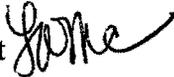


HHS COMMITTEE #2
April 24, 2014

MEMORANDUM

April 23, 2014

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession: FY15 Operating Budget - Department of Health and Human Services: Behavioral Health and Crisis Services**

Those expected for this worksession:

Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Dr. Raymond Crowel, Chief, DHHS Behavioral Health and Crisis Services
Stuart Venzke, DHHS Chief Operating Officer
Patty Stromberg, DHHS Management and Budget
Rachel Silberman, Office of Management and Budget

Behavioral Health and Crisis Services

Excerpts from the County Executive's Recommended Budget for Behavioral Health and Crisis Services are attached at ©1-5.

Background Information – Testimony from the Mental health Advisory Committee and Commission on Children and Youth

1. Mental Health Advisory Committee

Testimony from the Mental Health Advisory Committee is attached at ©6-7.

The Advisory Committee highlights the Executive's recommended increase but notes that from 2009 to present BHCS has had budget cuts in excess of \$3 million and requests additional funding. The Committee says that Medicaid coverage or coverage through the Maryland Health Exchange will not guarantee access to care or providers and some policies have very high

deductibles. There will also continue to be uninsured in need of care. The Committee also requests additional funding for psychiatric services for current and new consumers. The Committee says that the shortage of psychiatrists was a shared concern among the Department of Health and Human Services' boards, committees, and commissions.

2. Commission on Children and Youth

Testimony from the Commission on Children and Youth is attached at ©8-8a.

The Commission notes that the school-aged population is growing and so are its economic gap and its ethnic diversity which continues to impact schools, health, and mental health care, food assistance, out of school time programs, access to higher education, and the number of children entering school as English Language Learners. The Commission says there is an urgent need for additional bilingual, culturally competent child and adolescent mental health providers.

Behavioral Health and Crisis Services FY15 Budget Overview

For FY15, the Executive is recommending funding of \$40,524,790 for Behavioral Health and Crisis Services (BHCS). This is a 2.7% increase from the FY14 approved budget of \$39,447,338 for this service area. The following table shows budget trends since FY11.

Behavioral Health and Crisis Services Expenditures in \$000's	FY11 Budget	FY12 Budget	FY13 Budget	FY14 Budget	FY15 Rec	Change FY14-15
Behavioral Health Planning and Management	7,898	9,139	9,019	7,820	7,674	-1.9%
Access to Behavioral Health	2,502	2,433	3,303	3,213	3,566	11.0%
Treatment Services Administration	6,942	6,438	2,762	5,591	5,664	1.3%
Forensic Services - Adult	2,484	2,403	1,988	2,062	2,329	12.9%
Outpatient Behavioral Health Services - Adult	3,868	3,835	3,326	3,127	2,929	-6.3%
Outpatient Behavioral Health Services - Child	3,078	2,962	5,573	5,489	5,542	1.0%
Trauma Services	2,595	4,853	4,782	4,660	4,755	2.0%
24-Hour Crisis Center	4,154	3,987	4,252	3,997	4,254	6.4%
Seniors/Persons w Disabilities Mental Hlth Services	627	609	675	763	760	-0.4%
Abused Persons Program	3,043	-	-	-		
Specialty Behavioral Health Services	-	-	2,293	2,139	2,436	13.9%
Service Area Administration	556	555	570	586	615	4.9%
TOTAL	37,747	37,214	38,543	39,447	40,524	2.7%

A. Behavioral Health Planning and Management

For FY15, the Executive is recommending funding of \$7,674,295 and 15.5FTEs for this program area that houses services required of DHHS as the State-mandated local mental health authority (Core Service Agency). This program area provides programming for people with serious persistent mental illness and serious emotional illness and the development of the continuum of care that is focused on recovery and allowing people to live in the least restrictive clinically appropriate setting. Program and contract monitoring and compliance are also a part of this program.

1. Community Mental Health Grant Consolidation \$55,395 and 0.0FTEs

This is the additional amount of funding expected by Montgomery County after the consolidation the Community Mental Health Access Grant, the Community Mental Health Addictions Administration Grant, the Community Mental Health Adult Behavioral Health Services Grant, the Community Mental Health Jail Addiction Grant into the Community Mental Health Grant.

Council staff recommends approval.

2. Multi-program Adjustments -\$201,020 and 0.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions.
Council staff recommends approval.

3. Other Issue: Inflationary Adjustment to Residential Treatment Providers

As with the DD Supplement, the County provides a supplement to residential treatment providers for adults with serious mental illness. For FY15, the Executive has included a 2% inflationary adjustment in his budget.

Council staff recommends \$10,171 be placed on the reconciliation list to provide a 1% adjustment consistent with the Committee's recommendation for eligible non-competitive contracts. The table on the following page shows the allocations to these programs since FY11.

Residential Treatment	FY11	FY12	FY13	FY14	FY15 Rec
Community Connections			50,647	52,166	53,209
Family Services Inc.	189,965	189,965	221,441	228,084	232,646
Rock Creek Foundation	71,942	71,942	73,381	75,582	77,094
St. Luke's House/Threshold*	315,657	315,657	321,970	661,250	
St. Luke's House/Threshold*	323,750	323,750	329,020	-	
Cornerstone					674,475
TOTAL	901,314	901,314	996,459	1,017,082	1,037,424

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

B. Access to Behavioral Health Services

For FY15 the Executive is recommending funding of \$3,566,184 and 32.0FTEs for this program that provides access to behavioral health services, assessment, and diagnostic evaluation. The program also provides immediate (but brief) case management, therapy, and medication services to people being discharged from a hospital or jail until they can be linked into the community outpatient system. Urine monitoring and laboratory services are also provided through this program.

1. Multi-program Adjustments \$352,804 and 0.5FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

C. Treatment Services Administration

For FY15, the Executive is recommending \$5,664,429 and 3.0FTEs for this program area that manages the federal and state alcohol and drug assistance grant and Medicaid funded community based programs. The program oversees the addiction continuum of care by private providers.

1. Alcohol and Drug Abuse Administration Recovery Support Expansion Grant \$925,094 and 0.0FTE

The Recovery Support Expansion grant was first awarded to the County in FY13 (\$278,823) and \$862,594 was received in FY14. Because the timing of the awards, no revenue was assumed in the originally approved FY14 budget and so this item shows as an "add" of \$925,094. However, it is effectively an increase of \$62,500 from the FY14 level.

DHHS says that the grant supports an array of activities to help the county build a solid foundation for substance abuse recovery and peer support services. ADAA recognizes that both treatment and recovery services are necessary for individuals to recover from a substance

use disorder, reinforcing the State's commitment to provide for a person's continuum of care. Recovery services such as recovery housing and care coordination are critical to prevent individuals from relapsing once they have completed treatment. The following are funded by the FY14 grant award.

- 1) The Maryland Adolescent Clubhouse which is community based, recovery focused program to support youth engaged in, or having recently completed, substance abuse treatment. It organized 120 events serving 50 families and teens.
- 2) Lawrence Court Recovery House to provide minimum of 5 hours per week of direct intervention services focused on preventing relapse, applying recovery skills, promoting personal responsibility, and community reintegration as required by the Code of Maryland Regulations (COMAR).
- 3) Training for clients to provide tools and resources useful in providing recovery support services and emphasizes the skills needed to link people in recovery to needed supports within the community that promote recovery.
- 4) Front Porch - to provide Educational, Vocational, Recreational and Recovery-Oriented events;
- 5) Peer to Peer Recovery Support - To provide on-site recovery assistance to clients (160 Clients & 4,100 contact units).

Information on Maryland's Access to Recovery Initiative, also called RecoveryNet, is attached at ©9-10.

Council staff recommends approval to reflect the expected FY15 funding.

2. *Maryland Strategic Prevention Framework Grant* **-*\$33,475 and 0.0FTE***

As a part of the FY14 budget, the Council approved \$33,475 that was added for this grant, which was received in FY13. The Collaboration Council was selected to conduct the County's needs assessment and the planning process beginning in early FY14. It was expected that this would be a multi-year grant; however, it has been discontinued.

DHHS explains that the Montgomery County Collaboration Council for Children Youth & Families was funded in FY14 through the Substance Abuse Prevention grant to complete a needs assessment and develop a strategic prevention plan. As part of that effort the Collaboration Council *established Drawing the Line on Underage Alcohol Use (DTL)* to promote community consensus that underage drinking is illegal, unhealthy and unacceptable. This was funded by ADAA Substance Abuse Prevention grant (\$125,561) in FY14. For FY15, the Substance Abuse Prevention grant will be increased by \$19,095 from \$358,946 to \$378,041. The grant funds one Program Manager I, and 2 contracts (Drawing the Line and Substance abuse prevention program to high risk children, their parents and siblings).

Council staff recommends approval as this reflects the elimination of the grant.

3. ADAA Federal Treatment Grant
- \$122,562 and 0.0FTE

ADAA Federal Treatment Grant was reduced by \$122,563 from FY13 award \$1,244,962 to FY14 award \$1,122,399 when the State shifted ADAA resources from treatment to recovery. Programs realigned both ADAA and County funds to program expenses.

Council staff recommends approval as this reflects the expected revenues.

4. ADAA Grant Consolidation
- \$489,052 and 0.0FTE

The State has consolidated several grants (Adult Outpatient Services, Adult Outpatient Services PAC, Community Support Services, Jail Addiction Services, Juvenile Justice Services, and Screening and Assessment for Children and Adolescents into the ADAA Block Grant and reduced the overall amount of funding by a net of \$489,052.

DHHS says that the budget reductions in programs after the grant budget realignments and fund consolidations are:

- Lost \$219,484 in contract budget to provide day treatment program for delinquent youth.
- Lost funds to Level I addiction services. The FY13 Level I budget was \$216,020 (Grant \$105,955 and GF \$110,065). ADAA restored the one time only \$62,500 funds to Level I addiction services in FY14.

	FY14 Approved	FY15 CE Rec	Net changes
ADAA State Treatment Grant	3,351,322	2,862,269	(489,053)
ADAA Federal Treatment Grant	1,244,960	1,122,399	(122,561)
ADAA Recovery Expansion Grant	0*	925,094	925,094
ADAA Substance Abuse Prevention	365,318	358,946	(6,372)
ADAA Drug Court	83,581	83,581	-
Maryland Strategic Prevention Framework	33,475	-	(33,475)
	5,357,479	5,352,289	(5,190)

* No grant revenue was assumed in the FY14 original adopted budget although \$862,594 was received.

