

HHS COMMITTEE #1
April 23, 2009

Worksession

MEMORANDUM

April 22, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession: FY10 Operating Budget
Behavioral Health and Crisis Services**

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Corinne Stevens, Chief Operating Officer, DHHS
Kim Mayo, Budget Team Leader, DHHS
Richard Kunkel, Behavioral Health and Crisis Services
Beryl Feinberg, Office of Management and Budget
Kim Mayo, Office of Management and Budget

The Executive's recommended budget for Behavioral Health and Crisis Services is attached at © 1-5.

Public hearing testimony from the operating budget hearing and the budget forum is attached at © 9-25.

The Executive is recommending \$40,010,250 for FY10 for programs administered through the Behavioral Health and Crisis Services section. This is a decrease of \$1.7 million, or about 4.1% from the FY09 approved budget.

A summary of base funding for major programs in this service area is attached at © 6-8. A table providing an overview of funding is provided on the following page.

Behavioral Health and Crisis Services Budget Summary

Program	FY09 Approved Budget	FY10 Rec. Budget	Change in Budget FY09- FY10	
			\$	%
System Planning and Management	\$8,225,890	\$7,514,950	-\$710,940	-8.6%
Behavioral Health Specialty Services	\$2,786,700	\$2,763,240	-\$23,460	-0.8%
Behavioral Health Community Support Services	\$5,623,890	\$7,410,560	\$1,786,670	31.8%
Criminal Justice/Behavioral Health Services	\$2,354,830	\$2,469,670	\$114,840	4.9%
Outpatient Addiction Services	\$5,854,770	\$4,045,570	-\$1,809,200	-30.9%
Victims Assistance and Sexual Assault Services	\$2,586,450	\$2,620,030	\$33,580	1.3%
Child and Adolescent Mental Health Services	\$3,272,960	\$3,304,330	\$31,370	1.0%
24-Hour Crisis Center	\$5,149,170	\$4,183,390	-\$965,780	-18.8%
Seniors and Persons with Disabilities	\$1,934,160	\$1,855,020	-\$79,140	-4.1%
Partner Abuse Services	\$3,346,210	\$3,258,260	-\$87,950	-2.6%
Service Area Administration	\$601,380	\$585,230	-\$16,150	-2.7%
Total	\$41,736,410	\$40,010,250	-\$1,726,160	-4.1%

I. SYSTEM PLANNING AND MANAGEMENT

For FY10, the Executive is recommending a total of \$7,514,950 and 13.8 workyears for this program area, which is a net decrease of \$710,940 and 5 workyears from FY09 approved levels. Adjustments in this area include:

Lab services based on historical spending	(\$ 6,000)
Consumer Affairs Fund	(\$ 8,000)
Training in Systems Planning and Management	(\$ 11,540)
Contract services for parent and child bonding	(\$ 28,900)
Abolish vacant .5 Administrative Specialist II-BHCS	(\$ 34,590)
Residential Supplement based on historical spending	(\$ 35,000)
Pharmacy Assistance Services	(\$ 40,000)
Federal Block Grant	(\$ 204,980)

1. Lab services based on historical spending (\$6,000)

This is a continuation of a FY09 Savings Plan item. DHHS provides lab testing services for low income uninsured clients who are in a DHHS or community behavioral health program with a psychiatrist in order to ensure that psychotropic medications are monitored. This reduces the budgeted amount from \$16,000 to \$10,000 which, in

combination with funds from the Community Mental Health Grant, has historically been a sufficient amount of funding for these services. **Council staff recommends approval.**

2. Consumer Affairs Fund (\$8,000)

This is a continuation of the FY09 Savings Plan and would leave \$2,000 for this purpose in FY10. The DHHS Office of Consumer Affairs helps individuals with persistent mental illness with information, referrals, peer support, education and training on consumer issues, navigation of the public mental health system, and sponsors special events. This fund is used for a variety of purposes such as purchasing brochures, awards, and paying stipends at special events. The Department believes access to funding in the Consumer Special Needs Fund will be sufficient for FY10. **Council staff recommends approval.**

3. Training in Systems Planning and Management (\$11,540)

In FY09, \$15,000 was included in the budget to allow staff to attend training, including mental health and substance abuse conferences. For FY10, \$3,460 will be retained for this purpose. **Council staff recommends approval.**

4. Contract services for parent and child bonding (\$28,900)

This is a reduction to the Framework for Families contract with Family Services, Inc. The FY09 contract for these services is about \$170,000. Family Services provides services to families to address attachment and bonding issues and parenting skills and educates parents in evidenced-based strategies for setting boundaries and non-violent discipline techniques. This reduction could impact twenty children with a mental health diagnosis. DHHS notes that \$157,500 is designated for these same services for children and families being served by Child Welfare. The Department is hopeful that some of these funds can be reallocated to minimize the impact of this reduction. **Council staff recommends approval.**

5. Abolish Vacant .5 Administrative Specialist II (\$34,590)

This position is currently vacant. One-half of the position is funded in Behavioral Health Services and the other half is funded in Public Health (Women's Health Services). As noted in the Committee's Public Health Services discussion, while the position served as a contract monitor, the position has been vacant for over one year and duties have been assigned to existing staff. **Council staff recommends approval.**

6. Residential Supplement based on historical spending (\$35,000)

This is a continuation of the FY09 Savings Plan. For FY09 \$1.037 million was approved, this reduction will provide funding of \$1.002 million. This funding provides a supplement to non-profit agencies that provide residential rehabilitation programs for

persons with persistent mental illness. These non-profits receive funding through client fees and rental assistance. This supplement helps offset the high cost of housing in Montgomery County. The reduction is based on historical spending. As a part of the Savings Plan discussion the Committee was told that all providers have contracts so there should be no service change. **Council staff recommends approval.**

7. Pharmacy Assistance Services (\$40,000)

This is a continuation of the FY09 Savings Plan. The FY09 budget included \$80,000 to pay for two contract Client Assistance Workers at the HHS Medbank. The Client Assistance Workers help patients complete applications to pharmacy companies to receive free psychiatric medications. The Department has determined that only one worker is needed for this purpose and the second position has not been filled in FY09. There is no impact expected from this continued reduction. **Council staff recommends approval.**

8. Federal Block Grant (Grant Fund) (\$204,980)

The Federal Block Grant for Homelessness was \$801,770 in FY09 but is only expected to be \$596,790 in FY10. A majority of this reduction (\$194,983) is a reduction in the funding for psychiatrist services provided to the Noyes Children's Center (Department of Juvenile Services). The State Department of Health and Mental Hygiene is now providing these services and money is no longer directed to the county for this purpose. The remaining \$10,000 was for an additional supplement that was not needed. There are no changes to the scope of the contracts with St. Luke House and Threshold Services as a result of this reduction. **Council staff recommends approval.**

II. BEHAVIORAL HEALTH SPECIALTY SERVICES

This program has two components: the Access Team and the Adult Mental Health Clinic.

The Executive is recommending \$2,763,240 and 21.5 workyears to this program area, which is a net decrease of \$23,460 and 1 workyear from FY09 approved levels. Adjustments in this area include:

1. Abolish filled Program Specialist II (Access to Behavioral Health) (\$105,740)

The Department has shared that this is an administrative position that is affiliated with the Department's IT staff. While the position is filled, the Department believes the position can be abolished with minimal impact on other staff. **Council staff recommends approval.**

III. BEHAVIORAL HEALTH COMMUNITY SUPPORT SERVICES

The Executive is recommending \$7,410,560 and 21.5 workyears to this program area, which is an increase of \$1,786,670 and a decrease of 1 workyear from FY09 approved levels. Adjustments in this area include:

Alcohol and Drug Abuse Administration (ADAA) Block Grant	\$1,400,300
Shift CRF for Addictions Treatment	-\$1,260,000
Shift Temporary Cash Assistance Substance Abuse	-\$204,030
Facility Maintenance Funds in Addiction Shelters	-\$15,000
Level III Addiction Treatment Services Contract	-\$20,000
Contract funding for Level 1 Outpatient Treatment Services	-\$70,000
Reduce Therapist in Program Monitoring Unit	-\$124,850

1. Alcohol and Drug Abuse Administration (ADAA) Block Grant	\$1,400,300
Shift CRF for Addictions Treatment	(\$1,260,000)
Shift Temporary Cash Assistance Substance Abuse	(\$204,030)

The increase in the Block Grant is a result of the State's decision to eliminate the Addictions Treatment grant (which as noted was \$1,260,000 in FY09) and combine it with the Alcohol and Drug Abuse Administration Block Grant (which was \$3,376,760 in FY09) and to increase the overall amount by \$140,000. Also related to this action is that the State has determined that the Temporary Cash Assistance will also be funded through the Block Grant. This shift more than offsets the additional dollars, but the Department expects no change to services.

2. Facility Maintenance Funds in Addiction Shelters (\$ 15,000)

This is a 50% reduction to the funding within DHHS for ongoing maintenance and repairs to Avery Road Treatment Center, Avery House, Avery Road Combined Care, and Lawrence Court Halfway House. The impact will not be clear until it is known what types of maintenance and repairs are needed in FY10. Things covered by this funding are replacement of broken appliances and worn carpeting. **Council staff recommends approval.**

3. Level III Addiction Treatment Services Contract (\$20,000)
Contract funding for Level I Outpatient Treatment Services (\$70,000)

There are two reductions proposed to outpatient addiction treatment services. The \$20,000 for Level III services is expected to come from reduced costs in contracts and not specifically from a reduction in service.

