

MEMORANDUM

April 21, 2023

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst

SUBJECT: **Worksession:** FY24 Operating Budget
Department of Health and Human Services
Behavioral Health and Crisis Services

PURPOSE: Review and make recommendations on the FY24 operating budget

Those expected for this worksession:

Jonathan Bridgers, Director, Department of Health and Human Services (DHHS)
Jason Rundell, Acting Chief Operating Officer, DHHS
Rolando Santiago, Chief, Behavioral Health and Crisis Services, DHHS
Taman Morris, Fiscal and Policy Analyst, Office of Management and Budget (OMB)

The County Executive’s Recommended Budget for Behavioral Health and Crisis Services is attached at ©1-6. Responses to Council staff questions are attached ©10-16.

I. BEHAVIORAL HEALTH AND CRISIS SERVICES

A. OVERVIEW

	FY23 Budget	FY24 Budget	Difference	% Change
Behavioral Health and Crisis Services	\$ 50,828,662	\$53,176,954	\$ 2,348,292	4.6%
FTEs	236.20	250.35	14.15	6.0%

For FY24, the Executive is recommending an increase of \$2,348,292 or 4.6%, from the FY23 level for Behavioral Health and Crisis Services (BHCS). There is a proposed increase of 14.5 FTEs.

Description of Program Areas

Behavioral Health and Crisis Services (BHCS) is organized into 10 program areas that promote mental wellness, prevent substance abuse and suicide, and ensure access to a comprehensive treatment recovery system of effective services and supports for children, youth and families, adults, and seniors with behavioral health needs. The following tables describes the programs in the service area and the proposed budget and FTEs for FY 24.

BHCS Programs	Description	FY24 Rec	FY24 FTEs
24-Hours Crisis Center	24-Hours Crisis Center: Telephone, walk-in, mobile crisis outreach, single adult shelter system screening and referrals, and crisis residential services to persons experiencing situational, emotional or mental health crises.	\$12,266,620	68.40
Access to Behavioral Health Services	Connects uninsured and low-income consumers with mental health and/or substance problems to appropriate community services. Short-term case management and psychiatric services to vulnerable clients including recent discharge from hospital or jail. Intensive social work services for individuals with serious mental illness. Urine Monitoring serves those required to submit to breathalyzer and urine surveillance serves those who request services to support recovery from substance abuse.	\$3,60,340	29.00
Admin - Behavioral Health & Crisis Service	Provides leadership, oversight and guidance for the administration of BHCS.	\$202,163	4.00
Adult Behavioral Health Services	Outpatient Mental Health Center serves a primarily immigrant populations with sever and persistent mental illness. Site-based services include psychiatric evaluation and medication management, individual and group and family therapy and office-based management services.	\$1,768,384	12.00
Adult Forensic Services	Clinical Assessment and Transition Services; Jail Addiction Services, Clinical Assessment and Planning and Stop, Triage, Engage, Educate, Rehabilitate (STEER).	\$3,772,080	28.00
Local Behavioral Health Authority	State-mandated Local Behavioral Health Authority (LBHA). Responsible for systems planning, management, and oversight of The County behavioral health system. Manages State and Federal grant County funded program. Ensures quality of care, quality improvement access to fee-for-services programs. System planning including assessing and determining gaps in treatment and rehabilitations. Manages all BHCS service area contracts.	\$13,214,909	23.65
Outpatient Behavioral Health Services - Child	Offers comprehensive substance use prevention, substance use and mental health screenings, mental health treatment and care coordination services for youth and their families.	\$7,608,083	29.75
Specialty Behavioral Health Services	Administers the Adult Drug Court Treatment Program, Medication Assisted Treatment Program and Urine Monitoring Program.	\$3,588,637	24.00
Trauma Services	Includes Abused Persons Program, Victim Assistance and Sexual Assault Program. Provides comprehensive, individualized, culturally appropriate clinical and victim assistance services to domestic violence victims and offenders, sexual assault victims & victims of general crime.	\$6,721,571	29.55
Treatment Services	Manages the County Operated Behavioral Health Continuum of Care and provides administrative support for Treatment Services Administrator	\$364,167	2.002

Council President's Approach to the FY24 Operating Budget Council

President Glass sent a memorandum to Councilmembers outlining his intended approach to reviewing tax-supported additions in the FY24 Operating Budget above the FY23 approved funding level. This memorandum is attached on ©7-9. Council staff highlights the following aspects that are particularly relevant to the PHP review:

- All tax supported additions, whether originated by the Executive or Councilmembers, are to be placed on the reconciliation list.
- Items on the reconciliation list must be identified as “high priority” or “priority”; items can be split with funding in both categories.
- Committees should work to identify other base budget reductions to the extent possible.
- Budget cost shifts between departments and increases due to annualization of previously approved compensation/staffing costs do not need to be placed on the reconciliation list.
- Staff should indicate the role of Federal funding in the budgets, either ongoing or being replaced by County funds.

Public Testimony

The Council received significant amounts of testimony in support of increased funding for the Crisis Center and 24/7 staffing of all Mobile Crisis teams in Rockville, Germantown and Silver Spring.

A. BHCS Vacancies

As of March 2023, BHCS had 28 vacancies, which together have an annual cost of \$3.2 million. Of the 28 vacancies, four positions have been vacant over one year, including a Nurse Practitioner, two Therapists and a Program Manager. Seventeen of the 28 positions are therapist positions, and one is a Medical Doctor-Psychiatrist. The FY24 recommended BCHS budget adds 14.15 new FTEs.