Council staff recommends approval as these are the amounts that the State is sending. However, Council staff is concerned that there is a substantial reduction to treatment services. Recovery services are very important but it is unclear whether the loss of these treatment dollars will be filled by other funding sources for treatment, such as expanded Medicaid (also noted in item #6 that follows).

***5. Multi-program Adjustments
-\$206,165 and -1.0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

6. Other Issue: Outpatient Treatment – Impacts of ACA

Last year, the Committee discussed expectation that a reduced number of people will be served in Level 1 Outpatient Treatment supported by General Funds or State grants because an increasing number of people will be enrolled in Medicaid which can bill for services. The budget does not reflect any specific recommendation for FY15 and, like health care for the uninsured, there will continue to be need. Council staff suggests that as a part of its updates on the impacts of the Affordable Healthcare Act, the Committee ask the Department to report on this issue next January after there has been some experience.

7. Other Issue – Avery Road Treatment Center (Discussion of the Avery Road CIP will be provided in an addendum)

The Committee has convened joint sessions with the Public Safety Committee regarding the growing problem of opiate addiction and the capacity of the County to respond to those in need of detox and treatment through the programs at the Avery Road Treatment Center. (Attached at ©11 is a flyer for educational sessions the County will be holding on identifying and opioid, recognizing and responding to an overdose, and how to administer Naloxone.)

Each year, the budget includes funding for the beds that will be used for County placements and Maryland Treatment Centers is allowed to use a certain number of beds for private placements as a way to sustain funding for the overall program. The FY15 budget will purchase 49 beds for County placements; 11 beds will be put in the market if the County does not exercise a contract option to purchase them. The following table shows the mix of payers for FY15.

	Detox Beds (level III.7.D)	ICF Beds (Level III.7)	Total No. of Beds
ARTC facility capacity (licensed)	20	40	60
MTC ARTC Contract #1004366 - service scopes coverage's	14	35	49
Maryland Treatment Center is allowed to market	6	5	11

DHHS reports that on average there are 30 to 35 people on the waiting list at ARTC. The call in process was revised in an effort to make it friendlier and to outreach to individuals who were on the waiting list. The changes made are not expected to appreciably reduce the waiting list but may reduce the numbers of persons who drop off the wait list because they don't call back.

Council staff requested the following information on the cost per bed should the County want to increase its capacity.

Maryland Treatment Center markets 11 beds to private pay patients generating revenue that helps offset the total cost of facility operation. In FY14 MTC expects to generate \$965k through the 11 remaining beds. The County cost per bed day for the remaining 11 beds would exceed the current contract rate in order to support facility operation, determined through further negotiation with the contractor. Under the current contract, the County has a right to purchase additional bed capacity at the per diem cost set by DHMH of \$202.

	No. of bed	cost/bed/day
Detox	6	\$189
ICF	5	\$128
	11	

D. Forensic Services - Adult

For FY15, the Executive is recommending \$2,328,835 and 19FTEs for this program that provide the Clinical Assessment and Triage Services Team (CATS), Diversion and Re-Entry Services (DRES) program, and the Jail Addiction Service (JAS) program to people being booked into (CATS), released from (DRES), or residing at (JAS) the County jail.

The Budget Book says, "With the addition of two new Therapist positions, Clinical Assessment and Triage Services (CATS) expanded hours to provide assessment services to incoming inmates with behavioral health needs during weekends and evenings. In FY13, CATS provided needs/risk assessment services to 2,151 incoming inmates. The Transition Team

provided discharge planning services to 373 exiting inmates requiring services in the community.” The Department has clarified that these positions were reallocated from a vacant position in Child Welfare and a vacant position (due to a retirement) in the Jail Addiction Services program.

1. Multi-program Adjustments
\$266,817 and 1.0FTE

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions.
Council staff recommends approval.

E. Outpatient Behavioral Health Services – Adult

For FY15, the Executive is recommending \$2,929,354 and 19.5FTEs for this program area that provides comprehensive outpatient treatment and intensive outpatient treatment for adult residents of the County. The program also houses the Adult Behavioral Health program that provides a comprehensive range of services to County residents with high need and who are in multiple systems but may not be eligible for care through the public mental health system.

1. Psychiatric Services Contract
\$63,682 and 0.0FTE

The \$63,682 will fund a 12% increase across a table of reimbursement rates based on services provided. The rates have not been changed since FY08 and as a result DHHS’ ability to attract and retain contract psychiatrists to work in the County programs was increasingly limited. We conducted a regional assessment of psychiatry rates and accessibility and found that the cost of psychiatric services is adversely affecting both the County and the provider community. Raising rates in FY15 allows DHHS to remain competitive at the lower end of that range. This is not specific to bi-lingual psychiatrists but DHHS is always considering linguistic diversity in our recruiting efforts.

Council staff recommends approval.

2. Multi-program Adjustments
-\$261,453 and -2.50FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions.
Council staff recommends approval.

3. Other Issue – Montgomery Cares Behavioral Health Services

At the Committee's April 10th session on Public Health Services, the Committee considered the request from the Montgomery Cares Advisory Board and the Primary Care Coalition for \$300,000 in funding to expand Behavioral Health Services in the Montgomery Cares clinics. Council staff noted that for FY14, the Council added \$75,000 to the Montgomery Cares Behavioral Health Program. The care team would serve two clinics and consist of a bi-lingual licensed behavioral health professional and a family support worker. On April 10th, Council staff recommended the Committee add \$75,000 to the reconciliation list to provide the FY15 funding needed to annualize the FY14 improvements.

Council staff did not recommend approving the additional \$225,000 requested by PCC and MCAB. **While Council staff understands the efficacy of providing behavioral health services in a primary care setting, the \$300,000 requested is part of a multi-year plan that is expected to cost \$1.952 million, or about \$1.167 million more than is budgeted now.** It would include one full-time behavioral health specialist and one part-time case manager for every 2,500 patients and 1.2 psychiatrist FTEs. An allowance of \$39 per patient for 5,250 patients assumed to need medications would also be included.

Council staff questioned whether this would be the priority of the Department if substantial additional dollars are available for behavioral health. While it does serve a population in need of services, it is a targeted population rather than a broader program to enhance services to those who may not be able to afford or access treatment.

The Committee agreed to defer its discussion until this discussion about Behavioral Health and Crisis Services. DHHS will be prepared to discuss this with the Committee.

F. Outpatient Behavioral Health Services – Child

For FY15, the Executive is recommending \$5,541,930 and 28.25FTEs for this program that provides or supports comprehensive mental health treatment and care coordination services to children, youth, and their families. The program has three teams: the Child and Adolescent Outpatient Mental Health Services Team, the Home-based Treatment Team (supports Child Welfare Services), and the System of Care Development and Management Team. This program area also houses Juvenile Justice Services and SASCA.

1. Multi-program Adjustments \$53,131 and 0.0FTEs

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

2. Other Issue: Child and Adolescent Clinic Wait List and Psychiatric Resources

The Committee has discussed this issue for the last two years and expressed its concern about the wait list for services and the need to increase capacity for staff that can serve people who do not speak English or do not speak English as a first language. The Council added an additional Therapist in FY13. The Committee has put \$100,000 on the reconciliation list for the Welcome Center to increase their capacity to assist people with foreign credential to get licensed.

For FY13, the wait list for services at the Child and Adolescent Clinic averaged 60 per month. For FY14 through December 2013, the average wait list is 46.

Current staffing at the Clinic is 3 Therapists for screening and referral for substance abuse/mental health services; 5 Therapists (including 3 bilingual) in clinic for child and family therapy; and 6 therapists (including 3 bilingual) in Home Base Team provide child/family/adult individual therapy for families involved with child welfare services. Four Therapist positions are currently vacant (3 full time, 1 part time).

In addition to the issue of whether more resources are needed, or needed to fill vacant positions, at the Child and Adolescent Clinic, Family Services, Inc., an outpatient mental health center, has highlighted the need for an additional child psychiatrist as a resource for outpatient centers but notes that one center cannot fully cover the cost. Mr. Harr, CEO of Family Services Inc. has suggests a partnership with the County where the County would pay for about 1/3 of the cost of a child psychiatrist and the rest of the cost would be reimbursed by billings sent through the County for services provided to clients at the outpatient center. (©12-14)

3. Conservation Corps Update

At earlier overview sessions, Director Ahluwalia shared with the Committee that the Conservation Corps program is working well under its new structure and that the Committee would receive an update during budget worksessions. There is no specific budget item. The following update was provided by DHHS.

In 2013, the Maryland Multicultural Youth Centers (LAYC/MMYC), partnered with the Maryland Department of Natural Resources (DNR) to provide services to out-of-school youth through the 'Montgomery County Conservation Corps (MCCC). The program is funded by the Montgomery County Department of Health and Human Services and in partnership with the Montgomery County Collaboration Council for Children Youth and Families. MCCC uses a comprehensive approach to working with youth 17-24 years of age. The youth are provided opportunities to attain their GED, gain hands-on experience while completing projects in the field designed around conservation principles.

The MCCC aligns with MMYC Workforce Investment programs and provides services in four areas: Academic Enrichment, Job Skills/Readiness, Family Support and At-Risk Behavior reduction. Corps members attend GED classes three days per week and conduct work in the County and State parks two days per week. Additional activities include:

- One on One Tutoring and Career Development sessions
- Group Life Skills and Job Readiness Training workshops
- Weekly Project Planning and Safety workshops
- Presentations by field experts on topics such as environmentalism and entrepreneurship

Conservation Corps members are exposed to diverse skill building workshops and activities including:

- Goal setting
- Life skills
- Time management
- Communication
- Conflict resolution
- Self-esteem
- Resume and cover letter writing
- Interviewing skills

The FY14 County funding for the program and the recommended FY15 funding:

- FY14 County funding: \$515,000
- FY15 CE recommended County budget: \$515,000

Total budget for the program by funding source including non-County funding leveraged; Montgomery County Collaboration Council for Children Youth and Family subcontracted to Latin American Youth Center who applied for two grants and received a \$25,000 multiyear grant from the Trawick Foundation. The total funding for FY15 is \$540,000.

The cost per participant (total cost and County cost):

Cost per participant is approximately \$13,000. The number of youth served in FY13 and FY4 projected (or to date);

- FY13 – 20 youth served.
- FY14 - Projecting 40 youth served.