Level I Outpatient Treatment Services serves between 600 and 650 individuals per year and a majority stay in treatment for six months or longer. Research indicates that the highest rate of success is for persons who stay in treatment programs for 90 days or more and who can access treatment quickly. The proposed reduction is expected to eliminate services to about 70 individuals. It is also expected that clients may not be accepted as quickly and that some persons may chose not to seek treatment at a later date. There are two primary contractors that are the providers for the county. While this reduction is less severe than taking a reduction of a similar size to other parts of the addiction treatment system. It is expected to have an impact.

As a side note, the Committee will recall that last spring there was extensive discussion of the funding needed for treatment programs provided through Maryland Treatment Centers at Avery Road. The Council added funding to this area to ensure that capacity was not decreased. Council staff understands that the funding for these programs is not impacted by either of these reductions and that capacity will continue at the FY09 level.

Council staff is concerned about the reduction be proposed and suggests the Committee discuss with the Department the expected impacts. Council staff notes that in February 2009, 276 persons were receiving services through Outpatient Addiction Services (including medication assisted treatment) and this is a high count for the 12 month period. The Committee may want to consider restoring some of this reduction through the reconciliation list.

4. Reduce Therapist in Program Monitoring Unit (\$124,850)

The Department is proposing the reduction of one Therapist position that works in the contract monitoring unit. There are about \$5 million in adult addiction services contracts overseen by the group and the work will be distributed to remaining staff. If there can be some consolidation of contracts and by centralizing some of the fiscal monitoring, the impact might be minimized. **Council staff recommends approval.**

IV. CRIMINAL JUSTICE/BEHAVIORAL HEALTH SERVICES

The Executive is recommending \$2,469,670 and 19.2 workyears, which is an increase of \$114,840 and the same number of workyears compared to FY09 approved levels. The one adjustment aside from miscellaneous adjustments is:

1. Decrease Transitional Housing Services for Mentally Ill Offenders (\$40,000)

The Department had hoped to be able to find a suitable house to create a group home for mentally ill persons leaving the county's jail system. A suitable house has not yet been made available for this program. **Council staff recommends approval.**

V. OUTPATIENT ADDICTION SERVICES

The Executive is recommending 4,045,570 and 29.3 workyears for this program, which is a decrease of \$1,809,200 and 1 workyear from FY09 approved levels. Adjustments in this area include:

Montgomery County Adult Drug Court Capacity	\$300,000
Reduce Outpatient Addiction Services Acudetox Contract	-\$6,250
Abolish Outpatient Addiction Services Vocational Services Program Specialist	-\$84,360
Miscellaneous adjustments	-\$2,018,590

1. Montgomery County Adult Drug Court Capacity \$300,000

This is the second year of the grant that was received to expand the capacity of the Adult Drug Court. DHHS provides case management and coordination of treatment services. The Committee discussed the positive outcomes from the Adult Drug Court and the need for the expanded capacity at last year's worksession on the request for the supplemental appropriation. **Council staff recommends approval.**

2. Reduce Outpatient Addiction Services Acudetox Contract (\$6,250)

DHHS expects to be able to reduce costs for this contract in FY10.

3. Abolish Outpatient Addiction Services Vocational Services Program Specialist (\$84,360)

This is a filled position that would be abolished. DHHS has provided vocational/employment assistance to clients in addiction services programs. With this reduction, clients would be referred to the county workforce development and one-stop services. There is also potentially Federal stimulus monies that might become available for targeted unemployed populations. **While this population certainly has barriers to employment not faced by the general population and benefits from additional assistance regarding employment services, for fiscal reasons, Council staff recommends approval.**

4. Miscellaneous adjustments (Grant Fund) (\$2,018,590)

The vast majority of this miscellaneous adjustment is related to the ADAA Block Grant which has been consolidated and shifted to the Community Support Services program as previously discussed.

VI. VICTIM ASSISTANCE AND SEXUAL ASSAULT SERVICES

The Executive is recommending \$2,620,030 and 18.5 workyears for this program area, which is an increase of \$33,580 and a decrease of .7 workyears from FY09 approved levels.

This program provides assistance to sexual assault and other crime victims. The Executive is recommending an increase of \$124,890 for this program. Adjustments in this area include:

Victims Compensation Fund Match	\$ 7,990
Eliminate Silver Spring Courthouse Victim Assistance	(\$17,300)

1. Victims Compensation Fund Match **\$7,990**

The County matches public donations on a 2:1 ratio. This amount is needed to meet this requirement. **Council staff recommends approval.**

2. *Silver Spring Courthouse Victim Assistant Project* **(\$17,300)**

The Executive proposes the elimination of a part-time contract position for a bilingual victim assistant that is currently vacant. The Committee discussed a similar reduction as a part of the FY09 budget. The Public Safety Committee recently heard from the Sheriff’s Office that the County is expecting to hear from the Department of Justice in May about the potential award of a Violence Against Women Act/Byrne Grant request that would continue funding of certain services and provide enhancement of some services that will assist in the funding of the Family Justice Center. If the County is awarded a grant, there may be an opportunity to provide victim assistance at the Silver Spring Courthouse. **Council staff recommends approval.**

VII. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Executive is recommending \$3,304,330 and 17.3 workyears for this program, which is an increase of \$31,370 and level workyears compared to FY09 approved levels. All increases are classified as miscellaneous changes. Adjustments in this area include:

Mental Health Association–N*COMMON Multicultural Mental Health Initiative	\$60,000
Decrease Child and Adolescent Mental Health Care Coordination	-\$10,810
Reduce Contract for Family and Caregiver Support Services	-\$30,960
Reduce Child and Adolescent Mental Health Service Care Coordination funds	-\$73,000

1. MHA–N*COMMON Multicultural Mental Health Initiative \$60,000

Since FY07, the Mental Health Association has been providing the N*Common program which provides multi-cultural outreach services. The total FY09 award was \$145,160 but it was awarded to two pieces: \$110,160 as a contract that had been in the base of the DHHS budget and another \$35,000 as a FY09 Grant to specifically provide clinical staff who speak French. For FY10, the Executive has moved all the funding into the base and increased the total amount of the award to \$160,000. **Council staff recommends approval.**

2. Decrease Child and Adolescent Mental Health Care Coordination (\$10,810)
Reduce Child and Adolescent MH Service Care Coordination (\$73,000)
Reduce Contract for Family and Caregiver Support Services (\$30,960)

The reduction in these dollars is expected to impact children who are in Residential Treatment Centers (RTCs) and are ready to step down to community based services. All these children would be evaluated through the Local Coordinating Council and because they are in a RTC there will not be a gap where there would be no service; but, if they are ready to step down and there is not sufficient community based wrap around children could stay longer than necessary in a RTC. Also, if a child cannot be served in the community, there may be an increase in residential placements. The Department will look to see if there are any possible sources of alternative funding, such as Medicaid, that might mitigate some of the impact.

While the certain impact of the reduction cannot be known because it is dependent on how many children will be ready for step down in FY10, Council staff is concerned about this reduction, especially when looked in combination with the reduction in other wrap around services. There should be spaces in RTCs for children who need them, but children should also be served in the community when appropriate -- as it provides for the best long-term outcomes. A part of placement in the community is also ensuring there is adequate support for family and caregivers. Council staff suggests the Committee discuss this issue with the Department. Council staff does not yet have a recommendation on this specific reduction.

VIII. 24-HOUR CRISIS CENTER

The Crisis Center operates 24-hours a day, 7 days per week and offers psychiatric crisis services and the Mobile Crisis Team. It also houses the public inebriate initiative and provides screening for emergency housing services.

The Executive is recommending \$4,183,390 and 36.6 workyears, which is a decrease of \$965,780 and 6.5 workyears from FY09 approved levels. Adjustments in this area include:

Decrease Operating budget for supplies (\$ 19,890)
Shift Assertive Community Treatment (ACT Team) to State (\$899,800)

1. Decrease Operating budget for supplies (\$19,890)

This is a reduction to overall operating expenses for supplies. **Council staff recommends approval.**

2. Shift ACT Team to the State (\$899,800)

Last year, the county agreed with the Executive recommendation to provide ACT Team services through a contract with the State as is done in other Maryland jurisdictions. The county positions associated with the ACT Team would be abolished. Because of the need for a transition period, one-half year funding was included in the FY09 budget. The transition has occurred and this \$899,000 reduction is a reflection of the additional savings realized in FY10. The county positions were abolished in January 2009.

Last year, the Council received testimony and correspondence expressing concern about the shifting the ACT team to the State. Esther Kaleko-Kravitz, Executive Director of NAMI (National Alliance on Mental Illness), expressed several major concerns: (1) that future team will be certified and able to collect the maximum amount of funds possible from State; (2) that the team will maintain the services needed to have a caseload of 100 individuals, up from the current amount of 70; and (3) that sufficient funding and time and energy will be provided to instill trust in the members and staff of the new and ensure a smooth transition for clients and their families. Other testimony expressed concerns about vulnerability of the mentally ill population to change and lack of continuity and the provision of affordable medication.

The Committee requested and received a transition plan and received an update last fall on the transition and was told that it was going well and that there had not been a disruption in service to clients.

In response to the point of whether the contractor will be eligible for the higher evidence-based practices rate and whether 100 persons will be able to be served, DHHS has provided the following response:

People Encouraging People (PEP), the new provider, will be scored by the State of Maryland to become an Evidenced Based provider of ACT services. There will be a 2 day site review where PEP will be scored to ensure fidelity to the model. This review will take place in early June 2009 but the dates are not yet confirmed. As the selected trainer for new ACT teams in the state of Maryland, we are confident that PEP will pass this review and begin billing at the higher rate effective July 1, 2009. As of this writing PEP expects to be serving 100 clients by September 2009.

