


**MEMORANDUM**

April 26, 2019

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Worksession:** FY20 Recommended Operating Budget  
Department of Health and Human Services  
**Behavioral Health and Crisis Services**

PURPOSE: Committee recommendations

***Those expected for this worksession:***

Vickie Buckland, Acting Director, Department of Health and Human Services (DHHS)  
Dr. Raymond Crowel, Chief, Behavioral Health and Crisis Services (DHHS)  
Erika Finn-Lopez, Office of Management and Budget

An excerpt from the Executive's Recommended Budget for Behavioral Health and Crisis Services is attached at ©1-6. Attached are testimony from the Victim Services Advisory Board (© 9-10) and October 2018 priorities statements provided to the Health and Human Services Committee by the Mental Health Advisory Committee (© 11-13) and the Alcohol & Other Drug Abuse Advisory Council (© 14).

**Behavioral Health and Crisis Services Overview**

For FY20, Administration and Support Services is organized into eleven program areas. The County Executive is recommending a total of \$45,234,895. The following table shows the change in dollars since FY16.

<b>Behavioral Health and Crisis Services Expenditures in \$000's</b>	<b>FY16 Budget</b>	<b>FY17 Budget</b>	<b>FY18 Budget</b>	<b>FY19 Budget</b>	<b>FY20 Rec</b>	<b>Change FY19-20</b>
Chief Behavioral Health & Crisis Services	562	564	556	563	820	45.6%
Behavioral Health Planning and Management	8,087	8,695	9,262	8,979	9,757	8.7%
24-Hour Crisis Center	4,825	5,072	5,204	5,322	5,143	-3.4%
Seniors/Persons w Disabilities Mental Health Services	787	798	778	788	255	-67.6%
Treatment Services Administration	5,905	6,521	4,632	4,919	2,979	-39.4%
Access to Behavioral Health Services	3,648	3,712	3,661	3,608	3,597	-0.3%
Forensic Services - Adult	2,375	2,201	2,681	3,314	3,753	13.2%
Outpatient Behavioral Health Services - Adult	3,239	3,312	2,990	2,920	1,979	-32.2%
Outpatient Behavioral Health Services - Child	5,582	5,625	5,827	7,045	7,830	11.1%
Trauma Services	4,960	4,988	5,311	5,852	6,024	2.9%
Specialty Behavioral Health Services	2,568	2,513	2,263	2,584	3,095	19.8%
<b>TOTAL</b>	<b>42,538</b>	<b>44,001</b>	<b>43,165</b>	<b>45,894</b>	<b>45,232</b>	<b>-1.4%</b>

The following provides a description of the programs in this service area.

	<b>FY20 Rec \$</b>	<b>FY20 FTEs</b>
<b>Chief Behavioral Health &amp; Crisis Services:</b> Provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services	\$820,073	4.0
<b>Behavioral Health Planning and Management:</b> Planning, management, and monitoring of Public Behavioral Health Services for children with serious, social, emotional, and behavioral health challenges; adults with serious and persistent mental illness; and, seniors with behavioral health needs. Develop and manage treatment and rehabilitation services. Serves persons with co-occurring disorders, homeless persons, and previously incarcerated persons and persons on conditional release. Manages all service area contracts.	\$9,757,010	23.0
<b>24-Hour Crisis Services:</b> Telephone, walk-in, mobile crisis outreach, and crisis residential services to persons experiencing situational emotional or mental health crisis. Crisis Center provides services 24/7 and focuses on finding the least restrictive, community-based setting. Psychiatric crisis services are used to prevent hospitalization and suicide. Back-up when client's primary service providers are not available after hours.	\$5,142,715	36.90

	FY20 Rec \$	FY20 FTEs
<b>Mental Health Services for Seniors &amp; Persons with Disabilities:</b> Mental health outreach services for seniors who cannot or will not access office-based services. Services for persons experiencing caregiver stress. Provide consultation to assisted living providers, HOC resident counselors and senior center directors. Mental health services for the deaf or hearing impaired.	\$255,712	1.0
<b>Treatment Services – Administration:</b> Overall management of Federal and State Behavioral Health Administration grant and Medicaid funded community-based programs. Oversees the addiction continuum of private providers.	\$2,979,836	3.0
<b>Access to Behavioral Health Services:</b> Connects uninsured and low-income consumers with mental health and/or substance abuse problems to appropriate community services. Short-term case management and psychiatric services to vulnerable clients, including recent discharges from hospital or jail. Urine monitoring program serves those required to submit to breathalyzer and urine surveillance and those who request services to support recovery from substance abuse.	\$3,596,647	29.0
<b>Forensic Services – Adult:</b> Clinical Assessment and Transition Services (CATS), Jail Addiction Services (JAS), and Mental Health Court teams.	\$3,753,781	28.0
<b>Outpatient Behavioral Health Services – Adult:</b> Provides comprehensive addiction, mental health outpatient, and intensive outpatient services to adult residents of Montgomery County. Priority given to special populations. Accepts referrals from Access to Behavioral Health Services and Avery Road Treatment Center. Includes services for Limited English Proficiency persons and those with specialized cultural and language needs. Peer-led recovery is offered.	\$1,979,150	11.5
<b>Outpatient Behavioral Health Services – Child</b> Provides comprehensive addiction, mental health outpatient, and intensive outpatient services to Montgomery County youth and their families. Two outpatient behavioral health clinics provide assessment, psychiatric treatment, and therapy. Home based treatment provides services for children and families in the Child Welfare system. Services youth and families in the juvenile justice system. Screening and Assessment Services for Children and Adults (SASCA) works with the State's Attorney's Office and Police to provide alternatives for youth that receive citations.	\$7,830,396	29.75

	FY20 Rec \$	FY20 FTEs
<b>Trauma Services:</b> Abused Persons Program (APP) and The Victim and Sexual Assault Program (VASAP) serve victims of domestic violence, sexual assault, and violent crime. Domestic violence, sexual violence, and human trafficking victims can receive assessments, crisis intervention, safety planning, and placement in emergency shelters. VASAP has a volunteer outreach system to respond to hospitals and police stations.	\$6,024,326	29.55
<b>Specialty Behavioral Health Services:</b> Adult Drug Court and Medication Assisted Treatment (MAT) Programs. Drug Court provides intensive outpatient treatment to chronic substance abusers who are before the Circuit Court for violations of probation or new offenses. MAT serves people with a history of opioid dependence that have been unsuccessful in other treatments. Includes methadone maintenance. Both programs provide services for people with co-occurring mental health disorders.	\$3,095,249	22.55

#### **Multi-program Adjustments:**

This service area has some very significant changes that are rolled-up into Multi-program Adjustments reflecting compensation changes, benefit changes, staff turnover, and reorganizations. This table shows that the net change across all the program is actually quite small. There is a reallocation of grant funds and FTEs that drive much of the large changes.

<b>Multi-Program Adjustments BHCS</b>	<b>\$</b>	<b>FTE</b>
Chief Behavioral Health & Crisis Services	257,329	0.5
Behavioral Health Planning and Management	1,301,613	9.21
24-Hour Crisis Center	(179,485)	0
Seniors/Persons w Disabilities Mental Health Services	(532,414)	0
Treatment Services Administration	(1,938,981)	0
Access to Behavioral Health Services	(11,621)	(1.0)
Forensic Services - Adult	439,879	2
Outpatient Behavioral Health Services - Adult	(940,559)	(8.75)
Outpatient Behavioral Health Services - Child	785,454	0
Trauma Services	250,012	0
Specialty Behavioral Health Services	411,515	0.55
<b>NET CHANGE</b>	<b>(157,258)</b>	<b>2.5</b>

## Specified Changes and Discussion Items

### A. Chief Behavioral Health and Crisis Services

#### 1. Multi-Program Adjustments

**\$257,329 and 0.5FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

### B. Behavioral Health Planning and Management

#### 1. Technical Adjustment Community Health Grant Funds

**\$0 and (6.71)FTEs**

This is a technical adjustment related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant.