Latin American Youth Center/Maryland Multicultural Youth Centers			
Montgomery County Conservation Corps – Workforce Silver Spring Department			
Annual Results			
Outputs	FY13	FY14 (End June 30, 2014)	Additional comments/Information
# and demographics/characteristics (significant challenges) of enrolled members; 75% of Corps Members represent youth with significant challenges including lacking high school diploma	20 Enrolled members. (11 African American, 7 Latino, 1 Asian, 1 multiracial) All Male. 100% lacked high school diploma, low income, and face at least 1 additional barrier: 20 low income 9 had been arrested 3 parents/expecting. 4 faced housing instability	33 Enrolled Members (14 African American, 15 Latino, 1 Asian, 3 Caucasian) 29 Male/4 Female 94% lack High School Diploma and 100% face barriers including: 30 low income 17 have been arrested 6 parents/expecting 6 face housing instability	

Outputs	FY13	FY14 (End June 30, 2014)	Additional comments/Information
# of CWEP contracts/worksites	7	10	
# of CWEP hours completed by Corps members # of educational and other training hours or adult education courses delivered/completed by #/% of members	Education: 316 hrs. Workshops: 182 hrs. Worksite 332 hrs.	Education: 337 Workshops: 262 Worksite: 310	
# of members qualifying for AmeriCorps Education Awards (min. of 900 hours of participation) # and demographics/characteristics of members successfully completing program	N/A	N/A	
Corps members maintain a minimum of 85% attendance rate	Overall attendance 74% 16 of 20 completed cohort	Current overall attendance 79%	
Individual Development Plan created for each Corps member within 30 days of enrollment	Yes	Yes	
Alignment of work activities with labor market needs	Yes alignment with Construction and Maintenance pathways OLO report	Yes alignment with Construction and Maintenance pathways OLO report	
Corps members' satisfaction with the program and staff	Yes (exit survey)	Yes (exit survey)	One Step at a Time
Contractor/worksites satisfaction with the job performance of Corps members	Yes (worksites survey)	Yes (worksites survey)	
No negative findings from The Corps Network's AmeriCorps Education Award Program Site Visit/Desk Audit Monitoring, if applicable	N/A	N/A	
Satisfactory or greater ratings on The Corps Network's Excellence in Corps Standards tool for the first assessment cycle. (as applicable).	N/A	<u>21st Century Conservation Service Corps</u> Recently accepted into the 21st Century Conservation Service Corps (above)	<u>Discovering Environmental Conservation: Max Fuentes</u> Conservation Corps ER
90% of Corps members have no further involvement in illegal activity (delinquent or criminal behavior, substance abuse, etc.) while in program	Yes	Final % pending	
% attaining GED or high school diploma or measurable increase in math and reading skills (for pre-GED training members)	100% of participants who completed the program have shown increase in literacy/numeracy via CASAS assessment	Final % Pending	
# of goals achieved by each Corps Member on their Individual Development Plan	Variable	Variable	

Outputs	FY13	FY14 (End June 30, 2014)	Additional comments/Information
Increase in work field-specific knowledge or credentials as measured by an approved tool	Yes: Field based Pre/Post test adapted from DNR resource	Yes	
Increase in workplace knowledge, attitudes and habits as measured by an approved tool	Yes: JRT Pre/Post test	Yes	
Increased knowledge of career pathways and required training as measured by an approved tool	Yes: JRT Pre/Post test	Yes	
% who use their AmeriCorps Educational award to participate in further training within one year of completing their Corps participation as applicable.	N/A	N/A	
% of Corps members who are employed and/or involved in further education and training within six months of ending their Corps participation	70% employed, in school, or engaged in internship	Final % pending	

There are around 20 slots per cohort for the Corp every 6 months. This past cohort had upwards of 45 youth applied for the spots. The average number on the waitlist is 25. If they are not picked they are kept on file if they are interested in the next go round.

Testimony from Mr. Macias, a GED Instructor with the Maryland Multicultural Youth Centers and the Conservation Corps, is attached at ©15-16.

G. Trauma Services Program

For FY15, the Executive is recommending \$4,755,299 and 29.55FTEs for this program that provides integrated clinical services to domestic violence victims and offenders, sexual assault victims, and victims of general crime. Services are provided at the Family Justice Center and at Piccard Drive.

1. Therapist II Position to Expand Service Capacity \$72,445 and 1.0FTE

The Executive is recommending an additional Therapist II position for expand service capacity in the Abused Persons Program. Monthly data from DHHS indicates that in FY14 (through December) on average there are 54 new sexual assault victims served each month and there are 57 VASAP clients waiting for counseling services. DHHS expects that this additional position can address most of the waiting list.

Council staff recommends approval.

**2. Adjustment to Victims Compensation Fund
-\$1,361 and 0FTE**

The Executive's budget includes this line item for the Victims Compensation Fund. A brochure on the fund is attached at ©17-18. As of December 31, 2013 the balance in the restricted donations fund for the Victim's Compensation Fund was \$18,264.

**3. Multi-program Adjustments
\$23,841 and -1.0FTEs**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

H. 24-Hour Crisis Center

For FY15, the Executive is recommending \$4,253,555 and 35.9FTEs for this program that provides telephone, walk-in, mobile crisis outreach, and residential services to people experiencing a situational, emotional, or mental crisis.

**1. Multi-program Adjustments
\$256,822 and 0.0FTEs**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

I. Mental Health Services for Seniors and Persons with Disabilities

For FY15, the Executive is recommending \$760,060 and 2.0FTEs for this program that provides outreach mental health services for seniors who cannot or will not access office-based services as well as working with stressed caregivers. The program also provides mental health services to people who are hearing impaired.

**1. Multi-program Adjustments
- \$2,931 and 0.0FTEs**

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

Council staff notes that resources were added to senior mental health in both FY13 and FY14. The only measure provided in the budget book is for the percentage of surveyed

homebound seniors reporting an improvement in their quality of life as measured by the Program Consumer Survey Scale. The measure shows that 94% of those surveyed in FY12 reported an improvement but that this is expected to be 85% for FY14 and FY15. The DHHS monthly reports show an increase in the average number of home visits, from an average of 99 for FY13 to a FY14 monthly average of 134 through November 2013.

DHHS has provided the following update on the additional FY14 funding.

The \$60,000 was to hire an additional therapist for the Senior Outreach program. The goal was to increase home visits by thirty-four home visits/month. When the vendor was unable to hire a therapist, the program director increased a 0.8 therapist position to a 1.0 FT position to increase the number of home visits.

The number of home visits has increased by more than the expected 7 visits (20% of 34). The program is now providing an average of ninety-six home visits/month as compared with seventy-seven home visits per month last year. This number should increase once the position is filled on a full time basis. The vendor informed DHHS that they are actively interviewing candidates and looking to fill the position in May.

J. Specialty Behavioral Health Services

For FY15, the Executive is recommending \$2,435,763 and 21.5FTEs for this program that includes the Adult Drug Court, Medication Assistance Treatment program. The Medication Assisted Treatment program serves people who are opiate dependent, uninsured, and have not succeeded with other treatment.

***1. Multi-program Adjustments
\$296,321 and 2.0FTEs***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

K. Service Area Administration

For FY15, the Executive is recommending \$615,086 and 3.5 FTEs in this program that includes service wide administration.

***1. Multi-program Adjustments
\$29,119 and 0FTE***

Multi-program adjustments account for compensation changes, annualizations and other items impacting more than one program. FTEs are the sum of full-time and part-time positions. **Council staff recommends approval.**

Behavioral Health and Crisis Services

FUNCTION

The mission of Behavioral Health and Crisis Services (BHCS) is to promote the behavioral health and well-being of Montgomery County residents. BHCS works to foster the development and to ensure access to a comprehensive system of effective services and support for children, youth and families, adults, and seniors in crisis or with behavioral health needs. BHCS is committed to ensuring culturally and linguistically competent care and the use of evidence based or best practices along a continuum of care. BHCS works with the State's public mental health and substance abuse system, other HHS service areas, county agencies and the community to provide strength-based and integrated services to persons in need.

PROGRAM CONTACTS

Contact Raymond L. Crowel of the HHS - Behavioral Health and Crisis Services at 240.777.1488 or Rachel Silberman of the Office of Management and Budget at 240.777.2786 for more information regarding this service area's operating budget.

PROGRAM DESCRIPTIONS

Behavioral Health Planning and Management

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

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percent of adults served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education ¹	75	76	76	76	76
Percent of children served by the continuum of behavioral health services that demonstrate higher degree of social connectedness and emotional wellness as demonstrated by positive outcomes in housing, quality of life, legal encounter, and employment/education ²	94	96	96	96	96

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

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

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	7,819,920	15.50
Technical Adj: Community Mental Health Grant Consolidation (0F60032)	55,395	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-201,020	0.00
FY15 CE Recommended	7,674,295	15.50

Access to Behavioral Health Services

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

mentally-ill individuals in the criminal justice system. The Urine Monitoring Program provides urine testing to detect drug use of clients referred by the courts or social service or mental health agencies, and others required to submit to urine surveillance or who require or request urine screening and testing to support recovery from substance abuse.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	3,213,380	31.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	352,804	0.50
FY15 CE Recommended	3,566,184	32.00

Treatment Services Administration

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

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Number of persons served in Level 1 Outpatient Treatment ¹	1,077	1065	450	450	450
Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment) ²	70	86	75	75	75

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

² % Decrease in substance abuse is set at 75% per the State of Maryland.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	5,590,589	4.00
Add: ADAA Recovery Support Expansion Grant (2001431)	925,094	0.00
Shift: Maryland Strategic Prevention Framework Grant (2001063)	-33,475	0.00
Shift: Alcohol and Drug Abuse Administration (ADAA) Federal Treatment Grant (2000773)	-122,562	0.00
Technical Adj: Alcohol and Drug Abuse Administration (ADAA) Grant Consolidation (0F64044)	-489,052	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-206,165	-1.00
FY15 CE Recommended	5,664,429	3.00

Forensic Services - Adult

Adult Forensic Services is composed of two programs: (1) Clinical Assessment and Transition Services (CATS); and (2) Jail Addiction Services (JAS). CATS has two components: (1) assessment and post-booking diversion services within 24 hours of booking to inmates with behavioral health issues upon entry into the Montgomery County Detention Center; and (2) discharge planning for inmates who are being released from the Correctional Facilities by assessing inmates' behavioral health needs and coordinating access to services in the community. JAS is an intensive jail-based residential addiction treatment program for inmates who suffer from substance related disorders at the Montgomery County Correctional Facility.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of successful Jail Addiction Services clients who were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	80	76	76	76	76