With regards to the transition, DHHS has provided the following reply:

The transition was successful. PEP began working full time on December 1, 2008. The entire month of December was devoted to help ensure a smooth transition for the clients. PEP worked side by side with the Montgomery County ACT Team to conduct joint home visits and joint client appointments in the office at 1301 Piccard. PEP staff and Montgomery County staff were co-located for the month of December allowing for combined staff meetings, case staffing, and general knowledge transfer about the program and the clients served. The cooperation between the two teams was commendable. The time and energy invested has yielded the desired outcomes.

IX. MENTAL HEALTH SERVICES: SENIORS & PERSONS WITH DISABILITIES

The Executive is recommending \$1,855,020 and 10 workyears, which is a decrease of \$79,140 and 1 workyear from FY09 approved levels. This program funds a variety of contractual services. Adjustments in this area include:

Replace Grant Funds with general fund support to cover a shortfall in SORT	\$25,430
Dedicate savings from eliminated contract to cover grant shortfall in SORT	(\$25,430)
Decrease Contract for Mental Health Service for Persons with Developmental Disabilities and/or mental retardation based on historic actuals	(\$76,500)
Reduce services to 15 Hearing Impaired clients	(\$17,600)

1. Replace Grant with general fund support to cover a shortfall in SORT	\$25,430
Dedicate savings from eliminated contract to cover grant shortfall in SORT	(\$25,430)
Decrease Contract for Mental Health Service for Persons w/ Developmental Disabilities and/or mental retardation based on actuals	(\$76,500)

The Department has about \$125,000 in contract services to provide emergency services for persons with mental retardation and/or developmental disabilities. There are contracts in both Behavioral Health and Aging and Disabilities. Currently there is only one person using funding from this source but it was originally expected that up to 100 people might access this money. A portion of the funding will be used to cover a shortfall in the SORT grant. The \$76,500 is a savings to the budget. The Department has retained about \$22,000 of the funds to be used in various areas in the Senior Mental Health Program. **Council staff recommends approval.**

2. Reduce services to 15 Hearing Impaired clients	(\$17,600)
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The County has a contract to provide a comprehensive program of outpatient mental health, substance abuse, and victim services for Montgomery County residents

who are deaf or hard of hearing. The FY09 funding estimates that 40 individuals can be served during a year. This reduction may impact up to 15 clients. Currently, the contract provides access to two Therapist workyears but this may be reduced to 1.5 workyears. It is possible that the services may be able to be supplemented with assistance from students at Galludet. **Council staff is willing to recommend approval of this recommendation but hopes that if deaf or hard of hearing residents present themselves with serious problems that need Therapist resources, the Department would look to other flex funds to see that they are not turned away.**

X. PARTNER ABUSE SERVICES

The Executive is recommending \$3,258,260 and 17.8 workyears, which is a decrease of \$87,950 and 1 workyear from FY09 approved levels. Adjustments in this area include:

Gudelsky Foundation	\$ 15,000
Abolish a vacant Supervisory Therapist Position I – APP	(\$100,770)

1. Gudelsky Foundation **\$15,000**

The Gudelsky Foundation is providing support for Montgomery County’s efforts to implement a Lethality Assessment Protocol for First responders as developed by the Maryland Network Against Domestic Violence. This will appropriate the FY10 funding for this award. **Council staff recommends approval.**

2. Abolish a vacant Supervisory Therapist I - Abused Person Program **(\$100,770)**

This reduction is proposed for fiscal reasons and work will be redistributed among remaining two Supervisory Therapists. In addition, there will continue to be seven Therapist positions authorized for Partner Abuse Services. **Council staff recommends approval.**

SERVICE AREA ADMINISTRATION

The County Executive is recommending \$585,230 and 3.9 workyears, which is a net decrease of \$16,150 and level workyears compared to FY09 approved levels. A net \$9,300 decrease in this area. Adjustments in this area include:

Decrease Advertising expenses in BHCS Chief’s budget	(\$6,000)
Decrease Temporary Services in Budget in BHCS	(\$10,000)

1. Decrease Advertising expenses in BHCS Chief's budget (\$6,000)

This is the continuation of an item started in the FY09 Savings Plan. The Department has previously paid for advertising in specific media when filling positions that have specialized requirements. This allows the Department to reach out in order to try to attract a pool of qualified candidates. In FY10, the Department will continue to advertise through the Office of Human Resources website and other venues that do not charge a fee. **Council staff recommends approval.**

2. Decrease Temporary Services in Budget in BHCS (\$10,000)

For FY10, funding for temporary services for the Behavioral Health and Crisis Services section will be reduced from the FY09 funding of \$20,000 to \$10,000. **Council staff recommends approval.**

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to foster the development of a comprehensive system of services to assist children, youth, adults, and families in crisis or with behavioral health needs. Services incorporate evidence based or best practices along a continuum of care. BHCS works with the State's public mental health and substance abuse system to ensure children, adults, and families receive integrated treatment. Crisis Services are available twenty-four hours, seven days a week along with victim services. Victim services provide treatment for victimization that occurs in schools, home, or community. Access to behavioral health specialty services provide screening/referrals along with treatment on an outpatient basis. System Planning and Management monitors various services provided to families with public health insurance including, outpatient mental health clinics, psychiatric rehabilitation, and residential rehabilitation programs. BHCS is committed to providing culturally and linguistically competent care in the least restrictive environment.

PROGRAM CONTACTS

Contact Uma Ahluwalia of the HHS - Behavioral Health and Crisis Services at 240.777.1058 or Trudy-Ann Hunter of the Office of Management and Budget at 240.777.2778 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

System Planning and Management

As the State mandated local mental health authority, this program is responsible for the planning, management, and monitoring of Public Mental Health Services for children with serious, emotional impairments (SEI), and adults with a serious and persistent mental illness (SPMI). This include persons with co-occurring mental illness and substance abuse disorders, homeless persons with SPMI, and persons with SPMI who have been incarcerated and/or are on conditional release. This program is responsible for the ongoing development of a resiliency and recovery oriented continuum of quality mental health services that provide for consumer choice and empowerment, while assuring consumers have access to clinically appropriate and cost-effective behavioral health services.

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of clients served in Outpatient Mental Health Clinics	1,241	1,516	1,583	1,403	1,403
Percentage of customers receiving services who report an increase in well being -Outpatient Mental Health Clinics	70	70	70	70	70

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	8,225,890	18.8
Decrease Cost: Lab Services based on historical spending	-6,000	0.0
Decrease Cost: Consumer Affairs Fund	-8,000	0.0
Decrease Cost: Training in Systems Planning and Management	-11,540	0.0
Reduce: Contract services for parent and child bonding	-28,900	0.0
Decrease Cost: Abolish vacant Administrative Specialist II Position -Behavioral Health & Crisis Services (1/2 of position is in BHCS)	-34,590	-0.5
Decrease Cost: Residential Supplement based on historical spending	-35,000	0.0
Decrease Cost: Pharmacy Assistance Services	-40,000	0.0
Decrease Cost: Federal Block Grant	-204,980	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-341,930	-4.5
FY10 CE Recommended	7,514,950	13.8

Notes: Miscellaneous adjustments include four workyears moved to Community Health Services as part of a reorganization and one workyear adjustment for an abolished split funded position.

Behavioral Health Specialty Services

Behavioral Health Specialty Services includes both the Adult Behavioral Health and the Access to Behavioral Health Services programs. The Adult Behavioral Health program provides a comprehensive range of mental health services including assessment, diagnostic evaluation, psychotropic medication evaluation, and medication monitoring. Individual, family, and group psychotherapy including family psycho-educational support are available, as well as case management services. Eligibility is limited to Montgomery

County residents who have a high level of acuity and are involved in multiple systems in the Community. Many of these individuals are unable to receive Public Mental Health System services or the level of care necessary to effectively stabilize their illness. This program has expanded capacity to provide services to Limited English proficiency (LEP) clients and those with specialized cultural and language needs. The Access to Behavioral Health Services program provides clinical necessity and financial assessments for consumers needing outpatient mental health services including those with a co-occurring disorder, and linkages to those eligible in the Public Mental Health System or community resources. This program also provides for Montgomery County adult residents, walk-in substance abuse assessments including co-occurring disorders and linkages to the range of services in the Addiction Services continuum. Safety Net Services, a service within Access to Behavioral Health Services, provides immediate, brief psychiatric, and case management services (16 hours a week) until those clients who are eligible for the Public Mental Health system and have been discharged from a psychiatric hospital can be linked to a community Outpatient Mental Health Clinic.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,786,700	22.5
Decrease Cost: Abolish a filled Program Specialist II Position at the Access to Behavioral Health Program (ABHS)	-105,740	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	82,280	0.0
FY10 CE Recommended	2,763,240	21.5

Notes: Miscellaneous adjustments includes grant increases of \$114,100 to the Community Mental Health Grant.

Behavioral Health Community Support Svcs

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

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Number of persons served in Level 1 Outpatient Treatment	525	734	600	516	516
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment)	84	74	68	68	68

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,623,890	22.5
Increase Cost: Alcohol and Drug Abuse Administration (ADAA) Block Grant	1,400,300	2.9
Decrease Cost: Facility Maintenance Funds in Addiction Shelters	-15,000	0.0
Decrease Cost: Level III Addiction Treatment Services Contract	-20,000	0.0
Reduce: Contract funding for Level 1 Outpatient Treatment Services and serve approximately 84 fewer clients	-70,000	0.0
Reduce: Behavioral Health Community Support Services- Therapist in Program Monitoring Unit	-124,850	-1.0
Shift: Temporary Cash Assistance Substance Abuse	-204,030	-2.2
Shift: CRF for Addictions Treatment	-1,260,000	-0.7
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	2,080,250	0.0
FY10 CE Recommended	7,410,560	21.5

Criminal Justice/Behavioral Health Services

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,354,830	19.2

	Expenditures	WYs
Decrease Cost: Transitional Housing Services for Mentally Ill Offenders as the program was not operational	-40,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	154,840	0.0
FY10 CE Recommended	2,469,670	19.2

Notes: Miscellaneous adjustments includes \$28K in grant increases.