The Committee may want to explore the reasons why these positions are vacant and whether the vacancies speak to the lack of need for the position or issues related to recruitment. For example, therapist and nurse practitioner vacancies appear challenging to fill as there is a great demand of these services. Are there strategies for attracting potential employees? If a position is not filled for a long time, could it result from an inadequate salary? To this point, Stephanie Rosen, Executive Director of NAMI testified that:

[T]here is a need for the budget to reflect competitive compensations so that county mental health professionals will remain in the system rather than going into private practice and/or no longer taking insurance payments. Specifically, we know of many staff vacancies including at the crisis center, the mobile crisis units and the Child and Adolescent Behavioral Health Services which serves as the safety net for families with the most need.

Crisis Intervention Team Clinician Vacancy

At the April 17 HHS Committee meeting, Councilmember Luedtke raised a question about a particular vacancy for the Crisis Intervention Team clinician and why a similar position for the City of Rockville has been filled sooner than the County position. Executive staff provided the following response:

Regarding the MCPD position, MCPD intends to reclassify the position to a supervisory therapist position. For this reason, there has been a delay in hiring it. DHHS has not prioritized the city of Rockville position over it, but has sought to fill all of the therapist positions with the right staff and right qualifications, as soon as feasible.

B. FY24 Expenditure Review

The only increases that the Executive has recommended in BHCS is in Multiprogram Adjustments or grant funding.¹ However, Council staff recommends restoring a reduction proposed by the Executive to the tax-support Supplement for Substance Abuse Rehabilitation Providers as a high priority.

Item	Recommended Increase	FTE	One-time only?	Notes
Tier I: High Priority				
Restore CE recommended reduction to Supplemental for Residential Rehabilitation providers	\$ 110,549	0	N	
Net Total	\$ 110,549			

1. Reduction to the Supplement for Substance Abuse Rehabilitation Providers

-\$110,549

The Executive is recommending reductions totaling \$110,549 from supplements provided to contracts for substance disorder residential rehabilitation services providers. The County Executive proposes a 10% reduction to the total FY23 budgeted supplemental which, inclusive of grant funding, allocated \$1,105,499 to providers.

Provider	Program Description	FY23
Cornerstone Montgomery, Inc	RRP Adults	\$578,891
Cornerstone Montgomery, Inc	RRP Support for Transitional Age Youth	139,645

¹ Each program has a multi-program adjustment that includes compensation changes, benefit changes, staff turnover, reorganizations, and other changes that affect multiple programs.

Family Services, Inc.	RRP Support for Transitional Age Youth	146,076
Family Services, Inc.	RRP Adults	174,719
The Rock Creek Foundation	RRP Adults	66,168
Total		\$1,105,499

The Executive suggests that the reduction is proposed because the fee for services system adequately compensates providers for these services and the County is likely the only jurisdiction providing this additional support. The County has provided this administrative support for over a decade. The Executive has recommended reduction to these payments numerous times, and the Council has rejected attempts to reduce this supplement.

The Council received testimony from Cornerstone Montgomery and the Rock Creek Foundation, indicating the negative impact that the reduction would have on the services they provide.

Council staff recommends not accepting this item and placing \$110,549 on the reconciliation list as a high priority. This item has been raised as a potential savings in previous budgets, and the Council has rejected each proposed reduction. While the fee for service specifically related to the administrative cost of residential rehabilitation beds may be appropriate, the funding assists the organization with overall costs and supplements services that are not sufficiently covered. Moreover, substance disorder services are critical at this time.

2. Align Adult Substance Use Disorder Services to Match Actual Expenditures -\$409,910

Executive staff explained that the costs for these services transitioned to Fee for Service several years ago, and DHHS kept some funding in the cost center to pay for clients for whom vendors would be unable to collect fee-for-service reimbursement. Based on actuals, DHHS has realized that the amount of funding left was much more than what was needed. This reduction is not expected to have an impact to services. After the proposed reduction, \$437,357 will be left in that cost center leaving enough remaining funding to meet all anticipated expenditure needs. **Council staff recommends approval.**

3. Eliminated State Opioid Response (SOR) II Grant -\$678,471

The SOR II and SOR III grants fund mandated delivery of Medication Assisted Treatment (MAT) to those incarcerated in the Montgomery County Correctional Facility. Some of the funding is paying for correctional officers who have the task of observing the inmates being medicated and preventing them from attempts to divert medication illicitly. The funding also pays for the medical team, doctor, nurses, therapist and peer specialist, to engage the clients in the MAT treatment process. By law, the County is mandated to offer three medications currently used in MAT – Methadone, Suboxone and Naltrexone, depending on medical indication and client preference. Treatment includes medication, medical appointments with our

doctor, therapy (group and or individual), peer specialist engagement (someone with a lived experience to enhance their connection to care) and re-entry planning for seamless transition from incarceration to community, maintaining their medication and treatment. The reduction is to the SOR II grant, though funding remains in the SOR III grant. **Council staff recommends approval.**

**4. Substance and Mental Health Services Administration (SAMHSA)
Coverage to Care Grant \$1,832,794**

The Executive is recommending grant funding of \$1,832,794 for this SAMHSA grant. The funds for the Crisis 2 Connection support the expansion of the Care Continuum Community’s goal of providing safe, effective crisis care that diverts people in distress from emergency departments and jail by expanding the continuum of crisis care services to match people’s clinical needs and connect them to services that will prevent future crises. It targets any person experiencing a mental illness or substance use crisis in Montgomery County, Maryland. **Council staff recommends approval.**



Behavioral Health and Crisis Services

RECOMMENDED FY24 BUDGET

\$53,176,954

FULL TIME EQUIVALENTS

250.35

✧ JAMES BRIDGERS PH.D., MBA, 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 Rolando L. Santiago, PhD of the HHS - Behavioral Health and Crisis Services at 240.777.7000 or Taman Morris of the Office of Management and Budget at 240.777.2771 for more information regarding this department's operating budget.