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	2,062,018	18.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	266,817	1.00
FY15 CE Recommended	2,328,835	19.00

Outpatient Behavioral Health Services - Adult

Outpatient Behavioral Health Services - Adult provides comprehensive and quality outpatient and intensive outpatient services to adult residents of Montgomery County, who have co-occurring substance and mental health disorders. Priority is given to serve vulnerable persons including intravenous drug users; women who are pregnant or have young children; and those who lack health insurance, are homeless, or medically compromised. Many program participants are also involved with the criminal justice system or have chronic medical conditions such as diabetes or HIV/AIDS. The Adult Behavioral Health program accepts referrals from Access to Behavioral Health Services and Avery Road Treatment Center. Services include a comprehensive range of substance abuse and

mental health services programs beginning with an assessment and diagnostic evaluation, then offering group and individual treatment as well as (as needed) psychotropic medication evaluation and medication monitoring, family support and case management services. Services are individualized with the adult being a partner in all treatment decisions. Eligibility is limited to Montgomery County residents. This program has the capacity to provide services to Limited English Proficiency clients and those with specialized cultural and language needs. Peer Support is available upon request.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of clients showing improvement in functioning and decreased symptoms – based on the symptoms list ¹	81	83	83	83	83
Percentage of clients who completed treatment plan upon discharge (% is based on discharged clients) ²	43	55	46	48	48

¹ Projection is based on past 5 years

² Due to a reorganization, this program reports this measure separately from Specialty Behavioral Health Services. FY12 is the baseline year.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	3,127,125	22.00
Increase Cost: Psychiatric Services Contract	63,682	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-261,453	-2.50
FY15 CE Recommended	2,929,354	19.50

Outpatient Behavioral Health Services - Child

Children's Outpatient Behavioral Health Services is comprised of three components that provide or support comprehensive mental health treatment and care coordination services to children, youth, and their families that are individualized, culturally and linguistically appropriate and administered in the least restrictive, most conducive environment. The Child and Adolescent Outpatient Mental Health Service Team provides assessment, psychiatric, and therapeutic treatment to children and adolescents with serious emotional impairments. The Home-based Treatment Team provides specialized, evidence-based mobile treatment specifically for children and families involved with Child Welfare Services. The System of Care Development and Management Team collaborates with local and State partners to plan, develop, and manage publicly-funded (State and County) mental health and care coordination services for children and adolescents. All three components are guided by the principle that services should be child focused, family driven, and culturally competent. This program area also includes Juvenile Justice Services (JJS) that supports the County's comprehensive approach by integrating screening, assessment, case management, community services, and treatment with the juvenile justice legal process. JJS also provides substance abuse prevention, which provides support and education to promote healthy behaviors and lifestyles. The services provided through these programs, in particular Screening and Assessment Services for Children and Adolescents, are closely aligned with the Substance Abuse and Mental Health Services provided in Behavioral Health and Crisis Services.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of clients who meet their treatment goals at the time of discharge ¹	78	81	75	75	75
Percentage of offenders under age 18 who are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements ²	89.0	88.0	88.0	88.0	88.0

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

² The correction system refers to the juvenile justice or adult correction systems. Assessment is done to determine compliance with requirements. This measure is by definition a 12 month follow-up of clients, so actual FY13 data reports recidivism rate of clients served in FY12.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	5,488,799	28.25
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	53,131	0.00
FY15 CE Recommended	5,541,930	28.25

Trauma Services

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

hospitals and police stations, where they provide information, referrals, and assistance with crime victim compensation.

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of adult victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by Post-Traumatic Stress Disorder Checklist – Civilian clinical scales)	88	80	75	75	
Percentage of child victims of sexual assault and general crime who show a decrease in symptoms after treatment (as measured by the Child's Reaction to Traumatic Events Scale clinical scales)	94	85	80	80	80
Percentage of clients receiving therapy who demonstrate improvement on a domestic violence rating scale	93	90	80	80	80

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	4,660,374	29.55
Enhance: Therapist II Position to expand service capacity	72,445	1.00
Decrease Cost: Victims Compensation Fund	-1,361	0.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	23,841	-1.00
FY15 CE Recommended	4,755,299	29.55

24-Hour Crisis Center

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

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of students identified by schools to be at risk who are stabilized utilizing community resources without hospital intervention	96	96	95	95	95

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	3,996,733	35.90
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	256,822	0.00
FY15 CE Recommended	4,253,555	35.90

Mental Health Services: Seniors & Persons with Disabilities

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

Program Performance Measures	Actual FY12	Actual FY13	Estimated FY14	Target FY15	Target FY16
Percentage of surveyed homebound seniors reporting an improvement in their quality of life as measured by Mental Health Statistics Improvement Program Consumer Survey Scale ¹	94	86	85	85	85

¹ Starting in FY12, this measure is reported as a weighted percentage of both Senior Outreach program and Hispanic Outreach program.

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	762,991	2.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	-2,931	0.00
FY15 CE Recommended	760,060	2.00

Specialty Behavioral Health Services

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

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	2,139,442	19.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	296,321	2.00
FY15 CE Recommended	2,435,763	21.50

Service Area Administration

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

FY15 Recommended Changes	Expenditures	FTEs
FY14 Approved	585,967	3.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	29,119	0.00
FY15 CE Recommended	615,086	3.50

PROGRAM SUMMARY

Program Name	FY14 Approved		FY15 Recommended	
	Expenditures	FTEs	Expenditures	FTEs
Behavioral Health Planning and Management	7,819,920	15.50	7,674,295	15.50
Access to Behavioral Health Services	3,213,380	31.50	3,566,184	32.00
Treatment Services Administration	5,590,589	4.00	5,664,429	3.00
Forensic Services - Adult	2,062,018	18.00	2,328,835	19.00
Outpatient Behavioral Health Services - Adult	3,127,125	22.00	2,929,354	19.50
Outpatient Behavioral Health Services - Child	5,488,799	28.25	5,541,930	28.25
Trauma Services	4,660,374	29.55	4,755,299	29.55
24-Hour Crisis Center	3,996,733	35.90	4,253,555	35.90
Mental Health Services: Seniors & Persons with Disabilities	762,991	2.00	760,060	2.00
Specialty Behavioral Health Services	2,139,442	19.50	2,435,763	21.50
Service Area Administration	585,967	3.50	615,086	3.50
Total	39,447,338	209.70	40,524,790	209.70



**Montgomery County Department of Health and Human Services
Mental Health Advisory Committee (MHAC)**

**Testimony
County Council's Public Hearings on the FY15 Operating Budget
April 10, 2014**

**Presented by Paula Puglisi
Vice-Chair, Mental Health Advisory Committee (MHAC)**

Good evening. My name is Paula Puglisi and I am the Vice-Chair of the Mental Health Advisory Committee (MHAC). On behalf of MHAC, I thank you for your ongoing commitment to preserve high quality mental health services for adults and children who have mental health challenges and co-occurring disorders and supports for their families. We appreciate this opportunity to present our recommendations to the Council on the FY15 Operating Budget.

1. Our first recommendation is to restore and enhance funding for Behavioral Health and Crisis Services (BHCS). The County Executive's Recommended FY15 Operating Budget begins to restore modestly the county government budget after all the reductions during the past recession. This budget demonstrates a continued commitment to the services and programs offered by DHHS. We hope that you will support the County Executive's budget. We also ask for additional funding for Behavioral Health and Crisis Services.

From 2009 to the present, there have been budget cuts to BHCS in excess of \$3 million. These cuts have affected positions and programs and have reduced significantly the capacity to serve the uninsured and underinsured, while the demand for services increased. The Affordable Care Act will insure an estimated 11,000 Montgomery County residents who will seek mental health and/or substance abuse services. Even more people will now compete for a limited pool of resources.

Although our region has been witnessing a recovery from the past recession, many individual consumers and families continue to be affected adversely due to program reductions or closures, including child clinics and intensive crisis and stabilization services, addiction programs, increasing wait lists for therapists and psychiatrists, and the imposition of more restrictive eligibility criteria for specific programs. These challenges existed even before the Affordable Care Act went into effect.

Medicaid coverage or insurance through the Maryland Health Exchange does not guarantee access to needed services or providers. Meeting the increased demand for comprehensive mental health and substance abuse services will continue to be difficult if additional funding is not provided. For many, the plans available through the Maryland Health Exchanges are simply not affordable, and we already have seen individuals who have high deductible plans through an Exchange, and as result, cannot afford psychiatric hospitalization or outpatient psychiatric service. Some of the deductibles are as high as \$5,500. There are businesses that will find it challenging to offer adequate insurance coverage for their employees. In addition, there will continue to be uninsured consumers who will be unable to access mental health services and treatment. The County programs have historically filled these gaps in services and needs to continue to provide the critical safety net for people who cannot afford care or are ineligible to receive services.

- 2. Our second recommendation is to increase psychiatric services to address the needs of current and new consumers.** We appreciate the County Executive's increase in psychiatric service rates to improve the County's ability to attract skilled psychiatrists, but systemic solutions to address the shortage of therapists and psychiatrists still is needed. The MHAC invited other Department of Health and Human Services Boards, Committees, and Commissions to participate in a joint discussion on January 7, 2014, to identify common concerns related to the needs of individuals and families with behavioral health (mental health and substance abuse) challenges. The shortage of psychiatrists willing to work in the public mental health system was a shared concern.

The Core Service Agency reports that the current system already is facing significant wait lists for psychiatric services, and that there has been an increase in requests and acuity levels for children and adolescents for outpatient behavioral and home-based treatment services.

The MHAC believes that the core services of child and adult psychiatry must be strengthened to accommodate the current wait lists and the anticipated new consumers who are now eligible through the Affordable Care Act. If this strengthening does not occur, our system's acute shortage will increase the current wait list backlog. This will result in more consumers unable or waiting longer to get required psychiatric medications. We appreciate that the County is exploring ways to address this shortage. We encourage this exploration to continue.

We thank you for this opportunity to share our recommendations.



COMMISSION ON CHILDREN AND YOUTH

**TESTIMONY before the MONTGOMERY COUNTY COUNCIL
on the FY15 OPERATING BUDGET**

April 10, 2014

Good evening. My name is Noelle Dayal and I am a youth representative on the Commission on Children and Youth. Thank you for taking the time to hear from us tonight.