Outpatient Addiction Services (OAS)

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,854,770	30.3
Add: Montgomery County Adult Drug Court Capacity	300,000	0.0
Reduce: Outpatient Addiction Services (OAS) Acudetox Contract	-6,250	0.0
Reduce: Abolish Outpatient Addiction Services (OAS) Vocational Services Program Specialist	-84,360	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-2,018,590	0.0
FY10 CE Recommended	4,045,570	29.3

Notes: Miscellaneous adjustments includes the realignment of Alcohol and Drug Abuse Administration (ADAA) Block Grant Funds from Outpatient Addiction Services to Behavioral Health Community Support Services.

Victims Assistance and Sexual Assault Services

This program provides information, referral, support, psychiatric evaluations, criminal justice advocacy, court accompaniment, crisis, and ongoing counseling services to persons subjected to sexual assault (exclusive of partner abuse), as well as to persons victimized by crimes in general. 24-hour outreach is provided through volunteer support to rape and sexual assault victims at hospitals and police stations, and compensation is provided to eligible victims of crime

Program Performance Measures	Actual FY07	Actual FY08	Estimated FY09	Projected FY10	Projected FY11
Percentage of adult victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by PCL-C clinical scales)	84	85	85	85	85
Percentage of child victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by the CRTES clinical scales)	70	81	76	77	76

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	2,586,450	19.2
Increase Cost: Victims Compensation Fund Match	7,990	0.0
Eliminate: Silver Spring Courthouse Victim Assistance	-17,300	-0.7
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	42,890	0.0
FY10 CE Recommended	2,620,030	18.5

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services is comprised of three components that provide or support comprehensive mental health treatment and care coordination services to children, youth, and their families that are individualized, culturally, and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Outpatient Mental Health Service provides assessment, psychiatric, and therapeutic treatment to children and adolescents with serious emotional impairments. The Home-based Treatment Team for Child Welfare Services 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.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,272,960	17.3
Add: Mental Health Association, Inc. - Support N*COMMON Multicultural Mental Health Initiative	60,000	0.0
Decrease Cost: Child and Adolescent Mental Health Care Coordination Operating Budget	-10,810	0.0
Reduce: Contract for Family and Caregiver Support Services	-30,960	0.0
Reduce: Child and Adolescent Mental Health Service Care Coordination funds and serve approximately 12 to 15 fewer children	-73,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	86,140	0.0
FY10 CE Recommended	3,304,330	17.3

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 is focused upon providing the least restrictive community-based service that is appropriate to the client's situation. Many of the services provided are alternatives to more traditional mental health services. Psychiatric crisis resources are used to prevent hospitalizations and suicides. Disaster mental health services include crisis management and consultation for disasters and community crises. The Crisis Center coordinates the mental health response during disasters and community critical incidents. During the off-hours (after 5:00 p.m., weekends, and holidays), crisis back-up services are provided for various health and human services needs when the clients' primary service providers are not available.

The Assertive Community Treatment (ACT) Team provided community-based mental health services for those individuals with the highest level of acuity. This service was transitioned to the private/not for profit sector during FY09.

The Public Inebriate Initiative is a pilot program to intervene with those individuals who are drinking on the street. It is comprised of two components. The first is outreach workers who engage these individuals on the street, or in an emergency department. The second component is sobering beds. The beds are available for up to 24 hours with possible transfer to detoxification if available.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	5,149,170	43.1
Decrease Cost: Operating budget for supplies	-19,890	0.0
Shift: Crisis Center - Assertive Community Treatment (ACT) Team	-899,800	-5.5
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-46,090	-1.0
FY10 CE Recommended	4,183,390	36.6

Notes: Miscellaneous adjustment includes one workyear reduction as part of the RIP.

Mental Health Svcs: Seniors & Persons with Disabilities

This program provides mental health services to seniors, persons with developmental disabilities, persons with hearing impairments and individuals in a Psychiatric Crisis. Services include evaluation, treatment, outreach counseling, provider training, caretaker support, and referral services. In addition, this program provides a countywide response to screen uninsured individuals who are at risk of needing publicly funded hospitalization and who present at any of the five local emergency departments. The focus of this program is to provide the least restrictive and most appropriate community disposition possible for these individuals.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	1,934,160	11.0
Replace: Grant Funds with general fund support to cover a grant shortfall in SORT- Senior Mental Health and preserve services for 35 clients	25,430	0.0
Shift: Senior Outreach (SORT)	0	-1.0
Reduce: Services to 15 Hearing Impaired clients	-17,600	0.0
Decrease Cost: Dedicate savings from eliminated contract (Affiliated Sante) to cover the grant shortfall in SORT-Sr. Mental Health	-25,430	0.0
Decrease Cost: Contract for Mental Health Services for Persons with Developmental Disabilities and/or Mental Retardation based on historic actuals	-76,500	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	14,960	0.0
FY10 CE Recommended	1,855,020	10.0

Partner Abuse Services

The Abused Persons Program is a comprehensive domestic violence program that provides community education, crisis intervention, safety planning, legal advocacy, on-going counseling, and emergency shelter to victims and families of partner-related physical abuse. Assessment and counseling are also provided to those who have been abusive towards their partners.

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	3,346,210	18.8
Add: Gudelsky Foundation	15,000	0.0
Decrease Cost: Abolish a vacant Supervisory Therapist Position in the Abused Persons Program (APP)	-100,770	-1.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-2,180	0.0
FY10 CE Recommended	3,258,260	17.8

Service Area Administration

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

FY10 Recommended Changes	Expenditures	WYs
FY09 Approved	601,380	3.9
Decrease Cost: Advertising expenses in BHCS Chief's budget	-6,000	0.0
Decrease Cost: Temporary Services Budget in Behavior Health and Crisis Services	-10,000	0.0
Miscellaneous adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting more than one program	-150	0.0
FY10 CE Recommended	585,230	3.9

Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services
		CC	Approved Appropriation	WY	CC	Approved Appropriation	WY	
Systems Planning & Management	Systems Planning & Management	7,936,207	20.15	8,225,887	18.75	7,514,950	13.75	This program provides overall planning, mgmt. and monitoring of the publicly-funded mental health services for Montgomery Co. to include outpatient, residential, case mgmt., psychiatric and rehabilitative services. Additionally this unit serves as a liaison between the Dept. & the State Mental Hygiene Administration. Funds also provide for specialized, mental health services in Montgomery Co. for adults, children & adolescents, and seniors not provided through the public mental health fee-for-services system. Over 40 direct services contracts are funded through a variety of local mental health providers. Some of these specialized services are also provided by HHS merit staff. Develop and implement a centralized Case Management and Case Load function in Behavioral Health & Crisis Services.
Outpatient Addiction Services	Methadone Treatment Program	224,139	2.00	279,716	2.50	255,905	2.50	Treatment Program for opiate abusers which combines medication as well as counseling as part of its treatment.
Outpatient Addiction Services	Intensive Day & Outpatient Program	3,282,627	27.71	3,345,271	26.92	3,399,885	25.80	Intensive and outpatient program which provide treatment to clients needing these services who have no other means of treatment. This population is multiproblematic and mostly homeless.
Outpatient Addiction Services	Adult Drug Court Program	-	-	89,780	1.00	389,780	1.00	The Adult Drug Court program provides addiction treatment including crisis intervention, assessment, diagnostic evaluation, case management, treatment planning, and direct clinical services including individual, group, and family treatment to clients enrolled in the program. The program also assists with urine collection, ensuring that clients attend AA, NA, and other support group meetings, and coordinating linkage with participants for employment, housing, and other primary healthcare and community based services as needed.
Criminal Justice Behavioral Health Services	Jail Addiction Services	723,665	6.38	558,397	4.73	592,721	4.70	Substance Abuse Treatment Services provided in jail setting. Separate tracks for both men and women.
Criminal Justice Behavioral Health Services	Community Re-entry Services	463,115	3.80	550,863	4.59	568,024	4.59	Linking inmates who are being released with substance abuse and/or mental health services (behavioral health services) within the community.
Criminal Justice Behavioral Health Services	Client Assessment and Triage Services	1,069,999	9.25	1,245,571	9.91	1,308,925	9.91	Screening and evaluation of individuals detained at MCDC for mental health and/or substance abuse problems. Psychiatric Services available as needed.
24-Hour Crisis Center	Assertive Community Treatment Team	1,578,200	13.00	899,806	6.50	-	-	This service was transitioned to the private/not for profit sector during FY09 (12/31/2008). This program provides a full range of community based mental health services to the 10% of the seriously persistently mentally ill population who are most difficult to treat.
24-Hour Crisis Center	24 Hour Crisis Center Services	3,604,877	34.51	3,844,867	33.61	3,790,979	33.61	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers. And, the mobile crisis team supports the 24 hours operations.