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

#### 2. Adjust Residential Rehabilitation Supplement

**(\$200,109) and 0.0FTE**

The Residential Rehabilitation Supplement is a County funded payment to service providers that was begun to provide operational support in recognition of the higher cost of business in Montgomery County compared to the reimbursement rate. For FY19, the Executive recommended and the Council approved a 10% reduction to the funding. For FY20, the Executive is recommending an additional 20% reduction.

<b>Residential Treatment</b>	<b>FY15</b>	<b>FY16</b>	<b>FY17</b>	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>
Community Connections	53.731	54.805	55.901	57.019	51.318	41.055
Cornerstone	681.088	694.709	708.104	722.266	650.498	520.398
Family Services Inc.	234.926	239.624	244.417	249.305	224.375	179.500
Rock Creek Foundation	77.849	77.849	80.994	82.614	74.352	59.482
<b>TOTAL</b>	<b>1,047,594</b>	<b>1,066,987</b>	<b>1,089,416</b>	<b>1,111,204</b>	<b>1,000,543</b>	<b>800,434</b>

DHHS says that residential rehabilitation programs are reimbursable through the Maryland Public Behavioral Health fee for service (FFS) system. Providers submit claims and are reimbursed through the administrative services organization (currently Beacon Health Options). Montgomery County is, they believe, the only county in the state that provides this

administrative fee over and above the FFS rates. DHHS expects that this proposed reduction will not result in a reduction in the number of Residential Rehabilitation Program beds or the number of clients served. The County funded supplement was for administrative support for the programs dating back at least a decade. This level of service is billable through the fee-for-service system at rates which should be adequate to continue operations for RRP.

The supplement has been allocated based on the numbers of beds each provider had when the initial contracts were created. The reductions are allocated to the five residential rehabilitation contracts by the proportions of GF budget received.

**Council staff recommendation:** Place two increments of \$100,000 each to restore part or all of this reduction. Council staff actually agrees with DHHS' rationale that there is no need to pay a supplement if the State reimbursement rate is adequate to cover costs. However, Council staff believes that it will be difficult for these organizations to make up a 20% reduction in one year. Council staff suggests that there should be follow-up with these organizations to review the cost and reimbursement and plan a schedule to phase-out this supplement. If an organization is using these funds to support other services, that should be explained, and a separate decision made on whether County support might be appropriate. Supplements should be used for the purpose for which they are identified.

### **3. Multi-Program Adjustments \$1,301,613 and 9.21FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This large increase is part of the adjustments related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant. DHHS also says that an effort was made to reallocate the budget to the programs where the funds are actually spent.

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

### **C. 24-Hour Crisis Center**

#### **1. Multi-Program Adjustments (\$179,485) and 0.0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

## **D. Mental Health Services for Seniors and Persons with Disabilities**

### **1.. Multi-Program Adjustments (\$532,414) and 0.0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. This is also part of the adjustments related to a change in the criteria for the Mental Health Services Grant which has resulted in DHHS shifting costs to the General Fund and reallocating operating expenses and contracts to the grant. DHHS also says that an effort was made to reallocate the budget to the programs where the funds are actually spent.

<b>Council staff recommendation:</b> Approve as recommended by the County Executive.
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## **E. Treatment Services - Administration**

### **1. Multi-Program Adjustments (\$1,938,981) and 0.0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

DHHS says that a notable part of this adjustment is related to a change to a Medicaid fee-for-service formula that reduced the County share of funding to the provider. The new Medicaid fees represent an increase in overall funding for the provider. DHHS shifted the County funds to areas where there was a shortfall in the budget related to actual funding as well as to fund urgent needs such as Narcan training and Suicide Prevention.

<b>Council staff recommendation:</b> Approve as recommended by the County Executive.
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## **F. Access to Behavioral Health Services**

### **1. Multi-Program Adjustments (\$11,621) and (1.0)FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

<b>Council staff recommendation:</b> Approve as recommended by the County Executive.
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## G. Forensic Services - Adult

### 1. Multi-Program Adjustments \$439,879 and 2.0FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS shares that the increase and 2 FTEs in this adjustment is the shifting of two Therapists from other programs to assist Department of Correction and Rehabilitation Crisis Intervention Unit mental health therapists with increased caseload.

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

## H. Outpatient Behavioral Health – Adult

### 1. Multi-Program Adjustments (\$940,559) and (8.75)FTE

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS reports that it has discontinued the Intensive Outpatient Program located at Rollins Avenue because the behavioral health continuum has other programs that are able to provide the co-occurring disorders treatment services that were provided. Positions were redeployed to other programs in Behavioral Health and Crisis Services to address gaps that were deemed as service priorities.

**Council staff recommendation:** Approve as recommended by the County Executive. The Committee should hear from Dr. Crowel about how clients were transitioned from the County program to other providers and whether there is any difference to the out-of-pocket cost to clients.

This table provides information on residential and outpatient program capacity and wait times.

Program (as reported April 2019)	Capacity	Wait Time
Avery Road Treatment Center (detox)	10	2 days
Avery Road Treatment Center (residential treatment)	10	2 days
Avery Road Combined Care	20	1 week
Journeys for Women	Variable	3 weeks
Lawrence Court Halfway House	20	1 day
Avery Road Halfway House for Women/Children	10	No Wait
Adult Drug Court	90	No Wait
Medication Assisted Treatment	75	No Wait
Outpatient program level 1 - FSI	N/A	Closed
Outpatient program level 1 - Suburban	Variable	No Wait
Day Treatment for Delinquent Youth (Maryland Treatment Center)	Variable	No Wait



## **I. Outpatient Behavioral Health – Child**

### **1. Multi-Program Adjustments**

**\$785,454 and 0.0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

**At the Joint Public Safety and Health & Human Services session on the Adult Mental Health Courts, the Committee said it was interested in exploring the potential for the mental health court model for juveniles.** Council staff is scheduling this discussion for the fall as it will involve DHHS, the Department of Juvenile Services, State's Attorney and the Circuit Court. As follow-up now, DHHS has provided the following information about SASCA, which is used by the Department of Juvenile Services, Montgomery County Police and others to screen youth for substance abuse and/or mental health issues.

**SASCA:** How many youths were screened by SASCA in FY16, FY17, and FY18? Describe the main categories of the screening tool and how many youth were determined to need follow-up outpatient mental health or substance abuse treatment. Also, provide information on how and who can refer a youth to SASCA for evaluation.

#### **Youth Screened**

FY16: 1,377

FY17: 1,095

FY18: 1,077

FY19 YTD (3/31/19): 824

Please note that the decrease in SASCA referrals correlates to the change in the Marijuana laws and in societal attitudes toward youth substance abuse.

**Main categories of screening tool:** Master's level licensed clinicians utilize clinical interview with youth and parent regarding behavioral health concerns, symptoms, and impact on daily functioning (family relationships, friendships, school performance, etc.). CRAFFT screening tool and quick cup urinalysis screenings are also used during the SASCA appointment to assist with determining appropriate level of care for referral. Clinicians provide ongoing case management to open cases until the family connects to the recommended treatment or service. In Diversion cases, SASCA clinicians continue to provide follow up case management until the youth has completed the recommended treatment or service.

#### **How many youth determined to need follow up outpatient mental health or substance abuse treatment:**

FY16: 1,174 (85% of youth screened)

FY17: 980 (90% of youth screened)

FY18: 953 (89% of youth screened)

FY19 YTD (3/31/19): 722 (92% youth screened)

SASCA is accessible to any youth under the age of 18 who is a Montgomery County resident. Any parent in the County who would like a screening for their child or adolescent may call to schedule an appointment (self-referral). SASCA also receives referrals from Montgomery County Public Schools, Department of Juvenile Services, Montgomery County Police Department's Special Victims Investigations Division, and Child Welfare Services. SASCA is an integral component of the Diversion Program of Montgomery County, which is a collaboration between MCPD, State's Attorney's Office, and Department of Health and Human Services.

### **Child and Adolescent Behavioral Health Services School Referral Report**

Attached at © 7-8 is the updated School Referral Report that shows the number of referrals to crisis services. The Council received testimony in support of programming to address youth suicide and the need for mental health services for school aged children.