The Commission's task is to advocate on behalf of the whole child, both in school and out. We consider the physical, mental, and emotional needs of children. We ask that you too consider the whole child in making your budget decisions.

The Commission supports the County Executive's recommended FY15 operating budget related to children, youth and families. We believe it strikes a balance between education and critical services that prepare children to live and learn. The proposed budget reaffirms the County's commitment to positive youth development and supports collaborations between HHS, MCPS and other youth centered organizations that allow students and families to receive school- and community-based services that address their physical, social, and emotional needs.

Not only is our school-age population growing, but so are its economic gap and its ethnic diversity. This shift will continue to impact our schools, health and mental health care, weekend and summer-time food assistance, out-of-school time programs, access to higher education, and the number of children entering school as English Language Learners.

Consequently, we ask that you please consider the following as you craft the County's final budget:

- There is an urgent need for additional **bilingual, culturally competent child and adolescent mental health providers**.
- **School-based health and wellness centers** are vital to the overall well-being of students and families. We encourage you to build and expand on this model at all school levels in future years.
- **Youth employment** and the acquisition of job skills prior to graduation are great indicators of future success and should be prioritized when adding funds to support economic development.

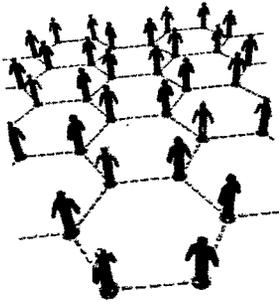
Department of Health and Human Services

7300 Calhoun Place, Suite 600 • Rockville, Maryland 20855 • 240-777-4659 • 240-777-4665 FAX

- One of Montgomery County's hallmarks is the professional delivery of culturally competent, outcome driven services. We ask for you to continue to ensure that **initiatives supporting children and youth successfully achieve their intended program outcomes.**

Please do not hesitate to call on me, or the Commission, if we can be of any assistance to you. Thank you for your time.

3a



Maryland RecoveryNet

Access to Recovery

Maryland's Access to Recovery (ATR) initiative, known as RecoveryNet, is designed to support patients who are in recovery from substance use disorders. The program is designed to provide client choice among recovery support service providers, expand access to a comprehensive array of resources (including faith-based options), and increase substance abuse treatment capacity.

After qualifying to receive benefits, individuals will be able to use RecoveryNet vouchers to purchase a variety of services. These can include supportive housing; extended residential treatment in halfway houses; pastoral and family counseling; care coordination; transportation to and from treatment and recovery support services; and job readiness counseling from a menu of eligible community and faith-based providers.

In Maryland in FY 2009 8,000 individuals were diagnosed with substance use disorders severe enough to warrant treatment in publicly funded residential programs, costing an average of \$37,704 per treatment episode. The percentage that follows through with outpatient treatment is 26%, at best. The ATR program focuses on this population to help improve our transition rates and support clients in the early stages of their recovery.

Who? Individuals in residential treatment programs (Levels III.7, III.5 and III.3) for a substance use disorder, including programs within the Department of Corrections and the Veterans Administration, who are being discharged into their home communities. Other ATR access points include specific outpatient facilities that are designated partners with the ATR program.

What? This grant provides approximately \$3 million per year for four years to purchase both clinical and recovery support services for patients in every region of the State. The services that could be offered in your community include:

- Halfway House
- Family Counseling
- Employment Services and Job Training
- Care Coordination*
- Recovery House
- Transportation
- Vital Documents
- Gap Services

*required by the grant

Why? Individuals diagnosed with substance use disorders severe enough to warrant treatment in residential programs utilize a large portion of our treatment dollars. Unfortunately our success with long term recovery for these individuals has not been very good. While the system is designed to engage those exiting from residential treatment into ongoing care to increase the opportunity for a successful outcome, in actuality the percentage of those that successfully follow through with that engagement is small. It is probable that these patients re-enter the treatment system later after further disease progression. A revolving door recovery is often the result. In this cycle we often see further deterioration of both the individual and family, with the associated high cost to the community and systems that support individuals and their families. The cost to our support systems is not only monetary but also in decreased access to services for new patients.

Where? The ATR initiative is a state-wide effort that is broken into three regions – Baltimore City, Central and Western Region and Eastern and Southern Region. Each region is assigned RecoveryNet Assets based on data related to the number of their residents that utilize residential treatment and the regions they discharge to. Each region has partnerships with a variety of designated clinical and recovery support services in their communities. The Regional ATR Coordinators manage the dollars and the resources for each region. There is a prescribed cap on services per individual, per service and per region to insure that there is equity in the service dissemination, per patient, per region.

When? The ATR project began in February 1, 2011 and runs through September 30, 2014.

How? All patients referred for care coordination will receive an assessment of needs to help identify the ATR services that will be helpful to a patient's ongoing recovery. Patients will receive assistance in choosing providers of the services that they need from a list of qualified providers. Care Coordination, a required voucher service, will be the lynchpin to insure that each ATR Participant has the means and motivation to utilize the services they have selected. As a requirement of our federal monies each participant agrees to complete an assessment at three key stages of their ATR participation. The jurisdictions in each region will collaborate to decide the clinical and support services they want to offer. Regional ATR Coordinators will oversee the recruitment and application process of ATR service providers (at least two per service, striving for at least one of the two to be faith-based and one to be secular), oversee services for individuals in their region, monitor the provision of services, coordinate the network of clinical and recovery support service providers and manage the data and fiscal reporting required by the grant.

For more information contact:

Deirdre Davos – ATR Project Director 410.402.8620 or deirdre.davis@maryland.gov

or visit <http://adaa.dhmh.maryland.gov/SitePages/RecoveryNet%20ATR%20III.aspx>

Opioid Overdose Response Program

Together we can reduce unintentional, life-threatening poisonings related to the ingestion of opioids.

Montgomery County Department of Health and Human Services through support from the Maryland Department of Health and Mental Hygiene is offering free trainings on the identification of an opioid overdose and steps you can take to save someone's life.

If you are at least 18 years old and concerned about a friend, family member or an associate with an opioid addiction, this 2 hour training is for you.

Participants will learn how to:

Identify an Opioid

Recognize an Opioid Overdose

Respond to an Opioid Overdose

Administer Naloxone

Naloxone is a prescription medication that reverses the effects of an opioid overdose.

Participants who successfully complete the training will receive a certificate for the use of Naloxone and a free Naloxone kit.

Tips on overdose prevention and resources detailing local and national resources will also be provided to participants.

Call 240.777.4723 or 240.777.3969

to register for one of the following training sessions

Date: Tuesday,
April 29, 2014

Time: 6:00-8:00 PM

Location:
981 Rollins Ave
Rockville MD 20852

Date: Tuesday,
May 20, 2014

Time: 6:00-8:00 PM

Location:
Executive Office Bldg
101 Monroe Street
Rockville, MD 20850

June 2014
Date and Location
to be announced



Montgomery County
Government
Department of Health
and Human Services

401 Hungerford Drive
Rockville, MD 20850

LMC

22



Montgomery County Council Hearing

April 17, 2014

Thom Harr, CEO

I am very pleased to be here today representing Family Services, the oldest non-profit social services agency in the county, celebrating its 106th anniversary this November. Things have changed a bit over the years, today's Family Services employs 390 people from 50 birth origin countries who speak 42 languages. We are a multi-cultural reflection of the face of the new Montgomery. Last year we touched the lives of 25,000 people and we brought into the community over \$15,000,000 of Federal, State, and Foundation funding. And yet, the surge in the population, the growing disparity, and the major shifts in programs including the integration of expensive technologies, places us in a daily struggle for financial survival. Montgomery County currently funds about 15% of our total budget but we ask that you recognize our critically needed services and do a little more to support the work. I would like to first focus on the need of people in our community suffering from the effects of mental illness.

We who work with those who are mentally ill are reluctant to mention Fort Hood, the Navy Yard, Sandy Hook, or even the IBM headquarters in North Bethesda, for we know that it is likely to make things worse for the 96% of people who deal with the devastating impact of mental illness and are more likely to be victims than perpetrators. And yet, today we mention those events because we know they get your attention. Yes, we know that, and yet we wonder why, as perhaps you do as well, that more resources aren't being mobilized to fix a system that is so clearly flawed and so often failing. We must be more aggressive in addressing the loss of productivity at work, the impact on schools, the disruption of families, and the personal struggles of people trying to recover from the impact of this terrible illness. This year's budget doesn't do enough to address this growing problem. Please keep in mind these are the sons and daughters of Montgomery County families and sometimes, parents, colleagues at work, and friends. This illness doesn't discriminate.

Nearly forty years ago Congress passed a Mental Health Systems act. However, the hope for a system died quickly when a new administration failed to fund the work and instead reduced funding and block granted the money to States, essentially creating fragmentation at a national level. Even here in highly motivated Maryland we seem to have missed the concept of system. When we reformed our Medicaid program in 1995 we created a financing approach that allows services to be offered by any willing and qualified provider to any eligible client. We did something our country embraces, we created a marketplace. But a marketplace isn't a system. While we have some idea of the types of services that we need and we do encourage those, we haven't yet made them work together at the level that is needed.

At Family Services we have been committed to the provision of outpatient mental health services in a fully licensed clinic where we see over 1,000 patients. We have successfully integrated primary care with our partner Community Clinic, Inc. We have achieved the highest level of third party certification with CARF accreditation. And, in just a little over 10 years we have recorded losses in

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Thom Harr, CEO

excess of \$2 million dollars while doing so. Our clinic, and others like it operated by similar organizations, should be the backbone of a system. Our leaders should distinguish between a clinic, a group practice, and an individual provider. We need to be clear that people living in low income households, an ever growing number, and most people with severe mental illness will have access only to publicly supported resources. A few years back, the beginning of the “great recession”, the County supplement to OMHCs for the administrative burden of offering comprehensive services was reduced by 40%. We need that \$400,000 to be restored.

Why is this so important? Let’s look at just one simple set of numbers. According to the Academy of Child and Adolescent Psychiatrists, there are about 15 million children in the US in need at any given time and there are just 8,300 psychiatrists to treat them. Treatment availability is poor at best and, while we can’t give a number, I can assure you the odds for the children in the public mental health system are even worse.

So what can we do? As stated earlier, build around the core of a system, outpatient mental health centers. Connect them to the resources that are already in the community – hospitals, corrections facilities, and schools are obvious but what about workforce and housing counseling sites where people dealing with job loss or foreclosure are also dealing with the emotional trauma that goes with those life changing events.