PROGRAM DESCRIPTIONS

✧ 24-Hours Crisis Center

This program provides telephone, walk-in, mobile crisis outreach, single adult shelter system screening and referrals, 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. The Crisis Center coordinates the mental health response during disasters and community critical incidents and serves as the afterhours contact for Public Health, STEER (Stop, Triage, Engage, Educate, Rehabilitate), APS (Adult Protective Services), APP (Abused Person Program), and CWS (Child Welfare Services).

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of students identified by schools to be at risk who were referred to the Crisis Center ¹	294	1,684	1,800	1,850	1,850
Number of walk-in contacts ²	3,730	5,869	6,000	6,200	7,000
Percent of students identified by schools to be at risk that are stabilized utilizing community resources without hospital intervention ³	84%	89%	85%	85%	85%
Percent of customers satisfied with Crisis Center services (Crisis Intervention, RCS, Transitional Psychiatry) ⁴	92%	66%	85%	85%	85%

¹ FY22 statistics are slightly lower than pre-Covid numbers because services started slowly in the beginning of FY22.

² FY22 statistics have increased because services opening back up as protective measures for Covid are dissipating and because telehealth options have been added.

³ While the pandemic impacted children's mental health between FY20 and FY21, the upward trend between FY21 and FY22 may indicate the start of a recovery from isolation from friends and activities resulting from the Covid shutdown and virtual schooling. The program will continue to set its performance metrics lower, as it anticipates full recovery from the pandemic will be slow.

⁴ The surveys used to capture this measure were first implemented in FY21. There is no discernable trend to decipher based on historical data, but the variability in the number of clients surveyed likely contributed to the drastic change in results from FY21 to FY22. The number of clients in FY21 was much smaller than in FY22 due to COVID challenges.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	9,436,639	54.40
Enhance: Substance and Mental Health Services Administration Coverage to Care Grant	1,832,794	12.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	997,187	2.00
FY24 Recommended	12,266,620	68.40

☀ 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 by providing 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 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.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Total number of unduplicated clients served ¹	2,369	2,576	2,704	2,758	2,840
Percent of customers satisfied with Access staff services ²	100%	N/A	80%	82%	85%
Percent of clients referred keeping first appointment with community provider ³	70%	77%	77%	80%	82%

¹ Clients from Transitional Behavioral Health (Bridge Psychiatry) were absorbed and served by the Access to Behavioral Health program in FY22, which resulted in an increase in the number of clients served.

² In FY22, the program did not implement the survey due to COVID and a change in the way how the team provided services.

³ Program's primary service is connecting individuals with mental health and addiction needs to appropriate services. As closures due to the Covid pandemic are slowing, community providers are starting to open up services for referrals initiated by Access to Behavioral Health Services. Wait lists and wait times have decreased and clients are more likely to show up for their first appointment.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	3,332,814	28.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	337,526	1.00
FY24 Recommended	3,670,340	29.00

☀ Admin - Behavioral Health & Crisis Services

This program leads, oversees, and guides the administration of Behavioral Health and Crisis Services (BHCS). It coordinates the implementation of the strategic alignment plan, and the development of the County behavioral health continuum.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	961,140	5.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	(758,977)	(1.00)
FY24 Recommended	202,163	4.00

☀ Adult Behavioral Health Services

Adult Behavioral Health Services is an Outpatient Mental Health Center (OMHC) that serves a primarily immigrant population with severe and persistent mental illness. Services are site based and include psychiatric evaluation and medication management, individual, group and family therapy, as well as office-based management services. Collaboration with family members, collateral treatment providers, and formal and informal community supports is an integral part of the treatment process and is highly encouraged. The program accepts public benefits

such as Medicare and Medical Assistance but also utilizes the annual Department of Health-Behavioral Health Administration sliding fee scale. Most of the clinical staff is bilingual in English and either Spanish, Vietnamese, or French, and clients speaking other languages are assisted using the Language Line, a telephone translation service.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of clients served ¹	247	264	300	350	350
Percent of customers satisfied with Adult Behavioral Health Services (ABH) ²	95%	83%	87%	90%	90%
Percent of clients showing improvement in functioning and decreased symptoms - BASIS 24 Scale ³	71%	60%	65%	65%	65%

¹ In FY22, Adult Behavioral Health Services hired a new part-time psychiatrist which resulted in an increase in caseload.

² The ongoing COVID-19 pandemic and lack of resources impacted the program's ability to connect clients to resources. In addition, more individuals completed the survey in FY22, which impacted the reported percent of clients satisfied with the program.

³ There was a large increase in the number of completed surveys among respondents that have severe mental illness. Because these respondents may not have completed the survey in the past, their involvement may affect performance results in FY22 more than in the previous year. FY22 will be used as the new baseline for analyzing future results.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	1,667,924	10.50
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	100,460	1.50
FY24 Recommended	1,768,384	12.00

☼ Adult Forensic Services

Adult Forensic Services is comprised of four programs: 1) Clinical Assessment and Transition Services (CATS) provides assessment and post-booking diversion services to newly booked inmates with behavioral health issues and discharge planning for those being released to the community. The Forensic Liaison supports the Competency Docket with reentry recommendations for those returning from State Hospitals; 2) Jail Addiction Services (JAS) is an ASAM II.5 level jail-based residential addiction treatment program for inmates with Substance Use Disorders at the Montgomery County Correctional Facility; 3) The Justice Clinical Assessment and Planning (JCAP) Team provides clinical assessment, care planning, and care-coordination to the clients of Mental Health Court; and 4) Stop, Triage, Engage, Educate, Rehabilitate (STEER) is a team of peer specialists who respond 24/7/365 to opioid overdoses and provider referrals for high risk Substance Use Disorder clients.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Total number of unduplicated clients served ¹	1,258	1,704	1,800	1,800	1,800
Percent of customers satisfied with Adult Forensic services ²	70%	70%	80%	80%	80%
STEER - Percent of individuals who engage in treatment as evidenced by attending the first treatment appointment ³	48%	53%	50%	50%	50%
Percent of successful Jail Addiction Services clients that were not reincarcerated in the Montgomery County Correctional Facility within the next fiscal year following program completion ⁴	79%	88%	80%	80%	80%
Percent of clients who successfully graduate from Mental Health Court ⁵	84%	85%	75%	75%	75%

¹ COVID greatly impacted the number of clients served in FY21 due to programs shut down, lack of vaccine availability, and lower arrest rates. Programming resumed in full capacity in FY22, and the number of clients served by Adult Forensic Services returned to pre-Covid levels.