- Total referrals have increased substantially from 1,075 in FY15 to 1,804 in FY18. Prior to FY17 there were three years of relative stability.
- The percentage of referrals from each school level has not changed dramatically from FY17 to FY18. In FY18, 25% were from elementary school, 41% from middle school, and 33% from high school. For FY19 (through March), 49% of referrals are from middle school.
- The number one reason for a referral is a suicidal threat, followed by self-injurious behavior. These have grown substantially from FY16 to FY18: suicidal threats from 554 to 880, and, self-injurious behavior from 234 to 363.
- In most cases, the student is determined not to be a risk to self or others.
- Inpatient hospitalization as the disposition of the referral has increased from 59 in FY16 to 117 in FY18. However, most cases are appropriate for outpatient treatment.
- Emergency petition initiated by Crisis Center staff rose from 8 in FY16 to 18 in FY18.

### **J. Trauma Services**

#### **1. Change in Funding Allocation for Sexual Assault Rape Crisis Funds Victims of Crime Act Rape Crisis Intervention Grant Funds \$201,978 and 0.0FTE**

The Department expects the FY20 allocation will be \$201,978. They share that the FY20 grant fund will cover 0.5 FTE for a Principal Administrative Aide, extra service hours provided by the part-time Client Assistant Specialists and a broker (contract) to provide individual, family and group therapy for sexual assault victims.

<b>Council staff recommendation:</b> Approve as recommended by the County Executive.
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**2. Change in Award Term of Victims of Crime/General Grant Funds  
(\$280,509) and 0.0FTE**

This is the Victim Assistance Service Project grant awarded by the Governor's Office of Crime Control and Prevention (GOCCP) many years ago under the Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program. In FY17, GOCCP awarded the VOCA grant in amount of \$727,182 for a 2-Year Term. In FY19, GOCCP awarded \$446,673 for 1 Year term. We expect to receive the same award amount \$446,673 in FY20. However, since the previous budget had the \$727,182 loaded, this shows in the budget book as a reduction.

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

**3. Multi-Program Adjustments  
\$250,012 and 0.0FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations.

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

**4. Domestic Violence Offender Groups:** The Victim Services Advisory Board is, for a second year, asking for \$115,000 to (1) provide intensive individual therapy for high risk offenders; (psychiatric medical assessments for medication as appropriate; and (3) intake and translation services. Council staff asked if DHHS reviewed these costs with the Advisory Board and can it speak to the need for any or all of what is requested. Intensive individual therapy and medication would be a change from the current program offered through Trauma Services. Can the contractor refer people to the public system for these services if they are eligible or access private insurance if the client has it? DHHS has provided the following response:

The Abuser Intervention Program is offered through a contract which results from an open solicitation. DHHS has reviewed the recommendations/costs provided by the Advisory Board. It is correct that adding individual therapy and medication would be a change from the current program. To the extent that additional funding would be available, new services could benefit those that the program serves.

The individuals served by this program could be referred by the contractor to the public system if they had the appropriate coverage and met the diagnostic and eligibility criteria. It may, be difficult to find practitioners in the private sector with the required expertise for this specialty of care. The same is true for privately insured individuals as long as this type of coverage is part of the benefit plan.

## **K. Specialty Behavioral Health Services**

### **1. Annualization of Adult Drug Court Therapist \$99,980 and 1.0FTE**

On April 11, 2019 the Joint Public Safety and Health & Human Services Committee reviewed the Adult Drug Court. This cost for annualizing the Therapist added by the Council in FY19 was included in the budget information provided.

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

### **2. Multi-Program Adjustments \$411,515 and 0.55FTE**

Multi-Program Adjustments include such things as compensation and benefit changes and changes due to turnover and reorganizations. DHHS says that the FTE change is because a Community Services Aide III was moved from Outpatient BH – Adult to Specialty Behavioral Health Services. This is a split position between Behavioral Health Grant 0.55 FTE and Public Health 0.45 FTE. The position conducts the preliminary HIV testing and provides outreach services to identify clients with behavioral health disorders who are HIV positive. The position refers persons identified to be HIV positive to medical care and support services, unless the client declines a referral.

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



# Behavioral Health and Crisis Services

**RECOMMENDED FY20 BUDGET**  
**\$45,234,895**

**FULL TIME EQUIVALENTS**  
**218.25**

✱ **VICTORIA BUCKLAND, ACTING DIRECTOR**

## 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 promote mental wellness, prevent substance abuse and suicide, and to ensure access to a comprehensive treatment and recovery 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 Behavioral Health Administration, 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 240.777.1058 or Erika Lopez-Finn of the Office of Management and Budget at 240.777.2771 for more information regarding this department's operating budget.

## PROGRAM DESCRIPTIONS

### ✱ Chief Behavioral Health & Crisis Services

This program provides leadership, oversight, and guidance for the administration of Behavioral Health and Crisis Services; and coordinates the strategic alignment and development of the County Behavioral Health continuum.

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>562,744</b>	<b>3.50</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	257,329	0.50
<b>FY20 Recommended</b>	<b>820,073</b>	<b>4.00</b>

### ✱ Behavioral Health Planning & Management

As the State mandated local mental health authority, this program is responsible for planning, management, and monitoring of public behavioral health services for children with serious, social, emotional and behavioral health challenges, adults with a serious and persistent mental illness, and seniors living with behavioral health needs. 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 FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
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Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
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	93	93	94	94	94
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	78	79	77	77	77

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>8,979,683</b>	<b>20.50</b>
Technical Adj: Funding Shift for Community Mental Health Grant Funds	0	(6.71)
Decrease Cost: Adjust Residential Rehabilitation General Fund Supplement	(200,109)	0.00
Shift: Transfer Management of Conservation Corps Contract to the Department of Environmental Protection	(324,177)	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.	1,301,613	9.21
<b>FY20 Recommended</b>	<b>9,757,010</b>	<b>23.00</b>

### ☼ 24-Hours 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 FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of students identified by schools to be at risk that are stabilized utilizing community resources without hospital intervention	94	95	95	95	95

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>5,322,200</b>	<b>36.90</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(179,485)	0.00
<b>FY20 Recommended</b>	<b>5,142,715</b>	<b>36.90</b>

### ☼ Mental Health Services Seniors & Persons with Disabilities

This program provides mental health outreach 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 to providers of services for seniors. This program also provides mental health services to persons who are deaf or hearing impaired.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of surveyed homebound seniors reporting an improvement in their quality of life as measured by Mental Health Statistics Improvement Program Consumer Survey Scale <sup>1</sup>	84	90	84	84	84

<sup>1</sup> The clients evaluated are those who were evaluated by clinicians during face-to-face visits or by clinician impression after discharge.

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>788,126</b>	<b>1.00</b>

**FY20 Recommended Changes**

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

Expenditures

FTEs

(532,414)

0.00

**FY20 Recommended**

255,712

1.00

### ☀ Treatment Services - Admin

Provides overall management of the Federal and State Behavioral Health Administration grant and Medicaid funded community-based programs, and oversees operations of the addiction continuum of private providers.

**Program Performance Measures**

Actual

Actual

Estimated

Target

Target

FY17

FY18

FY19

FY20

FY21

Percentage of decrease in substance abuse for patients completing treatment (Level 1 Outpatient Treatment)<sup>1</sup>

90

98

90

90

90

<sup>1</sup> Percent decrease in substance abuse goal is set at 74 percent by the State of Maryland.

**FY20 Recommended Changes**

Expenditures

FTEs

**FY19 Approved**

4,918,817

3.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

(1,938,981)

0.00

**FY20 Recommended**

2,979,836

3.00

### ☀ Access To Behavioral Health Services

Access to Behavioral Health Services connects uninsured and low-income consumers with mental health and/or substance abuse problems to the appropriate community services. Staff provide information and referral, and behavioral health screenings and assessments. 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. More intensive social work services are provided 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 program offers services at a central office and is collocated with HHS Income Supports offices and the Department of Correction and Rehabilitation Pre-trial Services. The Federal/State Projects for Assistance in Transition from Homelessness funds some services to target the re-entry needs of mentally-ill individuals in the criminal justice system. The Urine Monitoring Program serves clients referred by the courts, social service agencies, or behavioral health providers, and others required to submit to breathalyzer and urine surveillance or who require or request such screening and testing to support recovery from substance abuse.