A child psychiatrist, with benefits, will easily cost more than \$200,000 per year. An OMHC cannot fully recover that cost. For several years, we have suggested shared psychiatry where the County would pick up about 33% of the total and billing would take care of the balance. Add money to make that happen. As a provider we would be happy to send the billings to the County in exchange for a reduction in financial risk.

All that said it isn’t just people with mental illness who need a range of support. Those of you who have found time to visit our headquarters in Gaithersburg have probably been surprised to find 90,000 square feet of buildings occupied by non-profits providing early childhood education, housing assistance, primary care, mental health and substance abuse services, WIC, and education services for adolescents with autism in one program and emotionally disturbed children in yet another. Serving as an integrating support for all of this is a Neighborhood Opportunities Network center. The Council has supported case management services in that center for several years but this year there is no funding in the budget. We will not leverage City of Gaithersburg funds without this contribution! We will not provide vital services to 400 to 600 people each month who need more than the NON can offer in a single visit. We can’t afford to take a step backwards. I am sure none of us believes that the recession is over for low wage earners and the low income households. Why would we now abandon a successful



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Thom Harr, CEO

effort? We need \$80,000 to continue to excel in this program. Restore at least \$40,000, half of what is needed, to keep this program intact.

I started out by noting that we reach many, many people – children, single adults, and families. We provide housing for 160 people, work with 400 families at any given time, screen 5,000 newborns each year through the Baby Steps program, operate the Betty Ann Krahnke center, provide childcare in Clarksburg, medical day services in Rockville, and much more. We need your support to continue our work in building a stronger community. Please preserve the backbone of the system and the legacy of caring that we represent. Thank you for your time and consideration.

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Eric Macias

Maryland Multicultural Youth Centers

Montgomery County Conservation Corps

My name is Eric Macias and I am a GED Instructor at the Latin American Youth Center or as we are called in Montgomery County, the Maryland Multicultural Youth Centers, and the Montgomery County Conservation Corps. I want to share a quick story with you all about a young man that I have now known a year.

Before coming to our program this young man had dropped out of school and been in and out of jail for a few years and needed a place—a community—that would give him a second chance to turn his life around. During his short time in the Montgomery County Conservation Corps and other programs of the Maryland Multicultural Youth Centers, he has achieved a lot. He attained his GED, he was interviewed as part of a documentary from Global Voices on youth unemployment, he was also interviewed for The Corps Network—a national network for programs similar to the MCCC, he is now on the Youth Advisory Board and a Youth Media Intern at MMYC, and he has plans to continue his studies.

His accomplishments are connected to the comprehensive programs offered by organizations such as MMYC and programs like the MCCC. The success of this young man is directly linked to his participation in counseling offered by MMYC, the supportive case managers that are willing to go above and beyond to help him with anything he needs help with, and a program – the Montgomery County Conservation Corps - that helped him developed workforce skills in construction, tree planting, trail maintenance, and overall park maintenance,

which make him marketable for future jobs. This young man's story rather than tragic is now truly a success story!

All of the success stories – all the youth – that have been in my class this past year are different, but their success is linked to the comprehensive programs offered by MMYC. The fact is that there are not many programs that offer youth, particularly those who have dropped out of school, a variety of comprehensive programs in the same facility, and that are able to stick with the youth for as long as it takes. And unfortunately, the organizations and programs that do exist are not able to meet the need in Montgomery County. More support is needed for these youth.

Recently, a new member of the Corps was in an unstable housing situation. And even though MMYC has programs (in DC and Prince George's County), there are too many youth in need and it was a challenge to find him a place where he could be safe. We do not have the means in our budget for such emergencies.

I encourage you to continue supporting programs for youth in need in the County. Through a program like MCCC, there is a double impact. That is, the investment not only benefits Montgomery County's youth, it is also an investment in the infrastructure of the county via the work these young men and women are doing in our county and state parks. These are positive investments that help our community as a whole.

I want to finish with a quote written by our Youth Media Interns in a short documentary film they created. Going through the pre-recording stage, they came up with the following as the main message of their video: "Struggling youth succeed when a community gives them a second chance." Please, I urge you to continue funding programs such as MCCC that gives these young men and women a second chance to turn their life around and succeed.

Crime Victims' Compensation Fund



Department of Health and
Human Services

For more information:

240-777-1355 Telephone

240-777-1329 Fax

240-777-1347 TTY

www.montgomerycountymd.gov/vasap

MATCHING COUNTY FUNDS:

- **FOR EVERY DOLLAR DONATED, THE COUNTY WILL MATCH YOUR DONATION TWO TO ONE!**
- **FOR EXAMPLE, YOUR GENEROUS DONATION OF \$100 IS MATCHED BY THE COUNTY WITH ANOTHER \$200 TURNING YOUR DONATION INTO \$300 FOR THE BENEFIT OF CRIME VICTIMS IN OUR COUNTY!**

**Bill 21-98, Chapter 32
Section 32-24
Through 32-28**

www.montgomerycountymd.gov/vasap

This brochure can be available in alternative formats upon
request

Name: _____

Organization: _____

Address: _____

Amount of Donation: _____

In memory of (optional): _____

Crime Can Happen to Anyone: We Are Here to Help

VICTIM ASSISTANCE AND SEXUAL ASSAULT PROGRAM

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

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

WHO IS ELIGIBLE?

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

CRIME VICTIMS' COMPENSATION FUND

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

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

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

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

DONATION FORM

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

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

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

ADDENDUM
HHS COMMITTEE #2
April 24, 2013

Worksession

MEMORANDUM

April 23, 2013

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst *VY*

SUBJECT: **Worksession - FY15 Operating Budget Department of Health and Human Services, Behavioral Health and Crisis Services (BCHS) and FY15-20 Capital Improvements Program and FY15 Capital Budget, Department of Health and Human Services, Avery Road Treatment Center**

The Health and Human Services (HHS) Committee will continue its review of the County Executive's recommended FY15-20 CIP for the Department of Health and Human Services (DHHS). The HHS Committee will review Avery Road Treatment Facility. In its February 24 discussion of the HHS FY15-20 CIP, the HHS Committee decided to defer a recommendation on the project until its review of the BCHS operating budget.

Representatives from the Department of Health and Human Services (DHHS), the Department of General Services (DGS), and the Office of Management and Budget (OMB) will participate in the worksession.

Avery Road Treatment Center (\$000) (PDF at ©1)

(in 000s)	Total	Total 6 years	FY15	FY16	FY17	FY18	FY19	FY20
Recommend	100	100	100	0	0	0	0	0

The recommended funding source is State Aid.

Requested FY15 appropriation: \$100,000.

There is no estimated FY16 appropriation.

HHS Committee Discussion: The Committee Recommended deferring a recommendation on project to allow time for the proposed REOI to be finalized and available for Committee review. The Committee indicated that the PDF should reflect updated State funding, the required County match, and description of the plans for pursuing a public private partnership.

Given the poor conditions of the existing facility, the HHS Committee Chair Leventhal requested that the Executive Branch explore the possibility of leasing space for the services currently provided at Avery Road until a new facility can be constructed.

Project Description: The CIP project provides for the planning of a replacement facility for the existing Avery Road Treatment Center (ARTC). The existing facility is operated through a County contract with Maryland Treatment Centers and provides 20 medical detox and 40 intermediate care beds, forty-nine of which are reserved for low-income County residents.

The existing facility is a pre-fabricated, modular, wood structure on a wooden pile foundation in very poor condition that has had extensive roof leakage, collapsed ceiling panels, deteriorating flooring, problems with mold, and wildlife infestation.

Executive staff estimates that the County will need to stabilize the facility, replace equipment and perform repairs on HVAC and electrical systems, roof, and floors each year the current facility remains in use at an estimated cost of \$400,000-\$500,000 over the next five years.

Project Funding and Schedule: The PDF reflects anticipated State bond funding of \$100,000, though the actual award is \$310,000. The funding must be used for design costs, and requires matching funds. DHHS has also applied for additional FY16 grant funding from the same DHMH Administration-Sponsored Capital Program.

Community Input: A number of constituents have communicated with Councilmembers about ARTC building conditions and the need to replace the facility. The Alcohol and Other Drug Abuse Advisory Council chair identified the "replacement of the dilapidated Avery Road Treatment Center" as a top priority for the group. In response to AODAAC input, the HHS Committee toured the facility to observe building conditions and hear about the services offered at the facility.

Housing Assessment: Executive staff reports that the 60-bed building would be able to take on the function of transitional housing. There is a halfway house for women and children on the Avery Road campus, and there may be an opportunity to include transitional housing as the Executive works through responses to the REOI.

Request for Expression of Interest (REOI): The County issued an REOI on April 2 to seek a Public-Private Partnership (P3) to finance, design, construct, maintain and operate/manage the current scope or expanded capacity of the ARTC. Excerpts of the REOI are attached at ©2-10. Key provisions of the REOI include the following:

- The contractor must be willing to enter into a P3 with the County and potentially the State of Maryland to build and operate the facility.
- The P3 agreement may include four or more components: General Development Agreement (GDA), Land Lease, Operations and Maintenance, and Program Delivery to Substance Abusing Clients.
- The property is owned by Montgomery County Government with program operations under the oversight of DHHS
- The existing 60-bed facility must be completely replaced with a structure that meets all program areas of a non-hospital detoxification and intermediate care facility;
- The facility as a minimum must provide a combination of 60 residential medical detox and intermediate care residential treatment beds;

- The prospective provider must ensure continuity of operations in partnership with DHHS and DGS through the build process;
- Expressions of Interest are due on June 2, and a short list of qualified offerors by the beginning of August.

The requirements and viability of such a partnership is not known at this time. The Director indicated that the County should know by July if there is private interest in the partnership. If not, the default position for the County CIP would be to fully fund design and construction of the facility. At that point, the Council and Executive could explore the possibility of a CIP amendment and supplemental appropriation.

Council staff has compiled a list of pros and cons for moving forward with the REOI/RFP process instead of having the County design and build its own facility:

Pros and Cons of Pursuing a Full REOI/RFP Process

Pros

- Potential cost savings from having another entity design and build facility. Council staff questions the likelihood of having an entity structure a deal that does not involve partial County funding. Proposals may seek significant resources.
- State has encouraged County to pursue the P3.
- There may be opportunity for greater State funding of services.