² The number of clients served by Jail Addiction Services Program during FY23 decreased due to COVID. This led to significant reductions in admission of new inmates and staffing vacancies. As the pandemic shows signs of stabilizing and operations are starting to return to pre-COVID level, the agency expects an increase in admissions, and improved satisfaction in future years.

³ The number of STEER referrals that engage in treatment has been fairly consistent over time and actually exceeds national trends for this type of program. Through increased efforts of peer support specialists, FY22 saw improved outcomes for STEER clients served who are connected to the appropriate level of treatment.

⁴ Adult arrests in Montgomery County significantly decreased during Covid, from over 5,000 in FY19 to 2,000-3,000 arrests annually in the last two fiscal years. As such, the number of clients decreased and contributed to a higher success rate. Adult Forensic Services will continue to track whether this year is an outlier or the beginning of a trend and adjust projections as needed in FY24.

⁵ The number of clients referred to the program decreased significantly during COVID and client acuity (e.g., services needed) changed in the pandemic context. Both of these factors contributed to notable differences in performance of the program in FY21 and FY22 versus FY20, but the program expects that success rate may decline as an increase and more diverse set of clients enters the program post-COVID.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	3,671,246	28.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	100,834	0.00
FY24 Recommended	3,772,080	28.00

☼ Local Behavioral Health Authority

As the State mandated Local Behavioral Health Authority (LBHA), this program is responsible for system planning, management, and oversight of the Montgomery County behavioral health system across the lifespan (behavioral health, mental health, and substance use disorders). The LBHA manages State and Federal grants as well as County-funded programs and ensures quality of care, quality improvement, and access to behavioral health fee- for- service programs. The LBHA has the responsibility of system planning, which involves assessing and determining gaps in behavioral health treatment and rehabilitation and working closely with community service providers and partners, forensic services, and public safety. The LBHA ensures for the ongoing development of a resiliency and recovery-oriented continuum of services that provide for consumer choice and empowerment. This program manages all BHCS service area contracts.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of grants managed and contracts monitored ¹	103	101	103	103	103
Percent of contracts meeting LBHA contract monitoring requirements as it relates to invoices processed on a timely basis ²	97%	98%	99%	99%	99%
Number of Rx drug pounds collected at drug take back events ³	1,189	2,054	2,281		

¹ The number of grants managed and contracts monitored by the Local Behavioral Health Authority has remained as expected since FY20.

² To improve this measure's accuracy, this performance measure has been updated from the FY21 phrasing of, "Percentage of contracts meeting county and state timeliness requirements." As such, results from FY20 and FY21 are not directly comparable to FY22 but signify a stable trend in timely contract processing. FY22 will serve as the new baseline.

³ For FY23, this measure moved from Outpatient Behavioral Health Services-Child Program to Local Behavioral Health Authority (LBHA) due to transition of prevention programs into LBHA budget. The performance measure is based on the pounds of pill form medications/drugs that local law enforcement collects throughout the year and during the bi-annual National Drug Takeback Days. The increase reported for FY22 is associated with the marketing promotion for the events by Health and Human Services, law enforcement, and other community partners.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	14,078,810	24.50
Decrease Cost: Reduction to the Supplement for Substance Abuse Rehabilitation Providers	(110,549)	0.00
Re-align: Adult Substance Use Disorder Services to Match Actual Expenditures	(409,910)	0.00
Eliminate: State Opioid Response (SOR) II Grant	(678,471)	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.	335,029	(0.85)
FY24 Recommended	13,214,909	23.65

☼ Outpatient Behavioral Health Services - Child

Adolescent Outpatient Behavioral Health Services - Child 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, particularly 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

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of unduplicated clients served ¹	609	592	600	650	650
Percent of customers satisfied with Child and Adolescent Behavioral Health ²	98%	98%	98%	98%	98%
Percent of clients who showed symptom reduction at post-test or upon discharge ³	70%	72%	75%	75%	75%

¹ Therapist vacancies at the Rockville Clinic and within the Home-based Team caused the reduction in clients served during FY22. Despite those staff vacancies and approved extended medical leave by multiple staff, the agency projects to maintain that level of service during FY23.

² Customer satisfaction has been stable across fiscal years.

