	<b>Actual FY11</b>	<b>Estimated FY12</b>	<b>Target FY13</b>	<b>Target FY14</b>
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 <sup>1</sup>	72	85	80	80	80

<sup>1</sup> FY10 is the baseline year.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>608,880</b>	<b>2.00</b>
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
<b>FY13 CE Recommended</b>	<b>666,885</b>	<b>2.00</b>

## 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.

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>0</b>	<b>0.00</b>
Replace: SAMSHA Adult Drug Court Grant	135,440	0.90
Eliminate: SAMHSA 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
<b>FY13 CE Recommended</b>	<b>2,234,638</b>	<b>21.50</b>

## Service Area Administration

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

<b>FY13 Recommended Changes</b>	<b>Expenditures</b>	<b>FTEs</b>
<b>FY12 Approved</b>	<b>555,050</b>	<b>3.80</b>
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
<b>FY13 CE Recommended</b>	<b>570,207</b>	<b>3.50</b>

## 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
<b>Total</b>	<b>37,214,130</b>	<b>194.50</b>	<b>37,802,820</b>	<b>207.70</b>