Cons

- Holding and REIO and subsequent RFP process may be time-consuming .
- Project delay will require users to continue services in substandard conditions..
- The agreement between the parties in P3 is likely to be complex. Issues of property ownership, tenancy, contract performance/ nonperformance will need to be addressed.
- County would have less control over bed use for County residents if State dollars are used to support operations.

Council staff comments: The recommended PDF needs to be amended the PDF to reflect the actual State funding award, the required County match, and a description of the REOI process in the PDF. Council staff understands that the Executive is sending over a package of CIP amendments very shortly that will include the Avery Road project, but notes that the amendment would be needed prior to May 2 to allows for HHS Committee review.

Avery Road Treatment Center (P601502)

Category Health and Human Services
 Sub Category Health and Human Services
 Administering Agency General Services (AAGE29)
 Planning Area Rockville

Date Last Modified 1/6/14
 Required Adequate Public Facility No
 Relocation Impact None
 Status Planning Stage

Total	Thru FY13	Est FY14	Total 6 Years	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	Beyond 6 Yrs
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EXPENDITURE SCHEDULE (\$000s)

Planning, Design and Supervision	100	0	0	100	100	0	0	0	0	0
Land	0	0	0	0	0	0	0	0	0	0
Site Improvements and Utilities	0	0	0	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	100	0	0	100	100	0	0	0	0	0

FUNDING SCHEDULE (\$000s)

State Aid	100	0	0	100	100	0	0	0	0	0
Total	100	0	0	100	100	0	0	0	0	0

APPROPRIATION AND EXPENDITURE DATA (000s)

Appropriation Request	FY 15	100
Appropriation Request Est.	FY 16	0
Supplemental Appropriation Request		0
Transfer		0
Cumulative Appropriation		0
Expenditure / Encumbrances		0
Unencumbered Balance		0

Date First Appropriation		
First Cost Estimate		
Current Scope	FY 15	100
Last FY's Cost Estimate		0

Description

This project provides for the planning of a replacement facility for the existing Avery Road Treatment Center (ARTC). The existing facility provides residential substance abuse treatment for low-income County residents. The County is pursuing a public-private partnership with assistance from the State to complete the project.

Location

14703 Avery Road, Rockville, Maryland

Capacity

The existing facility provides 20 medical detox and 40 Intermediate Care Facility beds. Capacity provided by the replacement facility may shift depending on the agreement developed under the public-private partnership.

Justification

The existing ARTC facility was constructed of pre-fabricated modular units in 1991 and needs to be replaced.

Fiscal Note

The County is pursuing additional State and private support for the design and construction of this project. The level of County participation in the capital project costs is yet to be determined. County funding for planning for the project has been budgeted in the Facility Planning: MCG project (P508768).

The Executive asserts that this project conforms to the requirements of relevant local plans, as required by the Maryland Economic Growth, Resource Protection and Planning Act.

Coordination

Department of Health and Human Services
 Department of General Services
 County Attorney
 Office of Procurement
 Department of Health and Mental Hygiene
 Private and/or non-profit substance abuse treatment providers
 Private developers

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SECTION 00 2416 – SCOPE OF SERVICES

ARTICLE 1 Background / Intent

- 1.1 The County's ARTC serves adults impaired by substance abuse disorders and co-occurring medical and/or mental health conditions who would otherwise not be able to access services due to lack of knowledge, funds, and/or insurance. Priority is given to women who are pregnant or postpartum, persons who are HIV+ or have AIDS or another chronic illness that poses a public health risk (e.g., Hepatitis C, tuberculosis), IV drug users, persons being released from incarceration or a State mental institution, those who are homeless, and those who are recipients of services from allied public safety and social service agencies such as Child Welfare Services, Income Supports, or the Division of Parole and Probation. While the program primarily serves indigent, uninsured Montgomery County residents, it is accessible to people receiving Medical Assistance as well as non-County residents who meet criteria of medical necessity and priority population (e.g., a pregnant woman who is addicted to opiates, and/or IV drug users). The ARTC facility is currently operated under a contractual agreement with a private provider. ARTC is certified by the Alcohol and Drug Abuse Administration (ADAA) to provide Level III.7.D (Detoxification) and Level III.7 (intermediate care) services. The ARTC program as operated by the current provider is currently accredited by the Joint Commission of Accreditation for Health Care Organizations (JCAHO).
- 1.2 The ARTC program admits persons on the basis of their medical need for residential substance abuse treatment services without regard to race, national origin, color, disability, religion, or ability to pay who meet the eligibility requirements of COMAR 10.47.01.04A. Limitations on admission are that persons must be age 18 or over, must be able to perform activities of daily living (ADL) or provide their own certified nursing assistant (CNA) to perform personal care tasks related to hygiene and bathing, must be ambulatory or able to use an assistance device such as a wheelchair or crutches, and must evidence stability of psychiatric symptoms to fully participate in the individual and group treatment activities of a substance abuse treatment program. Any person potentially limited in access may request review by the ARTC Medical Director and/or Director of Nursing to determine the program's ability to adequately and safely provide care. This is a non-hospital, sub-acute level of care limited in capacity to perform tasks requiring skilled nursing care.
- 1.3 The ARTC facility is a 60 bed facility co-located on a site (parcels P105 and P969) with two other residential substance abuse treatment facilities. Combined, there is service capacity for 90 adults and 10 children, and approximately 40 full- and part-time employees. Over 1200 individuals are served each year on this site.
- 1.4 The three County programs on 14701, 14703, and 14705 Avery Road are located on two County owned parcels, P105 (12.273 acres) and P969 (2.38 acres), in Rockville, Maryland (see attachments #1 and #2). The property is owned by Montgomery County Government with program operations under the oversight of the Montgomery County Department of Health and Human Services. The existing ARTC site area (building and parking), which is part of parcel P105, is the subject of this REOI.

Avery Road Treatment Center Development



- 1.5 The existing facility is a pre-fabricated modular building that does not meet the needs of the current program nor the projected plan for future use. Accordingly, there is need for a complete replacement of the existing 60 bed ARTC facility with a structure that meets all program areas of a non-hospital detoxification and intermediate care facility.
- 1.6 The purpose of this project is to seek a Public-Private Partnership (P3) to finance, design, construct, maintain and operate/manage the current scope or expanded capacity of the ARTC facility. The contractor must be willing to enter into a P3 partnership with the County and potentially the State of Maryland to build and operate the facility. P3 agreement (which will be defined in the RFP) may include four or more components: General Development Agreement (GDA), Land Lease, Operations and Maintenance, and Program Delivery to Substance Abusing Clients.
- 1.7 The private partner is expected to submit a site development plan and a business plan for generating revenue to finance (including any expected funding from the County or State government) the development of the project and maintenance and operation of the facility. The business plan must include a statement of whether the proposed development is contingent on any County or State government action (e.g., regulation changes, public funding-grants, loans, etc.) and a listing of these contingencies.
- 1.8 The County seeks contractors who are qualified and prepared in all respects to undertake the complete development, design and construction, maintenance, and operation of the Avery Road Treatment Center Project at the existing ARTC site. This REOI is the first step of a two-step procurement under the Montgomery County Procurement Regulations. In order to be invited to proceed to the second step of the procurement process, an Offeror must timely respond to this REOI and be selected to be on the shortlist to participate in a Request for Proposal ("RFP") as described herein.
- 1.9 Preliminary Solicitation Schedule: It is the Owner's intent to issue the shortlist of qualified Offerors within 120 days of the issuance of the REOI. The Owner plans to issue the RFP to the shortlisted Offerors within 60 days of the posting of the shortlist and to award a Public-Private Partnership (P3) Contract within 90 days of the issuance of the RFP. These durations are for informational purposes only and the Owner reserves the right to revise any and all of the durations and to terminate and/or to not initiate any and/or all of the solicitation steps.
- 1.10 The Project information provided by the Owner in the following Scope of Services is general and preliminary in nature. While the information is intended to provide an accurate representation of

Avery Road Treatment Center Development

the Project, all Project information in this REOI is preliminary and will be superseded by the RFP, when issued, and the resultant Contract, when executed.

ARTICLE 2 Scope of Services / Work Statement

- 2.1 The Work is generally defined as follows: As a minimum, joint financing, development (planning, design and construction), maintenance, and operation of a new 60-bed residential addictions treatment facility (ARTC Project) at the existing site located at 14703 Avery Road, Rockville, Maryland 20853.
- 2.2 The new ARTC facility as a minimum must provide a combination of 60 residential medical detox and intermediate care residential treatment beds (ASAM levels III.7 and III.7D).
- A. Level III - Medically-Monitored Intensive Inpatient Treatment (III.7) programs must offer a planned regimen of 24-hour professionally directed evaluation, care and treatment for addicted patients in an inpatient setting.
 - B. Level III.7 care must be delivered by an interdisciplinary staff to patients whose sub-acute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient care.
 - C. Level III.7D Medically Monitored Non-Hospital Detoxification program must provide 24-hour medical monitoring for active or pending withdrawal.
 - D. The proposed program must be compliant with all COMAR regulations. The provider must have extensive experience in adult addictions treatment, with specific experience in residential treatment, and evidence capability to obtain licensure from the Maryland State Office of Health Care Quality. History of accreditation in the providers' other addictions programs is desirable but not essential.
 - E. The prospective provider must ensure continuity of operations (in partnership with the County Departments of Health and Human Services and General Services) throughout the build process of the subject project located at 14703 Avery Road. Subject to the County's approval, the prospective provider may temporarily re-locate operations in order to ensure continuity of the ARTC programs.
 - F. The prospective provider must also ensure continued access to the existing facilities located at 14701 and 14705 Avery Road to permit full operations of those facilities during the life of the project.
 - G. The requirements for new design and construction include compliance with current codes and regulations; these will be updated when building permit applications are submitted.