³ The percent of clients showing symptom reduction has been relatively stable across fiscal years and we will continue to expect these results among 75% of clients.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	7,224,693	29.25
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	383,390	0.50
FY24 Recommended	7,608,083	29.75

☼ Specialty Behavioral Health Services

Specialty Behavioral Health Services is comprised of the Adult Drug Court Treatment Program, the Medication Assisted Treatment Program (MAT), and the Urine Monitoring Program. The Drug Court program delivers Outpatient and Intensive Outpatient levels of care, in addition to psychiatric interventions and medication assisted treatment. The MAT program works with opioid use disorders and alcohol disorders and delivers methadone, buprenorphine, and naltrexone therapies. The urine monitoring program is an onsite Urinalysis Collection Program which monitors for substance use within these programs, the Mental Health Court program, Child Welfare, and Probation and Parole.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of Specialty Behavioral Health Services clients discharged (Medication Assisted Treatment Program and Adult Drug Court) ¹	211	96	100	100	100
Percent of clients receiving opioid treatment or court mandated addiction services who were successfully discharged ²	55%	56%	50%	50%	50%
Number of Specialty Behavioral health Services clients served (Outpatient, Intensive Outpatient Program, Medication Assisted treatment Program, and Adult Drug Court) ³	N/A	211	220	220	220
Percent of customers satisfied with Medication Assisted Treatment ⁴	94%	90%	90%	90%	90%
Percent of customers satisfied with Drug Court ⁵	95%	93%	90%	90%	90%

¹ COVID restrictions for new client intakes and movement at the jail caused the decline in clients during FY22.

² Percent of clients discharged has remained stable.

³ This is a new measure for FY22.

⁴ In FY22, Specialty Behavioral Health Services moved from Rollins Avenue to Gude Drive. Clients were not happy with the move initially, and there was an interruption in services while licensure was acquired at the new location.

⁵ Customer satisfaction has been stable across fiscal years.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	3,500,143	24.00
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	88,494	0.00
FY24 Recommended	3,588,637	24.00

☼ Trauma Services

Trauma Services (TS) includes 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. Programming for domestic violence, sexual violence, and human trafficking victims also includes information and referral, lethality assessments, crisis intervention, safety planning, outreach to hospitals/police stations for victims of sexual assault, and placement in emergency shelters.

Program Performance Measures	Actual FY21	Actual FY22	Estimated FY23	Target FY24	Target FY25
Number of new Partner Abuse victims served ¹	1,721	1,258	1,463	1,463	1,463
Number of Partner Abuse victim clients waiting for counseling service (monthly average) ²	31	37	35	35	35
Percent of clients receiving therapy that demonstrate improvement on a domestic violence rating scale ³	98%	97%	90%	90%	90%

¹ The program served 1,335 clients in FY2018 and 1,330 in FY2019. In Fiscal Year 2021, there was an increased need for victim services in the context of the pandemic (e.g., people confined together at home) and the program adjusted service delivery to accommodate the surge. The

impact of the pandemic eased in Fiscal Year 2022 as more people left their homes and returned to school or work which contributing to a decrease in demand. Projected clients are based on a 10% increase to 2019, pre-COVID data.

² The number of clients on the waitlist has been challenging to predict, with 22 in FY18 and 44 in FY19 as context to the numbers provided for Fiscal Years 2020-2022. Numbers the past three years have been relatively steady, and as such, projections have been readjusted down to match actuals from these years.

³ Rating scale developed in March 1999 by Jacqueline Dienemann and Jacquelyn Campbell of the Johns Hopkins University, School of Nursing. The program continues to see improved symptom reduction in FY22 due to operating more domestic violence groups and offering services in person and via zoom to meet the client's needs.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	6,619,254	30.55
Multi-program adjustments, including negotiated compensation changes, employee benefit changes, changes due to staff turnover, reorganizations, and other budget changes affecting multiple programs.	102,317	(1.00)
FY24 Recommended	6,721,571	29.55

☼ Treatment Services

This program provides overall management of the County Operated Publicly Funded Behavioral Health Continuum of Care and provides administrative support for the managerial duties of the Treatment Services Administrator.

FY24 Recommended Changes	Expenditures	FTEs
FY23 Approved	335,999	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.	28,168	0.00
FY24 Recommended	364,167	2.00

PROGRAM SUMMARY

Program Name	FY23 APPR Expenditures	FY23 APPR FTEs	FY24 REC Expenditures	FY24 REC FTEs
24-Hours Crisis Center	9,436,639	54.40	12,266,620	68.40
Access To Behavioral Health Services	3,332,814	28.00	3,670,340	29.00
Admin - Behavioral Health & Crisis Services	961,140	5.00	202,163	4.00
Adult Behavioral Health Services	1,667,924	10.50	1,768,384	12.00
Adult Forensic Services	3,671,246	28.00	3,772,080	28.00
Local Behavioral Health Authority	14,078,810	24.50	13,214,909	23.65
Outpatient Behavioral Health Services - Child	7,224,693	29.25	7,608,083	29.75
Specialty Behavioral Health Services	3,500,143	24.00	3,588,637	24.00
Trauma Services	6,619,254	30.55	6,721,571	29.55
Treatment Services	335,999	2.00	364,167	2.00
Total	50,828,662	236.20	53,176,954	250.35



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

EVAN GLASS
PRESIDENT

TRANSPORTATION & ENVIRONMENT COMMITTEE, CHAIR
ECONOMIC DEVELOPMENT COMMITTEE

M E M O R A N D U M

DATE: April 4, 2023
TO: Councilmembers
FROM: Council President Evan Glass
SUBJECT: Approach to FY 24 Operating Budget

Each year the Council President proposes an approach for reviewing the operating budget. This memorandum presents the process I believe will serve the Council and our residents well.

Determining the county's \$6.8 billion operating budget is an exercise in fiscal discipline and a reflection of the county's priorities. We must balance the needs of today with those of tomorrow, which include supporting our students, our teachers, our first responders, our healthcare professionals and other frontline workers. After all, budgets are moral documents.

The FY24 Operating Budget presents several challenges. From funding critical services and fairly compensating our employees to determining the impact of a potential tax increase, it is our responsibility to ensure that the budget meets the needs of our community and is fiscally sound.