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Program Area	Program Title	FY08		FY09		FY10 CE		Description of Services	
		CC	Approved Appropriation	WY	CC	Approved Appropriation	WY		Recommend ed
24-Hour Crisis Center	Public Inebriate Program (Sobering Center)		386,396	4.00	404,495	3.00	392,411	3.00	The Public Inebriation Diversion Initiative is a pilot effort to provide mobile outreach case management services and sobering beds to individuals who are drunk in public. Many of these individuals may also have committed a minor misdemeanor such as trespassing or public urination. This service will be provided by the Department of Health and Human Services (HHS) in conjunction with the Montgomery County Police (MCP) and the municipal police departments. Community partners will include businesses, community associations, local hospitals, regional services centers, the Avery Road Treatment Center for detoxification services, and homeless services providers.
Partner Abuse Services	BAK Center		977,843	-	1,059,843	-	1,068,292	-	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers.
Partner Abuse Services	Victim Counseling & Assistance - Partner Abuse		1,817,542	17.21	2,076,700	17.21	1,909,292	16.20	This program provides ongoing and crisis counseling, shelter, transitional housing, support, and advocacy services to victims and families of partner-related physical abuse. Assessment, counseling, and education are also provided to abusers.
Partner Abuse Services	Abuser Intervention		185,223	1.80	120,967	1.60	195,126	1.60	Assessment counseling and education to abusers.
Partner Abuse Services	Community Education - Partner Abuse		82,907	0.00	88,698	-	85,550	-	Domestic violence education and outreach services
Victims Assistance and Sexual Assault Services	Victim Counseling & Assistance - VASAP		2,406,085	19.41	2,502,295	19.21	2,534,886	18.47	This program provides information, referral, support, crisis, and ongoing counseling services to persons subjected to sexual abuse (exclusive of partner abuse), as well as to persons victimized by crimes in general. A 24-hour outreach effort is provided through volunteer support, and compensation is provided to eligible victims of crime.
Victims Assistance and Sexual Assault Services	Community Education - VASAP		72,550	0.00	84,153	-	85,144	-	Sexual abuse and general crime education and outreach services.
Child & Adolescent Mental Health Services	Child & Adolescent Mental Health Services		1,935,533	17.10	1,919,580	16.05	1,950,780	16.05	Treatment to children who have serious mental health or behavioral problems.
Child & Adolescent Mental Health Services	Community Kids/Care Coordination		1,342,692	1.00	1,353,378	1.25	1,353,550	1.25	This program provides wraparound services and care coordination for children and youth with serious emotional and behavioral disturbances.
Mental Health Services for Seniors & Persons with Disabilities	Mental Health Services for Seniors & Persons w/Disabilities		721,498	2.00	707,457	2.00	644,113	2.00	Program provides mental health services to seniors, persons with developmental disabilities & persons with hearing impairments. Services include evaluation, treatment, outreach counseling, provider training, caretaker support & referral services.
Mental Health Services for Seniors & Persons with Disabilities	Hospital Diversion		1,201,970	9.00	1,226,703	9.00	1,210,907	8.00	The Mental Health Administration (MHA) awarded supplement to existing SORT Grant to Montgomery County Department of Health and Human Services - Core Service Agency for the Hospital Diversion pilot program. The program is to reduce admissions to the State Psychiatric Hospitals by providing community based behavioral health alternatives to inpatient psychiatric care and when necessary to purchase inpatient care at private psychiatric hospitals for uninsured persons presenting for inpatient psychiatric admission at MC Emergency Departments

Program Area	Program Title	FY08 CC Approved Appropriation		FY09 CC Approved Appropriation		FY10 CE, Recommended		Description of Services
		WY	WY	WY	WY	WY	WY	
Behavioral Health Specialty Services	Behavioral Health Specialty Services	2,753,727	24.20	2,786,708	22.50	2,763,240	21.50	Includes the Adult BH program and Access to BH Care program. The Adult BH program provides MH services to MC residents unable to receive Public MH system services or the level of care necessary in order to stabilize their illness. Provides services to LEP client and those with specialized cultural and language needs. The Access to BH Care program provides screening, assessment, and linkage for MC residents, of all ages, seeking BH services, addictions services, MH services, or services to individuals with a co-occurring disorder.
Behavioral Health Community Support Services	Urine Monitoring Program	521,356	1.20	618,811	3.10	590,648	3.10	Collection of random and routine urine specimens for drug testing for both in-house clients as well as contractor clients. Reporting of results.
Behavioral Health Community Support Services	Community Case Management Services	2,282,415	21.00	4,255,169	19.29	4,061,515	18.40	Case Management Services, targeted case management and services to substance abusing women.
Behavioral Health Community Support Services	Program Monitoring Unit/Addictions Contracts	4,571,502	0.00	2,889,918	-	2,758,397		In-house unit that provides information and coordinates referrals to contract services within the County continuum of services.



Testimony for Montgomery County Council on the 2010 Budget
Esther Kaleko-Kravitz, Executive Director of NAMI Montgomery
County
April 15, 2009

Good afternoon President Andrews and members of the Montgomery County Council. My name is Esther Kaleko-Kravitz and I am the Executive Director of NAMI (National Alliance on Mental Illness) of Montgomery County. NAMI Montgomery County is also a member of the Safety Net Coalition, as well as the St. Mark Coalition—both formed to deal with protection of the most vulnerable residents in the county—that include the mentally ill and the homeless.

We realize that there are many challenges and difficult decisions in finalizing an FY 10 budget, and we are appreciative that many of the items needed to protect the most vulnerable have not been cut. NAMI is a human service provider that serves the community by offering educational programs, support groups and advocacy with no charge for any of its programs. We are a unique part of the safety net, and are feeling the demands that a tough economy places on the County Executive and the County Council as well as the non-profits that provide services to the community.

We have received more calls about classes, referrals and resources in the last six months than ever before. In particular, we have received a large number of calls from the Latino population. We offer classes such as Family-to-Family, in Spanish as well as a Spanish Helpline, and referrals and support groups in Spanish. As you all know, the Latino population in Montgomery County is growing to over 200,000 people—many who are newly-arrived immigrants. These people face the same statistics of one out of four families has a relative with mental illness as the rest of the population faces. However, there are fewer services available to them, and especially for free.

The last time I testified before you I asked you to imagine a world where the vulnerable chronically mentally ill and their families were able to take care of themselves. Keeping the safety net in tact would help achieve a small part of that goal. We thank you in advance for considering that in your budget process and in balancing the needs of Montgomery County residents.



11600 Nebel Street
 Rockville, Maryland 20852-2554
 301.984.5777 • FAX 301.816.2429 • TTY 301.881.1548
 www.arcmontmd.org • E-MAIL: info@arcmontmd.org

Supporting persons
 with mental retardation
 and related developmental disabilities
 and their families

MHS
 Grants
 LAM
 Yao

Testimony before the Montgomery County Council
Monday, April 30, 2009
Ellen Widoff
Director of Children's Services

My name is Ellen Widoff and I am the Director of Children's Services for The Arc of Montgomery County. I'm here to thank the county for supporting the funding for a playground module to be used by over 114 children **daily** and the community. This equipment is adjacent to two of our largest programs: **MPAC**, our special education preschool for children with multiple developmental delays and autism and **The Karasik Center**, our child care and after school program.

Mental Health

This piece of equipment is **not just about play and outdoor recreational opportunities**, although **socialization** is important to **mental health** and overall well being and can help a child be more self-sufficient, confident, develop self esteem, and increase language skills. Physical activity is an excellent outlet for physical energy and increases a child's ability to cope with stress and anxiety.

Physical Health

It's not just a **cost effective means of preventing secondary health conditions** such as obesity and diabetes, resulting from low levels of fitness. The May issue of the Journal of the American Academy of Pediatrics, states that 18% of children and adolescents in the United States have a chronic condition or disability, **but opportunities for their participation in fitness and activity programs are limited and more restricted**. Children with disabilities have lower levels of cardio respiratory fitness, lower levels of muscular endurance and muscular strength, higher levels of body fat and higher rates of obesity than typical children. In 2004 the United States Department of Health and Human Services indicated that one of their main goals is to **"improve the health of the six million American children who have disabilities by encouraging increased physical activity."**

Cognitive Development

Lastly, for our classroom teachers and therapists, this equipment provides the children with opportunities to develop **balance, eye-hand and eye foot coordination, enhance sensory motor integration, and perceptual motor development**. All prerequisites to cognitive thinking and reading readiness.

I would like to thank the county for their forward thinking and their understanding that this investment repays itself many times with improved health, fitness, and social, emotional and cognitive development of one of our counties most vulnerable populations.



Children's Services 301.593.3797 FAX 301.593.1340	Family & Community Resources 301.984.5777 FAX 301.816.2429	Community Affairs 301.984.5777 FAX 301.816.2429	Residential Services 301.984.5781 FAX 301.816.2429	Transportation Services 301.439.5365 FAX 301.439.0912	Vocational Services 301.294.6840 FAX 301.294.0669
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Montgomery County Alcohol and Other Drug Abuse Advisory Council

FY 2010 County Council Operating Budget Hearings

April 13-17, 2009

OVERVIEW

The Alcohol and Other Drug Abuse Advisory Council (AODAAC) consists of community representatives who come together to offer guidance to the County Executive and the County Council in identifying alcohol and other drug policy and budget allocations. As of FY 05, the AODAAC was also designated as Montgomery County's State Local Drug and Alcohol Advisory Council which collaborates with the Maryland State Drug & Alcohol Abuse Council to identify available funding sources and review the County's Strategic Plan on Alcohol and Drug Abuse. On January 8, 2009, the AODAAC invited the public to a forum to share their thoughts and concerns in regards to substance abuse prevention, intervention, treatment, and legislation in the County. Some of the themes discussed at this forum are presented below.

BUDGET PRIORITIES

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

We want to voice our appreciation for the commitment shown in maintaining current funding levels for the continuum of services and supports to date. We also want to caution that any cuts in funding at this time will seriously compromise current services and supports, and could well harm the community at large. Simply put, the current continuum is operating at a floor that cannot absorb any reductions.