SECTION 00 2800 – METHOD OF EVALUATION

ARTICLE 1 **Procedures**

- 1.1 Upon receipt of Submissions, the Qualification and Selection Committee (QSC) will review and evaluate all Submissions in accordance with the Written Evaluation Criteria listed in Article 2 of this Section.
- 1.2 Based on its evaluation of the Offerors' Written Submissions, the QSC will identify qualified Offerors to proceed to the next stage of the selection process. An Offeror must obtain a minimum Written Submission score of 700, from the QSC's evaluation, in order to be considered qualified and advance to the next stage.
- 1.3 The QSC may elect to conduct Interviews with all qualified Offerors (as defined in Article 1.2 above). The Interview Evaluation Criteria that will be utilized for any such Interviews are listed in Article 2 of this Section. Written Submission scores will only be used to determine which Offerors will be interviewed. Based on its evaluation of the Offerors' Interviews, the QSC will identify qualified Offerors to be included in the REOI shortlist. The QSC will make its shortlist recommendation of qualified Offerors **based on the Interview scores only**. An Offeror must obtain a minimum Interview score of 700, from the QSC's evaluation of the Offeror's interview, in order to be considered qualified for the Project and to be included in the shortlist.
- 1.4 If the QSC elects **not** to conduct Interviews, the QSC will make its shortlist recommendation of qualified Offerors based on its evaluation of the Written Submissions only, in accordance with Article 1.2 above.
- 1.5 The Chief, Division of Building Design and Construction, Department of General Services will review and forward the QSC recommendation with concurrence, objection, or amendment to the Director, Department of General Services.
- 1.6 The Director, Department of General Services, will approve, approve with condition, or reject the Chief, Division of Building Design and Construction recommendation.
- 1.7 Upon approval of the recommended award, the Director, Department of General Services, will place the names of the shortlisted Offerors on a public list located in the Office of Procurement.
- 1.8 Subsequent to the posting of the shortlist, the County intends to, but is not required to, issue an RFP for the construction of the Project. In this event, the RFP will be issued only to those Offerors on the shortlist resulting from this REOI. No other Offeror may submit a bid for this Project. Award of the resulting Contract will be based solely on the results of the RFP solicitation. The REOI, Submissions, interviews (if conducted) and scores will not be used after generation of the shortlist.
- 1.9 The County reserves the right to cancel this REOI and reserves the right to cancel, or not issue, the corresponding RFP for this Project.

Avery Road Treatment Center Development

ARTICLE 2 Written Submission and Interview Evaluation Criteria

Note: Where NA appears in a Tab # in Article 2, no points will be assessed and the Offeror is not required to provide, at that applicable evaluation stage, the Submittal Requirements information.

		Structure of the Submissions	Written Evaluation		Interview Evaluation	
Category	Tab #	Submittal Requirements	Criteria	Points	Criteria	Points
1. GENERAL REQUIREMENTS	1.1	A cover letter with a brief description of the Offeror, including the Offeror's legal name, address, telephone number and facsimile number. Provide the name, title, address, telephone number, email address, and facsimile number of the contact person who will be authorized to make representations for the Offeror.	Verify submittal of the cover letter. Failure of an Offeror to submit the cover letter may result in Offeror's submission being rejected as unacceptable.	Required	NA	0
	1.2	Signed Acknowledgement of the Solicitation and any Solicitation Addenda (see Document 1.1, Section 00 4200) must be submitted and signed by a person authorized to submit the Submission.	Verify signed form. Failure of an Offeror to submit the signed acknowledgement will result in Offeror's submission being rejected as unacceptable.	Required	NA	0
	1.3	Provide an organization chart for the Offeror and for the Project and Offeror's staffing plan (including all positions) to be assigned to the Project, and submit a completed Offeror's Organization and Business Structure (see Document 1.5, Section 00 4200). For purposes of this request and this Section 3, if the Offeror is a joint venture, information for each entity should be furnished and how the new ARTC facility Use, Revenue, and Expense will be managed by the venturers.	Demonstrated staffing plan and business and project organization.	Required	Presentation of staffing plan and business and project organization.	0
	1.4	Provide a completely filled out Qualification Questionnaire (see Document 1.2, Section 00 4200).	Qualification of firm based on responses to Questionnaire.	Required	NA	0

Avery Road Treatment Center Development

		Structure of the Submissions	Written Evaluation		Interview Evaluation	
Category	Tab #	Submittal Requirements	Criteria	Points	Criteria	Points
	1.5	Using the Key Personnel Information Form, (see Document 1.3, Section 00 4200), provide information for the Project Executive, Project Manager(s), etc. Staff proposed for assignment to this Project should represent the Offeror, to the extent practicable, in the interview phase.	Demonstrated qualifications of key personnel based on their successful experience in completing projects of similar quality and complexity and demonstrated experience and potential for them working as a team to successfully manage the completion of the Project.	75	Quality of presentation and qualifications of key personnel. The following personnel shall represent the firm and present information during the interview as identified in the Written Submission: Project Executive(s) Project Manager(s) Field Superintendent(s) Quality Control Manager.	75
	1.6	Project Experience: Description of the Offeror's experience at developing, maintaining and operating a residential addictions treatment facility. This information must clearly describe the financial structure, size, location, and acquisition method for any referenced residential addictions treatment facilities. The Proposal must explain the Offeror's compatibility with the community and describe any prior experience partnering/working with local/state/national governmental agencies.	Demonstrated history and experience of Offeror experience in developing and managing a residential addictions treatment facility.	150	Demonstrated history and experience of Offeror experience in developing and managing a residential addictions treatment facility.	150
	1.7	Addictions Treatment Experience: Provide history and experience of Offeror in treating addictions populations including State priority addictions populations, and Transition Aged Youth.	Demonstrated knowledge of priority population, relevant state and Federal regulation governing addictions treatments programs. Knowledge and experience of evidence-based and best practice treatment models including but not limited to Recovery Oriented Systems, medical and Behavioral treatments.	50	Demonstrated knowledge of priority population, relevant state and Federal regulation governing addictions treatments programs. Knowledge and experience of evidence-based and best practice treatment models including but not limited to Recovery Oriented Systems, medical and Behavioral treatments.	50

Avery Road Treatment Center Development

		Structure of the Submissions	Written Evaluation		Interview Evaluation	
Category	Tab #	Submittal Requirements	Criteria	Points	Criteria	Points
	1.8	Provide history and experience of Offeror successfully working in a Public-Private Partnership (P3) to finance, design, construct, maintain and operate/manage a facility similar in type and size to the ARTC.	Demonstrated history and experience of Offeror successfully working in a P3 to finance, design, construct, maintain and operate/manage a facility similar in type and size to the ARTC.	25	Demonstrated history and experience of Offeror successfully working in a P3 to finance, design, construct, maintain and operate/manage a facility similar in type and size to the ARTC.	25
2. SCOPE	2.1	Concept Statement: This section must describe the Offeror's concept for the Project and how this concept meets the County's objectives based on information provided in the REOI. This concept statement must identify the proposed layout, square footage (including a breakdown describing the type and use of space area) and other characteristics of the development of the facility. (see Document 1.4, Section 00 4200).	The QSC will evaluate the quality of the projects and their similarity to this project. The QSC, at its sole option, may make site visits to projects for evaluation purposes. Provide coordinated access into the listed projects.	200	The QSC will evaluate the quality of the projects and their similarity to this project. The QSC, at its sole option, may make site visits to projects for evaluation purposes. Provide coordinated access into the listed projects.	200
	2.2	Provide a description of the site management approach Offeror would take if awarded this Project. This description of how the work will be done should include, but not be limited to, the following items: Trailers, staging, construction entrance, phasing, cranes, delivery of materials, storage of materials, site security, and other related issues.	Quality of Offeror's site management approach. This description of how the work will be done should include, but not be limited to, the following items: Trailers, staging, construction entrance, phasing, cranes, delivery of materials, storage of materials, site security, and other related issues.	50	Quality of Offeror's site management approach. This description of how the work will be done should include, but not be limited to, the following items: Trailers, staging, construction entrance, phasing, cranes, delivery of materials, storage of materials, site security, and other related issues.	50
	2.3	Provide recommendations/comments on constructability issues for this Project based on drawings and other information provided in this REOI. Issues may include site constraints, phasing, and design elements.	Written recommendations/comments are welcome.	0	Discussion of recommendations/comments.	0

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Avery Road Treatment Center Development

Category	Tab #	Structure of the Submissions	Written Evaluation		Interview Evaluation	
		Submittal Requirements	Criteria	Points	Criteria	Points
3. SCHEDULE	3.1	Provide a schedule for the proposed planning, design, and construction of the new facility.	Demonstrated quality of the schedule and of response concerning construction time.	30	Demonstrated quality of the schedule and of response concerning construction time.	30
	3.2	Provide written description of experience and methodology for completing development (financing, planning, design, and construction) of similar projects on time.	Demonstrated experience and capability in completing development of similar projects on time.	20	Demonstrated experience and capability in completing development of similar projects on time.	20
4. BUDGET AND FINANCIAL	4.1	Provide audited annual financial statements, or any other financial reports, indicating the Offeror's financial standing for the last three (3) years. Such statements must be current and complete with all referenced documentation and clarification (including footnotes). Also provide unaudited monthly statements from the last annual statement to date. Provide Dun and Bradstreet Rating and Company Profile including corporate family tree if applicable.	Demonstrated financial capability and potential for responsible financial management during this Project. Demonstrated net worth and financial strength. Higher consideration will be given if financial statements have been audited.	75	NA	0
	4.2	Provide a notarized statement from a surety insurer, authorized to issue bonds in the State of Maryland, which states your current available bonding capacity.	Verify signed form and bonding capacity.	Required	NA	0
	4.3	Provide list and written description of experience for completing development (financing, planning, design, and construction) of similar projects within budget.	Demonstrated experience and capability of completing development of similar projects within budget.	25	Demonstrated experience and capability of completing development of similar projects within budget.	50

Avery Road Treatment Center Development

		Structure of the Submissions	Written Evaluation		Interview Evaluation	
Category	Tab #	Submittal Requirements	Criteria	Points	Criteria	Points
	4.4	<p>Project budget showing funds and funding sources for initial design and construction costs and long-term annual operating costs. The budget must include but not be limited to cost, revenue and inflation assumptions, for:</p> <ul style="list-style-type: none"> ▪ Soft and hard costs to construct the facility; ▪ Maintenance costs; ▪ Equipment costs; and ▪ Revenues sources; ▪ Expenditures, including lease and other operating costs; ▪ Operational costs. 	Budget is detailed and realistic. Financing plan and revenue sources are sound and achievable.	150	Budget is detailed and realistic. Financing plan and revenue sources are sound and achievable.	150
	4.5	A statement of whether the proposed development and operation is contingent on any County or State government action (e.g., regulation changes, public funding-grants, loans, etc.) and a listing of these contingencies.	Level of contingencies.	100	Level of contingencies.	150
5. SAFETY	5.1	Provide Offeror's experience and history with safety programs.	Demonstrated safety program.	50	Demonstrated safety program.	50
Total			Highest possible score for written submission evaluation.	1000	Highest possible score for interview evaluation.	1000

NA = Non Applicable

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