My priority for this budget process is to ensure that schools are fully funded and that families can continue calling Montgomery County home. As such, these are the issues I believe we should consider:

- **The need to support MCPS.** The pandemic has significantly impacted our students, who lost valuable classroom time and suffered as a result. Our teachers have worked harder than ever and we must demonstrate our support for them. As part of this review, we also need to examine MCPS' current and proposed use of federal COVID relief funding.
- **The decrease in recordation tax revenue.** This has created significant gaps in the Capital Improvements Program (CIP). The Executive did not increase pay as you go (PAYGO) funding for the CIP by \$80 million, as requested by the Council, which would have decreased this gap. The Council will need to determine whether it supports the lower level of CIP funding proposed by the Executive.
- **The Executive has recommended a 10% property tax increase.** The Council will need to carefully evaluate whether we believe a tax increase is necessary and, if so, the appropriate size of the increase. Each 1-cent of the proposed tax increase is equivalent to \$22.3 million.
- **Use of reserves for ongoing expenditures.** The budget includes significant increases in the operating budget, in part by using unanticipated FY22 and FY23 income tax revenue.



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Our adopted fiscal policies require that these funds be used for one-time expenditures, not ongoing operating costs that cannot be sustained by future revenues; yet only \$16 million of net new tax supported expenditures are categorized as “one-time”. Council staff will provide additional information regarding sustainability at the April 11 overview of the budget.

- **Additional county positions and county vacancies.** The proposed budget includes 137 new tax supported full-time equivalent (FTE) positions in County Government and hundreds of new positions in other agencies. At the same time the Executive is adding new positions, the County Government has approximately 1,500 job vacancies. The Council will need to determine if funding new positions is sustainable, as relying on lapses from vacant positions is not a sound fiscal practice.
- **Funding OPEB.** The Government Operations & Fiscal Policy Committee has taken the first steps toward creating a policy that ensures the long-term viability of our retiree health insurance (known as Other Post Employee Benefits or OPEB), which includes having the trust fund pay annual costs. Such a policy would allow the County’s general revenues to be used for other purposes. The Executive’s budget does not provide funding identified in this preliminary policy.

To fully fund MCPS, fund the CIP, reach our OPEB goals, and reduce the size of or eliminate the need for a property tax increase, we will need to find reductions in the operating budget. This goal is always challenging.

To meet the diverse needs of our community, I believe that all of the Executive’s recommended tax-supported additions to the operating budget should be placed on a reconciliation list. Any additional Council recommended priorities should be added to the same list. Each spending priority should be considered as a potential addition to the Council adopted FY23 budget, rather than a potential reduction from the Executive’s proposed FY24 budget.

A recommended process and structure for implementing this approach for FY24 follows:

1. Each tax supported increase, addition, enhancement, replacement, or restoration recommended by the County Executive would be placed on the reconciliation list. Similarly, any tax supported increases recommended by a committee would also be placed on the reconciliation list.
2. All items placed on the reconciliation list by a committee should be categorized as either a “priority” or “high priority” to assist our future decisions. When appropriate, an item should be divided into more than one category. Budgetary items should also be classified as one-time or ongoing expenses.



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3. Committees should attempt to identify other reductions to departmental base budgets to free up ongoing resources for other priorities. While our current budget timeframe does not allow for a zero-based budgeting approach that would fully review each department's base expenditures, it is important to look for reductions as a first step.
4. Additional FY24 budget amendments received from the County Executive after March 15 would also be placed on the reconciliation list for Committee review.
5. Any cost shifts between departments (if budget neutral) and increases due to annualization of previously approved compensation/staffing costs do not need to be placed on the reconciliation list. We will ask staff to identify any increase due to a County or State law to determine if it must be funded or can be placed on the reconciliation list.
6. When creating the reconciliation list, staff should indicate whether the item was previously funded by federal funds, allowing us to carefully consider whether the County has the ability to maintain programs not previously supported by the County's general funds.
7. FY24 compensation and benefit enhancements will be reviewed separately by the Government Operations & Fiscal Policy Committee and the full Council.

This process is designed for the Council to fund the programs and policies that our residents need while also ensuring that taxpayer funds are used prudently.

Supporting our residents is our top priority. We must keep them in mind as we work collectively throughout this process.

BHCS

- Please provide the FY23 and recommended FY24 budgets for Residential Rehabilitation Program supplement and amounts allocated to each provider.

FY24 amounts have not been finalized. The FY23 amounts are as follows:

- Cornerstone Montgomery Inc: \$624,560
- Family Services Inc: \$199,675
- The Rock Creek Foundation for Mental Health Inc: \$66,168
- Why is the Executive recommending a reduction of \$110,549 to these providers?
Answer forthcoming.
- What is the impact of this reduction?
The County fund supplement subsidy was for administrative support for the programs dating back at least as decade. This level of service is billable through the fee for service system which should be adequate to continue operations. To our knowledge, Montgomery County is the only jurisdiction in Maryland providing this additional support.
- What resources remain in the FY24 budget to support these services?
\$784,351.
- What is the FY23 and recommended FY24 budget broken out by personnel and operating costs, program revenues by funding source, and staffing schedule for phone and text lines by shift and position (paid or volunteer).
 - What is the total number and average daily number of call/text fielded in FY22 and FY23 to date, the total number and average daily number of missed calls/texts, and the shifts in which the most missed calls/texts occurred.
Year to date Crisis Center has received 28,970 phone calls, on average 3,219 calls a month.
Below find the charts showing Montgomery County Hotline/988 detailed calls/test/chats and personnel coverage

	FY22	FY23 to-date
Number of days per Fiscal Year	365	272
Total Mo. Co. Hotline calls incoming	22098	15051
Average Mo. Co. Hotline calls incoming per day	61	55
Total 988 calls incoming	7763	8497
Average 988 calls incoming per day	21	31
Total chats incoming	7279	8141
Average chats incoming per day	20	30
Total texts incoming	1685	5730
Average texts incoming per day	5	21
Total missed Mo. Co. Hotline calls	4650	2338
Average missed Mo. Co. Hotline calls per day	13	9
Total missed 988 calls	1163	664
Average missed 988 calls per day	3	2
Total missed texts	612	990
Average missed texts per day	2	4
Shift with the most missed Mo. Co. Hotline calls	8pm-midnight	8pm-midnight
Shift with the most missed 988 calls	8pm-midnight	4-8pm
Shift with the most missed chats	4-8pm	4-8pm
Shift with the most missed texts	8pm-midnight	4-8pm

* Note that these volumes do not include traffic to the Montgomery County Homeless Information Line and after hours Serving Together Line, which are answered by the same team.