- It is important to note that for every \$1.00 that goes into treatment, the public saves \$7.00 in health care and criminal justice related costs. (1994 CALDATA Study)

Maintain Current Level of Outpatient Adolescent Substance Abuse Treatment

These are contracted services and the contracts have gone out to bid. The budgeted amount for these contracts has remained fixed, except for several 1% or 2% inflationary adjustments, over the past 8 years. With new contracts being solicited, the non-profits are requesting a substantial increase in funding just to *maintain the same level of services*. Currently we are funding 200 adolescent treatment slots county-wide, which is a small number for a county this large. We are requesting \$100,000 in order to simply maintain the current 200 outpatient substance treatment slots for adolescents.

- Solid research shows that alternatives to incarceration, such as mental health and substance abuse treatment, and effective after care, are supports through which adolescents can get their lives back on track. The use of scientifically proven interventions in the community with juvenile offenders reduces recidivism by 38 percent and saves \$10 for every taxpayer dollar spent. (Rehabilitating Juvenile Offenders. The MacArthur Foundation)

Restore Partial Funding of \$5,360 for the "Under 21 Grant" Program

Restoring the grant amount in FY10 to \$50,000, an increase of only \$5,360, will support grants to approximately eight (8) new youth orientated organizations, expand the reach of substance abuse prevention in the County and/or maintain the current high quality of activities for youth. The "Under 21 Grant" provides funding of up to \$1500 per grant to small organizations or programs that provide a variety of clubs/activities for youth. Grantees are required to show matching funds of thirty percent (30%). In FY09, thirty-four (34) programs were funded; reaching approximately 14,940 Montgomery County youth, many who are considered at-risk. All programs offer a main activity as well as a substance abuse prevention education component in order to prevent the early initiation and consequences of alcohol and drug use as well as provide alternatives for at-risk youth who are most likely to engage in non-productive, risky and/or illegal behavior in the community or at home.

Support Relocation of Outpatient Addiction Services

- Clients will have better access to public transportation.
- Move out of a residential neighborhood.
- Availability of evening public transportation for Drug Court clients.

POLICY PRIORITIES

LOCAL INITIATIVES

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

1) Increase county pricing on alcoholic beverages.

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

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

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

STATE INITIATIVES

IN OUR ROLE AS THE STATE-MANDATED LOCAL DRUG AND ALCOHOL ABUSE COUNCIL, THE AODAAC RECOMMENDS A STATE TAX INCREASE ON ALCOHOLIC BEVERAGE PRODUCTS FOR THE PURPOSE OF REDUCING CONSUMPTION BY UNDERAGE YOUTH AND TO FUND LOCAL ALCOHOL AND DRUG PREVENTION AND TREATMENT PROGRAMS.

Current funding for the continuum of addiction treatment services consists of Federal, State, and locally generated dollars. Over the past two years efforts to increase the tax on sales of alcohol at the state level have failed. An article in the Baltimore Sun, December 30, 2007 by Bradley Olson stated that taxes have not increased since 1955 in the case of alcohol, and 1972 for beer and wine. The article went on to say that "a survey last year commissioned by the Baltimore chapter of the Open Society Institute found that of 1,214 likely Maryland voters more than two-thirds of those support increasing alcohol taxes to support funding for alcohol and drug treatment." Alcohol taxes were once intended to keep prices high enough to deter excessive use. However, these taxes have not kept pace with general inflation, and the real price of beer has actually dropped in the past 30 years. The five states with the highest beer taxes have significantly lower rates of teen binge drinking than the states with the lowest taxes. **MARYLAND IS RANKED 8TH LOWEST IN THE COUNTRY!** (*Join Together – Advancing Effective Alcohol and Drug Policy, Prevention, and Treatment. Raise Alcohol Taxes*)

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Testimony on the FY10 Operating Budget
Before the Montgomery County Council
By: Mental Health Association of Montgomery County
Submitted by: Carla Satinsky, VP Mental Health Association Board of
Directors and Chair, Government Affairs Committee
and Sharon E. Friedman, LCSW-C, Executive Director
April 15, 2009

On behalf of the Board of Directors, staff, volunteers and clients of Mental Health Association of Montgomery County (MHA), I would like to thank the County Executive and the County Council for their longstanding support of this community's mental wellness and of MHA. The County has been a vital partner in our work and in the success of our programming - for that we thank you.

As many of you know, MHA has served this community for over 50 years providing mental health education, advocacy and direct service programming for the most in need as well as the community-at-large. MHA has been responsive to the complex and ever-changing mental health needs of this community. We are always working to ensure that we are neither recreating nor unnecessarily duplicating efforts and that we are leveraging funds with private dollars and volunteer dedication when possible. In fact, MHA has consolidated and ended programs to ensure we run an effective and efficient nonprofit with a high standard of accountability.

We have adapted our array of existing programs and begun others as this community has changed, especially with regard to cultural diversity. As in years past, MHA's programs served thousands of clients this year -

approximately 53.5% of which were Hispanic/Latino, 25% of which were African American, 16.5% were Caucasian, 2% were Asian/Pacific Islander and 3% were Biracial or identified as "other".

Even as we all work to ensure that somatic healthcare needs are addressed, we must not forget about the mental health needs of this diverse community. We at MHA know the complexity of this community's mental health and social service needs and understand the constraints of the fiscal times. So, when we stand before you we come to you already 'lean and mean'. Any additional cuts will directly impact services delivered to clients as well as the organization's ability to meet the increasing community needs. At the same time that public funding continues to be challenged, we are highly impacted by decreases in private funding that in the past we have used to leverage county contracts. Even as we do all that we can to tighten our belts even further, the need is increasing.

As just one example, in MHA's HOPES program (Hotline, Outreach and Programming for Emotional Support) hotline calls were up 50% in the second quarter of this fiscal year as compared to the first quarter of the year. They offered three times as many suicide assessments in January of 2009 as compared to January of 2008. Twelve percent of callers are calling in with financial distress, an issue that didn't register at even 1% in prior years. We have and will continue to provide additional services at no

additional costs, but we are challenged even more than in years past to do more with less.

And so, we continue to be grateful to the County Executive and the County Council for supporting our programs. While we are appreciative that across the board cuts which would be devastating to our programs and services were not in the County Executive's proposed budget, we are concerned about the Linkages to Learning cut which will impact the most vulnerable families among us. We know that the current fiscal times require cuts, not additions, but this is an important area to review.

We are also thankful to the County Executive for maintaining the funding of the Military Helpline and ask that the County Council approve that funding. Just as with our other programs and services, these challenging fiscal times bring with them increased need in special populations, including the veterans and their families served by the Helpline. For these special populations and for all of Montgomery County's residents, we are part of the safety net of this community. As such, we support the testimony being offered by the Safety Net Coalition as well.

Finally, even as we think about the clients we serve we must not forget about the mental health and social service nonprofit workforce, the MHA workforce. Our employees are extraordinarily dedicated, dynamic people. They are both reflective of this diverse community- 43.4% of MHA's staff members are Black/African American, Latino/Hispanic, Asian, or Two or

more races (not Hispanic or Latino) - and part of this community. We need to keep them where they are, doing vital work for Montgomery County's residents.

Thank you for your continued dedication to this community and thank you in advance for your careful consideration of these important issues.

Managing Life's Challenges



Mental health is an essential part of each person's overall health and wellness. At times, we all face challenges that test us and put our mental health at risk. When our mental health is poor, it can affect our entire body and play a role in the development of other health issues. For example, when stress doesn't let up and isn't managed, it can harm your health and well-being.

About Stress

Everyone feels stress. In small doses, stress may be good for you when it gives you a burst of energy. But too much stress or stress that lasts for a long time can take its toll on your body. Stress can make you feel run down, sad, nervous, angry or irritable. It can cause headaches, muscle tension, upset stomach, nausea, dizziness or feelings of despair, and may cause you to eat more or eat less than normal.

In the long-term, stress can raise your risk of high cholesterol, heart disease, diabetes and reproductive problems and weaken your body's ability to fight disease. It can also raise your risk of depression, which may in turn contribute to heart disease and diabetes. In addition, stress can make it harder for you to recover from a heart attack or keep your diabetes in check. So managing your stress is very important. Take a look at the ideas below for healthy suggestions on reducing your stress.

Healthy Ideas to Manage Life's Challenges

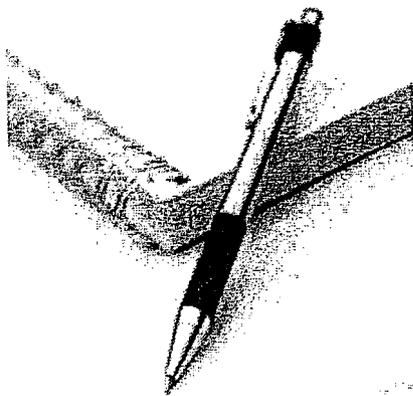
When we're trying to manage life's stressors, how we deal with these challenges can positively or negatively impact our mental health and our overall health and well-being. Finding healthy ways to manage life's challenges can lower the risk of mental health and other health problems and help you feel better overall. Here are some ideas to think about.

- ☉ **Relax your mind.** Each person has his or her own ways to relax. You can relax by listening to soothing music, reading a book or doing a quiet activity. Also think about deep breathing, yoga, meditation or massage therapy.

- ☉ **Exercise.** Exercising relieves your tense muscles, improves your mood and sleep, and increases your energy and strength. In fact, researchers say that exercise eases symptoms of anxiety and depression. You may not even need to exercise intensely to get the benefits of activity. Try taking a brisk walk or use a stationary bike. See what it takes for you to feel better.
- ☉ **Connect with others.** You don't have to cope with stress or other issues on your own. Talking to a trusted friend, family member, support group or counselor can make you feel better. Spending time with positive, loving people you care about and trust can ease stress and improve your mood.
- ☉ **Get enough rest.** Getting enough sleep helps you recover from the stresses of the day. Try to get seven to nine hours of sleep every night. Visit the Sleep Foundation at www.sleepfoundation.org for tips on getting a better night's sleep.
- ☉ **Help others.** Helping others builds social networks, improves self-esteem and can give you a sense of purpose and achievement.
- ☉ **Know your limits.** Let others know them, too. If you're overwhelmed at home or work, or with friends,



learn how to say "no." It may feel uncomfortable at first, so practice saying "no" with the people you trust most.