**FY20 Recommended Changes**

Expenditures

FTEs

**FY19 Approved**

3,608,268

30.00

Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.

(11,621)

(1.00)

**FY20 Recommended**

3,596,647

29.00

### ☀ Forensic Services - Adult

Adult Forensic Services is composed of four programs: Clinical Assessment and Transition Services (CATS); Jail Addiction Services (JAS); Stop, Triage, Engage, Educate, Rehabilitate (STEER); and, the Mental Health Court (MHC) Team. 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 ASAM II.5 level jail-based residential addiction treatment program for inmates who suffer from substance related disorders at the Montgomery County Correctional Facility. The STEER program responds with referrals to treatment for minor offenders referred by: (1) the police in lieu of criminal charges; and (2) victims of overdose. The MHC Team provides clinical assessment, care planning, and care-coordination to the clients of Mental Health Court.

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of successful Jail Addiction Services clients that were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion	75	77	75	75	75
Percent of clients who successfully graduate from Mental Health Court	N/A	54	54	54	54
STEER - Percent of individuals who engage in treatment as evidenced by attending the first treatment appointment and also remain active at 60 days after starting treatment <sup>1</sup>	N/A	42	42	42	42

<sup>1</sup> Percent remaining active after 30 days is 68 percent.

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>3,313,902</b>	<b>26.00</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	439,879	2.00
<b>FY20 Recommended</b>	<b>3,753,781</b>	<b>28.00</b>

### ☼ Outpatient Behavioral Health Services - Adult

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

Program Performance Measures	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percent of clients who reported decreased emotional distress and improvement in depressive symptoms <sup>1</sup>	73	65	73	73	73

<sup>1</sup> This measure was newly developed for FY16 from previous years to better measure and report outcomes, based on two sub-domain scores from BASIS 24 (Depression and Emotional Lability).

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>2,919,709</b>	<b>20.25</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(940,559)	(8.75)
<b>FY20 Recommended</b>	<b>1,979,150</b>	<b>11.50</b>

### ☼ Outpatient Behavioral Health Services - Child

Child and Adolescent Outpatient Behavioral Health Services offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment, and care coordination services for Montgomery County youth and their families, including for the most vulnerable. Services are individualized, child-focused, family-driven, culturally and linguistically appropriate, and accessible via office, school, and community-based settings. The program strives to serve the behavioral health needs of youth and families along a continuum of care from prevention to treatment. There are two outpatient behavioral health clinics that provide assessment, psychiatric treatment, and individual and family therapy for children and adolescents with emotional and behavioral issues. The Home-Based Treatment Team provides mobile treatment specifically for children and families involved with Child Welfare Service, while Family Intervention Services (previously known as the Violence Prevention Initiative) serves youth and families involved with the Department of Juvenile Services. The Prevention Program works to prevent substance use and suicide, and promotes healthy behaviors and lifestyles. In addition, Screening and Assessment Services for Children and Adolescents (SASCA) provides substance use and mental health screening and referral for Montgomery County youth, and collaborates with the State's Attorney's Office and the Montgomery County Police Department to divert youth from involvement with the Department of Juvenile Services.



### Program Performance Measures

	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of offenders under age 18 that are diverted to substance abuse education or mental health treatment programs who do not re-enter the correction system within 12 months of being assessed compliant with requirements <sup>1</sup>	90	92	90	90	90
Percentage of clients who showed symptom reduction at posttest or upon discharge	65	70	75	75	75

<sup>1</sup> This measure is by definition a 12-month follow-up of clients, so actual FY17 data reports recidivism rate for clients who completed substance abuse education and/or behavioral health treatment programs in FY16.

### FY20 Recommended Changes

	Expenditures	FTEs
<b>FY19 Approved</b>	<b>7,044,942</b>	<b>29.75</b>
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	785,454	0.00
<b>FY20 Recommended</b>	<b>7,830,396</b>	<b>29.75</b>

## ☀ Trauma Services

Trauma Services is comprised of two programs: The Abused Persons Program (APP) for partner violence and The Victim Assistance and Sexual Assault Program (VASAP) for sexual assaults and general/violent crimes, including services to surviving family members of homicide and tragic/traumatic deaths. Trauma Services provides comprehensive, individualized and culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims, and victims of general crime of all ages. All victims may be assessed and receive counseling, victim advocacy, and psychiatric care, as well as a variety of specialty services geared to their particular need. Programming for domestic violence, sexual violence, and human trafficking victims also includes information and referral, lethality assessments, crisis intervention, safety planning, and placement in emergency shelters. Services are provided on-site at the Family Justice Center, at 1301 Piccard Drive, and at 8818 Georgia Avenue. Programs for victims of sexual assault include 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, crisis intervention, and linkage to counseling.

### Program Performance Measures

	Actual FY17	Actual FY18	Estimated FY19	Target FY20	Target FY21
Percentage of adult victims of sexual assault and general crime that show a decrease in symptoms (as measured by Post-Traumatic Stress Disorder Checklist - Civilian clinical scales) <sup>1</sup>	85	94	90	90	90
Percentage of child victims of sexual assault and general crime that show a decrease in symptoms (as measured by the Child's Reaction to Traumatic Events Scale clinical scales) <sup>2</sup>	81	95	90	90	90
Percentage of clients receiving therapy that demonstrate improvement on a domestic violence rating scale <sup>3</sup>	91	89	90	90	90

<sup>1</sup> Post Traumatic Stress Disorder Check List- Civilian(PCL-C) was developed by Weathers, Litz, Huska, & Keene National Center for PTSD-Behavioral Science Division.

<sup>2</sup> Child's Reaction to Traumatic Events Scale (CRTES) Scale was developed by Russell T. Jones, Ph.D, Stress and Coping Lab, Department of Psychology, Virginia Tech University.

<sup>3</sup> Rating scale developed by Jacqueline Dienemann and Jacquelyn Campbell, Johns Hopkins University, School of Nursing, March 1999.

### FY20 Recommended Changes

	Expenditures	FTEs
<b>FY19 Approved</b>	<b>5,852,845</b>	<b>29.55</b>
Increase Cost: Change in Funding Allocation for Sexual Assault Rape Crisis funds - Victims of Crime Act (VOCA) - Rape Crisis Intervention Grant Funds	201,978	0.00
Decrease Cost: Change in Award Term of Victims of Crime/General Grant Funds	(280,509)	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.	250,012	0.00
<b>FY20 Recommended</b>	<b>6,024,326</b>	<b>29.55</b>

## ☀ Specialty Behavioral Health Services

Specialty Behavioral Health Services is comprised of the Adult Drug Court Program and the Medication Assisted Treatment Program (MAT). The Adult Drug Court program is a collaborative effort between the Department of Health and Human Services, Circuit Court, Office of the Public Defender, State's Attorney's Office, Department of Corrections and Rehabilitation, Adult Probation and Parole,

Montgomery County Police Department, and the Montgomery County Sheriff's Office. It provides intensive outpatient treatment services to chronic substance abusing offenders who are before the Circuit Court for violation of probation and/or new criminal offenses. The MAT program serves adult residents of Montgomery County who are diagnosed with substance use disorders. Individuals served in MAT have a history of opioid dependence, are uninsured or on Medical Assistance, and have not been able to succeed in other treatment settings. The MAT program is a comprehensive opioid treatment program and methadone maintenance. Both MAT and the Adult Drug Court Treatment Program provide psychiatric treatment services for those with co-occurring mental health disorders. Treatment services include individual, group, and family therapy; drug testing; case management; crisis services; discharge planning; and pharmacotherapy.