Number of shifts covered by staff	231						
Number of shifts covered by volunteers	17						
Proportion of shifts covered by staff	93%						
Proportion of shifts covered by volunteer	7%						
Phone							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
12a	Staff	Staff	Staff	Staff	Staff	Staff	Staff
12a	Staff	Staff	Staff	Staff	Staff	Staff	Staff
12a		Staff	Staff	Staff	Staff	Staff	
4a	Volunteer	Staff	Staff	Staff	Staff	Staff	Staff
4a	Staff	Staff		Staff	Staff	Staff	Staff
4a				Staff			Staff
8a	Staff	Staff	Staff	Staff	Staff	Volunteer	Volunteer
8a		Staff			Volunteer	Staff	Staff
8a	Staff	Staff	Staff	Staff			Staff
8a		Staff		Staff	Staff		
noon	Volunteer	Volunteer	Staff	Staff	Volunteer	Staff	Staff
noon	Staff	Staff	Staff	Staff	Staff	Staff	Staff
noon		Staff		Staff	Staff	Staff	
noon					Staff		
4p	Staff	Staff	Staff	Staff	Staff	Staff	Staff
4p	Staff	Staff	Staff	Volunteer	Staff		Staff
4p	Staff	Staff	Staff	Staff	Staff		
4p	Staff	Staff		Staff	Volunteer		
8p	Volunteer	Volunteer	Volunteer	Volunteer	Staff	Staff	Staff
8p	Staff	Volunteer	Staff	Staff	Staff	Staff	Staff
8p	Staff	Volunteer	Staff	Staff	Staff		Staff
8p	Staff	Staff		Staff			Staff

	Chat/Text						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
12a	Staff	Staff	Staff	Staff	Staff	Staff	
12a	Staff	Staff	Staff		Staff	Staff	
12a	Staff	Staff					
4a	Staff	Staff	Staff	Staff	Staff	Staff	Staff
4a	Staff	Staff	Staff	Staff	Staff		
4a	Staff	Staff	Staff				
8a	Staff	Staff	Staff	Staff	Staff	Staff	Staff
8a	Staff	Staff	Staff	Staff	Staff	Staff	Staff
8a	Staff	Staff	Staff	Staff	Staff		
8a	Staff	Staff	Staff	Staff			
noon	Staff	Staff	Staff	Staff	Staff	Staff	Staff
noon	Staff	Staff	Staff	Staff	Staff	Staff	Staff
noon	Staff	Staff	Staff	Staff	Staff		Staff
noon	Staff	Staff	Staff	Staff	Staff		
4p	Staff	Staff	Staff	Staff	Staff	Staff	Staff
4p	Staff	Staff	Staff	Staff	Staff	Staff	Staff
4p	Staff	Staff	Staff	Staff	Staff		Staff
4p	Staff	Staff	Staff	Staff		Staff	
8p	Staff	Staff	Staff	Staff	Staff	Staff	Staff
8p	Staff	Staff	Staff	Staff	Staff	Staff	Staff
8p	Staff	Staff	Staff	Staff	Staff		Staff
8p	Volunteer	Staff	Staff	Staff	Staff		Volunteer
8p					Staff		

- **What demographic data does BCHS collect on services that it provides or funds for adults and children in Montgomery County?**

BHCS Programs and Clinics collect the following demographic data elements at intake:

- Patient Name
- Medical Record #
- Birth Date
- Age at Encounter
- Address
- City
- Patient Zip Code
- Gender
- Race
- Ethnicity
- Sexual Orientation
- Preferred Pronoun
- Preferred Language
- Country of Origin
- Marital Status
- Health Insurance
- School Enrollment Location
- Current Education Level
- Refugee

- Country of Origin
- Homeless Status
- Migrant Worker
- Language Barrier
- Preferred Language
- School Based Health Care
- Veteran Status
- Encounter Homeless Status
- Employment Status
- Montgomery County Schools
- Patient's Accommodation.

Although not all data fields listed are required by Nextgen EHR system, most of the programs are collecting these data. For CA group vs. Adult age group, the data fields collected are slightly different.

Additionally, our EHR system collects much detailed subgroup information for Hispanic Ethnicity as well as multiple race categories for each individual client.

- **Please identify any areas of disproportionate use of services among the different racial/ethnic groups and recommendations to addressing disparities and ensuring that those who need services in the community receive them. –**

Specialty Treatment Services: MAT and Drug Court serve clients with the triple threat of substance use disorder, simultaneous mental health disorder(s), involvement with the criminal justice system, and our persons of color are overrepresented relative to a demographic mirror of the community. We welcome all, and practice multi-culturally informed treatment. We consider ourselves the primary treatment provider for the most marginalized, least desired patients, and work hard to communicate to our clients that they matter and their success matters.

Adult Forensic: The disparities recognized are lack of community base resources for inmates who are marginalized by race and socioeconomic status, clients who are Mentally ill and have Substance use disorder who need housing, crisis and/or hospital/nursing home beds and ongoing resources such as transportation, community case management, mentoring and wrap around services. There are long wait lists for such services, which leads to client's decompensation and recidivism. An increase in community base preventative and supportive services would be one proposed solution, in addition to an increase in affordable housing options, group homes, different level of long and short term treatment beds for this population.