- **Keep a journal.**
Writing down

your thoughts can be a great way to work through issues. Some researchers have reported that writing about painful events can reduce stress and improve health. You can also track your sleep to help you identify any triggers that make you feel more anxious.

- **Watch your negative self-talk.** Try not to put yourself down. For example, if you don't make it to the gym this week, don't call yourself lazy. Instead think about the specific factor that may have kept you from going to the gym. "I wasn't able to work out because I had to work late hours this week, but next week, I'll make it a priority to go." The problem is temporary and can be overcome.

- **Get involved in spiritual activities.** Studies have shown that religious involvement and spirituality are associated with better health outcomes, such as greater coping skills, less anxiety and a lower risk of depression. Spirituality may provide a sense of hope, meaning and purpose in life, a way to understand suffering and illness, and a connection with others. Religious and spiritual practices, such as prayer and meditation, can evoke positive emotions that can lead to better health.

- **Write down three good things that happen to you each day for a week.** Also write down why each good thing happened. Thinking about the good things in your life and expressing gratitude may actually help you feel happier.

Remember, it's OK to ask for help. If you feel overwhelmed or unable to cope, consider contacting a mental health professional.

For a referral to local services, contact your local Mental Health America affiliate or the Mental Health America national office at 1-800-969-6642. You can also visit www.mentalhealthamerica.net. If you're in a crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

De-Stress Through Deep Breathing

Deep breathing is a great way to de-stress. It actually changes your brain's chemical balance to calm you down. Here's how to do it:

1. Lie down or sit on the floor or in a chair.
2. Rest your hands on your stomach.
3. Slowly count to four and inhale through your nose. Feel your stomach rise. Hold it for a second.
4. Slowly count to four while you exhale through your mouth. To control how fast you exhale, purse your lips like you're going to whistle. Your stomach will slowly fall.
5. Do this a few times.



Your Leading Mental Health Resource

1800 Twinbrook Parkway, Rockville, MD 20851
301.424.6656 • www.mhanc.org





Your Leading Mental Health Resource

1200 Twinbrook Parkway, Rockville, MD 20851
301.424.0656 • www.mhamc.org

MHA: The Facts

The Facts: Montgomery County Hotline

The # of suicide calls/assessments requested of the Hotline was up 50% in the 2nd quarter of FY09 (October-December 2008 – 93 Calls) vs. the 1st quarter of FY09 (July-September 2008 – 51 Calls)

In January of 2009 (40 suicide assessments) the Hotline did 3 times as many suicide assessments as were offered in January of 2008. (14 suicide assessments).

General Call Volume to the Hotline (including calls for referrals to therapy, housing assistance, employment services) is up by over 500 calls for the same quarter of last year - October 1, 2007 -December 31, 2007 (4070 calls) compared to October 1, 2008 - December 31, 2008 (4615 calls).

12 percent of callers are dialing in with great financial distress and in need of resources to help them in these difficult times. Financial distress did not register as a major issue before about July of 2008 which means less than 1 percent of callers mentioned it as one of the main reasons for being in crisis...thus the 12 percent is a significant recent increase.

Some Scenarios: Montgomery County Hotline

A recent college graduate was overwhelmed with bills to pay, multiple rejections for job opportunities, and no apparent social support network - all of this added to a history of severe depression. He was thinking of ending his life when he called the Hotline for assistance. He indicated that he never thought he would try to access a Hotline.

An individual with strong involvement on behalf of Montgomery County had lost his job. He was experiencing panic attacks. With the prospect of no job in sight he was also becoming depressed. He called the Hotline for assistance.

A number of individuals who deal with chronic mental illness have been calling the Hotline....they are tremendously scared because they live with the assistance of monies that families have invested in the stock market...They are worried about how they will take care of themselves financially.

Many people are calling the Hotline because they are being evicted or are losing their homes...many calls for shelter.

The Facts: N*COMMON

Clients that are being seen in the Mental Health Associations' N*COMMON program (mental health services for new immigrants) are indicating they have lost employment within the previous year or their number of work hours has been scaled back by employers. In some cases individuals have had to increase their number of work hours to stay afloat. Some clients have indicated they must postpone needed mental health treatment because their work schedules are so full they cannot find the time to attend therapy sessions. Economic hardship is also a common theme throughout therapy session.

The Facts: Kensington Wheaton Youth Services

More and more families are exhibiting the anxiety and depression associated with poor economic trends and the lack of monies to help meet basic client needs. Poor economic trends include higher numbers of evicted (or foreclosed) clients then ever before and sudden increases in unemployment, which leads to many clients having their water/electricity/gas turned off.

A Scenario: Kensington Wheaton Youth Services

A client walked into the Kensington Wheaton Youth Services (KWYS) office with a \$4,000 unpaid electric bill. Every possible extension had been requested. The client could not catch up fast enough to prevent a shutoff. As part of KWYS case management services, the client received referrals to every available financial resource in Montgomery County, as well as limited financial assistance from KWYS. The money and referrals that KWYS was able to provide her with were not enough to prevent the shutoff of her electricity in an ongoing way. Every week KWYS receives at least one new case of a family in the same situation.

The Facts: Adult Homeless Mental Health Services

Many of the program's clients who receive Social Security benefits, are not seeing the small increase in benefits meet the increase in prices to meet basic needs (clothing, shelter and particularly FOOD!). Many of the clients are faced with making difficult choices between what bills to pay versus what medication or food to buy.

Resources:

Montgomery County Hotline	301-738-2255
National Suicide Prevention Lifeline	1-800-273-TALK (8255)
Mental Health Association	301-424-0656

FACT SHEET

United Way #8151/CFC #88462

Mental Health Association of Montgomery County (MHA) promotes mental wellness and supports those with mental illness by sponsoring and implementing advocacy, education and direct service programs. A private, nonprofit, United Way (#8151) and CFC (#88462) agency, MHA has served Montgomery County residents for over 50 years. MHA currently manages 11 major direct service programs for children, teens, families, senior adults and individuals with long-term mental illness. Over 1,000 volunteers implement programs under the direction of MHA's professional staff.

Education & Advocacy are the primary missions of Mental Health Association. MHA's Board of Directors, staff and volunteers initiate and serve on numerous committees, task forces and coalitions to help assure better mental health services for area residents. MHA offers mental health literature, mental wellness screenings, newsletters, legislative briefings, advocacy alerts, community education events and affordable, timely continuing education seminars. MHA also offers Kids on the Block educational puppet troupe performances.**

Direct Service Programs

ADULT HOMELESS MENTAL HEALTH SERVICES offers case management and ongoing assistance to formerly homeless adults who are living independently through Shelter Plus Care and New Neighbors programming. Shelter Plus Care is a tenant-based, permanent, supportive housing program providing individual apartment units. New Neighbors is a sponsor-based, permanent supportive housing program offering either apartment or shared housing options. Clients are helped to achieve and maintain self-sufficiency. Outreach and case management services are provided at the Lord's Table soup kitchen in Gaithersburg.

BRIDGES TO PALS offers support to children and adolescents in foster care, as well as other "at-risk" children, through a one-on-one relationship with a caring, responsible mentor. The program helps youth develop a strong sense of self worth and strengthens their ability to interact with others in positive ways, including building trusting relationships.**

FAMILIES FOREMOST CENTER (FFC) provides free, comprehensive services for pregnant women and parents with young children (less than four years of age). Services include: adult education (ABE/GED/ESOL) classes, in-home intervention services, parent education classes, computer literacy classes, health education classes, employment readiness classes, developmental infant and toddler programs, parent-child activities, family literacy activities, Reading is Fundamental, peer support and case management. The Center is located at 1109 Spring Street, Suite 300 in Silver Spring, (301) 585-3424. FFC also offers the Mothers Offering Maternal Support (MOMS) program, which provides mentoring services, support groups and educational sessions to pregnant and parenting young women between the ages of 12-24. MOMS operates at the Twinbrook Parkway offices.**



MHA is an affiliate of Mental Health America (formerly National Mental Health Association) and Mental Health Association of Maryland (MHAM).

MHA coordinates the local Mental Health America Campaign for America's Mental Health.

Visit our website at www.mhamc.org

** Denotes volunteer opportunities

FRIENDLY VISITOR PROGRAM

offers friendship and support to home-bound elderly individuals who are isolated and lonely due to physical or emotional concerns. Each client is matched with a trained volunteer who has similar interests. Friendly Visitor provides access to resources and advocates for a healthy and safe environment so that clients may remain in the community as long as possible. Each friendship is very unique, and both clients' and volunteers' lives are enriched by the relationship.**

HOPES (Hotline, Outreach & Programming for Emotional Support)

seeks to increase community awareness and opportunities to make a difference in the lives of people touched by mental illness. Services include: The Montgomery County Hotline which is a free, confidential 24-hour hotline offering crisis & suicide intervention/prevention and postvention, information, and referral and supportive listening; "Red Flags" which is a depression and suicide awareness education program that serves middle and high schools throughout the county; Mental Health First Aid which is a 12-hour training course that educates the community on accessing services for someone experiencing a mental health

Continued on back

issue; and Specialized Information and Referral Services which currently focuses on providing information and referrals to veterans, active military and their family members.**

KENSINGTON WHEATON YOUTH SERVICES (KWYS) serves youth and families in the Einstein, Kennedy and Wheaton Montgomery County Public Schools cluster communities. KWYS offers short-term counseling and community- and school-based workshops for those experiencing difficulties in their daily lives and seeks to prevent more serious personal, family or community problems. Additionally, KWYS offers assorted youth development services, such as therapeutic recreation and after-school programming. KWYS, in collaboration with the Montgomery County Department of Health and Human Services, Montgomery County Public Schools and other nonprofit organizations, provides Linkages to Learning services at school sites to “at risk” children and families to improve performance in school, at home and in the community. KWYS is located at 3950 Ferrara Drive in Wheaton. (301) 933-2818.**

**Denotes volunteer opportunities

Community Partnerships

Many of MHA's programs and special services are collaborations with Montgomery County Department of Health and Human Services, Montgomery County Public Schools, Housing Opportunities Commission of Montgomery County, other Montgomery County agencies, several Maryland state agencies and various private organizations.