FY20 Recommended Changes	Expenditures	FTEs
<b>FY19 Approved</b>	<b>2,583,754</b>	<b>21.00</b>
Increase Cost: Annualization of Adult Drug Court Therapist Costs	99,980	1.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	411,515	0.55
<b>FY20 Recommended</b>	<b>3,095,249</b>	<b>22.55</b>

### PROGRAM SUMMARY

Program Name	FY19 APPR Expenditures	FY19 APPR FTEs	FY20 REC Expenditures	FY20 REC FTEs
24-Hours Crisis Center	5,322,200	36.90	5,142,715	36.90
Behavioral Health Planning & Management	8,979,683	20.50	9,757,010	23.00
Chief Behavioral Health & Crisis Services	562,744	3.50	820,073	4.00
Mental Health Services Seniors & Persons with Disabilities	788,126	1.00	255,712	1.00
Treatment Services - Admin	4,918,817	3.00	2,979,836	3.00
Access To Behavioral Health Services	3,608,268	30.00	3,596,647	29.00
Forensic Services - Adult	3,313,902	26.00	3,753,781	28.00
Outpatient Behavioral Health Services - Adult	2,919,709	20.25	1,979,150	11.50
Outpatient Behavioral Health Services - Child	7,044,942	29.75	7,830,396	29.75
Trauma Services	5,852,845	29.55	6,024,326	29.55
Specialty Behavioral Health Services	2,583,754	21.00	3,095,249	22.55
<b>Total</b>	<b>45,894,990</b>	<b>221.45</b>	<b>45,234,895</b>	<b>218.25</b>

# **FY 2019 TO 3/31/19 SCHOOL REFERRAL REPORT**

<b>TOTAL REFERRALS</b>	<b>FY TO 3/31/19</b>	<b>FY18</b>	<b>FY17</b>	<b>FY16</b>	<b>FY 15</b>
	1522	1804	1377	1034	1075

<b>TOTAL SCHOOLS REF.</b>	<b>FY 19</b>	<b>FY18</b>	<b>FY17</b>	<b>FY16</b>	<b>FY 15</b>
	206	205	204	204	204

<b>SCHOOL TYPE</b>	<b>Schools</b>	<b>REF. FY 19</b>	<b>#NOT REF.</b>	<b>% REF.</b>
<i>ELEMENTARY</i>	<b>134</b>	<b>95</b>	<b>39</b>	<b>71</b>
<i>MIDDLE</i>	<b>40</b>	<b>40</b>	<b>0</b>	<b>0</b>
<i>HIGH SCHOOL</i>	<b>25</b>	<b>25</b>	<b>0</b>	<b>0</b>
<i>TECH. CAREER HIGH</i>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
<i>SPECIAL SCHOOLS</i>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>ALT. EDU. PRO.</i>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>PRIVATE</i>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>TYPE OF REFERRAL</b>	<b>FY19 To 3/31/19</b>	<b>% FY19</b>	<b># STUD. FY18</b>	<b>% FY18</b>	<b># STUD. FY17</b>	<b>% FY17</b>
<i>ELEM.</i>	319	21%	443	24.56%	344	25%
<i>MIDDLE</i>	748	49%	742	41.13%	596	43.28%
<i>HIGH</i>	454	30%	580	33.15%	415	30.13%
<i>MCT</i>	16	1.05%	21	1.16%	19	1.38%
<i>MALE</i>	715	47%	932	51.66%	705	51.20%
<i>FEMALE</i>	807	53%	872	48.33%	772	56.06%
<i>African American</i>	610	40%	508	28.16%	n/a	n/a
<i>American Indian</i>	44	2.90%	10	0.55%	n/a	n/a
<i>Asian</i>	147	10%	181	10.03%	n/a	n/a
<i>Caucasian</i>	193	13%	341	18.90%	n/a	n/a
<i>Hispanic</i>	456	30%	646	35.80%	n/a	n/a
<i>Mixed</i>	38	2.49%	42	2.33%	n/a	n/a
<i>Other</i>	34	2.23%	76	4.21%	n/a	n/a

**Schools that referred the most:**

**Elementary School:** Flower Hill (10), Georgian Forest (12), Whetstone (12)

**Middle School:** Roberto Clemente (40), Parkland (39), Francis Scott Key (29)

**High School:** Gaithersburg (28), Quince Orchard (23) Northwest (18)

<b>REFERRAL REASONS</b>	<b>FY19</b>	<b>FY18</b>	<b>FY17</b>	<b>FY16</b>
1. SUICIDAL THREAT	522	880	752	554
2. BEHAVIORAL DYSFUNCTION	88	181	151	164
3. SUICIDAL BEHAVIOR	264	251	194	130
4. SELF-INJURIOUS BEHAVIOR	32	363	320	234
5. HOMICIDAL THREAT	42	161	96	89
6. PHYSICAL ATTACK	32	81	66	58
7. BULLYING (VICTIM)	7	31	50	33
8. BULLYING (PERPETRATOR)	3	13	5	5
9. OTHER	232	372	319	189

<b>DISPO.</b>	<b>DESCRIPTION</b>	<b>FY19</b>	<b>FY18</b>	<b>FY17</b>	<b>FY16</b>
1a	Student not currently at risk to self or others	1079	1425	1196	871
1b	No follow-up needed	74	154	283	256
1c	Follow-up recommended	262	312	250	219

<b>DISPO.</b>	<b>DESCRIPTION</b>	<b>FY19</b>	<b>FY18</b>	<b>FY17</b>	<b>FY16</b>
2a	Referred for Outpatient tx.	718	785	739	585
2b	Inpatient hospitalization	52	117	65	59
2c	Referred for partial hospitalization	8	18	4	6
2d	Emergency petition initiated by CC Staff	7	17	14	8
2e	Other	928	690	542	332

### ***MCT'S TO SCHOOL'S***

<b>Reason</b>	<b>FY18</b>	<b>FY 17</b>	<b>Dispo</b>	<b>FY18</b>	<b>FY 17</b>
1 Suicidal	12	4	1. EEP	9	4
2 Homicidal	3	2	2. Voluntary to ER	1	2
3 Thought d/o	1	1	3. Remained in Community	5	1
4 Mood d/o	8	1	4. No answer	0	0
5 Family Conflict	1	0	5. Refuses to Participate	0	0
6 Crime Victimization	1	1	6. Ref. Out	6	n/a
7 Death	0	0	6. Referred to APS/CPS	0	0
8 Hoarding	0	0	7. Refereed APP/VASAP	1	0
9 TBI	0	0	8. Info Give	0	0
10 Substance	0	0	9. Arrested	0	0
11 Co-Occurring	0	1	10. Other	1	0
12 Other	3	2			
13 None	0	1			

PH 4-8-19  
7:00pm



~~Susan F.~~  
Linda MZ

## VICTIM SERVICES ADVISORY BOARD

The Victim Services Advisory Board (VSAB) dedicates time to identifying the needs of crime victims to ensure that they are being met considering our County's budget. The VSAB recognizes the importance of community and providing quality services to crime victims in need. Thank you for allowing us to serve.

The VSAB has dedicated much volunteer time to survey victim-centered needs in the County and have identified funding priorities that we would like to please share with you. We believe that the following priorities need immediate attention.

**1. Resolve housing issues for Domestic Violence (DV) victims and their families**

Domestic violence victims are provided temporary shelter at the Betty Ann Krahne (BAK) Center, which is the only shelter in the County for domestic violence victims fleeing dangerous abusers. Those unable to transition from the center to safe housing conditions are provided temporary hotel housing, which is expensive and inadequate with respect to protection from abusers. In addition, when victims cannot safely transition out of the shelter, high lethality victims are waitlisted and placed in hotels. Safe housing is a crucial step in providing victims the opportunity to becoming self-sufficient for themselves and their families.

While the board advocated and helped in establishing the Fleet Street properties to partially meet this need, we believe that these properties are no longer available as transitional housing for DV victims. The houses have been deemed unlivable because of lead found in the paint of the structure. The board will be asking that this problem be remedied, so that these properties can be utilized again for much needed housing units. The Board recommends that the County identify transitional housing units for survivors with a beginning goal of accommodating 20 individuals and revisit a previous funding request of \$100,000 for specialized domestic violence case management services to include safety planning, employment readiness, education and other trainings as well as all necessary services.