Access to Behavioral Health Services: Access to Behavioral Health Services supports the publicly-funded mental health and substance abuse service system and its goal of establishing wellness and recovery for individuals with major behavioral health problems in Montgomery County by providing: information and referral; case consultation for complex situations; screening and/or assessment and motivational interviewing; brief psychiatric medication, counseling or psychotherapy and case

management for uninsured or publicly insured resident consumers (and their interested families or other professionals); and, brief case management to individuals with serious mental illness or other behavioral health problems. These services help consumers, especially those who may be uninsured, have language and cultural needs and/or multiple problems, to be engaged and to effectively navigate behavioral health services in this large urban/suburban jurisdiction.

Adult Behavioral Health Program: The Adult Behavioral Health Program is an Outpatient Mental Health Center, OMHC, that serves a primarily immigrant client population with severe and persistent mental illness. The program accepts public benefits such as Medicare and Medical Assistance but also utilizes the annual Department of Health and Mental Hygiene sliding fee scale; private insurances are not accepted. The program is designed to be the safety net for those residents that don't qualify to receive treatment in the community. ABHP attempts to offer treatment to all clients who meet the eligibility criteria regardless of their immigration status or their ability to pay; no one is denied services based on an inability to pay. Most of the clinical staff is bilingual in English and either Spanish, Vietnamese or French. Clients speaking other languages are assisted using Language Line, a telephone translation service. The program serves all racial and ethnic groups with 16% Asian, 22% Black and 53% Latinos.

Child and Adolescent Behavioral Health Services (CABHS) provides outpatient mental health treatment to children and youth who are experiencing severe emotional, behavioral, substance use and victimization problems. Treatment includes individual, family, and group psychotherapy along with psychiatric evaluation and medication monitoring if needed, and may be clinic office based, community, home and school based. Treatment is provided for Montgomery County youth who are low income and are uninsured or have Medical Assistance. Screenings and referrals, and linkage to services is provided for Montgomery County youth regardless of income or insurance status. Clients usually have barriers to services such as language, multiple and complex problems, inability to pay for services, involvement with multiple child serving agencies, and transportation. CABHS attempts to resolve barriers to service through multiple and creative delivery systems, and hiring multicultural, multilingual staff. Asian residents are underrepresented with only 2% admitted into the program. However, this may be due to their ability to seek services in the community if they have Medicaid or private insurance. It will be worth assessing whether there is a segment of the Asian immigrant community that is uninsured or lack immigrant status. CABHS is the safety net for those residents that do not qualify for services for lack of insurance and/or language barriers.

Crisis Center: African American individuals presented to the crisis center at a higher rate than others, resulting in this group being served more at 44.1% in the first year. Both Hispanics and African Americans were served beyond the expected distributions, while the other racial and ethnic groups fell below the expected rates. Females were served slightly more than males, presenting at 49% while those identifying as transgender were served at 0.2% during the year. Regarding sexual orientation and identify status, it is

clear a small amount of people identified as part of the LGBTQ+ community. While there is no notable concern regarding sexual orientation, neighboring cities such as Silver Spring, MD or Washington, DC have a vast number of programs specifically targeting this population and only this population. In most cases, it would be a duplication of services. Although, it is safe to assume the exclusivity of said programs are more appealing, the Crisis Center has culturally sensitive trained staff and active community partnerships to help serve the LGBTQ+ community.

Our minority health initiatives including the Asian American Health Initiative (AAHI), the Latino Health Initiative and the African American Health Program, and the Community Action Agency (also a division of DHHS) conduct needs assessments that focus on transportation, income, stigma in different cultural groups, insurance, and other barriers. The customer experience is analyzed by DHHS' Planning, Analytics and Customer Service unit through various techniques including Journey Mapping and Focus Groups. Barriers to service access are a specific focus to provide actionable information. For example, AAHI identified a need to address cultural stigma around accessing behavioral health care in the Asian community and developed campaigns to address this issue. Service utilization rates by various communities and ethnicities are compared to the composition of the overall population to drive outreach and locations of programs to ensure service equity

- **Please describe the services that were provided under the State Opioid Response (SOR) II Grant and what will be provided by the State Opioid III Grant.**

SOR II and SOR III are funding the mandated delivery of Medication Assisted Treatment (MAT) to those incarcerated in the Montgomery County Correctional Facility. Some of the funding is paying for correctional officers who have the task of observing the inmates being medicated and preventing them from attempts to divert medication illicitly. The funding also pays for our medical team, doctor, nurses, therapist and peer specialist to engage the clients in the MAT treatment process. Each admission is being screened by correctional nursing staff for an opioid use disorder, and we then offer them Medication Assisted Treatment. By law, we are mandated to offer them all 3 medications currently used in MAT – Methadone, Suboxone and Naltrexone, depending on medical indication and client preference. Treatment includes medication, medical appointments with our doctor, therapy (group and or individual), peer specialist engagement (someone with a lived experience to enhance their connection to care) and re-entry planning for seamless transition from incarceration to community, maintaining their medication and treatment.

- **What is the budget and staffing for Mobile Crisis and Outreach Teams (MCOTs) in FY23 and recommended for FY24?**

The MCOT's are integrated within the Crisis Center. The CE Recommended Budget for the Crisis Center for FY24 is:

	General Fund	Grant Fund	Grand Total
PC	\$ 7,061,036	\$ 1,479,898	\$ 8,540,934
OE	\$ 3,080,261	\$ 645,425	\$ 3,725,686
FTE	54.40	14.00	68.40
Grand Total	\$ 10,141,351	\$ 2,125,337	\$ 12,266,688