MENTAL HEALTH CRISIS PREPAREDNESS AND RESPONSE efforts are provided by MHA in collaboration with the Montgomery County Department of Health and Human Services, its Crisis Center, and Montgomery County Public Schools. As a partner in this endeavor, MHA coordinates the Volunteer Mental Health Crisis Response Corps, a group of mental health professional volunteers who are trained for and are available to respond to community crises. In addition, MHA maintains stock of crisis-related, psycho-educational materials available to the public.

MONTGOMERY COUNTY THRIFT SHOP is managed in cooperation with four other Montgomery County nonprofit agencies. A percentage of the proceeds supports MHA. The shop is located at 7215 Wisconsin Avenue, Bethesda, (301) 654-0063. **

WIDOWED PERSONS SERVICE offers support to newly widowed men and women as they adjust to their new status and rebuild their lives. Support comes through outreach volunteers and a monthly newsletter. Call (301) 949-7398 for more information.

N*COMMON (New Capacity & Outreach for Multicultural Mental Health Opportunities Now) seeks to forge common bonds of mental wellness across our community through services that are culturally and linguistically responsive to Montgomery County's diverse residents. N*COMMON creates internship opportunities for culturally and linguistically competent individuals to work in the human services field through placements at MHA as well as other public and nonprofit agencies in the county. N*COMMON also offers multicultural educational opportunities for mental health and human services professionals serving our community. In addition, N*COMMON provides prevention and intervention mental health clinical services (individual, group and family therapy) to diverse clients unable to afford treatment. Currently, the focus of the clinical program is on low-income, uninsured, newly-arrived immigrant children, youth and families who are referred by MHA programs and other partner agencies.

PETS ON WHEELS links pet owners and their pets to lonely and isolated residents in nursing homes, assisted living facilities, and hospitals, as well as attendees at adult day centers and hospice patients. The program “licks loneliness” through the unconditional love of animals. It enriches the lives of both residents and trained volunteers through regular visits which offer social engagement and companionship. Animals are screened for appropriateness.**

REPRESENTATIVE PAYEE PROGRAM provides financial supervision for low income Montgomery County adults who receive a government benefit that they are unable to manage because of a physical or mental disability. Each program client is matched with a volunteer who manages the monthly benefit for the client. The Representative Payee Program is an AARP Foundation Money Management Program. The AARP Foundation is AARP's Affiliated Charity.**

TRANSPORTATION SERVICE transports Springfield Hospital Center patients to and from Montgomery County to prepare to return home and for medical appointments, job searches, visiting and participation in private agency programs.

VOICES VS VIOLENCE (VVV) works to ensure safe lives for youth and families by bringing together diverse segments of the community to foster attitudes and behaviors that prevent and reduce violence in our homes, families, schools, communities and workplaces. VVV offers presentations to parents, youth, community members, and professionals on bullying prevention, anger/stress management, youth violence prevention, and family communication. In addition to violence prevention workshops, VVV offers the Voices2Empower (V2E) Initiative, a 10-week psychoeducational program for 12-18 year olds who are first time or repeat misdemeanor offenders.**

Special Services

MHA CONSULTING SERVICE offers organizations consultation in various areas of MHA's expertise, including workforce mental wellness programming, organizational collaboration, event partnership and coordination, nonprofit management and school-linked mental health education.

OPERATION SANTA CLAUS is a project administered completely by volunteers. Volunteers assemble holiday packs of donated items for patients with mental illness at Springfield State Hospital and Montgomery General Hospital who would not otherwise receive gifts. Individuals, businesses and community organizations donate new personal care items and make financial contributions year-round for this project.**

PLACES FOR PEOPLE, LLC, a wholly owned subsidiary of Mental Health Association, administers housing for formerly homeless individuals who have serious mental illness. Ongoing case management services are provided for all clients. Call (301) 424-0656, x506 or x518 for more information.





Testimony for County Council on February 3, 2009

My name is Esther Kaleko-Kravitz and I am the Executive Director of NAMI (the National Alliance on Mental Illness) of Montgomery County.

I would like you to
Imagine...

- a world where there are no homeless people with mental illness wandering the streets
- where the jails are not filled with inmates with serious mental illnesses
- where people without insurance or on Medicaid could get timely, excellent services
- where there would be enough affordable housing for people with serious mental illnesses
- where diagnoses would be treated appropriately for all
- where there is no stigma about mental illness
- where individuals and/or their families can afford their medications

Am I asking for a miracle, or are many of these issues solvable with the proper integrated community services? If funding is cut for these services, even the baseline that we barely hold on to would be threatened.

We at NAMI MC offer free evidence-based courses such as Family-to-Family in English and Spanish, Peer-to-Peer, a course for consumers to aid with their recovery, In Our Own Voice, an interactive video presentation to de-stigmatize mental illness in the community and more. These courses have been studied and are proven to help individuals with serious mental illnesses and their family members or caregivers.

It is important that the County Council and the County Executive do not allow funding to the mental health community to be cut. I would urge all of you to negotiate about budget reductions in a systematic way to communicate with public and private systems about such cuts. We have been receiving more calls since the economic downturn as financial problems, foreclosures, lost jobs cause a great deal of anxiety in people, which often triggers more serious mental illnesses

Please focus on the fact that evidence-based programs bring a great deal of positive good to the participants. There should be no consideration of cutting these programs that bring positive results to the consumers, their families and the county at large.

As an organization, we will try to look internally for ways of addressing cuts. We do not know the extensive information that is needed to suggest system-wide cuts for other public or private institutions. We are a member of a safety net coalition whose priority is to protect the most vulnerable Montgomery County residents by prioritizing and holding harmless safety net services. I am aware that difficult budget decisions need to be made, and I hope that programs for the most vulnerable population will be the last programs to be cut, as these people are the most defenseless.

Testimony of Craig Knoll
To the Montgomery County Council

On Behalf of Threshold Services
1398 Lambertson Drive, Silver Spring, MD 20902

February 3, 2009

Mr. President and Members of the County Council, I am Craig Knoll, Executive Director of Threshold Services, which provides treatment, rehabilitation and housing for 850 people with major mental illness or co-occurring substance use disorders and major mental illness at nine locations, all of which are in Montgomery County.

As you consider ways to reduce next year's budget, I have no doubt that you will want to protect the most vulnerable Montgomery County residents by prioritizing and holding harmless safety net services. You will also want them to receive the most effective services possible.

President Obama said in his inaugural address that the test of whether a government-funded program should be cut or kept is, "Does it work?" In health and human services, there are two ways to know that a program works. One is by measuring outcomes. The other is by implementation of evidence-based practices.

Evidence-based practices have three characteristics. First, they have demonstrated positive outcomes in multiple research studies. Second, detailed descriptions of them have been published, so they can be replicated. Third, a valid means of measuring the extent to which a program faithfully replicates the practice has been published for administration by knowledgeable reviewers. If a practice has demonstrated positive outcomes in multiple research studies, and it is faithfully replicated, that constitutes reliable evidence that what a program is doing works.

In behavioral health, the United States Substance Abuse and Mental Health Services Administration (SAMHSA) has acknowledged six practices that have all three of those characteristics, such as Integrated Dual Disorders Treatment, Family Psychoeducation, Supported Employment, and Assertive Community Treatment. There also are practices that have those characteristics, but which have not yet been formally acknowledged by SAMHSA, such as Dialectical Behavior Therapy and Social Skills Training for People with Schizophrenia.

Recently, a representative of the Behavioral Health Work Area of the Montgomery County Department of Health and Human Services stated at a Provider Council meeting that they are considering development of a report card for service providers. That is a good idea, and funding decisions should be related to passing marks. Passing marks should require utilization of evidence-based practices, as well as demonstration of positive outcomes. The report card also should take into account the common features of

the evidence based practices acknowledged by SAMHSA, such as consumer empowerment, recovery orientation, and service delivery in people's own environments.

Outcome measurement is the other indicator that a program works. It is important to note that all of SAMHSA's evidence-based practice tool kits define outcomes in terms of improvements in clients' life status, such as stable housing, employment, relationships, and avoidance of events such as incarceration or hospitalization. That is because, in behavioral health, recovery is not the complete absence of symptoms; it is the recovery of a person's life, a life of one's own choosing, with things like a home, a job, and friends. Recovery is a process, in which hope emerges and lives unfold.

County Government makes a substantial investment in health and human services. All investors require a return on their investment. For investors in health and human services, that return consists of concrete, observable improvements in the quality of life for targeted populations and the community as a whole, which evidence-based practices produce. Furthermore, when investments are made in effective services, the total long term cost of services declines, because people recover. By implementing evidence-based practices, service providers produce the return on investment that County Government requires.

So, as you consider what to keep and what to cut, and how best to serve the most vulnerable among us, may I suggest that you ask what outcomes programs produce, and whether or not there is a substantial body of empirical evidence to support what they do?

Thank you.