**2. Increase funding for domestic violence offender groups**

Trauma Services Abused Persons Program (APP) offers domestic violence (DV) offender groups through a contractor. These groups are ordered by the judicial system to offenders in the County and are mandatory. Most DV victims want the abuse to stop and not to terminate their relationships; to this end, these groups are valuable. The VSAB advocates for funding for intensive individual therapy for high risk offenders; psychiatric medical assessments for medication as appropriate; and additional funding for the contractor to do intake and offer translation services. The VSAB additionally advocates moving towards the totality of the work being done by the contractor. We believe that a funding request of \$115,000 would be required to address this priority.

Department of Health and Human Services

1301 Piccard Drive, Suite 4100 • Rockville, Maryland 20850 • 240-777-1355 • 240-777-1329 FAX

**3. Restoration of Trauma Services Staff to previous levels of services**

There is a need for more Victim Assistance and Sexual Assault Program (VASAP) and Abused Persons Program (APP) Trauma Services' victim assistants (VA) to staff the local Circuit and District courthouses in Rockville and Silver Spring. Trauma Services' VAs are independent of the criminal justice system and are on the frontline within our courtrooms. Over the last 5 years the victim assistance program has seen significant cuts. Thus, there are not enough VAs in the courts to meet the needs of victims. The impact of the cuts has resulted in the delay of processing compensation cases for crime victims and less court coverage in both Circuit and District Courts, where crime victims are seeking immediate assistance. In the last Court Watch report; an independent court monitoring program, it was reported that 42% of DV victims did not have a lawyer or VA at their final protective order. In addition, 37% of petitioners who had a VA were granted final protective orders and received family emergency maintenance as opposed to 6% of petitioners who were alone. The Board is advocating that the management of staff and resources are done in a way that prioritizes the needs of the program. We believe that a funding request of \$196,000 would be required to address this priority. This would restore three (3) full-time grade 20 victim assistants including their fringe benefits.

Thank you for taking the time to consider this request.



## **Mental Health Advisory Committee's Top Priorities FY-20**

The Montgomery County Mental Health Advisory Committee (MHAC) is committed to working collaboratively with our community partners to monitor, advise and advocate for a comprehensive mental health system of care for all persons in Montgomery County. We appreciate the support of County Executive Ike Leggett and the County Council, especially the HHS committee which includes Councilmen Rice, Berliner, and Leventhal, for funding for so many critical programs and services.

The following are MHAC's top priorities for FY-20 and we have identified some long-term priorities as well:

- 1) Continue to Advocate for the Full Continuum of Criminal Justice Programs, including Mental Health Court, Deflection and Diversion Initiatives with the Goal of Decriminalizing Mental Illness and Substance Abuse.**

The MHAC would like thank the County Council for providing the requested \$200,000 in supplemental funding in FY19 for additional staff for **Mental Health Courts** so that the capacity can be doubled to 100 cases.

The **Stop Triage Evaluate Educate Refer (STEER)** is a joint MPD/HHS initiative. We appreciate the County's addition of \$300,000 for funding for STEER in FY19, and also appreciate the expansion of the program by including \$75,000 in FY19 for additional staff to help monitor and support individuals while they are waiting for placement for residential treatment.

We would like to recommend that the County establishment of a **Restoration Center** modeled after the center in San Antonio, Texas. The Restoration Center would have comprehensive deflection services and reduce programmatic burdens of the Crisis Center and the criminal justice system. Since the Restoration Center would take some time to establish, MHAC is encouraged by the current efforts by DOCR/HHS-BHCS to develop a Plan of Requirements for the detention center to create a space for the Restoration Center. Simultaneously, we encourage the Council to support HHS, DOCR and others in considering interim locations until the permanent building is completed. Establishment of this "one-stop shop" center would create a more robust continuum of criminal justice services that would be available to consumers and make Montgomery County a model system for decriminalizing mental illness and substance abuse. For more information on Restoration Centers, please see <http://chcsbc.org/innovation/jail-diversion-program/>.

- 2) Expand Access to Mental Health Professionals especially through Innovative Approaches.**

Recent evaluations have determined that Montgomery County has a shortage of psychiatrists.<sup>1</sup> Additionally, the County faces a critical shortage and needs for mental health professionals of in a variety of disciplines (Social Workers, Professional Counselors, Nurse Practitioners, Expressive Therapists, ESOL Counselors, Elementary School Counselors etc.) including those who can speak Spanish or other critical languages necessary to support a growing population of immigrants and refugees from foreign countries with exposure to psychological trauma. Data from Montgomery County Public Schools alone reveals as many as 12,000 immigrant youth may have matriculated in the past five years from three violence-torn Central American Countries, which gives context to the proportions of this problem.

Another of MHAC's top priorities is to advocate for increasing access to care across the lifespan. It is in this vein that we want to express our concern about the staffing of county-run behavioral health programs that

struggle to fill vacant positions. At the time this document was written (Sept. 2018), there are approximately 25 vacant positions in BHCS. The vacancies include managerial positions and providers (including social workers and clinicians). The causes are a lack of bilingual providers/applicants, non-competitive salaries, and the length of time that it takes to complete the recruitment, hiring, and onboarding process. BHCS plays a critical role in promoting mental wellness, preventing substance abuse and suicide, and making sure that children, youth, families, adults, and seniors in crisis or with behavioral health needs have access to a comprehensive and culturally competent treatment and recovery system that provides effective services and supports. These vacancies contribute to reducing the capacity to provide essential services to those struggling with mental health and/or substance use disorders. We would like to see the current efforts continue to make the hiring process more efficient in order to shorten the hiring process and timeline. Furthermore, we would like to request a new staffing study be funded, as has occurred in the past, to allow DHHS to examine the salaries of psychiatrists, therapists, and possibly psychiatric nurse practitioners, to find out if the salaries are competitive which impacts our ability to address the shortages as well as vacancies in these areas.

With the adoption of Maryland's Keep the Door Open Act and the Telehealth bill (SB 704), we look forward to attracting more highly qualified mental health professionals to Montgomery County who will be incentivized by more competitive pay to help address the shortage of mental health professionals. With the implementation of telehealth, more practitioners will be remotely accessed through the ACT team services. ACT Team services are provided by Cornerstone and People Encouraging People (PEP) in Montgomery County. Collectively they operate a total of three ACT teams, each serving up to 100 clients. A fourth Forensic-ACT team (FACT) is being built at the present time. ACT teams are given support funding for the first year until they reach program fidelity to the national ACT team standards. Afterwards they are primarily funded through the state fee-for-service system.

MHAC would like also like to see increased access to psychiatric services through the innovative use of telemedicine, creating **psychiatric nurse practitioner** positions and educational residency programs in County Government<sup>2</sup>, and/or the adoption of innovative **consultation models** where psychiatrists guide pediatricians or family doctors in their prescribing of psychiatric medicines in primary care clinics. These can be either funded or administered by the County Government, i.e. modeled after the Massachusetts Child Psychiatry Access Project which has now been adopted by a number of states.<sup>3</sup> MHAC will work with the Mental Health Association of Maryland's Parity Project to ensure transparency of behavioral health provider networks so that they are meeting access standards.

### **3) Continue to Advocate for a County-Wide Coordinated System of Care for Children, Transition-Age Youth and Adults.**

The Office of Legislative Oversight (OLO) report cited many behavioral health services that are available in Montgomery County. However, adults with multiple needs, including psychiatric, medical, and socio-economic, cycle through our hospitals and jails often due to poor or no care coordination and because of difficulty accessing needed services. Recidivism is higher for those with mental health disorders often due to criminal charges, such as failure to appear or violation of probation, which could often have been prevented with good care coordination.

While there has been some progress toward a more coordinated system through contracts with targeted case management providers and the **Nexus Montgomery Grant**, it is still imperative to establish a comprehensive county-wide system that is aligned with hospitals and non-profit systems. One of the key challenges of care coordination is lack of housing. A county system could accept referrals from multiple sources, not only hospitals. The system could integrate efforts among the agency providers, track care, and collect data. The Nexus Montgomery Grant is improving care coordination and is also addressing the specialized need for housing. The

<sup>1</sup> Baker J, Travers JL, Buschman P, Merrill JA. An Efficient Nurse Practitioner-Led Community-Based Service Model for Delivering Coordinated Care to Persons With Serious Mental Illness at Risk for Homelessness [Formula: see text]. J Am Psychiatr Nurses Assoc. 2017

<sup>2</sup> Sarvet BD, Ravech M, Straus JH. Massachusetts Child Psychiatry Access Project 2.0: A Case Study in Child Psychiatry Access Program Redesign. Child Adolesc Psychiatr Clin N Am. 2017 Oct;26(4):647-663. doi: 10.1016/j.chc.2017.05.003. Epub 2017 Jul 11. Review. PubMed PMID: 28916005



focus of the Nexus Montgomery Grant is to prevent re-admissions to hospitals by coordinating care between hospitals and the community. Nexus Montgomery, through its partnership with Cornerstone Montgomery, has three residential crisis houses in the county that serve as alternatives and diversion from the hospital. A staff person liaises with the hospital to help with the referral process. MHAC is watching with interest the Nexus project to see how this example of care coordination might be brought to scale, and we will observe and monitor the broader issues that may negatively affect care coordination in the county.

**Alcohol and Other Drug Abuse Advisory Council FY19 Priorities  
Health and Human Services Committee Meeting – October 22, 2018**

- 1. Continue to Advocate for: a) Adequate Funding for Alcohol and Drug Prevention and Treatment Programs; and, b) Evidence-Based Laws Regulating Alcohol and Drugs in the County and State**

The consequences of alcohol and drug use and abuse are becoming increasingly lethal. In 2017, there were 2,282 drug- and alcohol-related intoxication deaths in Maryland. This is the seventh year in a row that intoxication deaths have increased, and, represents a 9% increase over the number of deaths in 2016. Of these deaths, 116 occurred in Montgomery County – almost double the number of deaths that occurred here in 2007. Together, prescription opioids and alcohol were responsible for almost half of all drug- and alcohol-related intoxication deaths in the County during 2017 (16 % and 30%, respectively).

Each year, the County spends millions of dollars on alcohol and drug prevention programs and alcohol and drug treatment programs; sadly, this is not enough. Prevention of alcohol and drug abuse is extremely important; research shows that \$1 spent on prevention can result in roughly \$10 in long-term savings. However, for many years, there has been only one person responsible for coordinating and executing drug and alcohol prevention programs for the entire county: one person is not enough. Substance use disorder treatment also saves money, with research showing for every \$1 spent it saves \$7. Although the County has not cut spending for treatment programming to the same extent as other programs over the past decade, a failure to adequately fund these treatment programs can have serious consequences. These include numerous financial, physical, and emotional costs on individuals with substance use disorders, their families, and the County as a whole.

Therefore, this year, AODAAC intends to continue to push for greater awareness of the inadequacy of the current level of funding for alcohol and drug treatment and prevention in the county, and thus also advocate for more funding for these programs. Additionally, AODAAC will also advocate for stronger and more comprehensive evidence-based laws regulating alcohol and drugs in the County and the State.

- 2. Continue to Work with Montgomery County Public and Private Schools to Educate Students, Parents, and Teachers About Alcohol and Drugs Using an Evidence-Based Curricula**


Childhood and early adolescence is a time when people are most likely to begin abusing drugs – including tobacco, alcohol, and illegal and prescription drugs. In Montgomery County, almost seven out of every ten students (68%) have consumed at least one drink of alcohol by the end of high school and about a third (34%) have done so by 9<sup>th</sup> grade. In 2014, around 7% of Montgomery County 9<sup>th</sup> graders and 28% of the County's 12<sup>th</sup> graders reported using marijuana in the past month. There has also been a sharp spike in vaping and the use of e-cigarettes in middle and high schools across the country. E-cigarette use by high school students increased by 900% from 2011 to 2015; in 2016, 500,00 middle school students and 1.7 million high school students said they had used e-cigarettes in the previous 30 days. Early alcohol and drug use has many consequences – from problems in school to an increased risk of contracting an infectious disease or suffering mental health problems to overdose or death. Moreover, drug use at an early age is an important predictor of development of a substance use disorder later in life.

Montgomery County Public Schools (MCPS) is the largest school system in Maryland and the 17<sup>th</sup> largest in the United States. There are also 181 private schools in the County. AODAAC believes that these schools have an obligation to be more proactive in using evidence-based curricular to address alcohol and drug use and to educate not just the students, but also the parents and the teachers. Therefore, AODAAC will continue to work with both MCPS and private schools to provide data and resources to help them achieve this goal.

**MEMORANDUM**

April 27, 2019

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst 

SUBJECT: **Worksession: Recommended Capital Improvements Program (CIP) Amendments, Department of Health and Human Services**

PURPOSE: Review and make recommendations on FY19-24 DHHS CIP Amendments for Avery Road Treatment Center and Dennis Avenue Health Center

This addendum provides information on the Executive recommended CIP Amendments for the Avery Road Treatment Center and Dennis Avenue Health Center. The Executive transmitted the CIP amendment for the Avery Road Treatment Center project on January 15 to reflect increased costs of \$1,500,000 to be covered by a transfer from the Dennis Health Center, and subsequently, transmitted a second amendment on April 11 which reflected a switch of State Aid of \$525,000 with G.O. Bonds to cover the cost increase.

**Avery Road Treatment Center** (*Recommended PDF on C1-2*)

In \$000	Total	Thru FY18	Total 6 years (FY19-24)	FY19	FY20	FY21	FY22	FY23	FY24
<b>FY19 Appr</b>	<b>8,516</b>	<b>868</b>	<b>7,648</b>	<b>5,640</b>	<b>2,008</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>FY 20 Rec</b>	<b>10,016</b>	<b>868</b>	<b>9,148</b>	<b>7,140</b>	<b>2,008</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

*Recommended funding source: \$5.208 million in G.O. Bonds, \$4.139 million in State Aid, and \$669,000 in PAYGO*

*No appropriation is requested for FY20.*

**Project Description:** The project provides for the planning, design, and construction of a replacement facility for the existing Avery Road Treatment Center, which provides residential substance abuse treatment for low-income County residents. A private nonprofit, in partnership with the County and with assistance from the state, will construct and operate a new ARTC

facility over a 30-year term through a long-term land lease and program operation services delivery agreement.

The new facility will be a 64-bed residential treatment facility providing medical detox and Intermediate Care levels of care. The facility will also house an outpatient mental health and substance abuse treatment program supported by Medicaid reimbursements.

***Recommended Amendment:*** The Executive is recommending increased project costs of \$1.5 million to reflect the project bids from construction general contractors. Executive staff explains that the County increased its contribution pursuant to the Turnkey agreement with the Developer. The agreement incorporated a Guaranteed Maximum Price article to amend the contract to reflect current market value. The nonprofit developer's cost share increased as well. The parentage share between the public and private sector remains at 54.53% and 45.47%.

The Executive transmitted a CIP amendment for ARTC on January 15 showing the increased costs and explaining that they would be covered by a transfer from the Dennis Avenue Health Center. The proposed amendment to the Dennis Avenue showing the transfer of funding is attached on ©3-4. Subsequently, the Executive transmitted a second amendment on April 11 which reflected a switch of State Aid of \$525,000 with G.O. Bonds to cover the cost increase.

***Project Schedule:*** Construction on the project is scheduled to start in May 2019 with final completion/opening scheduled for June 2020.

**Council staff recommendation:** Approve of the amendments for the ARTC and Dennis Avenue Health Center projects as proposed by the County Executive.



# Avery Road Treatment Center (P601502)

**Category**  
**SubCategory**  
**Planning Area**

Health and Human Services  
Health and Human Services  
Rockville

**Date Last Modified**  
**Administering Agency**  
**Status**

04/10/19  
General Services  
Final Design Stage

Total	Thru FY18	Rem FY18	Total 6 Years	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Beyond 6 Years
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## EXPENDITURE SCHEDULE (\$000s)

Planning, Design and Supervision	945	428	199	318	197	121	-	-	-	-
Site Improvements and Utilities	1,987	-	-	1,987	1,398	589	-	-	-	-
Construction	7,076	233	-	6,843	5,545	1,298	-	-	-	-
Other	8	8	-	-	-	-	-	-	-	-
<b>TOTAL EXPENDITURES</b>	<b>10,016</b>	<b>669</b>	<b>199</b>	<b>9,148</b>	<b>7,140</b>	<b>2,008</b>	-	-	-	-

## FUNDING SCHEDULE (\$000s)

G.O. Bonds	5,208	-	199	5,009	4,526	483	-	-	-	-
PAYGO	669	669	-	-	-	-	-	-	-	-
State Aid	4,139	-	-	4,139	2,614	1,525	-	-	-	-
<b>TOTAL FUNDING SOURCES</b>	<b>10,016</b>	<b>669</b>	<b>199</b>	<b>9,148</b>	<b>7,140</b>	<b>2,008</b>	-	-	-	-

## APPROPRIATION AND EXPENDITURE DATA (\$000s)

Appropriation FY 20 Approp. Request	-	Year First Appropriation	FY15
Cumulative Appropriation	10,016	Last FY's Cost Estimate	8,516
Expenditure / Encumbrances	2,999		
Unencumbered Balance	7,017		

## PROJECT DESCRIPTION

This project provides for the planning, design, and construction 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 through 20 medical detox and 40 Intermediate Care Facility beds. In conjunction with a public-private partnership and with assistance from the State, a private partner will construct and operate a new ARTC facility over a 30-year term through a long-term land lease and program operation service delivery agreements.

## LOCATION

14703 Avery Road, Rockville, Maryland

## CAPACITY

The new ARTC will be a 64 bed, 36,500 gross square foot residential treatment facility providing medical detox and Intermediate Care Facility levels of care. The facility will also house an outpatient mental health and substance abuse treatment program supported by Medicaid reimbursements. The site will be master planned for future potential development of a 16-bed step-down program for transitional age youth.

## ESTIMATED SCHEDULE

Design will be performed in FY17 and FY18. Construction is scheduled to begin in FY19 with completion in FY20.

## COST CHANGE

Project costs have been increased to reflect project bids. A FY19 transfer of \$1,500,000 in GO Bonds from the Dennis Avenue Health Center will cover these costs. FY20 funding switch of State Aid (\$525,000) with GO Bonds to cover cost increases.

## PROJECT JUSTIFICATION

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

## FISCAL NOTE

This project reflects updated County and State contributions to the facility. The State legislature approved funding of \$310,000 in FY15, \$104,000 in FY16, \$1,026,604 in FY17, and \$1,000,000 in FY18 in grants to the County to support the project. The County anticipates State funding approval of approximately \$1.3 million to design in FY19. State Aid is expected to total \$3.614 million. Not included in this project description form is a \$5 million contribution from the non-profit partner. FY19 GO Bond transfer of \$1,500,000 from Dennis Avenue Health Center. In FY20 the State approved \$525,000 to cover construction cost increases.

## DISCLOSURES

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A pedestrian impact analysis has been completed for this project. The County Executive asserts that this project conforms to the requirement 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, Maryland Department of Health and Mental Hygiene, Private and/or non-profit substance abuse treatment providers Private developers



## Dennis Avenue Health Center (P641106)

<b>Category</b>	Health and Human Services	<b>Date Last Modified</b>	01/09/19
<b>SubCategory</b>	Health and Human Services	<b>Administering Agency</b>	General Services
<b>Planning Area</b>	Kensington-Wheaton	<b>Status</b>	Under Construction

Total	Thru FY18	Rem FY18	Total 6 Years	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	Beyond 6 Years
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### EXPENDITURE SCHEDULE (\$000s)

Planning, Design and Supervision	6,525	6,525	-	-	-	-	-	-	-	-
Site Improvements and Utilities	1,590	123	1,467	-	-	-	-	-	-	-
Construction	24,987	24,894	93	-	-	-	-	-	-	-
Other	2,248	1,738	510	-	-	-	-	-	-	-
<b>TOTAL EXPENDITURES</b>	<b>35,350</b>	<b>33,280</b>	<b>2,070</b>	-	-	-	-	-	-	-

### FUNDING SCHEDULE (\$000s)

G.O. Bonds	35,350	33,280	2,070	-	-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES</b>	<b>35,350</b>	<b>33,280</b>	<b>2,070</b>	-	-	-	-	-	-	-

### OPERATING BUDGET IMPACT (\$000s)

Maintenance	588	98	98	98	98	98	98
Energy	636	106	106	106	106	106	106
<b>NET IMPACT</b>	<b>1,224</b>	<b>204</b>	<b>204</b>	<b>204</b>	<b>204</b>	<b>204</b>	<b>204</b>

### APPROPRIATION AND EXPENDITURE DATA (\$000s)

Appropriation FY 20 Approp. Request	(500)	Year First Appropriation	FY11
Cumulative Appropriation	35,850	Last FY's Cost Estimate	37,350
Expenditure / Encumbrances	35,130		
Unencumbered Balance	720		

### PROJECT DESCRIPTION

The project provides for planning and design, and construction of a new building to replace the Dennis Avenue Health Center (DAHC), on the existing site adjoining the existing building. The existing facility which was built in the 1960's as an elementary school is both inadequate (undersized) in capacity and is not configured to serve as a health center. Currently, patients with infectious airborne diseases are using the same entry and air circulation as other patients (including immune compromised patients) and staff. Key building systems such as the structural system, perimeter skin walls, elevator, roof, HVAC and electrical systems have passed their useful service life. Numerous Americans with Disabilities Act related improvements are required and egress stairs are undersized. The new facility will provide approximately 51,000 gross square feet to address the space shortage and building deficiencies identified in the Program of Requirements (POR) without service interruption, reduction, or loss of these vital health services during construction. Programs will be configured to work efficiently and avoid potential cross contamination of users and staff (spread of communicable disease) due to location and proximity of incompatible programs.

### LOCATION

2000 Dennis Avenue, Silver Spring, Maryland

### CAPACITY

The center handles 1 out of every 150 cases of tuberculosis in the entire US. Currently, DAHC handles 74,700 patient visits per year with 115 employees. In 1984, the center (the same building size) handled 7,000 patient visits per year with 35 employees.

### ESTIMATED SCHEDULE

The design phase for this project began in the summer of 2011 and is estimated to last two years. Construction began in FY14. Construction of the new building (Phase I) was substantially complete in January 2016. Phase II was completed in winter 2017.

### COST CHANGE

FY19 GO Bond transfer of \$1,500,000 to Avery Road Treatment Center. Reduction of \$500,000 in GO Bonds to reflect reduced project costs.

### PROJECT JUSTIFICATION

DAHC provides several highly sensitive programs such as Public Health Emergency Preparedness and Response, Immunization Program, Disease Control, Sexually Transmitted Diseases Services, Communicable Disease and Epidemiology, HIV Services, and Tuberculosis Control Program. DAHC service demand has been growing steadily while the facility space capacity has remained unchanged and the facility has aged. The 2008 Health and Human Services Strategic Facility Plan identified the need for additional space for program growth. The DAHC POR provided preliminary feasibility study and existing building condition

assessment. The POR calls for the need to build a new 30,714 programmable area space facility to meet year 2015 space requirement.

### **FISCAL NOTE**

FY16 adjustment reflects a \$988,000 transfer to support actual expenditures for prior project work in the School Based Health Center and Linkages to Learning project. In FY17, transfer of \$45,000 in GO Bonds to Progress Place (#601401). FY19 GO Bond transfer of \$1,500,000 to Avery Road Treatment Center.

### **DISCLOSURES**

A pedestrian impact analysis has been completed for this project.

### **COORDINATION**

Department of Health and Human Services, Department of General Services Special Capital Projects Legislation was enacted on June 25 2013 and signed into law on July 8, 2013 (Bill No.17-13).